This tool is designed to be used by the health care provider to help assess the risk that the source has a blood borne pathogen. The information gained is intended to assist with decision-making by attending health care providers only and must not be shared with the exposed person.

Ensure the source understands the information will be:

- used determine if the source is considered high risk for a blood borne pathogen
- shared with the exposed person's care provider so the most appropriate follow-up of the exposed can be provided.

The source should be informed that confidentiality of this information will be maintained and will not be shared with the exposed person.

1. Has the source ever come into contact with someone else's blood, had a needle stick injury, or any medical procedures, tattoos, or piercings that was not professionally done? ❑ Yes ❑ No
2. Has the source moved to Canada? ❑ Yes ❑ No
   If yes, where did they come from? _____
   NOTE to Health Care Practitioner: Consider if source country is endemic for hepatitis B or HIV.
3. Has the source participated in any riskier sexual activities such as:
   - Had sex for which they paid, or accepted money or drugs? ❑ Yes ❑ No
   - Had sex with multiple sexual partners? ❑ Yes ❑ No
   - Had unprotected sex? ❑ Yes ❑ No
   - If male, had sex with another male? ❑ Yes ❑ No
   - Had sex with anyone who has shared needles or taken street drugs by needle? ❑ Yes ❑ No
   - Been the sexual partner of someone who has HIV/AIDS, hepatitis B or C? ❑ Yes ❑ No
4. Has the source ever shared needles or taken street drugs by needle? ❑ Yes ❑ No
5. Has the source ever been incarcerated? ❑ Yes ❑ No
6. Has the source ever had jaundice (other than at birth), hepatitis or liver disease or had a positive test for hepatitis B or C? ❑ Yes ❑ No
7. Has the source had any of the following symptoms in the last month which are <u>continuous and unexplained</u>? ❑ Yes ❑ No
   - weight loss, night sweats, fever, diarrhea or cough
   - lumps in the armpits, neck or groin
   - coloured patches on skin or inside mouth
7. Has the source had an HIV/AIDS test before? ❑ Yes ❑ No
   If yes, when? _____ What was the result? ❑ Positive ❑ Negative

In situations with a known HIV positive source and a consensual sexual high-risk exposure, a quantitative HIV viral load test should be requested at the time of the exposure or consent sought to check eHealth viewer records. Where the source is known and available, the health care provider should obtain consent (if not already obtained) to access medical records related specifically to the assessment of risk of transmission to the exposed including:

- HIV viral load test results, if source is known to be HIV-positive;
- Antiretroviral use;
- Drug resistance test results;
- Serology for hepatitis B and hepatitis C test results; and
- STI testing where applicable.

Viral load is factored into the detailed risk assessment by the physician knowledgeable in HIV. The risk of transmission from an HIV positive source who is receiving ART is reduced depending on the viral load of the source in the appropriate context. **The issue of viral load in an HIV positive source should be considered in the context of a consensual sexual situation and not in the context of non-consensual sexual situations or occupational exposures due to a lack of direct evidence.** When a person with HIV is on ART, takes their medications consistently as prescribed and maintains a confirmed suppressed viral load, there is effectively no HIV transmission risk to their sexual partners (Tam T. and Morrison H. Statement on behalf of the Council of the Chief Medical Officers of Health, November 30, 2017; LeMussurier *et al*., 2018). When the viral load is less than 40 copies (detection limit of current assays), then, PEP should generally be discontinued (or not provided) for consensual sexual exposures. Viral load is generally not taken into account in situations of non-consensual sexual or occupational exposures as the evidence is lacking and PEP should be continued, if warranted, for 28 days. Although the risk of transmission from an occupational exposure from a source with an undetectable plasma viral load is recognized to be very low, recent guidance recommends that PEP should still be offered (Kuhar *et al.*, 2018). Plasma viral load reflects cell-free virus in peripheral blood; there can be persistence of HIV in latently infected cells, even though the patient is taking ART as prescribed.
(taken from Alberta Guidelines for Post-Exposure Management and Prophylaxis, 2019)

Reference

Ministry of Health, Government of Alberta. (2019). *Alberta Guidelines for Post-Exposure Management and Prophylaxis: HIV, Hepatitis B, Hepatitis C and Sexually Transmitted Infections.* Retrieved July, 2019 from https://open.alberta.ca/dataset/f1e62045-b801-49a8-8549-ddc6b283ae67/resource/bf50d5ab-fe5d-41d0-91ae-c43c2167fea0/download/pep-guidelines-2019-03.pdf