



**UNDP/ADM/2001/22**

**18 May 2001**

**To** All UNDP Resident Representatives

**From** Deborah Landey  
Director  
Office of Human Resources  
Bureau of Management

**Subject:** **Post Exposure Preventive (PEP) Treatment Starter Kits**

In view of the many questions received regarding the Post Exposure Preventive (PEP) Treatment, I am pleased to attach herewith the detailed guidelines, prepared by the Inter-Agency Working Group handling this initiative in collaboration with the UN Medical Services Division (UNMSD).

I would like to take this opportunity to highlight the importance of ensuring that all staff are fully informed of the PEP Starter Kits, and following local inter-agency consultation, of the establishment of a country PEP Emergency Protocol, in order to ensure the quickest possible access to the kits in the event of sexual assault or occupational accident.

# PEP

## Post Exposure Preventive Treatment Starter Kits



### GUIDELINES

UNDP/ADM/01/22 of 18 May 2001



United Nations Development Programme

OFFICE OF HUMAN RESOURCES



# POST EXPOSURE PREVENTIVE TREATMENT STARTER KITS (PEP)

## TABLE OF CONTENTS

	Page
<b>I. General .....</b>	<b>3</b>
Background.....	3
Purpose .....	4
Contents.....	4
Eligibility.....	5
Distribution.....	5
Cost .....	6
Arrival of the Kits .....	6
Custodian.....	6
Storage.....	6
Country PEP Emergency Protocol.....	7
Isolated Locations .....	7
Patient's Consent .....	8
Medical Evacuation.....	8
Reporting an Incident or Accident .....	9
Confidentiality .....	9
24-Hour Availability of UN Medical Services Division.....	9
Replenishment .....	9
Orientation to Staff .....	10
<b>Annexes .....</b>	<b>11</b>
<b>A. Contact Information for UN Medical Services Division (UNMSD) New York.....</b>	<b>11</b>

B.	Recognized Regional Medical Evacuation Centers .....	13
C.	Acknowledgement Receipt of Kits .....	15
D.	Instructions on the "Morning-After Pill" .....	17
E.	Guidelines for the Attending Physician (PEP-01-01A) .....	19
F.	Guidelines for the Attending Physician (PEP-01-01B) .....	21
G.	Guidelines for the Patient (PEP-01-02A).....	23
H.	Guidelines for the Patient (PEP-01-02B).....	27
I.	Consent to Medical Treatment (PEP-01-03A) .....	29
J.	Consent to Medical Treatment (PEP-01-03B).....	31

## I. General

### Background

1. Post Exposure Preventive (PEP) Treatment is an emergency medical response for individuals exposed to the HIV virus. PEP Treatment consists of medication, laboratory tests and counseling. PEP Treatment must be initiated within hours of possible HIV exposure and must continue for a period of approximately four weeks.
2. PEP Treatment was originally designed for medical workers who accidentally became exposed to HIV during the course of their work, for example, by accidental needle jabs. However, the value of PEP Treatment is now recognized for other situations involving possible exposure to the HIV virus, such as sexual assault.
3. PEP Treatment has *not been proven* to prevent the transmission of the HIV virus. However, research studies suggest that if the medication is initiated quickly after possible HIV exposure - that is, *ideally within two hours and not later than 72 hours* following such exposure - it *may* be beneficial in preventing HIV infection.
4. For the past few years, an Inter-Agency Working Group has been working on how to provide timely access to PEP Treatment to those individuals serving in field locations who may be exposed to the HIV virus, in the event of sexual assault or occupational accident.
5. The Inter-Agency Working Group is composed of the:
  - a) International Organization for Migration (IOM),<sup>1</sup>
  - b) United Nations (UN): (UN Medical Services Division (UNMSD), the UN Department of Peacekeeping Operations (DPKO), and the UN Staff Counselor's Office);
  - c) Joint United Nations Programme on HIV/AIDS (UNAIDS);
  - d) United Nations Development Programme (UNDP);
  - e) United Nations Population Fund (UNFPA);
  - f) United Nations High Commissioner for Refugees (UNHCR);
  - g) United Nations Children's Fund (UNICEF);

---

<sup>1</sup> Member since 2000.

- h) United Nations Office for Project Services (UNOPS);
- i) World Food Programme (WFP);
- j) World Health Organization (WHO); *and*
- k) International Bank for Reconstruction and Development (World Bank).<sup>2</sup>

### **Purpose**

- 6. The PEP Treatment starter kits are provided so that:
  - a) the medication can be initiated as soon as feasible after possible HIV exposure – that is, *ideally within two hours and not later than 72 hours* following such exposure; *and*
  - b) the Head of Office of the organization for which the individual works can make the necessary arrangements for the evacuation of the patient to a location with adequate medical facilities, in order to continue the PEP Treatment.

### **Contents**

- 7. Each PEP Treatment starter kit contains:
  - a) the medication required for the first three days of the PEP Treatment;
  - b) the guidelines for:
    - the attending physician (see Annexes E to F); *and*
    - the patient (see Annexes G to H); *and*
  - c) the required consent form (see Annexes I to J).

---

<sup>2</sup> Member since 2000.

### Eligibility

8. The PEP Treatment starter kits are available for individuals with a UN/UNDP contract (and their recognized spouses and dependent children) who are exposed to the HIV virus because of:
  - a) sexual assault; *or*
  - b) occupational accident.
9. The kits are **not** available for individuals who:
  - a) are/may be already infected with the HIV virus, *or*
  - b) are/may be exposed to the HIV virus because of voluntary activities involving potential HIV transmission.
10. The kits may **only** be used if:
  - a) the Attending Physician, following his/her evaluation of the patient, recommends to start PEP Treatment; *and*
  - b) the patient consents, in writing, to start PEP Treatment (see Annexes I to J and paragraphs 25 to 27).

### Distribution

11. Three PEP Treatment starter kits have been sent to all UN Resident Coordinators.
12. In crisis situations, UN Resident Coordinators may request additional kits from:

Dr. Pascale Gilbert-Miguet  
Joint Medical Service (JMS)  
World Health Organization (WHO)  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland

Fax.: 41-22-7914120  
Tel.: 41-22-7912111  
e-mail: gilbertmiguets@who.ch

### Cost

13. The cost of the PEP Treatment starter kits is financed jointly by IOM, UN, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNOPS, WFP, WHO and the World Bank.<sup>3</sup>
14. All other medical expenses for PEP Treatment are the patient's responsibility. The patient may claim reimbursement for these expenses to the relevant medical insurance plan (*e.g.* Van Breda, MIP) according to the established procedures. In the event of incidents attributable to the performance of official duties, the provisions governing compensation under Appendix D to the UN Staff Rules should be followed.

### Arrival of the Kits

15. Upon arrival of the kits, the office of the UN Resident Coordinator is required to acknowledge their receipt (see Annex C).
16. In many countries the "morning-after pill" is considered a legal emergency oral contraception medication while in others, it is illegal. To avoid any criminal action in those countries, UN Resident Coordinators are required to check with the competent health authorities and comply with the directions in Annex D.

### Custodian

17. UN Resident Coordinators, following inter-agency consultation, may delegate the custody of the kits to a UN system staff member, for example, to the Designated Official (DO), the WHO Representative or the UN Dispensary Physician.
18. The custody of the PEP Treatment starter kits may **only** be given to an individual who is a UN staff member. Consequently, UN Designated Physicians may **not** be custodians of the kits.

### Storage

19. The custodian must ensure that the PEP kits are stored in a **locked and cool space (not a refrigerator)**.

---

<sup>3</sup> UNDP's share is paid by UNDP New York.

### Country PEP Emergency Protocol

20. In order to ensure the efficient and effective response to any incident involving potential exposure to the HIV virus, UN Resident Coordinators are required to establish, following local inter-agency consultation, a country PEP Emergency Protocol.
21. This Protocol should:
  - a) detail the responsibilities of specific individuals (Custodian of the PEP Starter Kits, UN DO, UN Resident Coordinator, Heads of UN Agencies, UN Dispensary Physician or Designated Physician);
  - b) specify the actions to be carried out and the sequence to be followed to ensure the quickest possible access to PEP Treatment of individuals reporting sexual assault or occupational accident **in any location in the country with UN system presence**;
  - c) include the quickest evacuation route(s) and modality(ies); *and*
  - d) ensure the patient's right to privacy (confidentiality).

### Isolated Locations

22. During the local inter-agency discussions to establish the country PEP Emergency Protocol, it may be found that it is difficult to provide quick access to PEP Treatment to individuals assigned to isolated locations.
23. In such cases, UN Resident Coordinators may request up to three additional kits for each isolated location from:

Dr. Pascale Gilbert-Miguet  
Joint Medical Service (JMS)  
World Health Organization (WHO)  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland

Fax.: 41-22-7914120  
Tel.: 41-22-7912111  
e-mail: gilbertmiguets@who.ch

24. In the request, the following information is to be included:

- a) name of each isolated location;
- b) details of each isolated location, for example, distance from the capital city, telecommunications, transportation, etc;
- c) number of additional kits recommended for each isolated location;
- d) number of individuals with a UN contract assigned to each isolated location (per organization); *and*
- e) details on the Attending Physician who could provide support in the event of a sexual assault or occupational accident at each isolated location.

### **Patient's Consent**

25. Please note that before the Attending Physician initiates PEP Treatment, he/she must first obtain the consent of the patient (provided such patient is physically or legally competent to do so (see Annexes G to H).
26. In the case of the administration of the medical treatment to:
  - a) a staff member's dependent child who is under age 18, the staff member or other legally recognized parent or guardian should provide consent; *or*
  - b) a staff member's spouse or dependent child between age 18 and 21 who is otherwise unable to give informed consent, specifically because of mental incapacity, then the staff member or other legally recognized guardian should provide consent.
27. Moreover, in order for such consent to be effective, it must be an informed consent, that is, it must be given after the patient has received a fair and reasonable explanation by the Attending Physician of the contemplated medical treatment.

### **Medical Evacuation**

28. In cases of suspected HIV infection because of sexual assault or occupational accident, the Head of Office should arrange for the patient's medical evacuation, at the organization's expense, to a regional medical evacuation center (see Annex B) for PEP Treatment.

### Reporting an Incident or Accident

29. In case of a sexual incident or occupational accident involving possible exposure to the virus :
  - a) the Country PEP Emergency Protocol (see paragraphs 20 to 21) must be immediately followed; *and*
  - b) the Head of the UN Agency must immediately notify the UN Medical Director (see Annexes A).

### Confidentiality

30. All information and documentation regarding sexual assault or occupational accident are confidential and should be treated as such, whether within offices or in the transmission to the UNMSD, other offices or medical facilities.

### 24-Hour Availability of the UN Medical Services Division

31. The UN Medical Services Division (UNMSD) is available for consultation and assistance, 24 hours a day, seven days a week and may be reached by telephone, fax or e-mail (see Annexes A).

### Replenishment

32. **Due to Use.** A number of kits are maintained ready in stock in Geneva for immediate distribution.
33. When a kit is used, the office of the UN Resident Coordinator is required to **immediately** request replenishment from:

Dr. Pascale Gilbert-Miguet  
Joint Medical Service (JMS)  
World Health Organization (WHO)  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland

Fax.: 41-22-7914120  
Tel.: 41-22-7912111  
e-mail: [gilbertmiguets@who.ch](mailto:gilbertmiguets@who.ch)

34. In the request for replenishment of the kit(s), the following information is to be provided:

- a) location of the incident;
- b) location from where the kit(s) were used, if different than above;
- c) number of kits used;
- d) reason why the kit(s) were used (i.e. sexual assault or occupational accident); *and*
- e) whether the patient is a staff member, consultant or an eligible family member.<sup>4</sup>

35. **Due to Expiration.** A record is maintained of the expiry dates of the PEP starter kits sent to each location. Kits are automatically replaced upon expiration. Upon receipt of the new kits, the custodian must immediately destroy the expired kits.

### **Orientation to Staff**

36. Resident Representatives are responsible for ensuring that all individuals with a UNDP contract are fully informed about PEP treatment, the starter kits and the country PEP Emergency Protocol.

---

<sup>4</sup> The patient's name is **not** to be provided.

## ANNEX A

### CONTACT INFORMATION FOR UN MEDICAL SERVICES DIVISION (UNMSD) NEW YORK

(as of 1 May 2001)

Name/Title	E-mail	Phone During Working Hours	FAX	Phone After Working Hours <sup>5</sup>
Dr. Sudershan Narula UN Medical Director	<a href="mailto:narula@un.org">narula@un.org</a>	(212) 963-7082 (212) 963-2951	(212) 963-4925	(212) 963-6666
Dr. Amin Salama UN Deputy Medical Director	<a href="mailto:asalama@un.org">asalama@un.org</a>	(212) 963-7087		
Dr. Serguei Oleinikov Sr. Medical Officer	<a href="mailto:oleinikov@un.org">oleinikov@un.org</a>	(212) 963-8358	“	“
Dr. Agnes Pasquier-Castro Sr. Medical Officer	<a href="mailto:pasquier-castro@un.org">pasquier-castro@un.org</a>	(212) 963-7089	“	“
Dr. Tesfaye Teklu Medical Officer	<a href="mailto:teklu@un.org">teklu@un.org</a>	(212) 963-1150	“	“
Dr. Andrew Thomson Medical Officer	<a href="mailto:thomson@un.org">thomson@un.org</a>	(212) 963-1727	“	“
Ms. Erna Croney Head Nurse	<a href="mailto:croney@un.org">croney@un.org</a>	(212) 963-4070	“	“

<sup>5</sup> Through UN Security.

## ANNEX B

# RECOGNIZED REGIONAL MEDICAL EVACUATION CENTERS

(as of 1 May 2001)

**Below is the list of countries with inadequate medical facilities justifying medical evacuation to recognized Regional Medical Centres**

Countries	Recognized Regional Medical Evacuation Centers
<b>A – Central America</b>	
Belize, El Salvador, Honduras, Nicaragua	Mexico
<b>B – South America</b>	
Bolivia Guyana	Chile Trinidad & Tobago, Venezuela
<b>C – Caribbean</b>	
Haiti	Dominican Republic
<b>D - Arab States</b>	
Iraq Libyan Arab Jamahiriya (the) Yemen	Jordan, Lebanon Egypt, Tunisia Egypt, Saudi Arabia
<b>E – Africa</b>	
Benin Burkina Faso Cape Verde Central African Republic (CAR) Chad Congo, Democratic Republic of Congo, Republic of Equatorial Guinea Gambia Ghana Guinea Guinea Bissau Liberia Mali Mauritania Nigeria Niger Sao Tome and Principe Sierra Leone Togo	Cameroon Côte d'Ivoire Gabon Senegal South Africa

<b>Countries</b>	<b>Recognized Regional Medical Evacuation Centers</b>
Burundi Djibouti Eritrea Ethiopia Rwanda Somalia Sudan Uganda United Republic of Tanzania	Egypt Kenya South Africa
Angola Botswana Lesotho Malawi Mozambique Swaziland Zambia	South Africa
Comoros Madagascar	Ile de la Réunion
<b>F – Asia</b>	
Armenia Azerbaijan Georgia Kyrgyzstan	Turkey
Afghanistan Bangladesh Bhutan Kazakhstan Nepal Turkmenistan Uzbekistan	India, Pakistan
Maldives	India, Sri Lanka
Cambodia Lao People's Democratic Republic Myanmar Vietnam	Thailand
Democratic People's Republic of Korea (DPRK) Mongolia	China
<b>G - Micronesia &amp; Melanesia</b>	
All countries	Australia, New Zealand

## ANNEX C ACKNOWLEDGEMENT RECEIPT OF KITS

**To**     **Dr. Pascale Gilbert-Miguet**  
          **Medical Officer Joint Medical Service**  
          **World Health Organization**  
          **20, Avenue Appia**  
          **CH-1211 Geneva 27**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title) in \_\_\_\_\_  
(duty station), acknowledge receipt of \_\_\_\_\_ Post Exposure Preventive (PEP) Treatment starter kits sent on \_\_\_\_\_.

I have checked with the competent health authorities locally and the use of the “morning -after-pill”:

*is not legally authorized in any event, therefore I have taken out from all three starter kits:*

the “morning-after-pill”;  
Leaflet PEP-01-**01A** containing the Guidelines for Attending Physicians;  
Leaflet PEP-01-**02A** containing the Guidelines for the Patient; *and*  
Consent Form PEP-01-**03A**; *or*

*is legally authorized \_\_\_ in general or \_\_\_ for specific cases including rape, therefore I have taken out from all three starter kits:*

Leaflet PEP-01-**01B** containing the Guidelines for Attending Physicians;  
Leaflet PEP-01-**02B** containing the Guidelines for the Patient; *and*  
Consent Form PEP-01-**03B**.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

## **ANNEX D**

# **INSTRUCTIONS ON THE MORNING-AFTER PILL**

### **Morning-After Pill Instructions**

*If the use of the “morning-after pill” is not legally authorized under any circumstances, you should immediately remove from all three kits:*

the two Levonorgestrel tablets;<sup>6</sup>  
Leaflet PEP-01-1A containing the Guidelines for Attending Physicians on how to proceed with the patient in case of rape;  
Leaflet PEP-01-2A containing the Guidelines for the Patient of the therapeutic options and their implications in case of rape; *and*  
Consent Form PEP-01-3A.

*If the use of the “morning-after pill” is legally authorized in general or is only legally authorized for specific cases including rape, you should immediately remove from all three kits:*

Leaflet PEP-01-1B containing the Guidelines for Attending Physicians on how to proceed with the patient in case of rape;  
Leaflet PEP-01-2B containing the Guidelines for the Patient of the therapeutic options and their implications in case of rape; *and*  
Consent Form PEP-01-3B.

---

<sup>6</sup> The date on the stripe of two tablets is the manufacturing date. Tablets expire five years after the manufacturing date.

## ANNEX E

# GUIDELINES FOR THE ATTENDING PHYSICIAN

### GUIDELINES FOR THE ATTENDING PHYSICIAN - PEP-01-01A<sup>7</sup>

Offer the patient the possibility of being accompanied during the medical examination by a staff member, friend or counselor.

Reassure the patient of privacy and confidentiality.

Record the precise time of the incident and of the circumstances.

In the case of rape, explain to the patient the risk of having been exposed to **STDs, HIV** and the possibility of getting pregnant. ***When the HIV status of the perpetrator is not known, decisions are to be made as if the perpetrator were HIV positive.***

In the case of an occupational accident, explain to the patient the potential risk in relation to the type of exposure.

Explain the possibility of reducing the risk of HIV transmission by taking a ***post-exposure preventive (PEP) treatment***; although the efficacy of taking **AZT/3TC** to prevent HIV transmission in post sexual assault is not proven, research studies suggest this regime, taken within a few hours to a few days following a possible HIV exposure, may be beneficial in preventing HIV infection.

Give the patient the *leaflet* containing the “*Guidelines for the Patient*,” describing the modalities of this PEP treatment and its implications, including the urgency for the patient to make a decision on this issue (***since the PEP regimen must start ideally within two (2) hours of exposure, and no later than seventy-two (72) hours after exposure***), as well as the necessity of medical evacuation for a period of four (4) weeks, in order to complete the medical/psychological evaluations and treatments.

If the patient agrees to start treatment, after the consent form is signed by the patient, the following is immediately given (from the “post-exposure kit”):

***(for female patient only) Pregnancy test***, to exclude any on-going pregnancy which would be a contra-indication to give the “morning-after” pill and PEP treatment;

***(for female patient only) The first tablet*** of the “morning-after” pill to be taken orally immediately, and one (1) additional tablet to be taken twelve (12) hours after the first;<sup>8</sup> *and*

***(for female or male patient) The first doses of the PEP regimen: AZT,<sup>9</sup> two (2) tablets of 100mg plus 3TC,<sup>10</sup> one (1) tablet of 150mg.*** The patient must continue to take two (2) tablets of AZT every eight (8) hours and one (1) tablet of 3TC every twelve (12) hours. Therefore, the patient must be given an extra

<sup>7</sup> For countries where the use of the “morning-after pill” is legally authorized in general or is only legally authorized for specific cases, including rape.

<sup>8</sup> The date on the stripe of two tablets of Levonorgestrel is the manufacturing date. Tablets expire five years after the manufacturing date.

<sup>9</sup> The expiry date of AZT tablets appears on the bottle.

<sup>10</sup> The expiry date of 3TC tablets appears on the bottle.

sixteen (16) tablets of AZT, and an extra five (5) tablets of 3TC to ensure treatment coverage during the medical evacuation process.

AZT is contra-indicated in patients with chronic renal insufficiency, hepatic insufficiency, bone marrow insufficiency, and in patients being treated with myelosuppressive, hemotoxic or nephrotoxic drugs within two weeks prior to starting AZT. AZT is approved for use during pregnancy *after* 14 weeks of gestation.

3TC is **not** recommended in patients with a history of pancreatitis or a history of peripheral neuropathy. 3TC is **not** indicated at any time during pregnancy.

Breastfeeding should be discontinued when AZT and/or 3TC are taken.

Explain to patient that the combination of the “morning-after” pill taken with AZT and 3TC will give **severe nausea**. The other possible side-effects of AZT and 3TC are described in the *leaflet* containing the “*Guidelines for the Patient.*”

Write a medical report to the attention of the physician at the site of medical evacuation, indicating the circumstances, initial medical findings and treatments started. **Send a copy** of this report to the attention of the Medical Director of the UN Agency employing the patient.

**PEP-01-01A**

## ANNEX F

# GUIDELINES FOR THE ATTENDING PHYSICIAN

### GUIDELINES FOR THE ATTENDING PHYSICIAN - PEP-01-01B<sup>11</sup>

Offer the patient the possibility of being accompanied during the medical examination by a staff member, friend or counselor.

Reassure the patient of privacy and confidentiality.

Record the precise time of the incident and of the circumstances.

In the case of rape, explain to the patient the risk of having been exposed to **STDs, HIV** and the possibility of getting pregnant. ***When the HIV status of the perpetrator is not known, decisions are to be made as if the perpetrator were HIV positive.***

In the case of an occupational accident, explain to the patient the potential risk in relation to the type of exposure.

Explain the possibility of reducing the risk of HIV transmission by taking a ***post-exposure preventive (PEP) treatment***; although the efficacy of taking **AZT/3TC** to prevent HIV transmission in post sexual assault is not proven, research studies suggest this regime, taken within a few hours to a few days following a possible HIV exposure, may be beneficial in preventing HIV infection.

Give the patient the *leaflet* containing the “*Guidelines for the Patient*,” describing the modalities of this PEP treatment and its implications, including the urgency for the patient to make a decision on this issue (***since the PEP regimen must start ideally within two (2) hours of exposure, and no later than seventy-two (72) hours after exposure***), as well as the necessity of medical evacuation for a period of four (4) weeks, in order to complete the medical/psychological evaluations and treatments.

If the patient agrees to start treatment, after the consent form is signed by the patient, the following is immediately given (from the “post-exposure kit”):

***(for female patient only) Pregnancy test***, to exclude any on-going pregnancy which would be a contra-indication to give the “morning-after” pill and PEP treatment; *and*

***(for male or female patient) The first doses of the PEP regimen: AZT,<sup>12</sup> two (2) tablets of 100mg plus 3TC,<sup>13</sup> one (1) tablet of 150mg.*** The patient must continue to take two (2) tablets of AZT every eight (8) hours and one (1) tablet of 3TC every twelve (12) hours. Therefore, the patient must be given an extra sixteen (16) tablets of AZT, and an extra five (5) tablets of 3TC to ensure treatment coverage during the medical evacuation process.

AZT is contra-indicated in patients with chronic renal insufficiency, hepatic insufficiency, bone marrow insufficiency, and in patients being treated with myelosuppressive, hemotoxic or nephrotoxic drugs within two weeks prior to starting AZT. AZT is approved for use during pregnancy ***after*** 14 weeks of gestation.

<sup>11</sup> For countries where the use of the "morning-after pill" is not legally authorized under any circumstances.

<sup>12</sup> The expiry date of AZT tablets appears on the bottle.

<sup>13</sup> The expiry date of 3TC tablets appears on the bottle.

3TC is **not** recommended in patients with a history of pancreatitis or a history of peripheral neuropathy. 3TC is **not** indicated at any time during pregnancy.

Breastfeeding should be discontinued when AZT and/or 3TC are taken.

The other possible side-effects of AZT and 3TC are described in the *leaflet* containing the “*Guidelines for the Patient.*”

Write a medical report to the attention of the physician at the site of medical evacuation, indicating the circumstances, initial medical findings and treatments started. ***Send a copy*** of this report to the attention of the Medical Director of the UN Agency employing the patient.

**PEP-01-01B**

## ANNEX G

# GUIDELINES FOR THE PATIENT

### GUIDELINES FOR THE PATIENT - PEP-01-02A<sup>14</sup>

*(For a female patient only in case of sexual assault).*

When you have been sexually assaulted, it is natural to experience feelings of fear, pain, anger, shame, and confusion. In addition, you may ask yourself questions such as:

- What are the chances that I may become pregnant?
- What are the chances that I was exposed to sexually transmitted diseases?
- What are the chances that I was exposed to the HIV virus?

All these concerns are legitimate. The UN Physician will assist you in addressing these issues. In order to recommend the best course of action, it is important that this medical doctor be made aware of any chronic/acute medical condition you may have, and of any treatment you might be taking at the time of this initial evaluation.

Pregnancy is always a risk in pre-menopausal women. Fortunately, this risk can be eliminated by taking the so-called "morning-after" pill.<sup>15</sup> This medication is given as follows: one (1) tablet within seventy-two (72) hours of exposure; and a second tablet, twelve (12) hours after the first. This medication is likely to cause severe nausea.

Getting infected by sexually transmitted germs is also a possibility. Fortunately again, these diseases are easy to diagnose and to treat. Your *Attending Physician*, whether at the site of your evacuation, or locally, will take care of these.

We do not know the exact risk of HIV infection following a sexual assault, but it is estimated to be low, probably in the range of less than 1%. However, the chances of being exposed to the HIV virus increase:

- If more than one man sexually assaulted you;
- If you have any torn or damaged skin;
- If the type of assault was an anal assault;
- If you know that the person who assaulted you is HIV positive;
- If you know that the person who assaulted you is an injection drug user; *or*
- If you do not know the HIV status of the assailant, HIV positivity must be assumed.

*(For a female or male patient in case of sexual assault or occupational accident)*

If you were exposed to the HIV virus, it may be possible to prevent getting the disease by taking four (4) weeks combination of anti-HIV medication. These medications are called AZT<sup>16</sup> and 3TC.<sup>17</sup> There is no absolute medical proof that AZT/3TC regimen works, but there is evidence that it *may* help.

<sup>14</sup> For countries where the use of the "morning-after pill" is legally authorized in general or is only legally authorized for specific cases, including rape.

<sup>15</sup> The date on the stripe of two tablets of Levonorgestrel is the manufacturing date. Tablets expire five years after the manufacturing date.

<sup>16</sup> The expiry date of AZT tablets appears on the bottle.

<sup>17</sup> The expiry date of 3TC tablets appears on the bottle.

This AZT/3TC regimen, also referred to as *post exposure prevention (PEP)* regimen, is to be started within two (2) to seventy-two (72) hours after exposure, and **must** continue for four (4) weeks. Because of the potential side-effects of these medications, a medical evacuation to a place with better medical facilities may be necessary, since the follow-up involves laboratory testing and good medical experience in administering these medications.

AZT can give the following symptoms:

diarrhoea	dizziness	fatigue
fever	headaches	insomnia
inflammation of the liver	loss of appetite	vomiting
muscle pains	nausea	

***It is believed that such side-effects are less likely in healthy people taking the drug for only four (4) weeks.***

3TC can give the following symptoms:

diarrhoea	fatigue	headache
insomnia	mild muscle pains	
stomach pains	nausea	

Very rarely, more serious side-effects can occur with this medication: severe stomach pain with nausea and vomiting; aching, numbness; tingling; burning sensation in legs, hands, feet; skin rash; fever; and/or mouth sores. (These symptoms require immediate medical attention.)

If you decide to take the PEP regimen:

- You will be medically evacuated;
- The UN physician will ask you to sign the consent form indicating your acceptance of the PEP regimen; *and*
- You will be given enough medications to cover treatment for three (3) days.

These medications are taken as follows:

- AZT: 2 tablets of 100mg (200mg) 3 times a day (every 8 hours) for 4 weeks
- 3TC: 1 tablet of 150mg twice a day (every twelve hours) for 4 weeks.

***Take these medications with food but never with alcohol. If you miss a dose, take it as soon as you remember AND take the next dose at its regular scheduled time. A doctor must be consulted before taking any other medications, including over-the counter medications and herbal medicines.***

AZT/3TC can be taken with the “morning-after” pill. You must be aware that the combination of these three medications is likely to cause severe nausea.

Once you have arrived at the site of your evacuation, your *Attending Physician* will continue your evaluation and treatment, will follow-up with you until completion of the PEP regimen, ordering laboratory tests as necessary. There will be a need to perform an HIV test at six (6) weeks, twelve (12) weeks, twenty-four (24) weeks, and one year after the exposure.

Unless you indicate otherwise, you will be referred to a psychologist/psychiatrist to address the psychological trauma you have suffered.

## ANNEX H

# GUIDELINES FOR THE PATIENT

### GUIDELINES FOR THE PATIENT - PEP-01-02B<sup>18</sup>

*(For a female patient only in case of sexual assault).*

When you have been sexually assaulted, it is natural to experience feelings of fear, pain, anger, shame, and confusion. In addition, you may ask yourself questions such as:

- What are the chances that I may become pregnant?
- What are the chances that I was exposed to sexually transmitted diseases?
- What are the chances that I was exposed to the HIV virus?

All these concerns are legitimate. The UN Physician will assist you in addressing these issues. In order to recommend the best course of action, it is important that this medical doctor be made aware of any chronic/acute medical condition you may have, and of any treatment you might be taking at the time of this initial evaluation.

Getting infected by sexually transmitted germs is also a possibility. Fortunately again, these diseases are easy to diagnose and to treat. Your *Attending Physician*, whether at the site of your evacuation, or locally, will take care of these.

We do not know the exact risk of HIV infection following a sexual assault, but it is estimated to be low, probably in the range of less than 1%. However, the chances of being exposed to the HIV virus increase:

- If more than one man sexually assaulted you;
- If you have any torn or damaged skin;
- If the type of assault was an anal assault;
- If you know that the person who assaulted you is HIV positive;
- If you know that the person who assaulted you is an injection drug user; or
- If you do not know the HIV status of the assailant, HIV positivity must be assumed.

*(For a female or male patient in case of sexual assault or occupational accident)*

If you were exposed to the HIV virus, it may be possible to prevent getting the disease by taking four (4) weeks combination of anti-HIV medication. These medications are called AZT<sup>19</sup> and 3TC.<sup>20</sup> There is no absolute medical proof that AZT/3TC regimen works, but there is evidence that it *may* help.

This AZT/3TC regimen, also referred to as *post exposure prevention (PEP)* regimen, is to be started within two (2) to seventy-two (72) hours after exposure, and **must** continue for four (4) weeks. Because of the potential side-effects of these medications, a medical evacuation to a place with better medical facilities may be necessary, since the follow-up involves laboratory testing and good medical experience in administering these medications.

AZT can give the following symptoms:

<sup>18</sup> For countries where the use of the "morning-after pill" is not legally authorized under any circumstances.

<sup>19</sup> The expiry date of AZT tablets appears on the bottle.

<sup>20</sup> The expiry date of 3TC tablets appears on the bottle.

diarrhoea	dizziness	fatigue
fever	headaches	insomnia
inflammation of the liver	loss of appetite	vomiting
muscle pains	nausea	

*It is believed that such side-effects are less likely in healthy people taking the drug for only four (4) weeks.*

3TC can give the following symptoms:

diarrhoea	fatigue	headache
insomnia	mild muscle pains	
stomach pains	nausea	

Very rarely, more serious side-effects can occur with this medication: severe stomach pain with nausea and vomiting; aching, numbness; tingling; burning sensation in legs, hands, feet; skin rash; fever; and/or mouth sores. (These symptoms require immediate medical attention.)

If you decide to take the PEP regimen:

- You will be medically evacuated;
- The UN physician will ask you to sign the consent form indicating your acceptance of the PEP regimen; *and*
- You will be given enough medications to cover treatment for three (3) days.

These medications are taken as follows:

- AZT: 2 tablets of 100mg (200mg) 3 times a day (every 8 hours) for 4 weeks
- 3TC: 1 tablet of 150mg twice a day (every twelve hours) for 4 weeks.

***Take these medications with food but never with alcohol. If you miss a dose, take it as soon as you remember AND take the next dose at its regular scheduled time. A doctor must be consulted before taking any other medications, including over-the counter medications and herbal medicines.***

Once you have arrived at the site of your evacuation, your *Attending Physician* will continue your evaluation and treatment, will follow-up with you until completion of the PEP regimen, ordering laboratory tests as necessary. There will be a need to perform an HIV test at six (6) weeks, twelve (12) weeks, twenty-four (24) weeks, and one year after the exposure.

Unless you indicate otherwise, you will be referred to a psychologist/psychiatrist to address the psychological trauma you have suffered.

**PEP-01-02B**

## ANNEX I CONSENT TO MEDICAL TREATMENT<sup>21</sup>

<p>I, _____, acknowledge that I have received and read the leaflet (name of patient)</p> <p>entitled "Post Exposure Preventive Treatment - Guidelines for the Patient". I also acknowledge that Dr. _____ has explained the potential benefits, the (name of attending physician)</p> <p>limitations, the possible side effects, and the contra-indications of the medications that are being offered to me. I further acknowledge that Dr. _____ has <span style="float: right;">(name of attending physician)</span></p> <p>explained to me the modalities of the treatments.</p> <p style="text-align: center;">Having understood all of the above, I accept to take: (check mark to be made next to whichever treatment patient is accepting)</p> <p style="text-align: center;">the so-called "morning-after pill";</p> <p style="text-align: center;">the so-called "post-exposure preventive therapy".</p>	
<p>_____ Signature of Patient Place, date and time</p>	<p>_____</p>
<p>_____ Signature and name of person giving consent on behalf of the Patient (if patient under age 18 or if patient otherwise unable to give consent)</p>	<p>_____ Place, date and time</p>
<p>_____ Witness (Signature and name) date and time</p>	<p>_____ Place,</p>
<p><b>PEP-01-03A</b></p>	

<sup>21</sup> For countries where the use of the "morning-after pill" is legally authorized in general or is only legally authorized for specific cases including rape.

## ANNEX J CONSENT TO MEDICAL TREATMENT<sup>22</sup>

<p>I, _____, acknowledge that I have received and read the _____ (name of patient)</p> <p>leaflet entitled "Post Exposure Preventive Treatment - Guidelines for the Patient". I also</p> <p>acknowledge that Dr. _____ has explained the potential benefits, (name of attending physician)</p> <p>the limitations, the possible side effects, and the contra-indications of the medications that are</p> <p>being offered to me. I further acknowledge that Dr. _____ (name of attending physician)</p> <p>has explained to me the modalities of the treatments.</p> <p style="text-align: center;">Having understood all of the above, I accept to take:</p> <p style="text-align: center;">the so-called "post-exposure preventive therapy".</p>	
<p>_____ Signature of Patient Place, date and time</p>	<p>_____</p>
<p>_____ Signature and name of person giving consent on behalf of the Patient (if patient under age 18 or if patient otherwise unable to give consent)</p>	<p>_____ Place, date and time</p>
<p>_____ Witness (Signature and name) Place, date and time</p>	<p>_____</p>

**PEP-01-03B**

<sup>22</sup> For countries where the use of the "morning-after pill" is not legally authorized under any circumstances.