HIV – Post-exposure Prophylaxis

Disclaimer

Contents
Disclaimer .................................................................................................................. 1

Background – About HIV – post-exposure Prophylaxis (PEP) ................................... 2

Assessment .............................................................................................................. 2

Practice point – Commence PEP within 72 hours .................................................... 2

Management ........................................................................................................... 3

Referral .................................................................................................................. 5

Information ............................................................................................................. 5

For health professionals ......................................................................................... 5

For patients ............................................................................................................ 5

Disclaimer ............................................................................................................. 5
Background – About HIV – post-exposure Prophylaxis (PEP)

- Post-exposure prophylaxis (PEP) is the use of HIV antiretroviral drugs taken < 72 hours after an exposure with the goal of preventing HIV seroconversion.
- The risk of HIV transmission through a single exposure is determined by:
  - the nature of the exposure with its estimated risk/exposure.
  - the risk that the source is HIV positive, if their status is unknown.
  - factors associated with the source and exposed individuals.
  - the viral load of the source if the source is HIV positive.
- HIV is transmitted through certain body fluids e.g. blood, semen, pre-seminal fluids, vaginal fluids, anal fluids, breast milk, and cerebrospinal fluid.
- In Australia, HIV is mainly transmitted through vaginal and anal sex. It is also possible through sharing needles and drug equipment.
- Sub-Saharan countries have the highest prevalence of HIV.
- There is limited evidence regarding the use of HIV PEP.
- Must be commenced within 72 hours of exposure.

Assessment

Practice point – Commence PEP within 72 hours

*If indicated, PEP is only effective if commenced < 72 hours.*

1. Assess every presentation for post-exposure prophylaxis (PEP) on a case-by-case basis. PEP is only effective if commenced < 72 hours after exposure.

2. Take a history:

  ➢ *Details of exposure*
  - Date and time of exposure
  - Source of exposure
  - Mode and details of exposure:
    - Through blood, semen, pre-seminal fluids, vaginal fluids, anal fluids, breast milk, and cerebrospinal fluid.
    - From shared drug equipment.
    - If condomless sexual intercourse with partner who is:
      - of unknown HIV status
      - HIV positive and inadequately treated
      - a man who has sex with men
      - from a high prevalence country.
  - Place of exposure
  - If any barrier protection was in place
Information about exposed person
- Most recent HIV test and result
- Potential exposures in the last 3 months
- Previous PEP or pre-exposure prophylaxis (PrEP)
- Knowledge of source
- Current completed vaccinations

Information about the source – If the source has a known undetectable viral load, PEP is not indicated for sexual transmission.

This includes current pre-exposure prophylaxis (PrEP), HIV status and, if HIV positive:
- viral load,
- CD4 count, and
- treatment history.

Do not delay provision of PEP while obtaining this information.

Management

1. For occupational exposure:
   - **under 72 hours**, refer to the Emergency Department with completed WorkCover documentation.

   **Occupational exposure under 72 hours**
   - Test the source if possible.
   - PEP is usually only prescribed for those that have definitely been exposed to HIV.
   - If the source is unable to be identified or tested, then the risk of the source being HIV positive must be assessed from any epidemiological or other information available.
   - When the source is unknown, the use of PEP should be decided on a case-by-case basis, and it is recommended that an expert always be consulted in this situation.

   - **over 72 hours**, perform baseline tests and repeat HIV standard test at 6 weeks and 12 weeks with completed WorkCover documentation. Screen for Hepatitis B and Hepatitis C transmission.

   **Occupational exposure over 72 hours**
   - Test the source, if possible.
   - If the source is unable to be identified or tested, then the risk of the source being HIV positive must be assessed from any epidemiological or other information available.
   - If the source is unknown, refer to an infectious diseases physician for expert opinion.
2. For non-occupational exposure (NPEP):
   - under 72 hours and:
     - **high risk sexual contact** or IV drug use with shared equipment and within business hours, refer urgently to a **PEP dispensing provider**. If after hours, refer to **Emergency Departments**. For advice, phone NPEP service on 1800-889-887 during business hours.

   **High risk sexual contact**
   Condomless sexual intercourse with partner who is:
   - of unknown HIV status.
   - HIV positive and inadequately treated – if the source has a known undetectable viral load, PEP is not indicated.
   - a man who has sex with men.
   - from a high prevalence country.

   - needlestick injury from a discarded needle in the community, PEP is not recommended.

   - over 72 hours and **high risk sexual contact** or IV drug use with shared equipment, consider **eligibility for PrEP**.

   **Eligibility for PrEP**
   Consider starting PrEP if:
   - negative baseline HIV test.
   - expect to have future high-risk exposures.
   - negative repeat HIV test 4 weeks after exposure.

   If not expected to have future high-risk exposures, repeat HIV test at 6 weeks and 12 weeks after exposure and manage accordingly.

   - See the **pre-exposure prophylaxis (PrEP)** pathway.
   - manage **possible exposure to other STIs** and blood borne viruses.

3. **Address preventative behaviour** while awaiting results.

   **Address preventative behaviour**
   - Advise patient about preventative behaviour while waiting results, including:
     - safe sexual practices and injecting behaviours.
     - not donating blood.
   - Discuss condom use and contraception.
   - Discuss counselling or psychologist review, including accessing the patient’s employee assistance program, if appropriate.
### Referral

- If PEP is indicated under 72 hours and:
  - occupational exposure, refer to [Emergency Department](#).
  - non-occupational exposure, refer urgently to a [PEP dispensing provider](#) unless after hours, then refer to [Emergency Department](#).
- Refer to an [infectious diseases physician](#) for expert opinion if occupational exposure over 72 hours and source status is unknown.
  - [The Alfred](#)
  - [Monash Health](#)
  - [Peninsula Health](#)
- For advice, phone NPEP service on **1800-889-887**.

### Information

#### For health professionals

**Further information**

- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM):
  - [Post-exposure Prophylaxis After Non-Occupational and Occupational Exposure to HIV](#)
  - [Post-Exposure Prophylaxis (PEP): Access Australian PEP Guidelines](#)
- UNAIDS:
  - [AIDS Info: Graphs](#)
  - [AIDS Info: HIV Prevalence](#)

#### For patients

AlfredHealth – [Victorian NPEP Service](#)

[Disclaimer](#)

Last updated: February 2020