

**Any queries, especially after-hours,
ASK ED CONSULTANT FIRST**

PEP requested by patient

**Exposure < 72 hours ago
and**

**Exposure ≥ 72 hours
and/or**

Exposure warranting PEP

MSM - unprotected anal sex

- Receptive or insertive anal sex
- > Unknown HIV status
- > Known HIV+ with detectable viral load

Unprotected vaginal sex IF source is:

- Known HIV+ with detectable viral load
- From high prevalence country (HPC)*

Low risk exposure

MSM (+heterosexuals) - oral sex

- Receptive or insertive
- Known or unknown HIV status

HIV+ with undetectable viral load

- Vaginal & anal sex nPEP no longer recommended if viral load suppressed
- See [ASHM guidelines](#)

Unprotected vaginal sex

- Source not from HPC*

(Does NOT usually need PEP)

1. Collect blood for HIV, Hep B, syphilis, UE/LFT

2. Give 'Starter Pack A' (Truvada)

- Pack = drug & [Patient Information & PASH Brochure](#)
- Give 2nd pack if long w/end
- For pack locations see *** below

You do NOT need approval from ID but if partner's HIV viral load detectable discuss using high risk pack

3. Email PASH Clinic for follow-up

pashreferral@health.qld.gov.au

- Include – patient name, UR number, contact phone & clinical details
- PASH will call patient for F/U

Supporting Information

[ASHM \(Australian Society HIV Medicine\)](#)

Refer patient to PASH

for HIV/STI screen & follow up

Give [PASH brochure](#)

Ph. 3176 5881

Appointment only - patient to call

*** For more unusual or complicated situations discuss with Sexual Health during hours or ID after hours ***

MSM – men who have sex with men

***(HPC) HIV** prevalence >1% general population. Highest Southern Africa (up to 25%) and injecting drug users South East Asia (up to 40%). Individual countries: [UNAIDS](#)

*****Locations of nPEP Starter Packs in Metro South Emergency Departments**

PA - standard packs ED S4 Safe. Standard & high risk packs pharmacy robot ("dispensed" remotely after hours via on-call pharmacist)

LG - standard & high risk packs in ED Ambulatory Care Pyxis machine (Electronic Meds Cupboard)

QEII - standard & high risk packs in ED main drug room PYXIS machine (extra supplies level 4 drug cupboard)

Redlands - standard & high risk packs located in after hours cupboard

BDH - standard & high risk packs in Pharmacy Alcove 'After Hours' area

*** High Risk Pack now Truvada + Raltegravir instead of Truvada + Kaletra**

Managing HIV non-occupational Post Exposure Prophylaxis (nPEP) in Metro South Health

IMS Metro South

Purpose

This guideline provides best practice recommendations for the management and initiation of HIV non-occupational post exposure prophylaxis and for arranging ongoing management for patients at risk of exposure to HIV, presenting to the emergency department.

Background

Post exposure prophylaxis (PEP) is a course of HIV medications taken to reduce the chance of acquiring HIV following exposure to HIV. If taken within 72 hours of exposure it can lessen the risk of HIV infection. The earlier it is started, the more effective it is in preventing HIV infection.

The treatment has the potential for adverse side effects and drug interactions, which means consideration needs to be given to an exposed person's risk of HIV transmission prior to prescription.

The risk should be sufficient to warrant the treatment.

Type of Exposure	Risk - Known HIV Positive Source	Risk - Unknown HIV Status of Source (using MSM HIV seroprevalence of 10%)
Receptive anal intercourse • Ejaculation • Withdrawal	1/70 1/155	1/700 1/1,550
Contaminated injecting equipment (risk higher if source MSM IDU)	1/125	1/12,500 (1% HIV prevalence IVDU)
Insertive anal intercourse (circumcised)	1/900	1/9000
Insertive anal intercourse (uncircumcised)	1/160	1/1600
Receptive vaginal intercourse	1/1250	1/1,250 000
Insertive vaginal intercourse	1/2500	1/2,500 000
Receptive or insertive oral sex	extremely low too low for estimate	
Needle-stick injury (NSI) or sharps exposure	1/440	Not measurable – risk low
Mucous membrane and non-intact skin exposure	<1/1000	Not measurable – risk low
Needle-stick injury from discarded needle in community		Not measurable – risk low
Notes: Risk of HIV transmission = risk per exposure x risk source is HIV positive		
For 'Unknown HIV status of source' utilising:		
<ul style="list-style-type: none"> • HIV seroprevalence MSM in Brisbane 11.2/Melbourne 9.5/Sydney 8.5 • HIV seroprevalence within IVDU population across Australia - 0.5% • HIV seroprevalence 30% within MSM IVDU population • HIV seroprevalence of 0.1% overall Australian seroprevalence 		

ASHM (Australian Society HIV Medicine) <http://www.ashm.org.au/pep-guidelines>

Page 2 of 2

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