

POST-EXPOSURE PROPHYLAXIS

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DISCLOSURES

- Staff specialist Infectious diseases: RBWH, MNHHS
- Board member HIVFQ
- Speaking fees for MSD – 100% donated to charity
- Use of HIV medicines donated by Gilead and Viiv for Medicare-ineligible patients

POST EXPOSURE PROPHYLAXIS

- Basics
- Improving access
- What happens next?

PEP BASICS

- Administration of medication after a possible exposure
- Occupational vs non-occupational
- Period of time between inoculation and establishment of infection
- Antivirals can prevent the establishment of infection
 - Clear evidence in animal studies
 - Benefit in humans clear in post partum
 - Retrospective occupational study suggested 81% risk reduction
 - Less clear in other settings

HOW TO USE PEP

Guideline

HIV post-exposure prophylaxis (PEP): guideline for assessment and management of non-occupational exposures

Post-Exposure Prophylaxis
after Non-Occupational
and Occupational
exposure to HIV

Australian National Guidelines (2nd edition)

**Updated Guidelines for Antiretroviral Postexposure
Prophylaxis After Sexual, Injection Drug Use, or
Other Nonoccupational Exposure to HIV—
United States, 2016**

from the
Centers for Disease Control and Prevention,
U.S. Department of Health and Human Services

HOW TO USE THE RISK

Type of exposure with known HIV positive source	Estimated risk of HIV transmission/exposure ^a
Receptive anal intercourse (RAI) – ejaculation – withdrawal	1/70 1/155
Contaminated injecting equipment	1/125
Insertive anal intercourse (IAI) uncircumcised	1/160
Insertive anal intercourse (IAI) circumcised	1/900
Receptive vaginal intercourse (RVI)	1/1250* (See next page)
Insertive vaginal intercourse (IVI)	1/1250* (See next page)
Receptive or insertive oral intercourse	Unable to estimate risk – extremely low
Needlestick injury (NSI) or other sharps exposure	1/440
Mucous membrane and non-intact skin exposure	< 1/1000

HOW TO USE PEP - REGIMEN

- Tenofovir/emtricitabine ± third drug
- Third drug reserved for high risk exposures

HOW TO IMPROVE ACCESS: BARRIERS

- Limited access points
- Variation in knowledge / attitudes / behaviour
- Stigma / discrimination

BARRIERS TO USE

- Access points
 - PEP at commercial pharmacy - governance
 - Expansion of GPs able to prescribe PEP
- Knowledge/attitudes/behaviour

WHERE IS PEP GOING?

- Use of PrEP → less use of PEP
- Drugs with better tolerability
- PEP ACCESS campaign from HIVFQ