

Post Exposure Prophylaxis Information for HIV

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Human Immunodeficiency Virus (HIV)

HIV is more common in many other countries than it is in the UK. Worldwide, HIV is most commonly acquired through sexual intercourse. Unscreened blood or blood products and reuse of needles are also a risk.

In some areas up to 90% of prostitutes and 30% of the local population are infected. People with HIV infection do not usually look ill.

Occupational exposure to blood and body fluids is a risk. It is essential to follow recommended procedures, including the safe handling and disposal of used needles and syringes and wearing personal protective equipment including eyewear when indicated.

HIV Post Exposure Prophylaxis (PEP)

This is a course of anti-HIV medication prescribed to those individuals who may have had a possible exposure to HIV e.g.

- a penetrating injury e.g. needle stick injury.
- contact with mucous membranes (including the eye).
- contact with skin that is abraded, inflamed or otherwise not intact.

HIV PEP must be started as soon after a possible exposure, ideally within hours (usually within 72 hours).

The purpose of HIV PEP is to reduce the likelihood of becoming infected with HIV following an exposure.

A complete course of HIV PEP is taken every day for four weeks.

For those at occupational risk, travelling with a 5 day starter pack of HIV PEP is sometimes considered. This can enable prompt self-treatment whilst abroad and gives time to organise further assessment and the necessary month long treatment and follow up.

First aid is important following possible HIV exposure:

- Penetrating injuries: encourage bleeding of the puncture wound. Wash the wound with soap and water or clean thoroughly with an alcohol impregnated swab and dress the wound.
- Contact with mucous membranes: rinse thoroughly with water or saline solution.
- Contact with abraded/inflamed skin: wash affected area with soap and water.

HIV PEP Starter Kit

This contains a 5 day supply of three medicines:

- **TRUVADA** (emtricitabine 200mg and tenofovir 245mg) **one tablet once a day**
- **RALTEGRAVIR** (400mg) **one tablet twice a day**
- **METOCLOPRAMIDE** **one tablet three times a day**

It is important to inform the prescriber of any medicines you are taking as drug interactions are known to occur e.g. antacids, omeprazole, rifampicin, atovaquone.

Side effects of medication include:

Headaches, feeling sick, vomiting and diarrhoea. Serious side effects are rare.

Recommended follow up arrangements

Seek expert advice at the time of a possible exposure and for follow up and completion of HIV PEP (1 month).

HIV testing of the person exposed to HIV is usually arranged at around 12 weeks after HIV PEP has been stopped.

For further information:

Expert Advisory Group on AIDS Providing expert scientific advice on HIV.

Change to recommended regimen for post-exposure prophylaxis (PEP) (2014). Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351633/Change_to_recommended_regimen_for_PEP_starter_pack_final.pdf

Department of Health: HIV post-exposure prophylaxis. Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS (2008)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088185?ssSourceSiteId=ab
