Management of Non-Occupational Exposure to HIV in Non-Metropolitan EDs

This document is intended to facilitate the management of incidents involving potential exposure to HIV infection in the non-occupational context, ensuring compliance with the:

Post-Exposure Prophylaxis after Non-Occupational and Occupational exposure to HIV: Australian National Guidelines (Second edition), (2016), The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and the Department of Health Guidelines: Guideline for Non-Occupational Post-Exposure Prophylaxis (NPEP) to Prevent HIV in Western Australia.

Potential exposure to HIV
Emergency response – TRIAGE 3

Establish eligibility for HIV NPEP using the risk assessment flowchart (pages 2-3) and Section 'Assessment of the risk of HIV transmission' (pages 6-8) of the National Guidelines

Prior to prescribing NPEP, consult with the Emergency Medicine Physician and consider consultation with the on-call Infectious Diseases Consultant or Sexual Health Physician, particularly if the patient is:

- **pregnant or breast feeding**
- **has significant medical co-morbidities, in particular compromised renal function**

Call the following:

Facility	Telephone Number	Who to Contact
Royal Perth Hospital, Clinical Immunology	(08) 9224 2899 (Monday-Friday) (08) 9224 2244 (Weekends, low activity days, public holidays and after hours)	Clinical Immunology Registrar (Monday-Friday) Page Immunology Registrar on call (Weekends, low activity days, public holidays and after hours)
Fiona Stanley Hospital, Infectious Diseases Department	(08)9431 2149 (Monday-Friday) (08)6152 2222 (all other times)	Sexual Health Physician Infectious Diseases Physician

NPEP prescribed?

No

- **Sexually transmitted infections (STIs) and blood-borne virus (BBV) screening is highly recommended (including for syphilis)**
- **Provide prevention information for:**
  - **HIV and other BBVs**
  - **STIs**

Document follow up arrangements

Yes

- **Provide 28 days of NPEP starter pack (located in) along with education about potential side-effects and medication adherence.**
- **Conduct baseline testing (see section Laboratory assessment and follow-up of the National Guidelines, page 13).**

Provide prevention information on HIV, STIs and BBVs

- **Organise for patient to be contacted on day 7 to assess tolerability and to reinforce the importance of safer sex**
- **Document follow up arrangements**

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RISK ASSESSMENT FLOWCHART

CONSIDER NPEP IF CONDITIONS 1, 2 AND 3 ARE MET

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HIGH RISK EXPOSURE

- Condomless receptive intercourse (anal or vaginal)[i]
- Condomless insertive intercourse (anal or vaginal)[i]
- Use of contaminated injecting equipment

[i] *Condomless means no condom used or condom slippage/breakage.*

Table 1. NPEP recommendations after non-occupational exposure to a source with unknown HIV status

Type of exposure with unknown HIV-positive source	Estimated risk of HIV transmission/exposure*	NPEP Recommendation
Condomless receptive anal intercourse	Ejaculation: 1/700* Withdrawal: 1/1550*	2 drugs if source man who has sex with men (MSM) or from a high prevalence country (HPC) (see condition 2, next page)
Shared needles and other injecting equipment	1/12,500† (1/1250 – 1/415‡ if source is MSM)	2 drugs if source MSM or from HPC
Condomless insertive anal intercourse	Uncircumcised: 1/1600* Circumcised: 1/9000*	Uncircumcised: 2 drugs if source MSM or from HPC Circumcised: 2 drugs if source MSM or from HPC particularly if concurrent STI, trauma or blood
Condomless vaginal intercourse	Receptive: 1/1 250 000^ Insertive: 1/1 250 000^	Receptive: Not recommended. Consider 2 drugs if source MSM or from HPC Insertive: Not recommended. Consider 2 drugs if source from HPC
Oral sex	Unable to estimate risk – extremely low	Not recommended
Needlestick injury or other sharps exposure from a discarded needle in community	Unable to estimate risk – extremely low	Not recommended
Mucous membrane and non-intact skin exposure	< 1/10 000 (MSM exposure)	Not recommended

* Based on estimated seroprevalence 10% (9.6%) in men who have sex with men.
† Based on estimated seroprevalence 1.0%.
‡ Based on estimated seroprevalence of 29%.
^ Based on estimated seroprevalence 0.1%.

This table is from *Post-Exposure Prophylaxis after Non-Occupational and Occupational exposure to HIV: Australian National Guidelines (Second edition)*, (2016), The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).

Notes:

- Condomless receptive oral intercourse with ejaculation MAY BE CONSIDERED as a high-risk exposure ONLY IF the source is known to be HIV-positive with a detectable HIV viral load and there is oral mucosal disease or an open lesion in the mouth or throat.
- Significant exposure of non-intact skin with blood, sperm or vaginal fluids MAY ALSO BE CONSIDERED as a high-risk exposure ONLY IF the source is known to be HIV positive with a detectable HIV viral load.
- The above table references condomless intercourse.

Non-occupational exposure to a known HIV status source

If the source viral load is known to be undetectable, NPEP is not recommended, provided the source history is reliable, they are compliant with medication, attend regular follow-up and have no intercurrent STIs.

If the source is not on HIV treatment or on treatment with detectable or unknown viral load, a three-drug PEP regimen is recommended.

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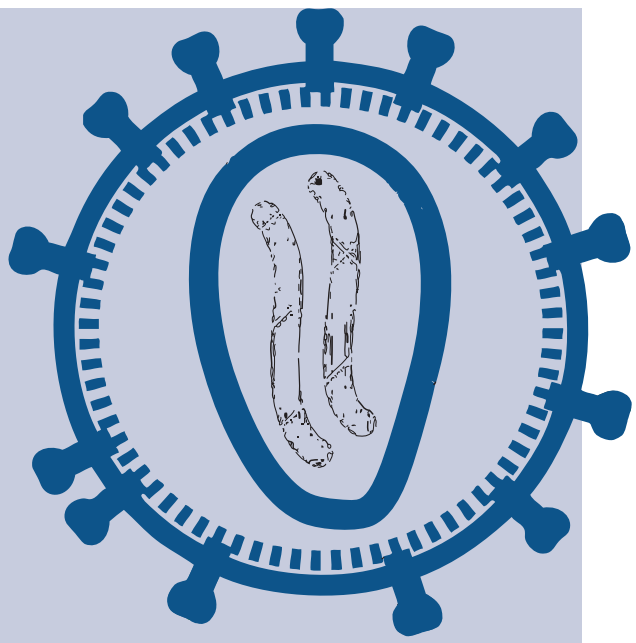
SOURCE IS KNOWN TO BE HIV INFECTED[ii]
AND VIRAL LOAD IS DETECTABLE

OR

SOURCE IS LIKELY TO BE AT INCREASED RISK OF HIV, IF THEY ARE IN AT LEAST ONE OF THESE CATEGORIES:

- Men who have sex with men
- Heterosexual person who injects drugs
- A person from a high HIV prevalence country (HIV prevalence > 1.0%)(see below)
- A sex worker OUTSIDE of Australia



[ii] NPEP is NOT RECOMMENDED following insertive/receptive anal, vaginal or oral sex; sharing of needles or other injecting equipment; and mucous membrane and non-intact skin exposure when the source viral load is KNOWN to be UNDETECTABLE – this is provided the source is known to be compliant with medication, attends regular follow-up and has no intercurrent STI.

High prevalence countries (HPC)[iii]

Sub-Saharan Africa

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Central Africa Republic
Chad
Republic of the Congo
Djibouti
Ethiopia
Equatorial Guinea
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Malawai
Mali
Mozambique
Namibia
Nigeria
Rwanda
Sierra Leone
South Africa
Swaziland
Tanzania
Togo
Uganda
Zambia
Zimbabwe

North Africa

South Sudan

Americas

Bahamas
Barbados
Dominican Republic
Guyana
Haiti
Jamaica
Panama
Suriname
Trinidad and Tobago

Eastern Europe

Russian Federation
Ukraine

Southeast Asia

Thailand

[iii]Data available at: http://aidsinfo.unaids.org

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THE PATIENT PRESENTS WITHIN 72 HOURS OF EXPOSURE

1 + 2 + 3 = CONSIDER NPEP*

2-DRUG REGIMEN:

Tenofovir disoproxil fumarate/emtricitabine 300mg/200mg daily

3-DRUG REGIMEN:

Tenofovir disoproxil fumarate/emtricitabine 300mg/200mg daily

PLUS

Dolutegravir 50mg daily

*Prescribers are required to refer to Therapeutic Guidelines for full regime to inform prescribing