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

PEP should be prescribed as soon as possible after the exposure and within 72 hours.

Purpose
This Guideline provides best practice recommendations for the immediate assessment, management and follow-up of individuals who have been exposed (or suspect they have been exposed) to HIV in non-occupational settings and recommendations for initiation of post-exposure prophylaxis (PEP).

This Guideline is consistent with the National Guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV (2013) and was developed in consultation with experienced Queensland HIV clinicians.

Scope
This Guideline provides information for all employees, contractors and consultants within Queensland Health who provide assessment and intervention for non-occupational exposures to HIV including patient registration, emergency departments, infectious diseases units, pharmacy and sexual health services.

Additionally, this guideline provides information for general practitioners who are authorised by the Department of Health to prescribe antiretroviral therapy for HIV under Section 100 of the Highly Specialised Drugs Scheme.

Immediate Care of the Exposed Person
Immediately following exposure to blood or body fluids, it is recommended that the exposed person undertake the following procedures as relevant:

- do not squeeze or rub the injury site
- wash wounds and skin sites that have been in contact with blood or body fluids with water, apply a sterile dressing or pressure as necessary
- after oral exposure, spit out blood or body fluids and rinse with water
- do not douche the vagina or rectum after sexual exposure\(^1\)
- do not inject antiseptics or disinfectants into wounds
- irrigate mucous membranes with water or saline
- if eyes are contaminated, rinse while they are open, gently but thoroughly (for at least 30 seconds) with water or saline
  - if contact lenses are worn, remove and clean them as normal.

\(^1\) National Guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV (2013)
Risk Assessment
Assess the risk of transmission of HIV as soon as possible after the person presents following the exposure, utilising the Risk Assessment Algorithm (Attachment 1) and Tables 1 and 2 of Attachment 2.2

Information about the exposure, the status of the source individual and the status of the exposed person shall be documented appropriately in the patient record and on the HIV non-occupational PEP drug replacement form when requesting reimbursement for PEP prescriptions (Attachment 3).

The Exposure
Estimate the significance of the exposure for HIV transmission, considering the following factors:

- the nature of the exposure with its estimated risk/exposure;
- the risk that the source is HIV positive, if their status is unknown; and
- factors associated with the source and exposed individuals.

Other factors likely to increase the risk of HIV transmission include:

- penetrating, percutaneous injuries with a hollow bore needle
- a high plasma HIV viral load
- a sexually transmissible infection in the source or exposed individual
- a breach in genital mucosal integrity
- a breach in oral mucosal integrity when performing oral sex; and
- the uncircumcised status of the insertive HIV negative partner.


The Source
Attempt to assess the HIV status of the source, to adequately determine risk to the exposed person. Perform a point-of-care HIV test if available or baseline HIV testing as a priority3.

If the source is HIV positive:

- Obtain viral load and antiretroviral treatment history where possible.

If the status of the source is unknown:

- If the source refuses to disclose their status and/or have an HIV test, assume they are HIV positive.
- If source is unavailable or unknown, refer to the seroprevalence data in Table 3 (Attachment 2) to assist in determining the need for PEP.

The Exposed Person
Perform a point-of-care HIV test where available or baseline HIV test4 as a priority on the exposed person. Conduct baseline testing for other blood borne viruses (BBVs) and STIs as relevant.

The exposed person who is considering prophylaxis shall be provided information on:

- the risk of HIV infection following the exposure
- side effects and adverse reactions associated with HIV prophylaxis
- use of HIV prophylaxis in pregnancy / breastfeeding (if appropriate)
- the efficacy of prophylaxis following exposure to HIV

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2 It is important to note that studies of the risk of transmission have employed different methodologies and are difficult to compare, but all include estimates of risk which are of the same order of magnitude.

3, 4 The National HIV Testing Policy (2011) requires informed consent, defined as "the person being tested agrees to be tested on the basis of understanding the testing procedures, the reasons for testing and is able to assess the personal implications."
Department of Health: Non-occupational HIV Post Exposure Prophylaxis (nPEP)

- potential risk of HIV transmission to others and
- appropriate referral for support.

The exposed person shall be advised of the following measures to prevent secondary transmission until their HIV status is confirmed
- not to donate plasma, blood, organs, body tissue, breast milk or sperm
- to exercise sexual abstinence or use condoms to prevent sexual transmission and avoid pregnancy and
- to seek expert medical advice regarding breastfeeding and/or pregnancy.

If the exposed person, on HIV point-of-care or baseline testing, is found to be infected with HIV, HBV or HCV and is not already in appropriate medical care, refer to such care.

HIV Post Exposure Prophylaxis
Refer to Attachment 1, HIV PEP Risk Assessment Algorithm, for a step-by-step guide to managing a person who presents for non-occupational HIV post-exposure prophylaxis.

Public hospital clinicians shall seek the advice of an appropriate medical specialist (Attachment 4) prior to commencement of PEP, unless experienced in the prescription of HIV antiretroviral therapy and PEP.

Authorised s100 general practitioner prescribers experienced in the prescription of HIV antiretroviral therapy and PEP are not required to consult with a medical specialist unless they are seeking a second opinion on their risk assessment.

PEP Starter Pack
If PEP is to be prescribed, the appropriate medical officer can prescribe a starter pack of PEP (as indicated), with follow-up by an appropriate specialist within 72 hours. Document the decision of the exposed person to accept or decline treatment. The PEP starter packs available are outlined below.

<table>
<thead>
<tr>
<th>PEP Starter Packs (72 hour supply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>tenofovir 300mg and emtricitabine 200mg (Truvada®) - 3 tablets</td>
</tr>
<tr>
<td>B</td>
<td>tenofovir 300mg and emtricitabine 200mg (Truvada®) - 3 tablets + raltegravir 400mg (Isentress®) - 6 tablets</td>
</tr>
<tr>
<td>C</td>
<td>tenofovir 300mg and emtricitabine 200mg (Truvada®) - 3 tablets + lopinavir 200mg + ritonavir 50mg (Kaletra®) - 12 tablets</td>
</tr>
</tbody>
</table>

Please refer to Attachment 2, Tables 1 and 2 (page 6) for recommendations. PEP Starter Packs B and C should only be prescribed based on these recommendations. The National PEP Guidelines advise using Raltegravir with caution, please refer to page 14 of that document for specific advice.

Exposures from a source taking antiretroviral therapy shall only be treated with a different combination of drugs, if the clinician has sought advice from the CHRISP Expert Information Network (Attachment 4), as appropriate prior to the commencement of PEP.
The location of HIV PEP Starter Packs for non-occupational exposure is found on the Queensland Health Post Exposure Prophylaxis factsheet found at http://conditions.health.qld.gov.au/HealthConditions/2/Infections-Parasites/150/Hiv/496/Post-exposure-Prophylaxis--HIV

Follow Up and Ongoing PEP
Clinicians can provide the patient with a PEP information sheet (Attachment 5). Within 72 hours, the exposed person will be re-assessed by a clinician experienced in PEP assessment and management regarding risk and the need for ongoing therapy.

If ongoing PEP is required it will be continued for four weeks. A proactive approach to managing side effects and adherence will assist patients to complete their treatment. Follow up with patient at week one, four and at three months. Ongoing laboratory assessment should be conducted as outlined below or on specialist advice.

### Laboratory assessment

<table>
<thead>
<tr>
<th>Test</th>
<th>Baseline (week 0)</th>
<th>Week 1-2</th>
<th>Week 4-6</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antibody</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B serology*</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C serology*</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI screen*</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>FBE, LFT, EUC, CK</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy test*</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table from National Guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV (2013)
See notes Attachment 7

### Pharmacy Dispensing Process
- PEP starter packs are to be provided to patients at no charge from public hospital pharmacies or authorised GP prescribers.
- Ongoing four week PEP therapy is to be charged at the standard dispensing charge, including for people ineligible for Medicare.
- Patients presenting to public hospital pharmacies with a prescription from an authorised GP prescriber for PEP following a non-occupational exposure should be registered with the facility and provided with medications without delay. **These patients are not required to be seen by a public hospital physician or through the Department of Emergency Medicine. Attachment 6 is a letter to accompany patients presenting to public hospital pharmacies from a GP.**

### PEP Drug Replacement Program
Replacement of starter packs and four weeks of PEP therapy will be provided by Communicable Diseases Unit (CDU).

Starter packs and/or drugs will be replaced to public hospital pharmacies or GP practices when the **HIV PEP Drug Replacement Form (non-occupational)** (Attachment 3) is faxed to CDU following dispensing of drugs (i.e. four weeks of PEP therapy will only be replaced when the form is signed by a pharmacist as dispensed).
Attachment 1

HIV PEP Risk Assessment Algorithm5 - non-occupational exposure

Exposure was more than 72 hours ago

Exposure was less than 72 hours ago

Patient presents at service

Type of exposure
- Receptive or insertive oral intercourse; community needlestick injury

Type of exposure
- Insertive anal intercourse; receptive or insertive vaginal intercourse; mucous membrane and non-intact skin exposure

Type of exposure
- Receptive anal intercourse or use of contaminated injecting equipment

Perform HIV point-of-care testing of exposed person where available

If HIV-, no PEP

Determine HIV status of the source. Refer to HIV prevalence in table 3 or refer to the National Guidelines

If HIV-, no PEP

Determine HIV status of the source. Refer to HIV prevalence in table 3 or refer to the National Guidelines

HIV+ or unknown

PEP recommended
Include counselling and screening for BBV and STI testing at 4-6 weeks and 3 months after exposure

Complete Drug Replacement Form (Attachment 3) and send to Communicable Diseases Unit

Risk not measurable

No PEP
Include counselling, education and screening for STIs/BBVs

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## Table 1: PEP recommendations after non-occupational exposure to a known HIV positive source

<table>
<thead>
<tr>
<th>Exposure to an HIV positive source</th>
<th>Estimated risk of transmission/exposure</th>
<th>PEP recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Source not on treatment or on treatment with detectable viral load</td>
<td>Source viral load undetectable</td>
</tr>
<tr>
<td>Receptive anal intercourse</td>
<td>1/70</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>• Ejaculation</td>
<td>1/155</td>
<td>Recommended 2 drugs</td>
</tr>
<tr>
<td>• Withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated injecting equipment</td>
<td>1/125</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>Insertive anal intercourse (uncircumcised)</td>
<td>1/160</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>Insertive anal intercourse (circumcised)</td>
<td>1/900</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>Receptive vaginal intercourse</td>
<td>1/1,250</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>Insertive vaginal intercourse</td>
<td>1/2,500</td>
<td>Recommended 3 drugs</td>
</tr>
<tr>
<td>Receptive oral intercourse with ejaculation or insertive oral intercourse</td>
<td>Not measurable – unable to estimate risk</td>
<td>Not recommended*</td>
</tr>
<tr>
<td>Mucous membrane and non-intact skin exposure</td>
<td>&lt;1/1,000</td>
<td>Recommend 3 drugs</td>
</tr>
</tbody>
</table>

* Provided source is compliant with medication, attends regular follow up and has no intercurrent STI.

## Table 2: PEP recommendations after non-occupational exposure to a source with unknown HIV status

<table>
<thead>
<tr>
<th>Type of exposure to source with unknown HIV status</th>
<th>Estimated risk of transmission/exposure</th>
<th>PEP recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive anal intercourse</td>
<td>1/700*</td>
<td>2 drugs if source MSM or from high prevalence country</td>
</tr>
<tr>
<td>• Ejaculation</td>
<td>1/1,550*</td>
<td></td>
</tr>
<tr>
<td>• Withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared injecting equipment</td>
<td>1/12,500*</td>
<td>Recommended 2 drugs</td>
</tr>
<tr>
<td>(1/1250-1/415* if source MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertive anal intercourse</td>
<td>1/1,600*</td>
<td>2 drugs if uncircumcised. Consider 2 drugs if circumcised and STI, blood or trauma present</td>
</tr>
<tr>
<td>• Uncircumcised</td>
<td>1/9,000*</td>
<td></td>
</tr>
<tr>
<td>• Circumcised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptive vaginal intercourse</td>
<td>1/1,250,000*</td>
<td>Not recommended. Consider 2 drugs if source MSM or from high prevalence country</td>
</tr>
<tr>
<td>Insertive vaginal intercourse</td>
<td>1/2,500,000*</td>
<td>Not recommended. Consider 2 drugs if source from high prevalence country</td>
</tr>
<tr>
<td>Receptive or insertive oral intercourse</td>
<td>Not measurable</td>
<td>Not recommended.</td>
</tr>
<tr>
<td>Mucous membrane and non-intact skin exposure</td>
<td>&lt;1/10,000 (MSM exposure)</td>
<td>Not recommended.</td>
</tr>
<tr>
<td>Needlestick injury from discarded needle in community</td>
<td>Not measurable</td>
<td>Not recommended.</td>
</tr>
</tbody>
</table>

* Based on estimated seroprevalence 9.6% in MSM
* Based on estimated seroprevalence 1.0%
* Based on estimated seroprevalence 29%
* Based on estimated seroprevalence 0.1%

## Table 3: HIV seroprevalence in Australian populations

<table>
<thead>
<tr>
<th>Community group</th>
<th>HIV seroprevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual men (MSM – men who have sex with men)</td>
<td>11.8</td>
</tr>
<tr>
<td>• Sydney</td>
<td>8.1</td>
</tr>
<tr>
<td>• Melbourne</td>
<td>8.8</td>
</tr>
<tr>
<td>• Brisbane</td>
<td>4.5</td>
</tr>
<tr>
<td>• Perth</td>
<td>5.4</td>
</tr>
<tr>
<td>• Adelaide</td>
<td>4.2</td>
</tr>
<tr>
<td>• ACT</td>
<td></td>
</tr>
<tr>
<td>Actual seroprevalence may be higher than reported seroprevalence</td>
<td></td>
</tr>
<tr>
<td>Injecting drug users in Australia</td>
<td>29.2</td>
</tr>
<tr>
<td>• Homosexual</td>
<td>1.0</td>
</tr>
<tr>
<td>• All others</td>
<td></td>
</tr>
<tr>
<td>Heterosexuals in Australia</td>
<td>0.0004</td>
</tr>
<tr>
<td>• Blood donors (% donations)</td>
<td>&lt;0.5</td>
</tr>
<tr>
<td>• STI clinic attendees</td>
<td></td>
</tr>
<tr>
<td>Commercial sex workers (Australia)</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Overall Australian seroprevalence</td>
<td>0.1</td>
</tr>
</tbody>
</table>
### Attachment 3

#### Non-Occupational HIV Post-Exposure Prophylaxis - Drug Replacement Form

1. **Demographic information**
   Consent to collect demographic information □ Yes □ No
   - **PATIENT CODE:** ________  □ AGE: ________
   - **UR Number** (req’d by pharmacy) ________
   - Has the person taken PEP in the past 12 months? □ Yes □ No
   - **Current residential POSTCODE:** ________ □
   - **OR Country of Residence:** ________

2. **PEP Assessment**
   - **Characteristics of primary exposure of concern**
     - **Time since exposure** (hours): ________
     - **Shared injecting equipment** □ Yes □ No
   - **Sexual contact:** □ receptive anal sex □ insertive anal sex
     □ receptive vaginal sex □ insertive vaginal sex
     □ oral sex □ other risks, ________
   - **Was a condom used?** □ Yes □ No □ Yes, broken

3. **Starter Pack dispensed** □ NO YES (please specify)
   □ Truvada (Pack A) □ Truvada + Isentress (Pack B) □ Truvada + Kaletra (Pack C)
   - If YES, please specify the delivery site: □ Prescriber’s clinic □ Pharmacy
   - If more than one Starter Pack was dispensed, please state how many and why: __________________________

4. **Four (4) weeks PEP was prescribed** □ YES □ NO
   - Name of Infectious Diseases Physician consulted if appropriate

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug Prescribed</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescriber name:** ____________________________
**Prescriber signature:** ____________________________
**Date:** ________

**Information from authorised s100 prescribers:**

**Provider number:** ____________________________
**Practice Address:** ____________________________
**Telephone:** ____________________________

Please email or fax form to the dispensing pharmacy to confirm dispensing as above

**Pharmacist name:** ____________________________
**Pharmacist signature:** ____________________________
**Date:** ________

**Name and address of dispensing pharmacy:**

Pharmacy please email completed forms to bbvcdunpep@health.qld.gov.au or fax to: 3328 9782 c/o Communicable Diseases Unit, Department of Health.
CHRISP Expert Information Network

Advice is available **24 hours a day**, seven days a week by the Infectious Diseases Physician on call. They can be contacted through the switchboard in the following facilities:

<table>
<thead>
<tr>
<th>Location</th>
<th>Hospital/Medical Center</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisbane</td>
<td>Princess Alexandra Hospital</td>
<td>(07) 3176 2111</td>
</tr>
<tr>
<td></td>
<td>Mater Health Services</td>
<td>(07) 3163 8111</td>
</tr>
<tr>
<td></td>
<td>Royal Brisbane &amp; Women's Hospital</td>
<td>(07) 3646 8111</td>
</tr>
<tr>
<td></td>
<td>The Prince Charles Hospital</td>
<td>(07) 3139 4000</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>Gold Coast University Hospital</td>
<td>1300 744 284</td>
</tr>
<tr>
<td>Nambour</td>
<td>Nambour General Hospital</td>
<td>(07) 5470 6600</td>
</tr>
<tr>
<td>Townsville</td>
<td>The Townsville Hospital</td>
<td>(07) 4433 1111</td>
</tr>
<tr>
<td>Cairns</td>
<td>Cairns Base Hospital</td>
<td>(07) 4226 0000</td>
</tr>
</tbody>
</table>
HIV Post-exposure Prophylaxis (PEP) Information Sheet

What is PEP?

PEP is a course of medication taken to reduce the chance of becoming HIV positive after an exposure to HIV. Studies have shown that there may be a window of opportunity in the first few hours to days after exposure to HIV where PEP medications can lessen the risk of HIV infection.

The earlier PEP is started the more effective it may be in preventing HIV. PEP needs to be started within 72 hours of the exposure and taken for 28 days (1 month). PEP is not known to be effective if started after 72 hours (3 days).

Not all exposures to HIV are high risk, and the use of PEP is primarily reserved for exposures which have the highest risk of HIV transmission. Your doctor will determine if PEP is appropriate for you depending on your risk.

PEP is used in the community setting for exposures arising mainly from sexual contact and injecting drug use. Whilst it may help to reduce HIV transmission it does not replace the need for safe sexual and injecting practices.

How do I take PEP?

- PEP should be taken exactly as prescribed by your doctor. Do not miss any doses.
- Depending on the type of PEP medication you have been given you will need to take tablets either once or twice a day. The medication needs to remain at a constant level in your body to have the best chance of working.
- PEP medication may interact with other medications or recreational drugs you are taking. It is important that your doctor is aware of all the medications and any other drugs you currently take.
- These medications are not available from your local community pharmacy and you will need to have your medication dispensed from a public hospital pharmacy. At the pharmacy, you will be required to register as a patient of the hospital so that your medication can be dispensed. You will be required to make the standard dispensing co-payment for your medication.

Will I have any side effects?

There is the potential to experience side effects of the medication, particularly in the first few days. Please let your doctor know if you are having side effects as you can be prescribed medications to prevent these side effects, however sometimes people need to change the type of PEP medication they are on. Common side effects include: headache, nausea, vomiting, diarrhoea and tiredness.

When do I need to see the doctor again?

The visit schedule is detailed below. It is important to go to all of the follow-up visits as your HIV risk was considered high enough to be given PEP, therefore you have been at significant risk of HIV infection.

- **Baseline** You will have baseline blood tests including HIV, hepatitis A, B and C and syphilis. If you are not immune to hepatitis B you may be offered to start hepatitis B vaccinations. You will receive a 3 day PEP starter pack.
- **Day 3** You will get the results of your baseline blood tests and receive the remaining month supply of PEP. You may also have tests for STIs at this visit if you had a sexual exposure.
- **Week 4** You will have an HIV test after you have completed the 28 days of PEP medication.
- **Week 12** You will have a final HIV test at this visit due to the 3 month window period taken to develop antibodies.

If you also had risk factors for hepatitis C transmission your doctor will do tests for hepatitis C at the baseline and week 12 visits. It is recommended that you also have a test for hepatitis C at week 26 (6 months) due to the 6 month window period for hepatitis C.
How effective is PEP?

- Taking PEP is no guarantee that you will not get HIV from the exposure.
- The only scientific evidence estimates that PEP reduces HIV transmission by 81%, but this is from the healthcare setting which may or may not be transferable to sexual and injecting exposures.

Are there any risks associated with taking PEP?

- PEP has been documented to have failed to prevent HIV transmission in some people. Taking PEP will not guarantee that you won’t get HIV, but it may reduce your risk.
- PEP can cause short term side effects.
- Long term side effects of PEP are unknown at this stage.

HIV Transmission

HIV can be transmitted through blood and body fluids such as semen and rectal/vaginal secretions. Transmission can occur during sex without a condom or through sharing equipment to inject drugs. Whilst you are on PEP you cannot be sure that you have not contracted HIV. When someone first contracts HIV the amount of HIV in the blood is extremely high, increasing the risk of transmission to other people. For this reason it is important that you engage in safe practises to ensure that others are not exposed to HIV.

- Can I have sex?
  Taking PEP does not mean that you cannot have sex. However, because your HIV status will remain unclear until the final HIV test is completed, it is important to continue to protect yourself and others. This could include discussing starting safe sex with a regular partner.

- Can I donate blood?
  During this period you should not donate blood or other body tissues.

- What about sharps?
  It is recommended that you don’t share any items that are associated with blood or body fluids, such as injecting equipment and razors.

- What if I have another HIV exposure while I am taking PEP?
  If you have another exposure while you are taking PEP please discuss it with your doctor as you may need to extend the length of time you are on PEP medications.

HIV Symptoms

- People may develop signs and symptoms of acute HIV infection usually 2-4 weeks after the exposure. They can be similar to a simple cold or sinus infection, so having one of these symptoms may not mean you are contracting HIV.
- Common symptoms include tiredness, fever, sore throat, headache, rash, and enlarged lymph nodes. If you do experience any of these symptoms please discuss them with your doctor immediately.

Where can I get more information about PEP?

13 HEALTH – 13 43 25 84

Adapted from the Victorian NPEP Service PEP Information Sheet
Dear Pharmacy

I am an authorised community prescriber of medications for the management of HIV infection and non-occupational post exposure prophylaxis (nPEP) for HIV.

_________________________ has had an exposure to HIV, has been assessed in accordance with the *HIV post-exposure prophylaxis (PEP): guideline for assessment and management of non-occupational exposures* and requires nPEP as outlined on the attached prescription.

I would appreciate you facilitating their registration at the hospital as required so dispensing of this prescription can be made without delay.

If you have any queries I may be contacted on __________________

Yours sincerely
## Attachment 7

### Notes on laboratory assessment evaluation

<table>
<thead>
<tr>
<th>Test</th>
<th>Baseline (week 0)</th>
<th>Week 1-2</th>
<th>Week 4-6</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antibody</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B serology(^a)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C serology(^b)</td>
<td>X</td>
<td>X(^c)</td>
<td></td>
<td>X(^a)</td>
</tr>
<tr>
<td>STI screen(^d)</td>
<td>X</td>
<td>X(^c)</td>
<td>X(^2)</td>
<td>X(^a)</td>
</tr>
<tr>
<td>FBE, LFT, EUC(^e), CK(^f)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pregnancy test(^b,(^e)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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\(^a\) Individuals with evidence of previous immunity to hepatitis B (HBsAb positive) will require no further follow-up. Non-immune individuals require immunisation and follow-up (to 6 months).

\(^b\) Depends upon mode of exposure.

\(^c\) Repeat testing for chlamydia and gonorrhoea.

\(^d\) Repeat syphilis serology after sexual exposure.

\(^e\) Baseline and where clinically indicated.

\(^f\) If Raltegravir prescribed there should be baseline measurement of serum creatine kinase with at least one other measurement during the course of treatment if myalgias or weakness develop along with clinical examination for proximal muscle weakness.