Imperial College Healthcare NHS Trust

Post-exposure prophylaxis following sexual exposure to HIV: Experience at a large GU centre and a retrospective audit against current BASHH guidance

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Background

- The British Association of Sexual Health and HIV (BASHH) published guidelines in 2011 for post-exposure prophylaxis following sexual exposure to HIV (PEPSE).
- These recommend commencement of PEPSE within 72 hours of unprotected receptive or insertive anal or vaginal intercourse (UPRAI, UPIAI or UPVI respectively) with a viraemic HIV infected individual; or following UPRAI with an HIV infected individual or an individual from a high prevalence group or area. In all other situations, additional risk factors will determine the need for PEPSE.
- Provision of PEPSE requires pathways of care between genitourinary (GU) services and those providing emergency care to ensure appropriate and timely administration.

Methods

- A retrospective case note review of patients attending a dedicated PEPSE clinic was carried out over two time periods: June-July 2012, and November 2012-January 2013.
- Data collected included patient demographic information, indication and time to commencement of PEPSE, setting in which PEPSE was commenced and subsequent follow up, and individual outcomes following completion of PEPSE.
- Additional follow up data has been collected since abstract submission.

Results

Demographics

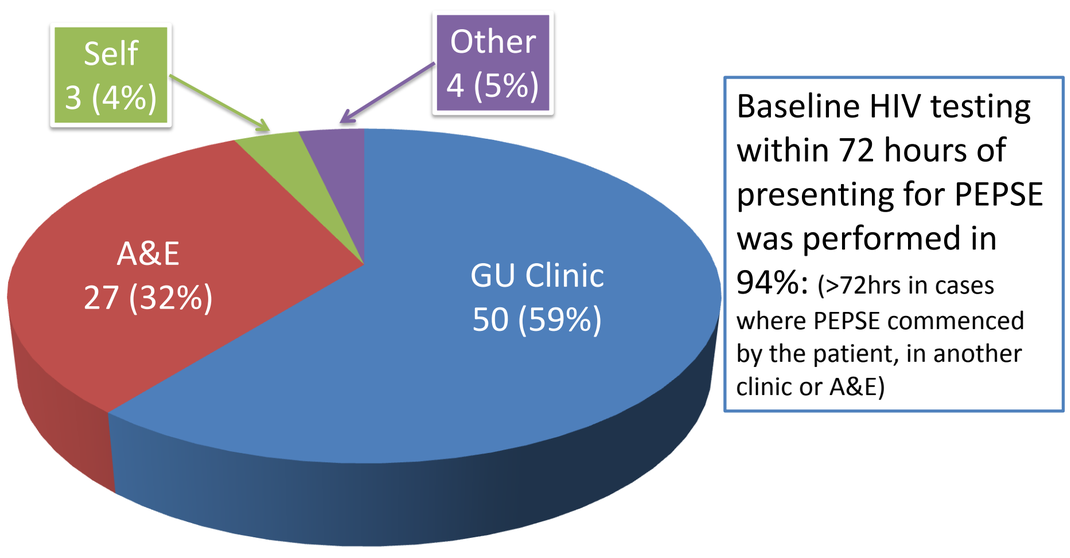
- Data was available for 84 patients (June-July n=35; Nov-Jan n=49), patients were predominantly male and MSM.

	Male	Female
MSM	70 (83%)	
Heterosexual	9 (11%)	5 (6%)
Total (N=84)	79 (94%)	5 (6%)

Median age 31 (range 18-56) years

Commencement of PEPSE

- The majority of PEPSE was commenced in the GU clinic, whilst 3/84 patients (4%) commenced PEPSE without medical advice (1 took a friend's antiretroviral medication and 2 patients used their own previous supply). 4/84 patients (5%) commenced PEPSE in a different setting (2 in a private clinic, 1 abroad and 1 in a sexual assault referral centre).



Baseline HIV testing within 72 hours of presenting for PEPSE was performed in 94%: (>72hrs in cases where PEPSE commenced by the patient, in another clinic or A&E)

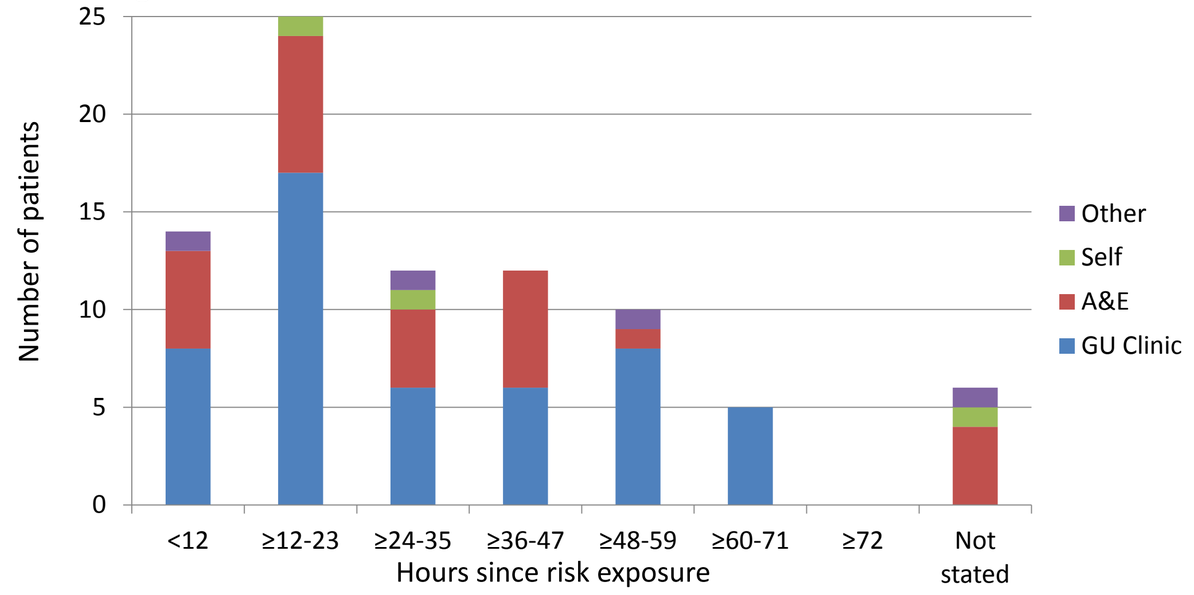
Previous use of PEPSE

- In the second audit period 18/49 (37%) reported use of PEPSE a median of 1 (range 1-5) time previously.
- 17/18 (94%) of those who had previously had PEPSE were MSM.

Results

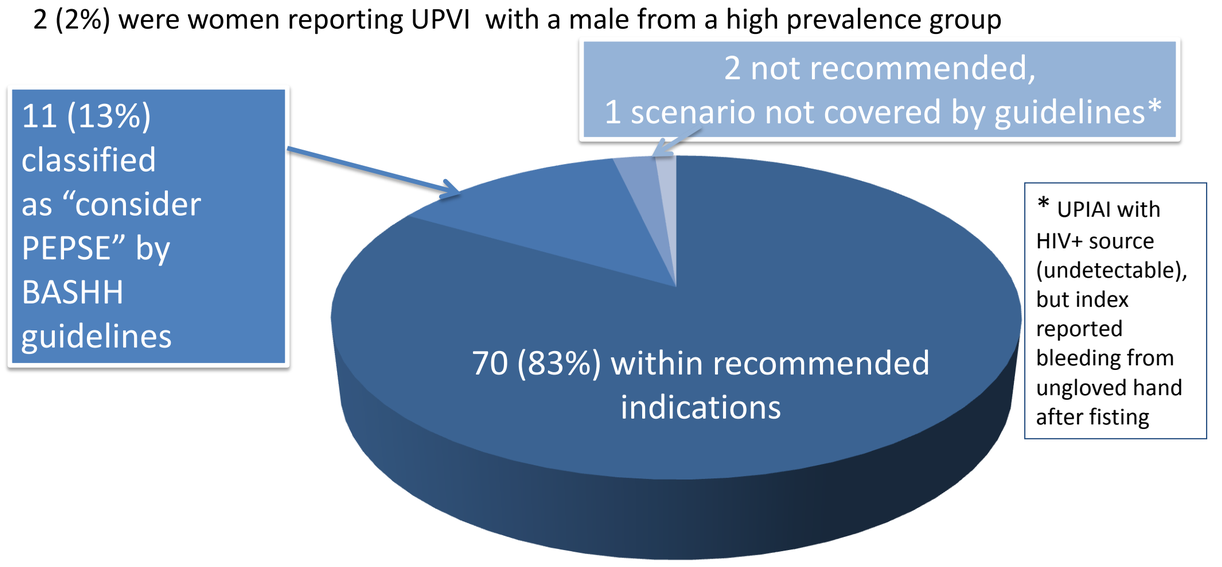
Time between risk exposure and commencing PEPSE

- For 6/84 (7%), time since exposure was not stated but of the remaining patients, all 78 (100%) received PEPSE within 72hours, with 39/78 (50%) starting within 24 hours.



Indication for PEPSE

- 11/84 (13%) received PEPSE when classified as 'consider' by BASHH guidelines, with no additional risk factors. Of these:
  - 5 (6%) were men reporting UPIAI with another man of unknown HIV status
  - 4 (5%) were men reporting UPVI with a female from a high prevalence group
  - 2 (2%) were women reporting UPVI with a male from a high prevalence group



Follow up

- 9 patients remain under follow up, and follow up data was unavailable for 7.
- Screening for STIs was performed in 75/77 (97%).
- Only 43/77 (56%) were known to have completed 4week course of PEPSE, and 28/68 (41%) had a documented HIV test after 3months.

Auditable Outcome	Target	Outcome
Proportion of pts having a baseline HIV test <72 hrs of presenting for PEPSE	100%	94%
Proportion of PEPSE prescriptions that fit within recommended indications	90%	83%
Proportion of PEPSE prescriptions administered within <72 hrs of risk exposure	90%	100%
Proportion of individuals completing 4-week course of PEPSE	75%	56%
Proportion of individuals seeking PEPSE undergoing testing for STIs	90%	97%
Proportion of individuals completing 12-week post-PEP HIV ab/ag test	60%	41%

Conclusions

- PEPSE is usually commenced within 72 hours of exposure and in line with current recommended indications.
- UPIAI with an MSM of unknown HIV status in the absence of additional risk was the most common indication for PEPSE outside of current guidance.
- Completion of therapy and HIV re-testing rate at 3 months after receiving PEPSE is poor, and a significant number of patients re-attend for PEPSE.
- PEPSE counselling must emphasise the importance of completion of treatment, attendance to follow up and future condom use.
- Following the audit, the PEP service has implemented the following interventions: set up a PEP telephone clinic to provide additional adherence support and promote attendance; developed a recall protocol; routinely recommend a booked appointment in the dedicated MSM clinic for routine STI screening within 3-6 months of discharge from the PEP clinic.