

# The use of Post-exposure HIV prophylaxis following sexual exposure: a retrospective audit against BASHH guidance

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**Background:** In 2006, the British Association of Sexual Health and HIV (BASHH) recommended post exposure prophylaxis (PEPSE) to be given within 72 hours following unprotected vaginal or anal intercourse with an HIV positive source or with a source of unknown HIV status but from a high risk group. They suggest that patients should complete 4 weeks of therapy and should re-attend for HIV testing at 3 months and 6 months post-exposure. This audit looked at our local practice.

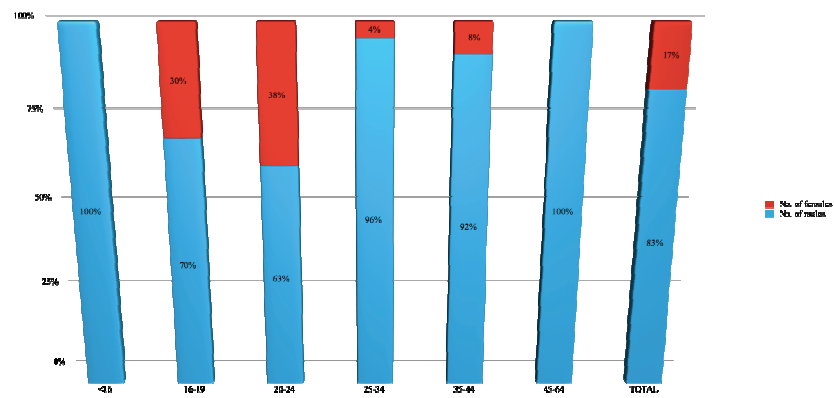
**Method:** 64 Case notes were reviewed of patients given a diagnostic code for receiving PEPSE, who attended genitourinary medicine department at Cardiff Royal Infirmary between January 2009 and December 2010.

**Results:** In the allocated time frame 64 patients received PEPSE. 59 (83%) were male, 38 (72%) were men who have sex with men. The median age group was 25-34 years. Fig. (1)

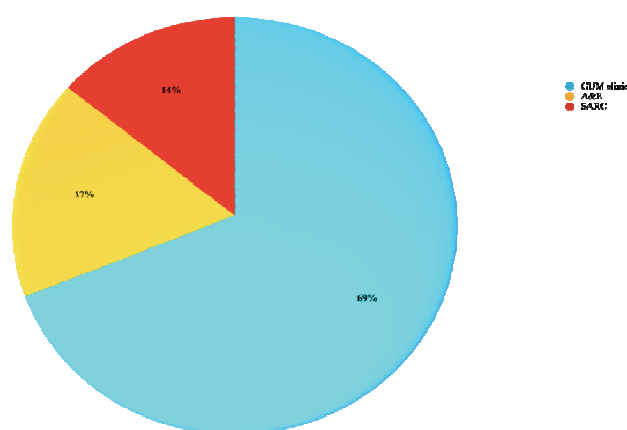
A total of 44/64 (69%) presented directly to GUM, 9/64 were referred by sexual assault referral centre and 11/64 (17%) were seen initially by accident and emergency staff. Fig. (2)

Out of 64, thirty patients (47%) had sexual intercourse with a known HIV positive source, the remaining 34/64 contacts were of unknown HIV status of whom 4/34 were immigrants from a high risk areas for HIV, one patient was a current intravenous drug user, 14/34 were MSM and 15/34 were sexual assaults.

**Figure (1):** Audit sample age and gender



**Figure(2):** Site of presentation



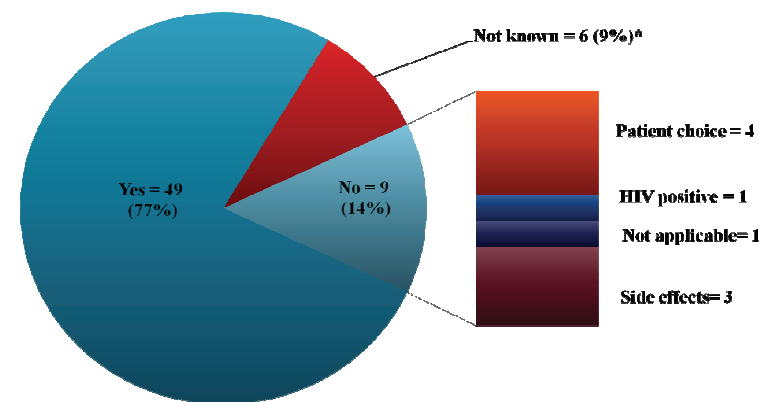
PEPSE was prescribed in accordance with the guidelines 'recommended' indications in 47 (73%) patients and 15/64(23%) were given PEPSE under 'consider PEP' indications. Two patients were prescribed PEPSE outside BASHH guidance. Table (1). PEPSE courses were prescribed within 72 hours of high risk exposure (median time 13-24 hours, range =<12 - 72 hours) in 45/64 (70%) patients. (29/64) 30% patients for whom the time from exposure to receiving PEPSE was not documented.

**Table (1):** Summary of PEPSE indications in HIV positive and negative sources

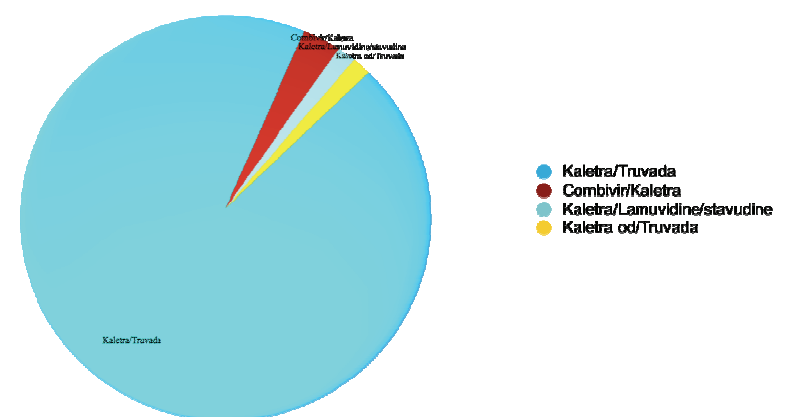
Source's HIV status	HIV +ve source (n=30)	HIV -ve source (n=34)
PEPSE indications		
Recommended	n=28	n=19
Considered	n=1	n=14
Outside BASHH guidance	n=1	n=1

Forty nine patients (77%) completed the PEPSE course. Six patients did not attend for further assessment during the first week of PEPSE course. A further 9/64 patients failed to complete 28 days treatment due to various reasons. Fig (3) Sixty (94%) patients received Truvada and Kaletra as per BASHH guidance. Four patients were prescribed different regimen due to established viral resistance in source. Fig (4)

**Figure (3):** Number of patients who completed /not completed 28 days of PEPSE

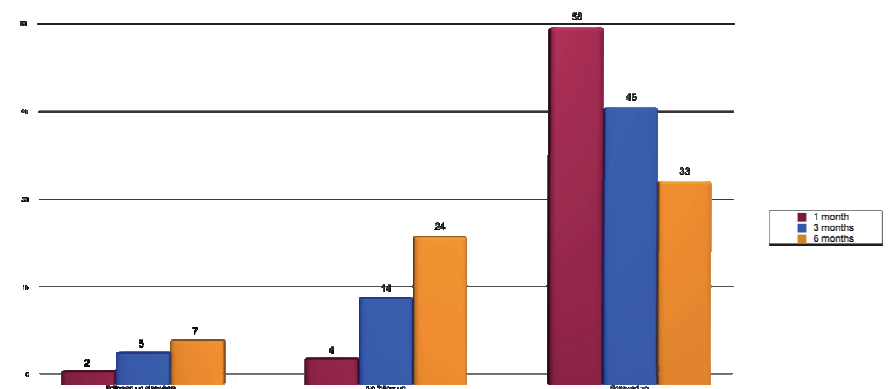


**Figure (4):** Anti-retrovirals prescribed for PEPSE courses



All patients had a baseline HIV test done. All patients were offered STI screen and hepatitis B vaccination. 55/64 accepted an STI screen. Out of 64 patients, 55 attended four weeks follow up post PEPSE initiation and tested negative for HIV. Fig (5)

**Figure (5):** Follow up during first month of taking PEPSE, and at three and six months intervals



**Conclusion:** PEPSE is predominantly being prescribed for recommended indications and is dispensed within 72 hours of risk exposure. PEPSE completion rates were satisfactory. Attendance for 3 months and 6 months post-exposure HIV testing need improving. Source contact and HIV testing should be encouraged and facilitated by rapid HIV testing.

## References:

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- Spira AI, Marx PA, Patterson BK, et al. Cellular targets of infection and route of viral dissemination after an intra- ginal inoculation of simian immunodeficiency virus into rhesus macaques. *J Exp Med* 1996;183:215-25
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