



Government of South Australia

Department of Health

Communicable Disease Control Branch (CDCB)

Guidelines for the management of non-occupational exposure to HIV

December 2007

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1. Acronyms

HBIG	Hepatitis B Immunoglobulin
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
PEP	Post Exposure Prophylaxis
nPEP	non-occupational Post Exposure Prophylaxis
SOP	Standard Operating Procedure(s)
STI	Sexually Transmissible Infection

2. Background and rationale

It is recognised that HIV may be transmitted by significant exposure to blood or other body substances, as a result of unprotected sexual activity or injecting drug use. There is evidence that: Post Exposure Prophylaxis (PEP) for human immunodeficiency virus (HIV) may prevent infection in some circumstances.

PEP following occupational exposures in the health care setting is now a universally accepted practice. In the face of the evidence about efficacy of PEP in this setting, it is clear that appropriate post-exposure management should be available to all persons with similar risks of transmission whether or not the risk occurs during the course of one's occupation. The provision of non-occupational Post Exposure Prophylaxis (nPEP) is seen as an integral part of an overall strategy for the prevention of HIV.

3. Purpose and use of the Guidelines

The purpose of these Guidelines is to facilitate the management of incidents involving potential exposure to HIV infection in the non-occupational context.

These Guidelines do not replace or reduce the importance of:

- Personal responsibility;
- Employer and employee responsibilities;
- Workplace systems to manage exposure incidents.

The Guidelines should be read in conjunction with the following documents:

- The Standard Operating Procedures (SOP) which form part of the South Australian Department of Health nPEP Management System. These SOP give detailed guidance to staff managing clients after non-occupational exposures. They are:
 - Standard Operating Procedure 1-Telephone triage. Providing telephone triage after non-occupational exposure to HIV;
 - Standard Operating Procedure 2- Emergency Response. Management of clients presenting after non-occupational exposure to HIV; and
 - Standard Operating Procedure 3-Follow-up. Management of clients presenting for follow up after non-occupational exposure to HIV.

- South Australian Department of Health nPEP Management System: Risk Assessment Protocol for Emergency Departments;
- Australian Government Department of Health and Ageing (2007) *National guidelines for post-exposure prophylaxis after non-occupational exposure to HIV*.¹ These guidelines provide a detailed risk assessment algorithm for the provision of nPEP;
- Australasian Society of HIV Medicine (2006) *Literature review for the Australian guidelines for post-exposure prophylaxis after non-occupational exposure to HIV*.² This literature review accompanies and provides a background to the 2007 Australian National guidelines;
- National Health and Medical Research Council (2007) *Draft Australian Immunisation Handbook 9th Edition*³. Guidelines on provision of HBV and tetanus vaccination and PEP;
- Australian Government Department of Health and Ageing (2006) *National HIV Testing Policy*⁴. Guidelines for HIV testing and pre and post HIV test discussion;
- Australian National Council on AIDS Hepatitis and Related Diseases (ANCAHRD) (2002) *Management of Exposure to Blood/Body Fluids in a Health Care Setting* Bulletin 29, September⁵. Guidelines for managing occupational exposures to blood borne viruses.

4. Prevention of transmission

The availability of PEP provides the community with a potentially valuable second line of protection against transmission of HIV in certain circumstances.

However, PEP in no way replaces existing prevention strategies which remain the first line of protection against exposure to HIV. Prevention strategies include safe sex practices (including use of condoms and other barriers), safe injecting practices (including use of sterile injecting equipment) and safe work practices (such as following Standard Precautions).

5. Rationale for nPEP Risk Assessment

The National Guidelines for Post Exposure Prophylaxis after Non-Occupational Exposure to HIV¹ state that:

**Risk of HIV transmission = risk/single exposure multiplied by
the risk of source being HIV positive.**

The National Guidelines recommend nPEP when the risk of HIV acquisition from a given event is equal to or greater than 1:15,000. These guidelines do not recommend nPEP for lower risk exposures.

Appendix 1 provides risk tables which appear in the National Guidelines, outlining the estimated risk associated with types of non-occupational exposures and how the level of risk will differ depending on what is known about the source person.

6. Eligibility for nPEP

Three factors influence whether nPEP is indicated for an individual case: the type of exposure, the likelihood that the source is HIV positive and the time since the exposure.

Type of exposure

The prescribing of nPEP for exposures must be based on the careful assessment of risk. A detailed algorithm summarising the steps involved in the assessment process is provided in Appendix 2 of this document. The detailed Risk Assessment Protocol is provided in Appendix 3 and each of the SOP.

In summary, the type of exposures which will generally be considered for nPEP will be unprotected intercourse (insertive or receptive, anal or vaginal) or sharing injecting equipment. A person giving oral sex (whose mouth is in contact with their partner's penis or vagina) may be considered eligible if they have mucosal disease or significant lesions in the mouth. The following exposures will not be eligible for HIV nPEP unless there are unusual factors which increase the risk of exposure: needlestick from a discarded needle, bite or clenched fist injury, skin exposure, receiving oral sex, oral-anal sex.

The Risk Assessment Protocol (Appendix 3) should be referred to as a comprehensive guide for conducting nPEP risk assessments.

Source status

The second factor which will determine eligibility for nPEP is the status of the source person. nPEP will be available if the source is known to be or is likely to be HIV positive. This will be determined by known information about the source, what is reported by the source, the activity of the source and local geographical or sub-population prevalence.

Time since exposure

The third factor in determining eligibility is the time elapsed since the exposure occurred.

While there is no definitive data about the optimum time period to start nPEP after an exposure, the majority of national and international guidelines suggest commencing within 72 hours. For the purpose of these Guidelines, if more than 72 hours have elapsed since the exposure, the person would not be considered eligible for nPEP.

7. Other eligibility factors

Recent sexual assault

If a patient discloses that the risk exposure occurred during a recent rape or sexual assault, in addition to providing information about nPEP, it is important to also offer information about sexual assault services available. If the person chooses to access medical care from a sexual assault service, nPEP can be addressed as part of the forensic and/or medical service. Patients in metropolitan Adelaide can be referred to Yarrow Place by ringing (08) 8226 8787 or 1800 817 421, 24 hours per day, 365 days of the year. If the patient is in a regional area, they should be referred to an Emergency Department or local medical sexual assault service provider if available.

If the assessment provided by the sexual assault service is not possible within 72 hours of the assault, another nPEP referral option should be sought.

If the patient declines referral to a rape and sexual assault service, they should be assisted to undertake an nPEP risk assessment either via the nPEP hotline or with the service provider to whom they have presented.

In the case of sexual assault by an unknown assailant, it will likely be impossible to determine if the assailant is HIV positive or at high risk of HIV. In this circumstance, if the exposure event is classified as an eligible risk exposure, additional factors should be discussed with the patient to determine if the assailant is at increased risk of HIV. This may also assist in providing an accurate summary of the level of risk to the victim/survivor. If it is determined that the assailant is at an increased risk of HIV, then nPEP should be administered in accordance with these guidelines. If it is not possible to determine if the assailant is at increased risk of HIV, nPEP may be administered at the discretion of a physician with the patient's consent if the patient presents within the 72 hour timeframe.

Sex work

While exposure of sex workers (usually sexual exposures or assault) occurs during the course of their occupation, the risk would be assessed according to the criteria above. Sex work is currently illegal in South Australia, and is therefore not covered by the framework of Workcover and the Occupational Health, Safety and Welfare Act. The cost of PEP for sex workers exposed to HIV in the course of their work will therefore be covered in the same way as for non-occupational exposures.

Status of exposed person

HIV nPEP is not appropriate if the exposed person has pre-existing HIV infection.

8. Management steps

The South Australian Department of Health nPEP Management System has three levels of response: telephone triage, emergency response, and follow up.

Telephone triage

Telephone triage will be undertaken by call centre staff if the exposed person initiates a telephone call to the nPEP hotline. The details of this service are provided in Appendix 4 of this document. This step is not essential but is designed to ensure optimal service for the exposed person while relieving pressure on emergency and primary care staff.

Call centre staff will:

- Determine the nature of the exposure;
- Perform a risk assessment;
- Facilitate the caller deciding whether or not to continue with the nPEP process;
- Refer the caller to emergency response services for nPEP or to other services (such as sexual health screening) as appropriate; and
- Collect data about the call. Data collected will include demographic information, but will not identify the caller.

If an exposed person presents to a non-specialist service provider (where nPEP is not available) such as a local general practitioner or community health centre, the same process of risk assessment with immediate referral; if deemed eligible for nPEP; should be followed. If the health provider is not comfortable to conduct the risk assessment, the patient should be directed to undertake a risk assessment via the nPEP hotline.

Emergency response

It should be noted at the outset that nPEP drugs are classified as Highly Specialised Drugs under the S100 category. Whilst nPEP starter packs can be prescribed by physicians without specialist HIV training, the remainder of a course of nPEP medications can only be prescribed by S100 prescribers. S100 prescribers include the following categories of physicians:

- Hospital-based HIV specialists such as Infectious Disease Physicians;
- Sexual Health Physicians working at Public Sexual Health Clinics; and
- General Practitioners who have completed additional training in HIV and are recognised by the SA Department of Health Communicable Disease Control Branch as ‘Community S100 Prescribers.’

To ensure timely access to nPEP (where assessed as appropriate), an exposure should be regarded as an urgent medical concern. HIV nPEP should be administered as soon as possible, preferably within a few hours and certainly within 72 hours, of the risk exposure.

In seeking to facilitate access to the drugs necessary for HIV nPEP, South Australia faces a situation marked by:

- A population highly concentrated in and around metropolitan Adelaide;
- Low prevalence of HIV;
- PEP regimens using combinations of high-cost drugs, which have a shelf life of two years from the date of manufacture; and
- An extremely small number of exposures to date where PEP (occupational or non-occupational) has been prescribed.

In this context, combination therapy starter packs in all hospitals and regional health services are not justifiable. To minimise costs and maximise access, it has been determined that the designated facilities listed in Appendix 5, will stock nPEP starter packs to enable commencement of medications in the shortest possible time. nPEP starter packs will usually be held in the Emergency Department of those health services listed in Appendix 5. The Royal Flying Doctor Service will also stock nPEP starter packs.

Other health facilities may elect to maintain on-site PEP starter packs at their own expense. Such arrangements should be negotiated through the consultant infectious disease physician at the relevant public hospital.

The facilities holding starter packs will:

- Perform risk assessments for the exposure;
- Assess what is known about the source;
- Determine eligibility and consent for nPEP;
- Provide the starter pack;

- Provide supporting information (about side effects, treatment compliance and safe practices if deemed necessary, for example, safe sex, safe needle use, safe work practices, breastfeeding, blood and organ donation). This may include verbal advice which will be supported by written information provided for the exposed person with the starter pack;
- Determine the need for management of potential exposure to other viruses - such as HBV or tetanus;
- Provide pregnancy testing and emergency contraception if appropriate;
- Provide referral for nPEP follow up in addition to follow-up for sexual health screening, testing and pre-test discussion and other relevant services (through an S100 prescriber or sexual health centre); and
- Complete a Notification Form for all persons who commence nPEP.

The standard starter pack for nPEP will contain a two drug combination of zidovudine and lamivudine (Combivir) for five days. The starter packs will also contain written information to be provided to the exposed person about the nPEP process and the medications in the starter pack.

In cases of extremely high risk, or when the source person is known to be resistant to the medications in the starter pack, the use of three drugs or another combination may be recommended. In such cases, unless alternative medications are immediately available, the standard starter pack medications will still be commenced as soon as possible while advice is sought from an S100 prescriber. In this circumstance, referral to one of these providers should be within 48 hours. Infectious Disease Physicians can be contacted through the switchboard of the larger metropolitan hospitals in Adelaide including the Royal Adelaide Hospital, Flinders Medical Centre and the Queen Elizabeth Hospital. The contact details of other S100 prescribers available in South Australia are presented in Appendix 6.

Follow up

The exposed person who has commenced nPEP needs to be reviewed within five days to continue the course of nPEP (28 days in total). This review will be by an S100 provider who provides follow-up services as listed in Appendix 6. However, for victims/survivors of sexual assault, follow-up will be provided by the Royal Adelaide Hospital Infectious Disease Physicians. These physicians will be able to prescribe the remainder of the course of nPEP medications and provide other necessary follow-up functions.

At follow up visits providers will:

- Perform a repeat risk assessment to ensure eligibility has been correctly assessed;
- Determine if the most appropriate medication has been prescribed;
- Prescribe remainder of the course of medication (23 days);
- Provide treatment support information - discuss side effects and adherence issues;
- Consider other prophylaxis, treatment or assessment needed such as HBV vaccination, HBIG, pregnancy testing, or sexual health screen;
- Provide information on safe practices (if deemed at risk) to prevent transmission to others - safe sex, safe needle use, safe work practices, breastfeeding, blood and organ donation;

- Provide or refer for pre and post HIV test discussion; and
- Perform serology for HIV, HBV, HCV (as appropriate) at first visit and at three months and six months after the initial exposure

9. Management of clients in rural areas

Appendix 5 provides a list of metropolitan and regional distribution points for nPEP starter packs.

Facilities that do not have ready access to one of the starter pack distribution sites or specialist service providers, especially in the case of rural and remote South Australia, need to make arrangements to access medications in the rare event of a person presenting after an exposure. This may involve telephone liaison with a distribution centre and an arrangement to courier or fly a full 28 day course of medication to the facility.

For an exposed person who has accessed a starter pack from a regional starter pack distribution point, contact should be made with Clinic 275 (sexual health clinic) on the next business day following starter pack administration. Arrangements should be made to undertake a telephone risk assessment with a sexual health physician. If this risk assessment indicates that the exposure was significant and that nPEP should be continued, the sexual health physician will arrange for the remainder of the 28 day course to be couriered to the patient. The contact phone number for Clinic 275 is (08) 8222 5075 or 1800 806 490 for country callers.

Arrangements should also be made to access serological testing and pre-HIV test discussion. In this situation, arrangements may be made with a metropolitan centre to provide pre and post test discussion and delivery of results by telephone.

10. Management of potential exposures to other blood borne pathogens and sexually transmitted infections

While these Guidelines focus on HIV nPEP, potential risk exposures may put the exposed person at risk of other blood borne pathogens or STIs, as outlined below.

Hepatitis B

Where indicated, HBV post-exposure prophylaxis should be commenced as soon as possible and should take account of the HBV immunisation status of the exposed person. HBIG and (where appropriate) vaccination should be administered in accordance with the guidelines in the *Australian Immunisation Handbook*.³ If there is evidence of acute hepatitis in the exposed person, they should be referred to a specialist experienced in the management of hepatitis.

All hospitals, public and private, carry supplies of HBIG and hepatitis B vaccine. For the purposes of post-exposure prophylaxis, these supplies can be accessed by the usual prescription and dispensing processes in place in the hospital.

Hepatitis C

Post-exposure prophylaxis is not available for hepatitis C. If the exposed person is assessed to be at high risk, they should be referred to an appropriate specialist for regular serology and possible early treatment if seroconversion is identified.

Tetanus

If the person sustained a wound or exposure to a needle or other sharp object which may have been contaminated with soil, tetanus prophylaxis should be considered in accordance with the guidelines in the *Australian Immunisation Handbook*.³

STIs

While no prophylaxis other than for HIV and HBV is recommended for sexual exposures, if the person has been at risk of STI transmission, they should be referred for a full sexual health screen and possible early treatment of STIs.

11. Funding

In the case of non-occupational exposure to HIV, the cost of nPEP medications prescribed in accordance with these Guidelines is the responsibility of the Department of Health, Communicable Disease Control Branch. These arrangements are to be kept under constant review on the basis of the reporting required by these Guidelines.

In the case of non-occupational exposure to HBV, the cost of post-exposure prophylaxis prescribed in accord with these Guidelines will continue to be covered through the arrangements maintained by Australian Red Cross, South Australia.

The Pharmaceutical Benefits Scheme does not cover drugs prescribed for HIV nPEP. Based on the experience of the introduction of nPEP in other jurisdictions, as well as the pattern of nPEP prescribing in South Australia to date, it is not anticipated that there will be a large demand for nPEP.

12. Responsibilities

Starter pack distribution points (including Emergency Departments) and specialist follow-up service providers:

The above providers have a responsibility to:

- Be familiar with the Guidelines;
- Treat presentation for nPEP after a non-occupational exposure as an urgent medical concern;
- Provide timely and appropriate advice, information, prophylaxis, treatment and follow-up to persons referred for nPEP; and
- Complete a notification form and submit to the Department of Health for each client prescribed with nPEP. The notification form is provided in Appendix 7 of this document.

The Department of Health:

The Department of Health has a responsibility to:

- Widely circulate and promote the Guidelines;
- Monitor the implementation and operation of the Guidelines;

- Collect and analyse data on the incidence of post-exposure management and up-take of nPEP; and
- Provide funding for nPEP drugs.

References

1. Australian Government Department of Health and Ageing (2007) National guidelines for post-exposure prophylaxis after non-occupational exposure to HIV.
www.ashm.org.au/uploads/File/2007-national-NPEP-guidelines.pdf
2. Australasian Society of HIV Medicine (2006) Literature review for the Australian guidelines for post-exposure prophylaxis after non-occupational exposure to HIV. *HIV Journal Club* 15(4) October. www.ashm.org.au/uploads/File/jc-2006-10.pdf
3. National Health and Medical Research Council (2007) Draft Australian Immunisation Handbook 9th Edition.
www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook07
4. Australian Government Department of Health and Ageing (2006) National HIV Testing Policy.
[www.health.gov.au/internet/wcms/publishing.nsf/Content/F4F093E1E22A7478CA256F1900050FC7/\\$File/hiv-testing-policy-2006.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/F4F093E1E22A7478CA256F1900050FC7/$File/hiv-testing-policy-2006.pdf)
5. Australian National Council on AIDS Hepatitis and Related Diseases (ANCAHRD) (2002) Management of Exposure to Blood/Body Fluids in a Health Care Setting Bulletin 29, September.

Further reading

1. Smith D, Grohskopf L, Black R, Auerbach J, Veronese F, Struble K, Cheever L, Johnson M, Paxton L, Onorato I, Greenberg A (2005) Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States: Recommendations from the U.S. Department of Health and Human Services *MMWR* January 21, 2005 / 54(RR02);1-20.
www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm
2. World Health Organization/International Labour Organization (2007) Post-exposure Prophylaxis to Prevent HIV Infection: Joint WHO/ILO Guidelines for the Use of Occupational and Non-occupational Post-exposure Prophylaxis (PEP) to Prevent Human Immunodeficiency Virus (HIV) Infection Geneva, Switzerland. In press.

Appendix 1: Risk tables

The National Guidelines for Post Exposure Prophylaxis after Non-Occupational Exposure to HIV¹ recommend nPEP when the risk of HIV acquisition from a given event is equal to or greater than 1:15,000. These guidelines do not recommend nPEP for lower risk exposures.

Risk of HIV acquisition when the source is KNOWN to be HIV infected

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:120
Use of contaminated injecting equipment	1:150
Occupational needlestick injury	1:1000
Receptive vaginal intercourse	1:1000
Insertive anal or vaginal intercourse	1:1000
Receptive fellatio with or without ejaculation	Not measurable
Insertive fellatio	Not measurable
Cunnilingus	Not measurable
Bites	Not measurable
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not measurable
Exposure of non-intact skin	Not measurable
Community needlestick injury	No measurable

Risk of HIV acquisition by exposure to a heterosexual source who is NOT an IDU when the HIV status is UNKNOWN (Australian HIV seroprevalence 0.1%)

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:120,000
Receptive vaginal intercourse	1:1 million
Insertive anal or vaginal intercourse	1:1 million
Receptive fellatio with or without ejaculation	Not known
Insertive fellatio	Not known
Cunnilingus	Not known
Bites	Not known
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not known
Exposure of non-intact skin	Not known

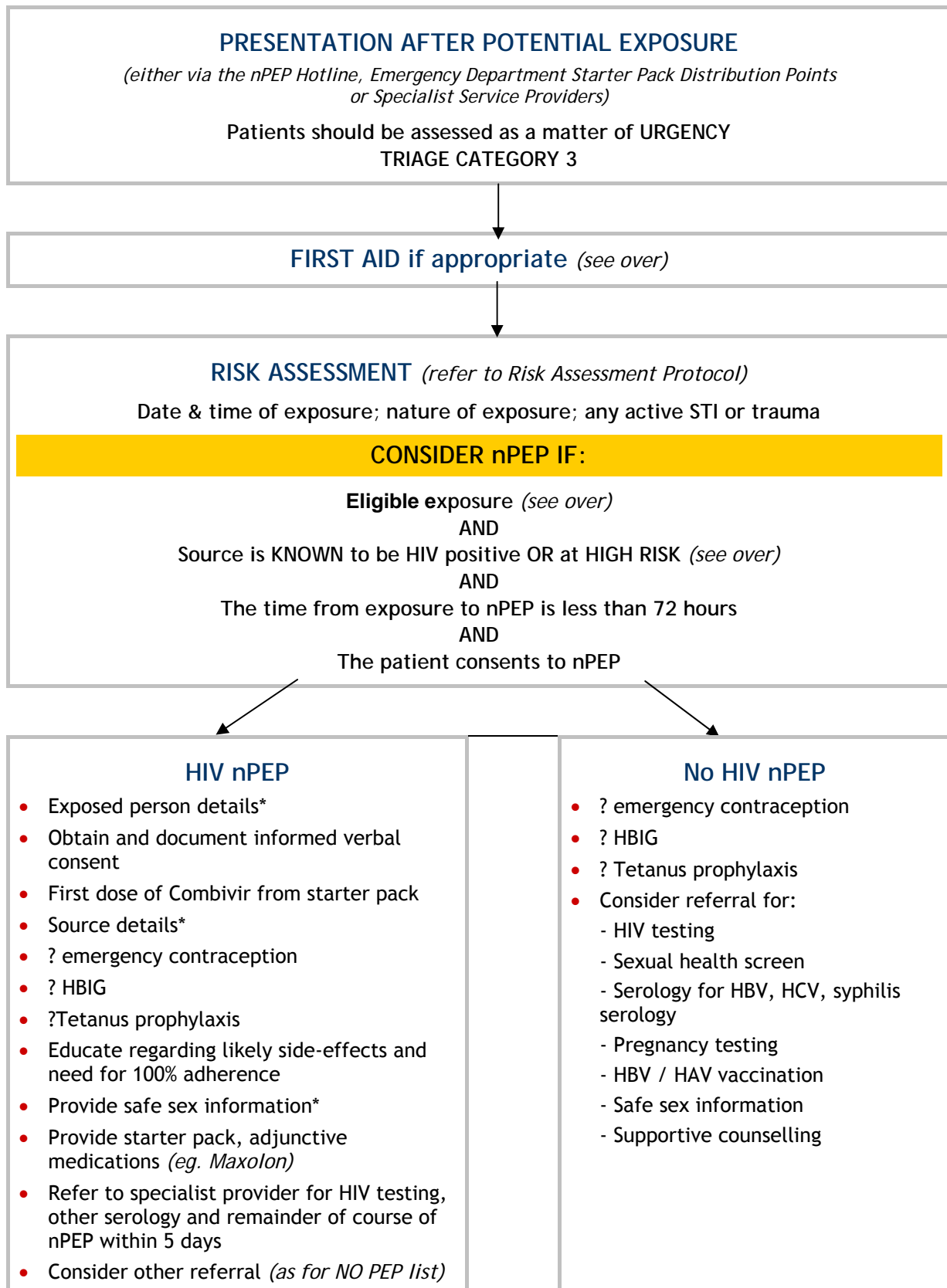
Risk of HIV acquisition by exposure to a heterosexual source who IS an IDU when the source HIV status is UNKNOWN (Australian IDU HIV seroprevalence 1%).

Note: nPEP is recommended only for receptive anal intercourse and the use of contaminated injecting equipment risk 1:12,000 and 1: 15,000 respectively. nPEP is not recommended for insertive or receptive vaginal intercourse.

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:12,000
Use of contaminated injecting equipment	1:15,000
Receptive vaginal intercourse	1:100,000
Insertive anal or vaginal intercourse	1:100,000
Receptive fellatio with or without ejaculation	Not known
Insertive fellatio	Not known
Cunnilingus	Not known
Bites	Not known
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not known
Exposure of non-intact skin	Not known

Appendix 2: Algorithm

Post -Exposure Prophylaxis after non-occupational exposure to HIV (nPEP)



* See SOP for more details

Appendix 3: Risk Assessment Protocol

When nPEP should be recommended

1. if eligible exposure; and
2. if source is known to be HIV positive or at High Risk; and
3. if it is 72 hours or less since the exposure; and
4. if the patient gives informed consent to take nPEP.

In some circumstances, nPEP may be administered at the discretion of the physician if the information required to determine the level of risk is not available. For example, for victims/survivors of sexual assault by an unknown assailant, it may be impossible to determine if the assailant was HIV positive or at high risk of HIV. In this scenario, nPEP may be administered with the physician’s discretion and the patient’s consent.

nPEP medications should be administered to the exposed person if conditions 1 AND 2 AND 3 AND 4 are met

1. The exposure was an eligible risk exposure:
<ul style="list-style-type: none"> • sharing injecting equipment
OR
<ul style="list-style-type: none"> • unprotected intercourse (insertive or receptive, anal or vaginal) - no condom used or condom slippage/breakage
OR
<ul style="list-style-type: none"> • the person was giving oral sex (their mouth was in contact with their partner’s penis or vagina) and they had mucosal disease or significant lesions in the mouth or throat
OR
<ul style="list-style-type: none"> • another sexual exposure (e.g. sharing sex toys, anal or vaginal ‘fisting’, contamination of skin with infectious bodily fluids) only if skin integrity is compromised, and there is significant sperm or blood contamination of non-intact mucosa
AND
2. The source person is HIV positive
OR at high risk of HIV:
<ul style="list-style-type: none"> • a male who has sex with men
OR
<ul style="list-style-type: none"> • an Injection Drug User <p>nPEP IS NOT RECOMMENDED following insertive or receptive vaginal sex or insertive anal sex with an Australian-born injection drug user but IS RECOMMENDED following receptive anal intercourse</p>
OR
<ul style="list-style-type: none"> • a person from a country with an HIV prevalence of over 1%¹, if the exposure is receptive anal intercourse <p>Angola, Bahamas, Barbados, Belize, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Cote d’Ivoire, Djibouti, Dominican Republic, Equatorial Guinea, Eritrea, Estonia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Jamaica, Kenya, Lesotho, Malawi, Mali, Moldova, Mozambique, Myanmar, Namibia, Niger, Nigeria, Papua New Guinea, Russian Federation, Rwanda, Sierra Leone, South Africa, Sudan, Suriname, Swaziland, Tanzania, Thailand, Togo, Trinidad and Tobago, Uganda, Ukraine, Zambia, Zimbabwe</p>

OR

- a person from a country with an HIV prevalence of over 6.5%¹ if the exposure is receptive vaginal intercourse or insertive vaginal/anal intercourse

Botswana, Central African Republic, Cote D'Ivoire, Gabon, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

OR

- a sex worker outside of Australia

AND

3. The time since exposure:

- The patient presents within 72 hours of exposure
-

AND

4. The patient consents to nPEP

Circumstances in which nPEP is not indicated

A person will not be eligible for HIV nPEP after the following exposures unless there are unusual factors which increase the risk of exposure (as described above):

- needlestick from a discarded needle;
- bite or clenched fist injury;
- skin exposure;
- receiving oral sex;
- oral-anal sex; and
- heterosexual (vaginal) intercourse is not considered enough of a risk to be eligible for nPEP unless the source is known to be positive or at high risk of HIV (see above).

Reference

¹ www.globalhealthfacts.org/

Appendix 4: Telephone triage access

CAS Asia Services Pty Ltd will be providing the nPEP hotline service as part of the *SA healthdirect* Call Centre service.

The nPEP hotline service will have a separate 1800 number which call centre operators will be able to identify as an nPEP call prior to answering the call.

The nPEP hotline number is 1800 022 226.

The service will operate 24 hours a day, 7 days a week, 365 days of the year and will be available to all South Australian metropolitan and regional callers.

Calls will be answered by Registered Nurses who have received training in nPEP risk assessments for non-occupational exposure to HIV.

Appendix 5: Distribution points for nPEP starter packs

*Metropolitan and Regional Health Services holding HIV nPEP Starter Packs**

Regions	Location of Starter Packs	Telephone/Fax Contact
Metropolitan	Clinic 275	Ph: 8222 5075
	O'Brien Street Clinic	Ph: 8231 4026
	Royal Adelaide Hospital	Ph: 8222 4000
	Flinders Medical Centre	Ph: 8204 5511
	Noarlunga Hospital	Ph: 8384 9222
	Womens and Childrens Hospital	Ph: 8161 7044
	Queen Elizabeth Hospital	Ph: 8222 6000
	Modbury Hospital	Ph: 8161 2000
	Lyell McEwin Hospital	Ph: 8182 9000
Metropolitan-Private Hospitals	St Andrews Hospital 8am - 10pm **Facility fee applicable**	Ph: 8408 2222
Eyre Regional Health Service	Port Lincoln Health Service	Ph: 8683 2200 Fax: 8683 2014
	Ceduna District Health Service	Ph: 8626 2110 Fax: 8626 2191
Hills Mallee Southern Regional Health Service	Kangaroo Island Health Service (Kingscote)	Ph: 8553 4200 Fax: 8553 4299
	Murray Bridge Soldier's Memorial Hospital	Ph: 85356777 Fax: 85356700
	South Coast District Hospital (Victor Harbour)	Ph: 8552 0500 Fax: 8552 0507
Mid North Regional Health Service	Port Pirie Regional Health Service	Ph: 8632 1222 Fax: 8632 5801
Northern and Far Western Regional Health Service	Coober Pedy Hospital and Health Service	Ph: 8672 5009 Fax: 8672 5704
	Port Augusta Hospital and Regional Health Service	Ph: 8648 5500 Fax: 8648 5877
	Roxby Downs Health Service	Ph: 8671 9020 Fax: 8671 9062
Riverland Health Authority	Riverland Regional Health Service (Berri)	Ph: 8580 2400 Fax: 8580 2498
South East Regional Health Service	Bordertown Memorial Hospital	Ph: 8752 9000 Fax: 8752 9080
	Mount Gambier and Districts Health Service	Ph: 8721 1200 Fax: 8721 1579

Wakefield Health	Central Yorke Peninsula Hospital (Maitland)	Ph: 8832 2626
		Fax: 8832 2262
	Burra, Clare Snowtown Health Service (Clare)	Ph: 8892 2300
		Fax: 8892 2115
Nganampa Health Council	Umuwa Clinic, Umuwa, Anangu Pitjantjatjara Yankunytjatjara Lands	Ph: 8954 9040 Fax: 8956 7850
Other regional services	Royal Flying Doctor Service-Port Augusta Base	Ph: 8642 2044 Fax: 8641 0461

* nPEP starter packs will usually be held in the Emergency Department of the health services listed.

Appendix 6: Healthcare facilities providing follow-up services

- Clinic 275 Sexual Health Clinic: 275 North Terrace, Adelaide, No appointment or referral necessary. Clinic times: Monday, Thursday, Friday: 10am-4.30pm and Tuesday-Wednesday: 11am-6.30pm, Phone: 8222 5075. Free service;
- O'Brien Street Practice: 17 O'Brien Street, Adelaide, Phone 8231 4026 for appointment. No referral necessary. Bulk Billing available;
- Dr Sam Elliot, Westfield Marion, 297 Diagonal Road, Oaklands Park, Phone: 8358 2044 for appointment. No referral required, Bulk Billing available;
- Dr Joe Levy, Level 1, 47 Gawler Place, Adelaide, Phone 8212 7175 for appointment. No referral required, Bulk Billing available for healthcare or concession card holders or Gap fee to pay.
- Dr Ross Philpot, SA Infectious Diseases Services, 135 Hutt Street, Adelaide, Phone 8232 4511 for appointment. Referral required, Private practice, Gap fee to pay.



CONFIDENTIAL

**DECLARATION FOR PRESCRIBING OF HIGHLY SPECIALISED DRUGS FOR NON-
OCCUPATIONAL HIV-RELATED POST-EXPOSURE PROPHYLAXIS**

SECTION 1: FIRST PRESENTATION

IMPORTANT INSTRUCTIONS: This section is to be completed by the prescribing doctor at the time of commencement of the 5 day PEP starter pack and sent to the HIV/HCV Policy and Programs Section of the SA Department of Health.

NAME CODE (2x2):

NOTE: Encode name using first 2 letters of surname followed by first 2 letters of first name. For example, the Name Code for John Citizen would be CIJO

DOB (DD/MM/YYYY):

** If the person starting nPEP is a victim/survivor of sexual assault, the name of the agency providing the nPEP starter packs is the only detail required for this section (for example, Yarrow Place, Flinders Medical Centre etc)*

Potential exposure to HIV has occurred through the following risk behaviour:

(please tick appropriate)

- Unprotected Anal Intercourse - Receptive
- Unprotected Anal Intercourse - Insertive
- Unprotected Vaginal Intercourse - Receptive
- Unprotected Vaginal Intercourse - Insertive
- Unprotected receptive fellatio (oral intercourse) with ejaculation
- Sharing Injecting Equipment
- Other *(please provide detailed description)*

Has Patient taken PEP before? Yes No

The following medications were dispensed for:

- STARTER PACK
- FOLLOW UP *(complete information below)*

MEDICATION	DOSE	FREQUENCY	DURATION

The medications were dispensed from:
(Name of pharmacy / clinic / hospital)

I confirm that the above patient has been prescribed PEP in accordance with the Department of Health South Australia's Guidelines for the management of non-occupational exposure to HIV.

Prescriber's signature:

Prescriber's name:

Date:

Patient referred for follow-up to:

(please tick)

- Clinic 275
- O'Brien Street Practice

Other clinics:

- Sam Elliot
- Joe Levy
- Ross Philpot
- Other (please provide list)

.....

Please post or fax completed declaration to:

HIV/HCV Policy and Programs Section
Communicable Disease Control Branch
Fax: (08) 8226 6648 OR
PO Box 6 Rundle Mall ADELAIDE SA 5000



CONFIDENTIAL

NOTIFICATION OF OUTCOME OF NON-OCCUPATIONAL HIV-RELATED POST-EXPOSURE PROPHYLAXIS THERAPY

NAME CODE (2x2):

.....

NOTE: Encode name using first 2 letters of surname followed by first 2 letters of first name. For example, the Name Code for John Citizen would be CIJO

DOB (DD/MM/YYYY):

.....

** If the person starting nPEP is a victim/survivor of sexual assault, the name of the agency providing the nPEP starter packs is the only detail required for this section (for example, Yarrow Place, Flinders Medical Centre etc)*

SECTION 2: FOLLOW-UP APPOINTMENT

IMPORTANT INSTRUCTIONS: This section is to be completed by the prescribing doctor at the time of the patient's first follow-up appointment (after 5 day starter pack completed).

Where did patient obtain starter pack medication from?.....

Will the course continue as per starter pack prescription? Yes No

If no, please indicate the new regimen below:

MEDICATION	DOSE	FREQUENCY	DURATION

SECTION 3: POST nPEP FOLLOW-UP APPOINTMENT

IMPORTANT INSTRUCTIONS: This section is to be completed by the doctor at the patient's follow-up appointment after completion of the 28 day PEP regime and receipt of a post-nPEP HIV test result. Please forward the completed form to the HIV/HCV Policy and Programs Section.

Was the initial PEP regimen:

- Completed
- Modified
- Stopped prior to completion

If PEP was modified or stopped what were the reasons?

- Side Effects Patient Choice Health Care Provider Advice
 Source was HIV negative Inappropriately prescribed Lost to follow-up
 Other

What is your assessment of the patient's adherence to the 28 day course of PEP?

- Fully Moderately Poorly

What is the patient's HIV status 4 weeks post HIV Prophylaxis?

- Negative Positive Indeterminate

Prescriber's signature:

Prescriber's name:

Date:

Please post or fax completed declaration to:

HIV/HCV Policy and Programs Section
Communicable Disease Control Branch
Fax: (08) 8226 6648 OR
PO Box 6 Rundle Mall ADELAIDE SA 5000