



Government of South Australia
Department of Health

Communicable Disease Control Branch (CDCB)

Non-Occupational Post-Exposure Prophylaxis (nPEP) for HIV

**Risk Assessment Protocol
for
Emergency Departments**

December 2007

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1. Introduction

PEP or Post-Exposure Prophylaxis is a 28 day course of medication that may prevent HIV infection after exposure to the virus. nPEP refers to when PEP is administered for exposures to HIV which occurred in a **non-occupational** setting.

This Risk Assessment Protocol describes the necessary actions to be taken when a patient presents to an emergency department for nPEP after an actual or potential non-occupational exposure to HIV.

It is usually not necessary to contact the ID consultant on call in order to initiate HIV nPEP in the emergency department. There are however, three exceptions to this:

1. When it is unclear whether or not HIV nPEP is required;
2. When the anti-HIV treatment history of the source person is known - this information may change the nPEP regimen required for the exposed person; or
3. The patient is pregnant, may be pregnant or is breastfeeding

This document should be read in conjunction with the South Australian (SA) Department of Health (2007) *Guidelines for the management of non-occupational exposure to HIV*.

2. Principles

Key principles for managing a patient who presents after a potential exposure to HIV are:

- Access to nPEP after an eligible exposure to HIV is seen as a medical emergency as it can potentially prevent the development of a disease with significant morbidity and mortality. Therefore risk assessment and the provision of nPEP should occur as soon as possible;
- nPEP patients should be triaged at category 3;
- All health care workers have a duty of care to the person presenting after non-occupational exposure;
- The person presenting after non-occupational exposure should be treated in a professional and non-judgemental manner; and
- Confidentiality must be maintained at all times.

3. Risk assessment

Performing an immediate risk assessment is necessary:

- for patients who have undertaken a risk assessment with the phone line triage service (nPEP hotline): to **confirm** that the risk assessment conducted was correct and the patient is eligible for nPEP;
- for patients who have not undertaken a risk assessment with the nPEP hotline: to **determine** if the patient is eligible for nPEP;
 - If eligible, nPEP should be started as soon as possible for maximum efficacy;
- to determine if prophylaxis or treatment for other infections - such as HBV or tetanus- is indicated; and

- to reassure people who are not at risk or are at very low risk of transmission of blood borne pathogens.

Questions for risk assessment include:

- date, time and location of exposure;
- nature of exposure;
- source status;
- any active Sexually Transmitted Infections; and
- any trauma associated with exposure.

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.

Accidental Needle Stick Injuries from Discarded Injecting Equipment

These injuries cause significant distress but very little harm. HIV nPEP is generally NOT required nor recommended. Tetanus prophylaxis may be indicated.

nPEP CHECKLIST

- 1.** Conduct risk assessment with patient (Appendix 1). If exposure is deemed eligible for nPEP continue with steps 2-7
- 2.** Provide patient with 5-day nPEP Starter Pack if indicated. First dose of nPEP regimen to be administered in Emergency Department

Standard Starter Pack contains Combivir: zidovudine (AZT) and lamivudine (3TC)
- 3.** Assess if prophylaxis for other conditions is indicated (see Appendix 2)
- 4.** Go through information in Starter Pack with patient
- 5.** Direct patient to make follow-up appointment (see Appendix 3)
- 6.** Complete SECTION 1 of the *Declaration for prescribing of highly specialised drugs for non-occupational post-exposure prophylaxis* (Attached to Starter Pack)
- 7.** Post (PO Box 6, Rundle Mall, Adelaide SA, 5000) or fax (8226 6648) completed SECTION 1 of the above declaration to the Communicable Disease Control Branch.

Appendix 1: Risk assessment flowchart*

* Adapted from St Vincent's Hospital NSW, Resource Kit for Emergency Departments.

PROVIDE nPEP IF CONDITIONS 1+2+3+4 ARE MET

1. ELIGIBLE RISK EXPOSURE

- Unprotected receptive intercourse (anal or vaginal)¹
- Unprotected insertive intercourse (anal or vaginal)¹
- Use of contaminated injecting equipment
- Unprotected receptive oral intercourse with ejaculation, & oral lesions present²
- Exposure of non-intact mucosa or skin with body fluids³

¹ *Unprotected* means no condom used or condom slippage/breakage.

² Unprotected receptive oral intercourse with ejaculation SHOULD BE CONSIDERED as a high risk exposure (worthy of nPEP) providing the source is known to be HIV positive or is at high risk of HIV AND there is oral mucosal disease or an open lesion in the mouth or throat of the exposed person.

³ Significant exposure of non-intact mucosa (conjunctival, oral or nasal) or skin with blood, sperm or vaginal fluids SHOULD BE CONSIDERED as a high risk exposure (worthy of nPEP) providing the source is known to be HIV positive or is at high risk of HIV.

2. SOURCE PERSON AT HIGH RISK OF HIV

- Source is known to be HIV positive
OR
- Source is likely to be at increased risk of HIV:
 - ◆ Men who have sex with men
 - ◆ Injection Drug User⁴
 - ◆ A person from a High HIV Prevalence Country (HIV prevalence > 6.5%)⁵
 - ◆ A sex worker OUTSIDE of Australia

⁴ nPEP is NOT RECOMMENDED following insertive/receptive vaginal sex or insertive anal sex with an Australian born injection drug user but IS RECOMMENDED following receptive anal intercourse.

⁵ Botswana, Central African Republic, Cote D'Ivoire, Gabon, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

3. TIME SINCE EXPOSURE

- The patient presents within 72 hours of exposure

In exceptional circumstances, PEP may be offered outside of the 72 hour period but this should be discussed with the Infectious Disease consultant on call.

4. PATIENT CONSENTS TO nPEP

1 + 2 + 3 + 4 = nPEP

Appendix 2: Management of potential exposures to other blood borne pathogens and sexually transmitted infections.

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.

Appendix 3: Follow-up appointment

Patients who have been started on nPEP require a follow-up appointment for:

- Baseline blood testing and results;
- STI screening;
- Provision of the remainder of the 28-day course of the nPEP regimen;
- Adherence and toxicity monitoring/management;
- Immunisation against HAV and HBV if required;
- Repeat HIV testing on the completion of nPEP; and
- Supportive and behavioural counselling.

A letter is included in the Starter Pack to facilitate the patient's attendance at the follow-up nPEP appointment. This letter should be brought to the attention of the patient who should be advised to make a follow-up appointment on the next business day following their first presentation.

The emergency department physician should complete the section at the bottom of the letter and advise the patient to take the letter with them to their follow-up appointment. The following provides details of services at which clients can attend for follow-up nPEP appointments:

- **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.

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.