

HIV Post Exposure Prophylaxis Follow Up Take This to Your Doctor or Nurse Practitioner (NP)

Your patient will have been on the HIV post exposure prophylaxis (PEP) starter kit for one to five days now. This information is a guide for your use as follow-up physician or nurse practitioner.

1. Address any patient concerns and ensure the patient consents to continue taking HIV PEP.
2. Review medication dose and side effects with patient. HIV PEP medications are Lamivudine, Tenofovir and Raltegravir

A careful medication history (including prescription and non-prescription medications, supplements and alternative therapy) should be obtained from the patient.

If you need more information, are uncertain about whether to initiate HIV PEP, or if the patient is taking any medications (prescription and non-prescription) consult one of the following available 24/7:

- **St. Paul's Hospital Outpatient Pharmacy at 1-888-511- 6222.**
- **The Physician's Hotline for the BC Centre for Excellence in HIV/AIDS at 1-800-665-7677**

Other medications may interact significantly with HIV PEP and should be used with caution. PEP may also need to be modified if the patient has significant kidney or liver disease.

3. Call St. Paul's Hospital Outpatient Pharmacy 1- 888-511-6222 to give a verbal order for 23 days more of medication (for a total of 28 days treatment). The St. Paul's Hospital pharmacist may ask for more details about the situation (time since assault, risk factors of the assailant). Please instruct them to refer to a faxed form ("HIV/PEP Discussion Form") they will have received from the sexual assault examiner at the time of initial PEP dispensation. This form gives these details and saves you and the patient a potentially difficult repetition of the history of the sexual assault.
4. If for any reason the St. Paul's Hospital Outpatient Pharmacy declines to continue HIV PEP for your patient, review the Risk Assessment Guidelines for sexual assault. PEP is only recommended when the patient is considered at Significant Risk (i.e. due to known HIV positive source, known high risk source, high risk setting or multiple assailants) and PEP has been initiated within 72 hours of exposure.

5. A BC Centre for Excellence in HIV/AIDS physician may recommend modification of the regimen in the following situations:
 - Significant toxicity or intolerance
 - Source on antiretroviral therapy and/or has history of known or suspected resistance to any agents in the PEP regimen
 - If the exposed person is pregnant, contact the BC-CfE pharmacy (1-888-511- 6222) for advice. However, in a significant exposure, the existing kit should be given as soon as possible. (BC Centre for Excellence in HIV/AIDS, 2017).
6. The patient can pick up PEP medication at St. Paul's Hospital Outpatient Pharmacy, near the hospital gift shop on the main floor of the Burrard Building in room 162 **OR** medications can be couriered to any doctor or clinic in British Columbia.
7. Pharmacy hours are 8:30am – 4:30pm. From noon to 1pm there may a longer wait. St Paul's Hospital Outpatient Pharmacy is not open on weekends or holidays. The patient must be sure to get their required medications before 4:30 on a Friday and before a long weekend.
8. Re: HIV testing: Prior to starting the patient on HIV PEP a baseline HIV Ag/Ab, CBC and differential, creatinine and eGFR test should have been done at the hospital.
9. Please explain to the patient that the HIV test done at the hospital was done to ensure it was safe to dispense PEP. The test assessed the patient's HIV status prior to assault. It did not assess the patient's HIV status from the assault itself.
10. Repeat HIV testing and follow-up counselling is recommended at one month and three months after the sexual assault. Patient should continue to protect others from exposure until receiving a negative HIV test result at three months. Discuss not sharing toothbrushes, razors, or needles, and the use of condoms.
11. For Women Only:
 - If your patient is or may be pregnant, we strongly recommend consultation with an expert in the field of HIV in pregnancy. BC Women's Oak Tree Clinic at 604-875-2212 is available for consultation for pregnant women.
 - If your patient is breastfeeding, it is strongly recommended that the patient discontinue breastfeeding immediately and switch to using infant formula (meanwhile, pumping and discarding her breast milk). Possible resumption of breastfeeding can be discussed in follow-up if HIV risk is reassessed as insignificant or repeat HIV tests are negative. BC Women's Oak Tree Clinic at 604-875-2212 available for consultation for breast-feeding mothers taking PEP.

Week 2 and Week 4 - Doctor or NP Visit

- Patient returns to your office for follow up blood work. Schedule enough time at each visit to deal with any other issues arising from the sexual assault or the HIV PEP. Review times for follow-up bloodwork.
- The BC Centre for Excellence in HIV/AIDS (May 2017) recommends patients have the following bloodwork done while taking PEP*
 - Weeks 2 and 4 weeks after exposure (while on PEP): CBC and differential, creatinine, eGFR. If abnormalities were present on baseline testing.
 - Weeks 3 and 6 weeks after end of PEP: HIV Ag/Ab test
 - 3 months after end of PEP: HIV Ag/Ab test

HIV PROPHYLAXIS CRITERIA

Significant Risk: May be indicated by what is known about the source or what is known about the setting in which the sexual assault took place.

SOURCE <u>Known</u> HIV positive source or <u>Known</u> high-risk source i.e.) injection drug user (IDU) or man who has sexual contact with men (MSM) or <u>Known</u> multiple assailants	PLUS	TYPE OF EXPOSURE Non-consensual: Unknown exposure Anal penetration Vaginal penetration	RECOMMENDATIONS Recommend five-day HIV PEP starter kit initiated within 72 hours of sexual assault.
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SETTING Sexual assault occurs in a setting considered high risk for HIV (eg, DTES, drug paraphernalia at scene, etc)	PLUS	TYPE OF EXPOSURE Non-consensual: Unknown exposure Anal penetration Vaginal penetration	RECOMMENDATIONS Recommend five-day HIV PEP starter kit initiated within 72 hours of sexual assault.
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Negligible Risk:

Vaginal/anal penetration occurred but the source is known to be HIV negative or there is no reason to believe the source is HIV positive or in a high risk group (IDU or MSM) and the setting in which the assault took place is not considered high risk for HIV. Oral exposure alone is considered to be negligible risk regardless of HIV status of source.	RECOMMENDATION Do not offer PEP to patients in this category. Provide counselling and education to reduce anxiety. Recommend HIV testing at one and three months post assault.
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ESTIMATED RISKS OF BECOMING INFECTED WITH HIV:

Estimated risks in consensual sex from a known HIV positive source with a positive viral load:

Receptive Vaginal: 0.08% (8 in 10,000)

Receptive Anal Penetration: 1.38% (138 in 10,000)

Receptive Oral: Low

(BC Centre For Excellence in HIV/AIDS May 2017)

In non-consensual sex after one exposure (where one person is known to be HIV positive), the risk is thought to be higher than the risks in consensual sex because of potential injuries, but the numbers are unknown.

Recommended PEP is for a total of 28 days. The 5-day starter pack in the emergency department consists of the following three medications:

- Tenofovir one tablet (300 mg) once a day
- Lamivudine one tablet (150 mg) twice a day
- Raltegravir one tablet (400 mg) twice a day
- The cost for PEP medications for sexual assault patients who are from a province other than BC or from outside of Canada are covered by BC Centre for Excellence in HIV/AIDS. The follow-up physician may have to remind the St. Paul's Hospital Outpatient Pharmacy (at 1-888-511-6222) that out-of-province /country sexual assault patients are covered.

If at any time you have questions regarding the medications or your patient's ability to tolerate these medications please call the pharmacist at St. Paul's Hospital Outpatient Pharmacy at 1-888-511-6222