

PEP

GUIDE TO OFFERING PEP

HIV Post Exposure Prophylaxis

PEP is an emergency treatment

A person seeking PEP or exposed to HIV should be attended to immediately.

PEP must be offered to all persons that have been potentially exposed to HIV.

Make sure that you take the time to listen to the clients concerns and address these during your counselling.



When an individual reports exposure to HIV:

1. Confirm that exposure to HIV occurred within the past 72 hours

2. Explain to the client:

- PEP is ARV medication given to an HIV-negative person after exposure to HIV to prevent them from being infected with HIV.
- PEP should only be taken by HIV-negative individuals.
- It is most effective if taken as soon as possible after the exposure to HIV.
- Confirm that the client is agreeable to take the stat dose.

3. Administer the first PEP dose immediately

4. Conduct HIV (rapid) test

- Provide pre-test counselling:
 - Administer the HIV test
 - Provide the test result and post-test counselling
- If test result is HIV-positive refer for or initiate ART.
- If test result is HIV-negative.

PEP Drug Regimen	
Adults and children ≥10 years	*Children (<10 years)
If weight is ≥35kg: TDF 300mg + 3TC 300mg + DTG 50mg, once daily as TLD <i>(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)</i>	If weight is <20kg: AZT/3TC twice daily + LPV/r twice daily If weight is ≥20kg: AZT/ 3TC twice daily + DTG 50mg, once daily

*See paediatric dosing chart

MOVE TO POINT 5 ON THE BACK OF THIS GUIDE TO CONFIRM THE EXPOSURE:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Nov2022

AIDS Helpline No: 0800 012322

5. Confirm the exposure

Use following questions to confirm the type of exposure to assess their level of risk and eligibility to continue PEP.

In the last 72 hours did you:

- have unprotected sex (sex with no condom or burst condom) with someone who is HIV-positive/whose HIV status is unknown?
- have any contact with blood, semen, vaginal fluids (or other contaminated material)?
- share needles when you injected drugs?

In the last 72 hours, did the child ingest breast milk from another mother who is HIV-positive/HIV status is unknown?

If the client responds 'yes' to any of these questions, inform them that they may have been exposed to HIV and may benefit from PEP.

The type of exposure, HIV status of source persons and the material the person was exposed to, will determine the level of risk. Refer to the table below to assess the level of risk.

	LOW RISK (PEP MAY NOT BE REQUIRED)	HIGH RISK (PEP RECOMMENDED)
Type of exposure	Intact skin Human bites - no blood	<ul style="list-style-type: none"> Mucus membrane/non-intact skin Percutaneous injury
Source	HIV-negative	<ul style="list-style-type: none"> HIV-positive/status unknown; clinically well/unwell
Material	Saliva, tears, sweat, faeces, urine, sputum, vomit	<ul style="list-style-type: none"> Semen, vaginal secretions, synovial, pleural, pericardial, peritoneal, amniotic fluids Blood and bloody bodily fluids; CSF, viral cultures in labs Breastmilk from an HIV-positive woman

6. Explain to the client what PEP is, the benefits of taking it, and how it needs to be taken

- PEP is ARV treatment given to HIV-negative individuals after possible exposure to HIV, to prevent HIV infection.
- PEP medication is taken daily for the full 28 days.
- PEP works best if it is taken at the same time every day.
- If a dose is missed, the client must take it as soon as they remember.
- PEP is safe, but some people may experience side effects, the most common being nausea, diarrhoea, and headaches.

- If there are side effects, the client should not stop taking PEP but should come back to the clinic.
- PEP can be taken during pregnancy and breastfeeding.
- PEP is safe for pregnant women and will not hurt the unborn baby.
- Emphasize ongoing regular use of condoms while the client is on PEP.

After providing the above information check with the client that they want to continue taking PEP?

7. Provide the client with a prescription for collection of 28 days of PEP

Provide information about other tests and treatments that will be conducted:

Follow-up for PEP

- Inform the client that they will require a repeat HIV test at 4 and 12 weeks.
- Explain to the client the reason for conducting a repeat HIV test is to make sure that they are not HIV-positive.

Other assessments

- If a client was exposed to HIV through sexual contact the client may also require screening and testing for:
 - Pregnancy + STIs + Hepatitis B and C also needed if client was exposed to contaminated blood
- Clients with abrasions, cuts, or bites should be asked about their tetanus immunisation status, and offer immunisation if appropriate.
- Ask the client about current contraceptive use and offer emergency contraception if needed.
- Identify any other issues (especially mental health, substance abuse, sexual assault) that may face the client and provide the necessary, support, guidance and referral.
- Conduct risk-reduction counselling and discuss with the client future HIV prevention options:
 - Condom use
 - PrEP
- Screen for TB and COVID.

8. Provide the date for the next visit

