SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

B-48,49 Sector-05, Bawana Industrial Area, Delhi-110039

Service Name :	**Policy of Pre and Post Exposure Prophylaxis**
Date Created :	**05/04/2021**
Approved By :	**Dr Vikas Gupta**
Reviewed By :	**Dr Sapna**

AMENDMENT SHEET

No.	Section and Page	Date	Amendment	Signature

A. Purpose
To provide guideline instruction for monitoring pre and post-exposure prophylaxis event and ensure its proper reporting.

B.Scope :
Hospital wide

C. Whom to Contact in case of post-exposure prophylaxis
Doctor,Nurse,MS

What is the difference between pre and post-exposure prophylaxis?

PrEP is daily medicine that can reduce this risk. With PrEP, if you do get exposed to HIV, the medicine can stop HIV from taking hold and spreading throughout your body. PEP stands for post-exposure prophylaxis. PEP is for people who have possibly been exposed to HIV.

Who is eligible for PEP?
PEP is only indicated for potentially exposed people without HIV infection. PEP is unlikely to be effective in people who have been exposed more than 72 hours before seeking medical assistance. PEP should be provided only for infrequent exposures.

What tests should be carried out during post exposure prophylaxis?
It is necessary to implement HIV testing:

of the person exposed to a potential source of HIV infection to determine whether it s/he was infected before the exposure. it is also necessary to implement tests for antibodies to hepatitis C (anti-HCV) and surface antigen of hepatitis B (HBsAg).

What are the risks of PEP?
PEP can cause side effects in some people, such as:
tiredness.
diarrhoea.
nausea.
vomiting.
feeling generally unwell.

Risk evaluation

Initiation of post-exposure prophylaxis with the use of antiretroviral drugs is dependent on a number of risk factors, though treatment is usually started after one high-risk event. In order to determine whether post-exposure prophylaxis is indicated, an evaluation visit will be conducted to consider risk factors associated with developing HIV. Assessments at this visit will include whether the at-risk person or the potential source-person are HIV positive, details around the potential HIV exposure event, including timing and circumstances, whether other high-risk events have occurred in the past, testing for sexually transmitted diseases, testing for hepatitis B and C (nPEP is also effective against hepatitis B), and pregnancy tests for women of childbearing potential

Risk factors for developing HIV includes exposure of mucous membranes (vagina, rectum, eye, mouth, broken skin or under the skin) of an HIV-negative person to bodily fluids (blood, semen, rectal secretions, vaginal secretions, breast milk) of a person known to be HIV positive. For example, having unprotected sex with HIV positive partner is considered risky, but sharing sex toys, spitting and biting considered to be negligible risks for initiating post-exposure prophylaxis. The highest non-sexual risk is blood transfusion and the highest sexual contact risk is receptive anal intercourse. The timing of exposure does not affect the risk of developing HIV, but it does alter whether post-exposure prophylaxis will be recommended. Exposures that occurred 72 hours or less to beginning treatment are eligible for post-exposure prophylaxis. If the exposure occurred over 73 hours prior to treatment initiation, post-exposure prophylaxis is not indicated.

Testing

Initial HIV testing: Before initiating PEP after potential HIV exposure, persons should be tested for HIV1 and HIV2 antigens and antibodies in the blood using a rapid diagnostic test. PEP should only be started if rapid diagnostic test reveals no HIV infection present or if tests results are not available. However, if HIV infection is already present then PEP should not be started. HIV test should be repeated four to six weeks and three months after exposure.

People may experience signs and symptoms of acute HIV infection, including fever, fatigue, myalgia, and skin rash, while taking PEP. CDC recommends seeking medical attention for evaluation if these signs and symptoms occur during or after the month of PEP. If follow-up laboratory antibody tests reveal HIV infection, HIV treatment specialists should be sought out and PEP should not be discontinued until person is evaluated and treatment plan is established.

STI and HBV testing: People with potential exposure to HIV are also at risk of acquiring STI and HBV. Centers for Disease Control and Prevention (CDC) recommends STI-specific nucleic acid amplification testing (NAAT) for gonorrhea and chlamydia and blood tests for syphilis. PEP is also active against HBV infections so discontinuation of medication can cause the reactivation of HBV, though rare. Health care providers must monitor HBV status closely
Follow up testing: Serum creatinine and estimated creatinine clearance should be measured at baseline to determine the most appropriate PEP antiretroviral regimen. While on PEP, liver function, renal function, and hematologic parameters should be monitored.

Treatment

In the case of HIV exposure, post-exposure prophylaxis (PEP) is a course of antiretroviral drugs which reduces the risk of seroconversion after events with high risk of exposure to HIV (e.g., unprotected anal or vaginal sex, needlestick injuries, or sharing needles).[16] The CDC recommends PEP for any HIV-negative person who has recently been exposed to HIV for any reason.

To be most effective, treatment should begin within an hour of exposure.After 72 hours PEP is much less effective, and may not be effective at all.Prophylactic treatment for HIV typically lasts four weeks

While there is compelling data to suggest that PEP after HIV exposure is effective, there have been cases where it has failed. Failure has often been attributed to the delay in receiving treatment (greater than 72 hours post-exposure), the level of exposure, and/or the duration of treatment (lack of adherence to the 28-day regimen). In addition, since the time and level of non-occupational exposures are self-reported, there is no absolute data on the administration timeframe to which PEP would be efficacious. The standard antibody window period begins after the last day of PEP treatment. People who received PEP are typically advised to get an antibody test at 6 months post-exposure as well as the standard 3 month test.

The antiretroviral regimen used in PEP is the same as the standard highly active antiretroviral therapy used to treat AIDS. People initiating nPEP treatment typically receive a 28-day starter pack, as opposed to a 3-7 day starter pack, to facilitate strong medication adherence. They should also be counseled on the unpleasant side effects including malaise, fatigue, diarrhea, headache, nausea and vomiting.

People at high risk for re-exposure due to unprotected intercourse or other behavioral factors should be given PrEP, which would begin immediately after the completion of the nPEP treatment course. Inversely, if a medically-adherent patient is already on PrEP upon non-occupational exposure, nPEP treatment is not necessary.

Hepatitis B

If the person exposed is an HBsAg positive source (a known responder to HBV vaccine) then if exposed to hepatitis B a booster dose should be given. If they are in the process of being vaccinated or are a non-responder they need to have hepatitis B immune globulin (HBIG) and the vaccine. For known non-responders HBIG and the vaccine should be given whilst those in the process of being vaccinated should have an accelerated course of HBV vaccine.

Is there post-exposure prophylaxis for hep C?

CDC does not recommend postexposure prophylaxis (PEP) for health-care personnel exposed to hepatitis C virus (HCV)-contaminated blood (25, 38, 43). Instead, the source patient in question should be tested for HCV RNA or hepatitis C antibodies

Hepatitis C

Persons exposed to hepatitis C should get monthly PCR, and if seroconversion occurs then interferon, with possible ribavirin.