

HIV POST-EXPOSURE PROPHYLAXIS (PEP) FOR CONSENSUAL SEX AND DRUG USE

Healthcare Provider Support Tool

YOU CAN PRINT THIS FORM AND TAKE IT TO YOUR DOCTOR OR THE EMERGENCY ROOM

NPEP PILOT PROJECT

If your patient is presenting you with this document, they have likely experienced a risk incident for HIV transmission within the past 72 hours.

As you may be aware, the Province of British Columbia and the BC Centre for Excellence in HIV/AIDS have recently launched a pilot project to expand access to **Non-Occupational Post-Exposure Prophylaxis (NPEP)** to those exposed to HIV through consensual sex or injection drug use.

Previously, PEP was only available in British Columbia to those exposed to HIV through sexual assault or through their work (occupational exposure).

If your patient has been exposed to HIV through a risk incident, they should visit a NPEP pilot site or an emergency room. Physicians can also prescribe PEP.

If your patient answers 'yes' to the following four questions, they are likely a candidate for PEP.

1. Are you a man who has sex with men (even once)?
2. Did you have condomless anal sex with a man (or experience a broken condom)?
3. Was your partner HIV positive, or was his HIV status unknown to you?
4. Did this incident happen within the past 72 hours?

RECOMMENDED TREATMENT

- Tenofovir 300mg (once a day)
- Lamivudine (3TC) 150 mg (twice a day)
- Raltegravir (Isentress) 400 mg (twice a day)

If you need more information, advice, or would like to consult further:

The Immunodeficiency Clinic (IDC) at St. Paul's Hospital operates a REACH Line (Rapid Expert Advice and Consultation in HIV). If you are a family physician, nurse or pharmacist in BC and require consultation in HIV treatment and management from an infectious disease specialist, a family physician experienced in HIV management or a pharmacist experienced in HIV management, please call the REACH Line: 604-681-5748 (Vancouver); 1-800-665-7677 (Outside Vancouver).

Further information is available at: www.cfenet.ubc.ca/healthcare-providers

PEP must be started within 72 hrs after exposure. Act quickly.

The likelihood that a risk incident could result in HIV infection is much greater among gay men and other men who have sex with men.

In Vancouver, 1 in 5 gay men is HIV positive. In 2010, this population made up 50.5% of new HIV infections in British Columbia. Risk incidents should be taken seriously.

Gay men are exposed to HIV the following ways:

- Insertive anal sex (topping) and receptive anal sex (bottoming) without a condom ("barebacking")
- A broken or failed condom during anal sex
- A shared needle while injecting drugs

Cultural Understanding/Considerations

For some, discussing sexual acts with a health care professional can be intimidating. Some may feel judged.

Not all men who have sex with men identify as gay. Also, men might not actively seek treatment after a risk incident because of embarrassment or shame about sexual behaviour. By focusing on risk incidents and behaviour, rather than labels, you can help your patient feel more comfortable.

PEP for sexual exposure involves much more than condomless anal sex and a four-week course of HIV meds. It requires admitting mistakes, failure, bad luck, losing control, disappointment for letting one's standards drop, acting in spite of one's better knowledge and dealing with emotions of anger and anxiety.