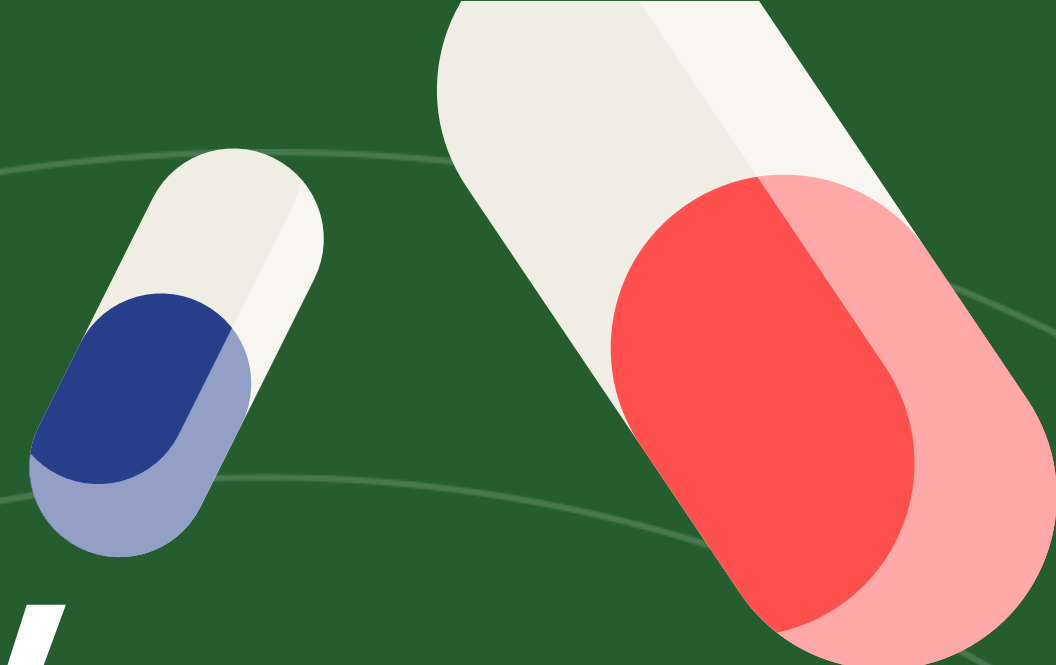
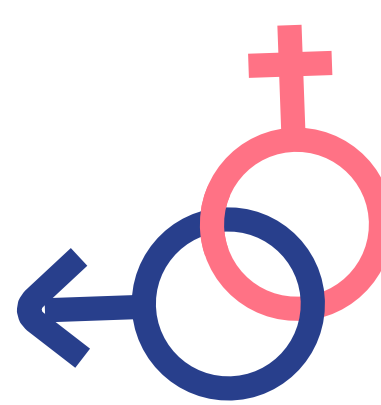




HIV

POST EXPOSURE PROPHYLAXIS (PEP)



TRAINING SLIDES



health

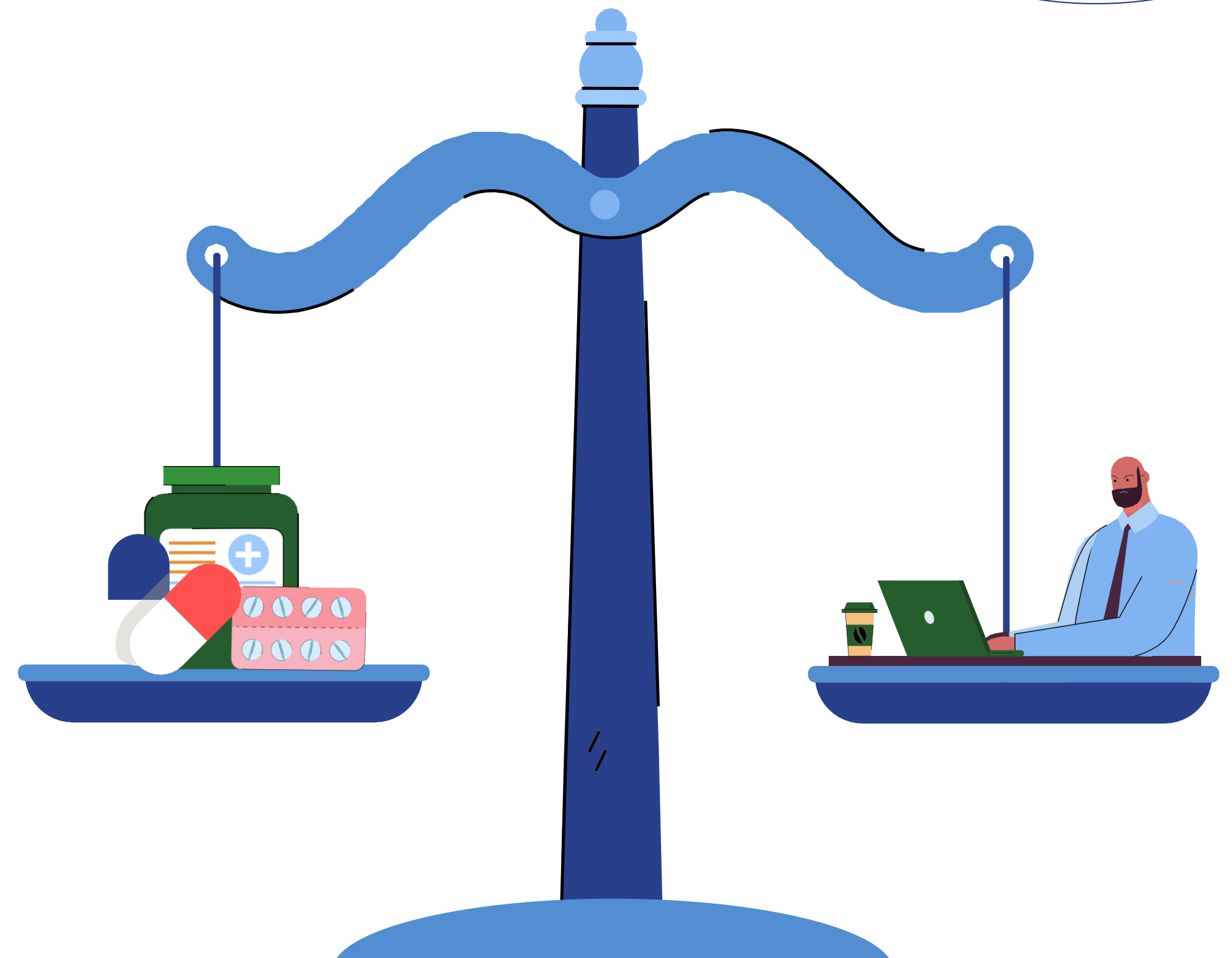
Department:
Health
REPUBLIC OF SOUTH AFRICA



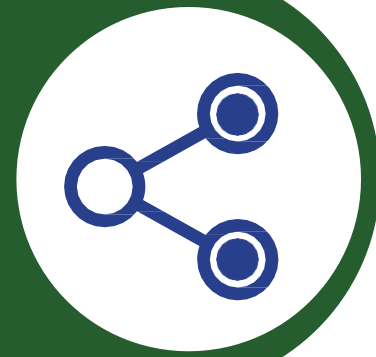
PURPOSE OF THE TRAINING



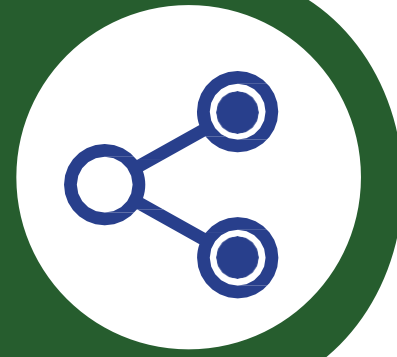
To capacitate health care providers to effectively deliver HIV post-exposure prophylaxis (PEP) as an emergency HIV prevention intervention.



OVERVIEW

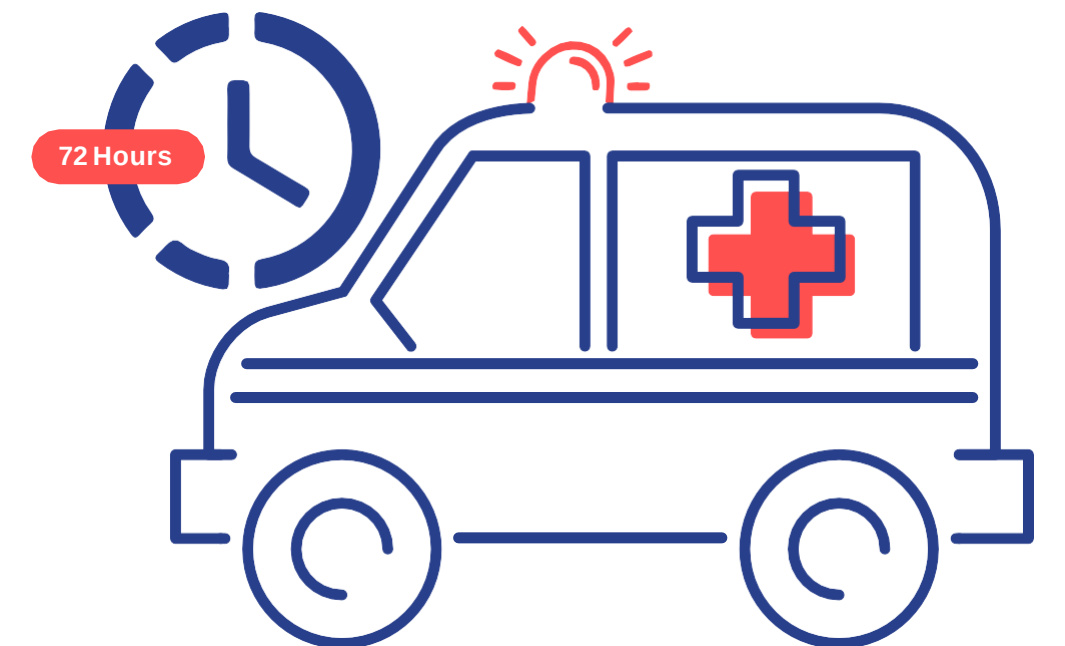


WHAT IS PEP?



pep 
Emergency HIV Prevention

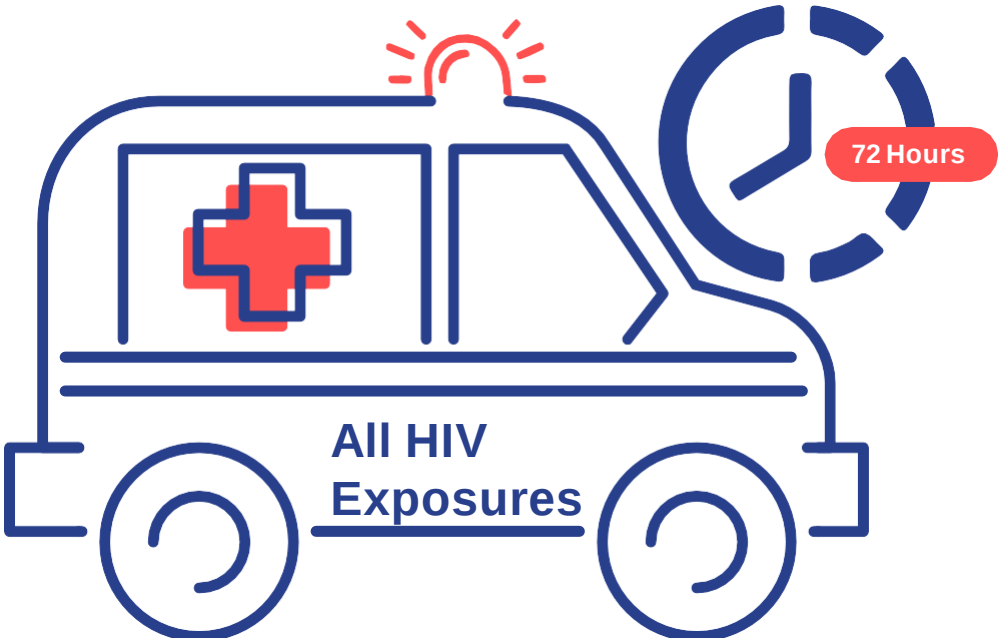
Post-Exposure Prophylaxis or PEP, is a medication given **within 72 hours** to a person who may have been exposed to HIV to prevent them from getting infected with HIV.



WHAT IS THE DIFFERENCE BETWEEN PEP, PREP & ART?



PEP, PrEP and ART are different kinds of ARV medications that are given at different times for the management of exposure to HIV.



Prevent HIV		Manage HIV
PEP Post-Exposure Prophylaxis	PrEP Pre-Exposure Prophylaxis	ART Anti-Retroviral Treatment
ARV medication taken by HIV-negative persons <i>After</i> exposure to HIV within 72 hours for 28 days	ARV medication taken by HIV-negative persons <i>Before</i> HIV exposure to prevent HIV infection	ARV medication taken by <i>people Living with HIV</i> to reduce viral load and increase CD4 count

RATIONALE FOR PEP



PEP is an emergency
intervention for ALL persons

PEP is part of HIV
prevention



PEP can prevent HIV
when initiated within
72 hours of exposure.

HOW PEP WORKS



- PEP is a combination of HIV drugs that can stop the virus taking hold.
- The preferred PEP regimen healthy adults and adolescents is:
 - **Tenofovir disoproxil fumarate (TDF) 300 mg +**
 - **Lamivudine (3TC) 300 mg +**
 - **Dolutegravir (DTG) 50 mg once daily.**
- The drugs are given as once-a-day TLD tablet (TDF, 3TC and DTG)

How PEP works

1

PEP
is a combination of
3 **ARVs**:

- 1 Tenofovir (NRTI)
- 2 Lamivudine (NRTI)
- 3 Dolutegravir (INSTI)

2

When HIV enters a healthy T-cell, it attempts to make copies of itself, using an enzyme called **reverse transcriptase**.

The **NRTIs** block this enzyme – preventing HIV from making copies of itself.

3

Once HIV has made copies of itself, it uses another enzyme called **integrase** to join the new virus DNA with the human cell's DNA.

The **INSTIs** blocks the integrase to prevent the new virus from joining with the human cell DNA, which also prevents the virus from making copies of itself.

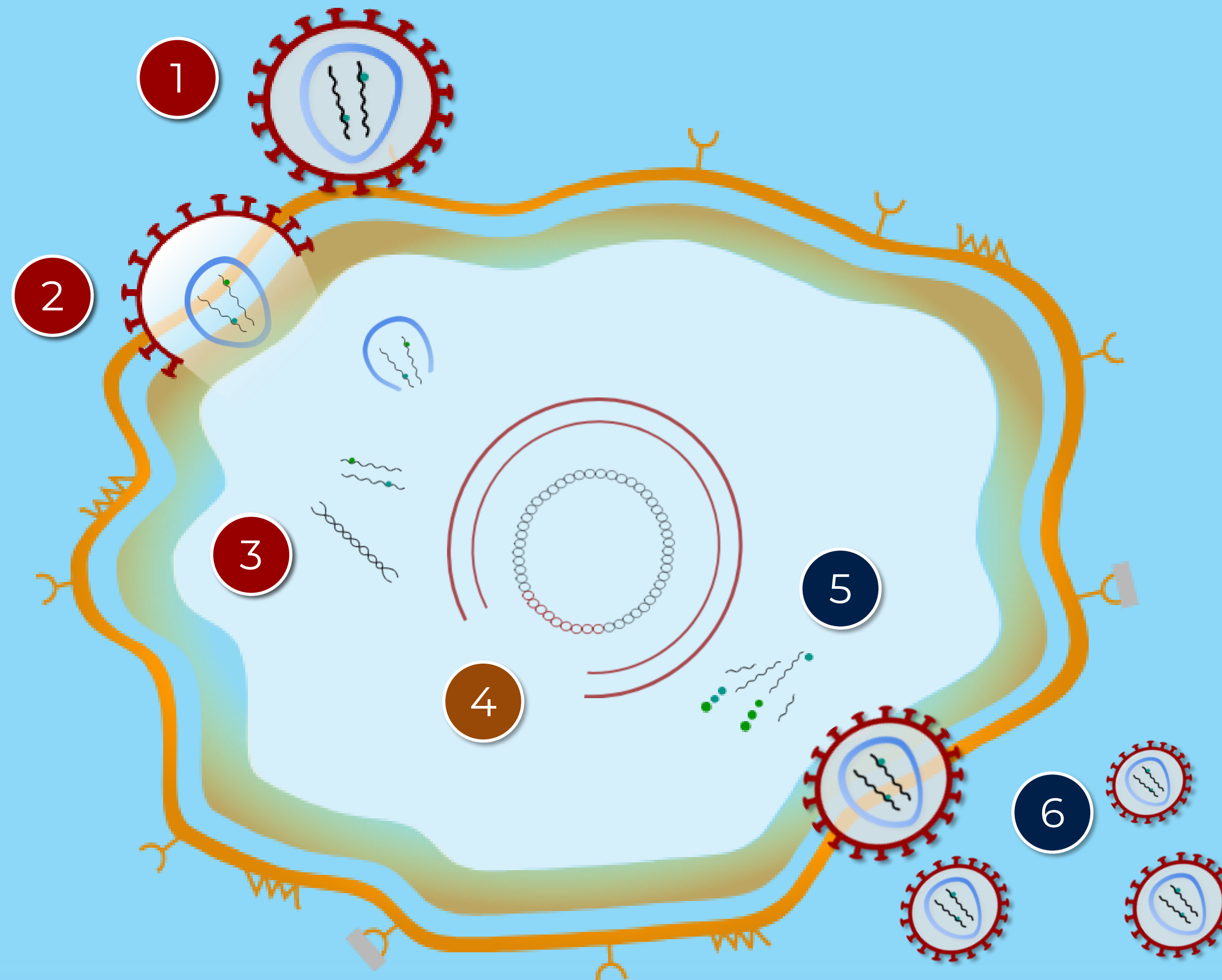
4

By getting high levels of oral PrEP in the **blood stream, rectum and vaginal tissues**, you can prevent HIV from entering / replicating in the T-cells.



How PEP works

Stages of the HIV lifecycle:



1. HIV attaches to the surface of the CD4 cell.
2. HIV proteins and enzymes are released into the cell.
3. Reverse transcription produces a double strand HIV.
4. Integrase enables HIV to link into the cell's DNA.
5. Protease cuts and reassembles new HIV.
6. Each cell produces hundreds of new virions.



When should PEP be taken

PEP starts to work almost immediately after being taken and works on multiple sites where HIV can make copies of itself.

The cells originally infected in the body would then die naturally within a short period of time without producing more copies of HIV.

If a person **takes PEP very early after being exposed to HIV**, they stand a very good chance of stopping the virus from establishing itself in the body

WHO SHOULD TAKE PEP?

*PEP IS RECOMMENDED IF:



The individual was exposed blood, semen or vaginal, secretions, breastmilk or other infectious bodily fluids of an **HIV positive individual/unknown HIV status**

PEP is NOT RECOMMENDED:



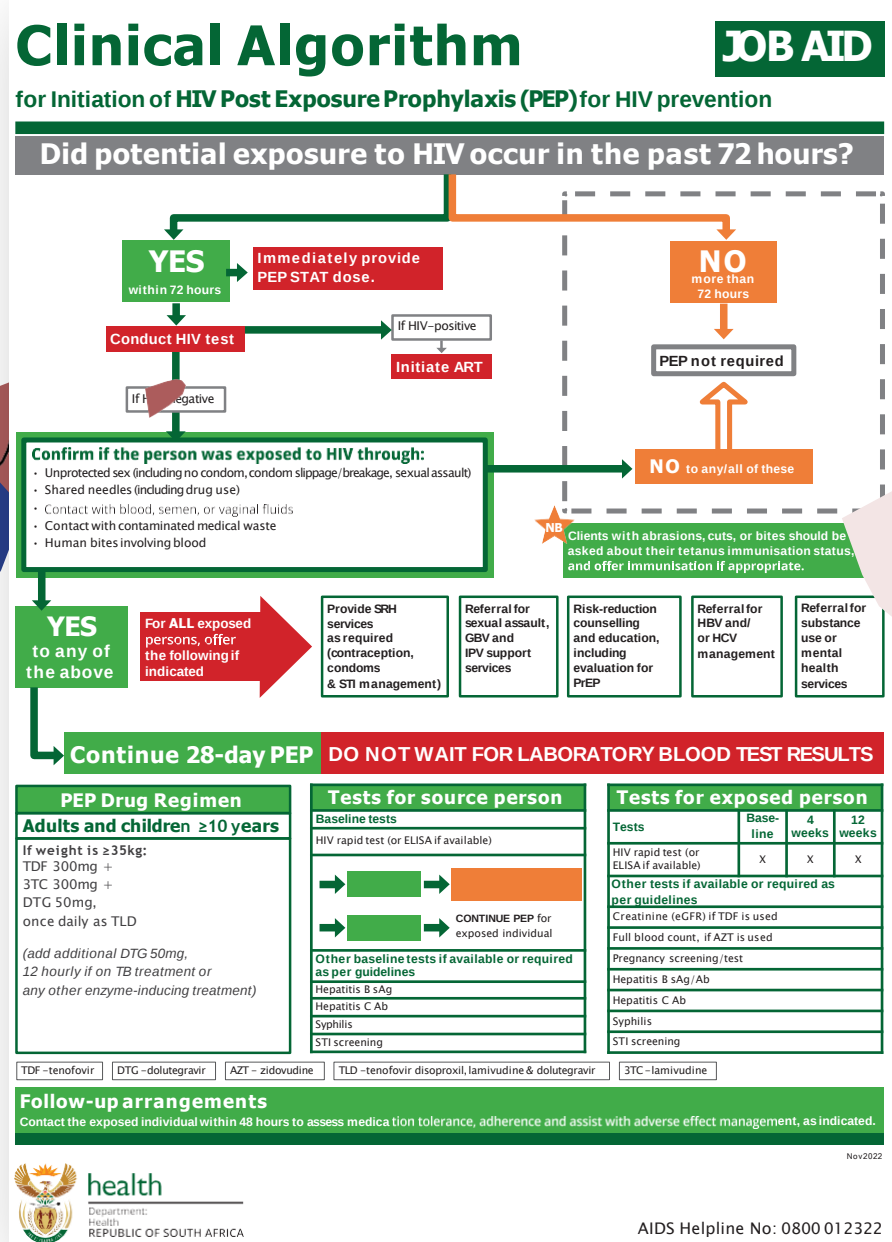
If an individual was exposed to the bodily fluids of an **HIV negative individual**, where acute antiretroviral syndrome has been ruled out.

*High risk exposure may occur through broken skin (e.g. cuts, needlestick injuries) or via mucous membranes (e.g. mouth, vagina, eyes)

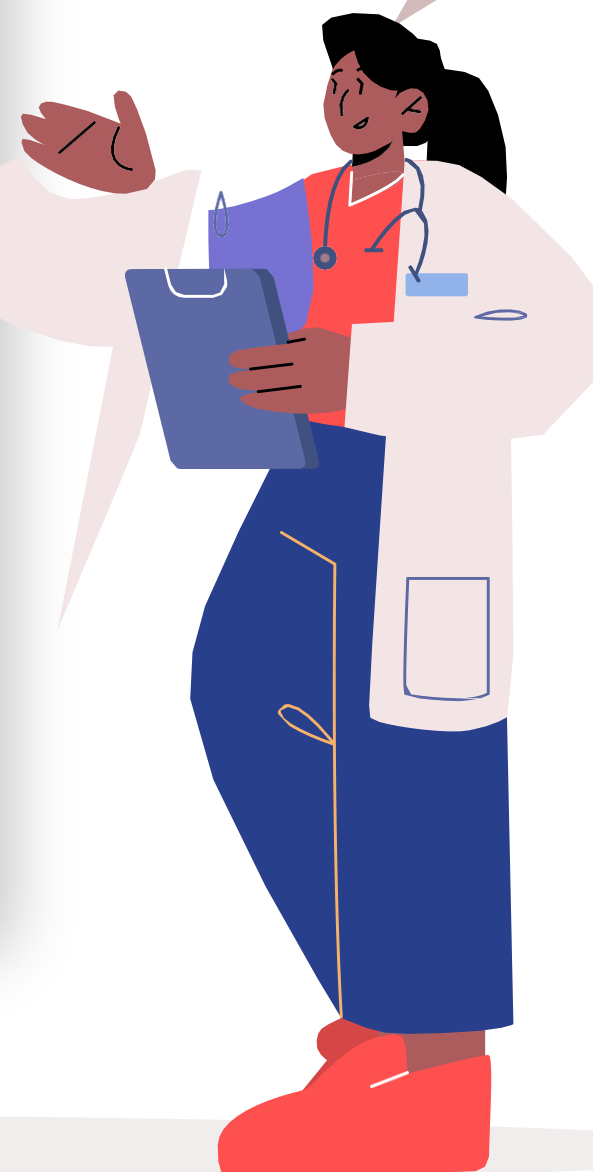
HOW TO PROVIDE PEP



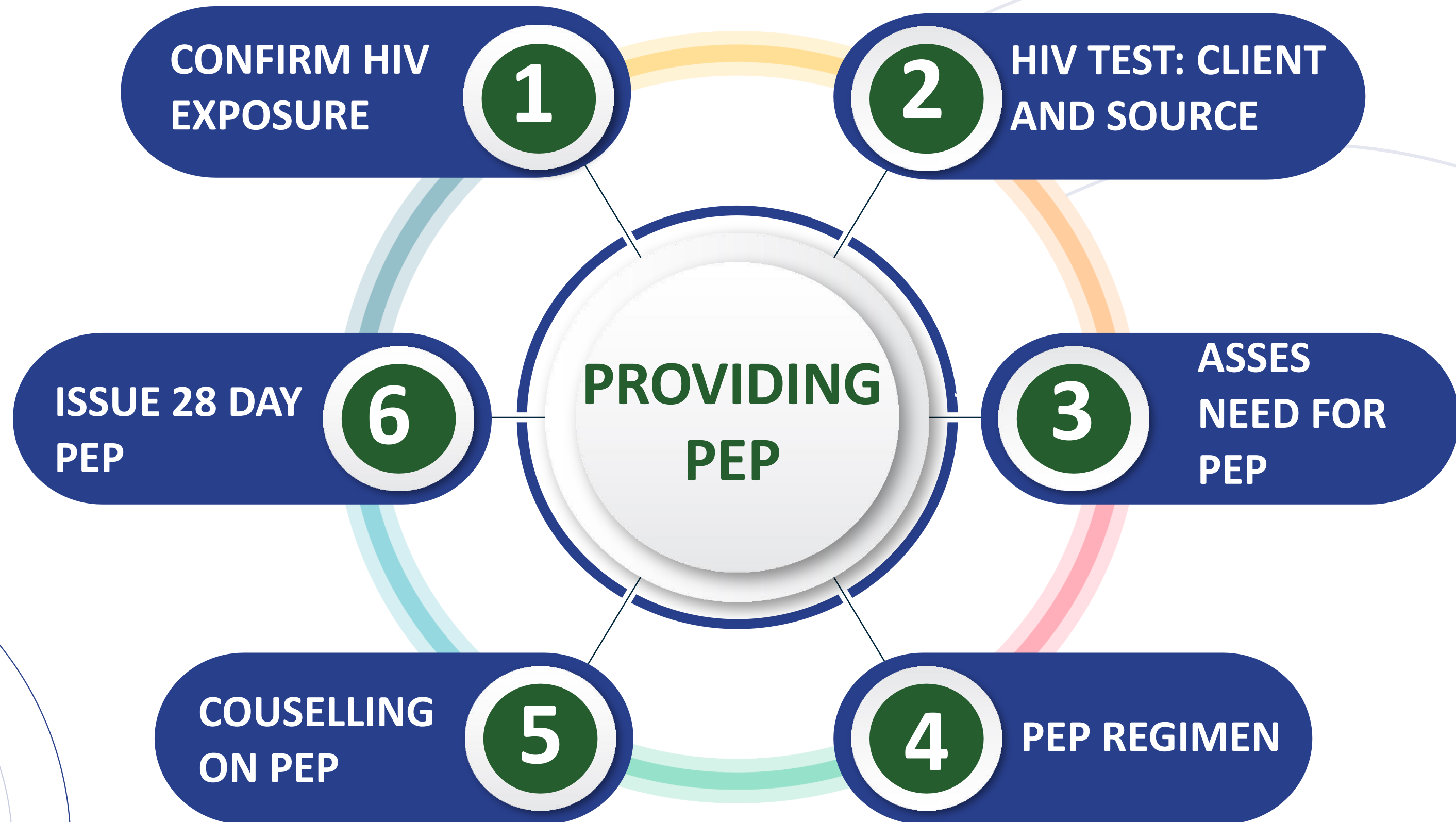
All HIV Exposures



72 Hours



OVERVIEW:



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.

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	If weight is <20kg: AZT/3TC twice daily + LPV/r twice daily
(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)	If weight is ≥20kg: AZT/ 3TC twice daily + DTG 50mg, once daily

*See paediatric dosing chart

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.

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

5. Confirm the exposure

Use following questions to confirm the type of expose 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	• Mucus membrane/non-intact skin • Percutaneous injury
Source	HIV-negative	• HIV-positive/status unknown; clinically well/unwell
Material	Saliva, tears, sweat, faeces, urine, sputum, vomit	• 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

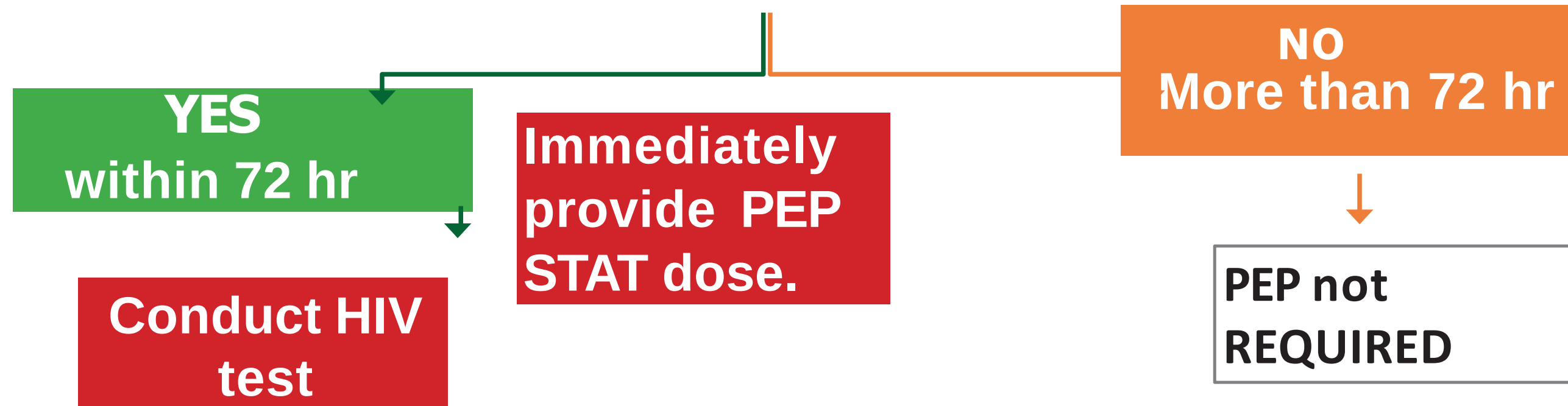
- If a client was exposed to HIV through sexual contact the client may also require screening and testing for:
 - Pregnancy + STIs + Hepatitis B and C also needed if client was exposed to contaminated blood
- Clients with abrasions, cuts, or bites should be asked about their tetanus immunisation status, 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

01

CONFIRM HIV EXPOSURE

Did potential exposure to HIV occur in the past 72 hours?

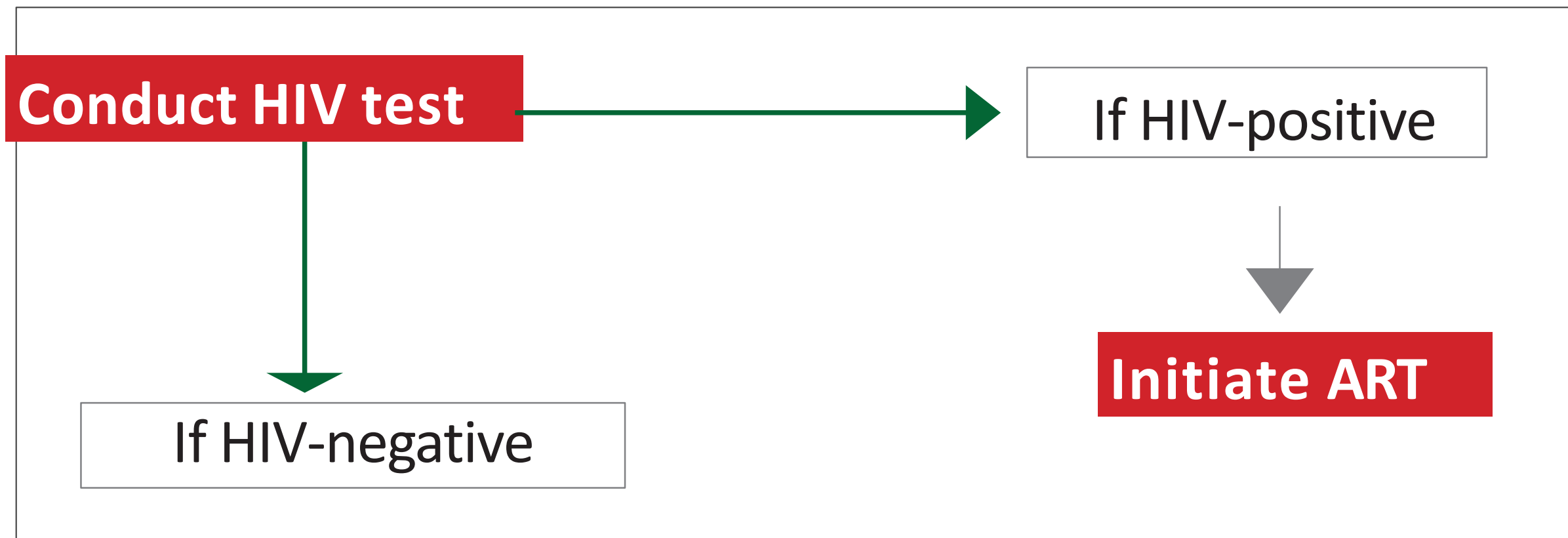


Exposure to HIV
is a medical
emergency

- Confirm exposure was within 72 hours.
- Assess the date and time of exposure.
- If exposure occurred **within 72 hours**, explain to client what PEP is and why they should be taken immediately **AND PROVIDE PEP STAT dose**.
- If exposure occurred more than 72 hours, offer HTS and manage appropriately.



HIV TEST : EXPOSED PERSON



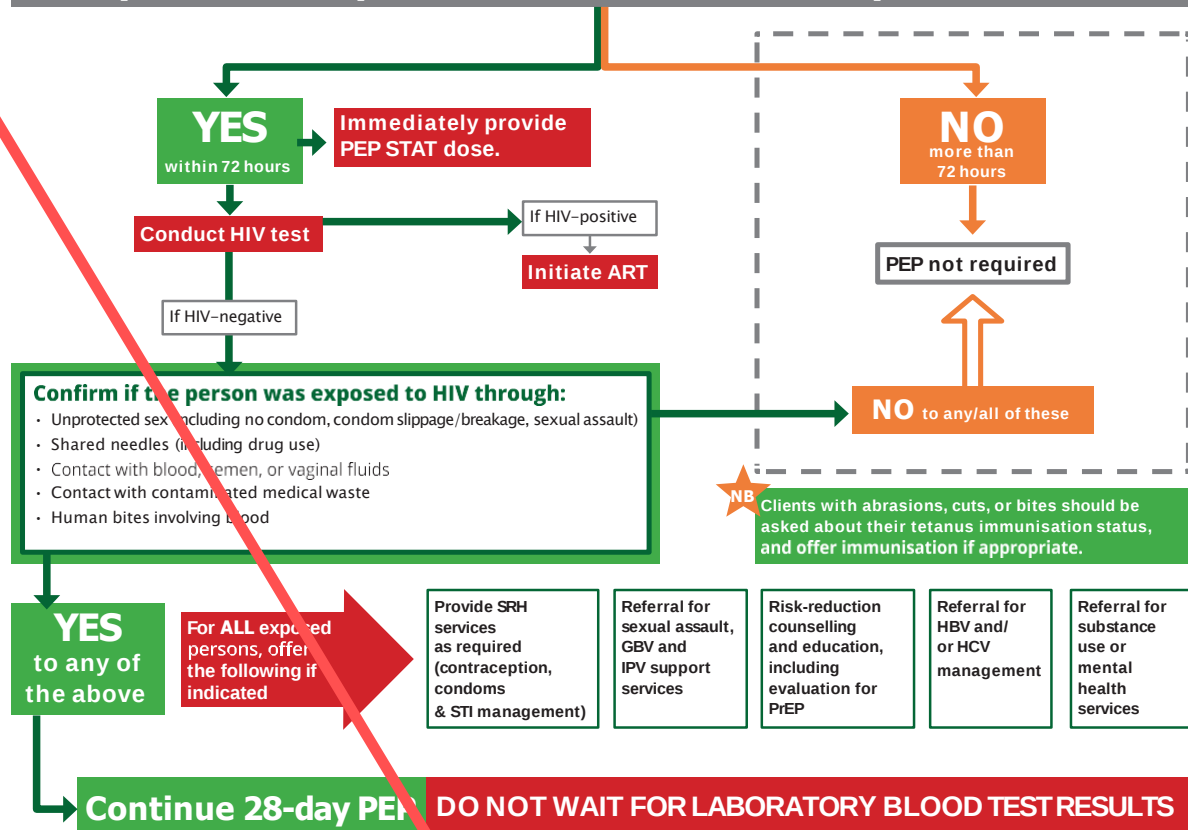
- Provide pre- and post- HIV test counselling
- Conduct a Rapid HIV test
- If HIV negative, confirm **type of exposure** to determine **need for PEP**.
- If HIV test is reactive, initiate on ART (or refer)

HIV TEST : SOURCE PERSON

Clinical Algorithm

for Initiation of HIV Post Exposure Prophylaxis (PEP) for HIV prevention

Did potential exposure to HIV occur in the past 72 hours?



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

TDF –tenofovir DTG –dolutegravir AZT – zidovudine TLD –tenofovir disoproxil, lamivudine & dolutegravir 3TC –lamivudine

Follow-up arrangements
Contact the exposed individual within 48 hours to assess medication tolerance, adherence and assist with adverse effect management, as indicated.

Tests for source person
Baseline tests
HIV rapid test (or ELISA if available)
If negative → DISCONTINUE PEP for exposed individual
If positive → CONTINUE PEP for exposed individual
Other baseline tests if available or required as per guidelines
Hepatitis B sAg
Hepatitis C Ab
Syphilis
STI screening

Tests for exposed person
Baseline tests
HIV rapid test (or ELISA if available)
Other tests if available or required as per guidelines
Creatinine (eGFR) if TDF is used
Full blood count, if AZT is used
Pregnancy screening/test
Hepatitis B sAg/Ab
Hepatitis C Ab
Syphilis
STI screening

Tests for source person

Baseline tests

If negative

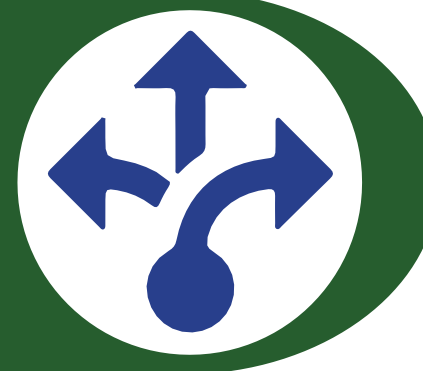
DISCONTINUE PEP for exposed individual

If positive

CONTINUE PEP for exposed individual



ASSESSING NEED FOR PEP



Confirm the exposure by asking the client the following:

1. Did you have unprotected sex (sex with no condom or a burst condom) with someone who is HIV positive or whose HIV status is unknown to you?
2. Did you have any contact with blood, semen or any vaginal fluids (or other contaminated material)?
3. Do you share needles when injecting drugs?

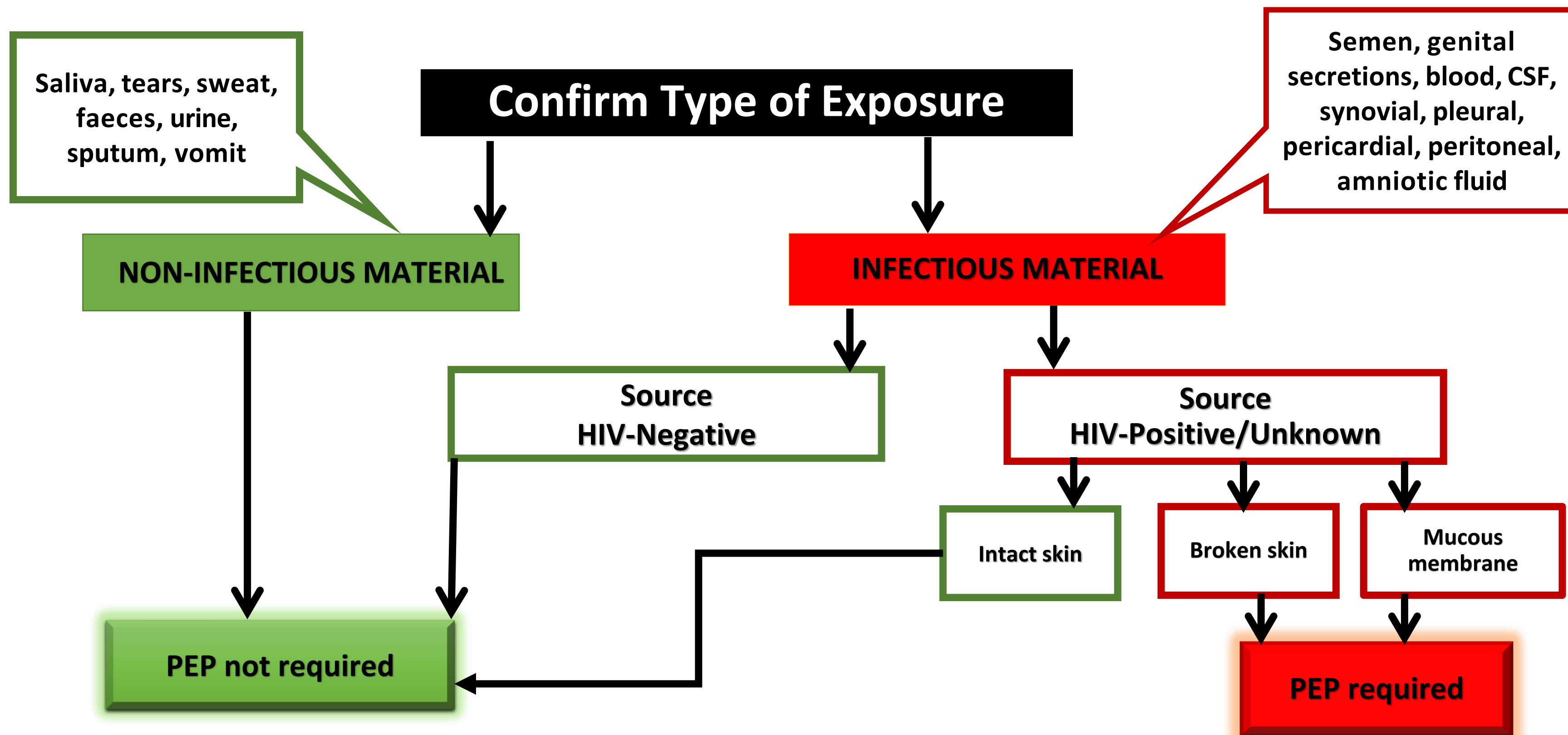
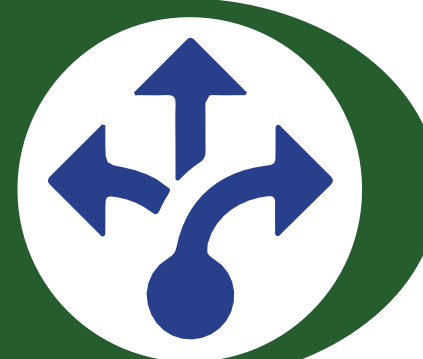
If the client responds “yes” to any of these questions, inform them that they may:

1. Have been exposed to HIV and are at risk of being infected with HIV, and
2. They may benefit from PEP

Remember, if a client is already on PrEP and is adherent, then PEP is not required.



ASSESSING NEED FOR PEP





PEP REGIMEN

For persons weighing $\geq 35\text{kg}$:

Once-a-day **TLD** tablet

Tenofovir 300mg plus

Lamivudine 300mg plus

Dolutegravir 50 mg

PEP Drug Regimen
Adults and children ≥ 10 years
If weight is $\geq 35\text{kg}$: TDF 300mg + 3TC 300mg + DTG 50mg, once daily as TLD



COUNSELLING ON PEP

- PEP should be taken at the same time every day
- If dose is missed, it can be taken as soon as it is remembered
- PEP is safe during pregnancy and breastfeeding
- Use condoms while on PEP
- PEP is safe
- Common side effects: nausea, diarrhoea, and headaches
- Return to clinic if worried about side effects



HIV Post Exposure Prophylaxis (PEP)

FACT SHEET

What is PEP?

Post Exposure Prophylaxis or PEP is an emergency treatment that is given to a person exposed to HIV to prevent HIV.

- The sooner PEP is started after a possible exposure, the more effective it is.
- PEP is using ARV medication to prevent HIV.
- PEP must be started within 72 hours of possible exposure to HIV.
- PEP can only be taken by HIV-negative individuals.
- PEP is taken for 28 days after possible exposure to HIV to prevent an HIV infection.

Who should take PEP?

- Anyone who may have been exposed to HIV through contact with blood, body fluids, during sex or through their work.
- It's only recommended for people who are HIV negative or don't know their status.

Is PEP safe?



It is safe to take PEP to prevent you from getting HIV.



PEP can be taken when pregnant and breast-feeding, and will not hurt you or your baby.

How are ARVs used differently for HIV prevention and treatment?

ARVs can be used to prevent HIV:

- **PrEP:** When ARVs are taken before someone is exposed to HIV to protect them from HIV it is called Pre-Exposure Prophylaxis (PrEP).
- **PEP:** When ARVs are taken within 72 hours after exposure to HIV to prevent HIV it is called PEP.

ARVs can be used as treatment:

- **ART:** ARV are used to treat HIV-positive people to reduce the levels of HIV in the body, this is called ART.

Getting started on PEP:

FACT SHEET

1. Visit your clinic as soon as possible if you had unprotected sex or came into contact or other body fluids.
2. Tell the clinic staff that you need to be seen to immediately.
3. PEP can only be given to you if you were exposed to HIV in the past 72 hours.
4. If you report within 72 hours you will be given your first dose of PEP.
5. You will be tested for HIV to check that you are HIV negative.
6. If you test HIV negative the nurse will check if you require PEP.
7. The nurse will give you a prescription for PEP for 28 days.

If you test positive, the nurse will start you on treatment.

How to take PEP:

- PEP must be taken for 28 days.
- Try to take PEP at the same time every day.
- If you miss a dose, take the next dose as soon as you remember.
- Do not take a double dose.
- Continue to use of condoms while you are on PEP.
- Some people that take PEP may feel nauseous or have diarrhoea or headaches.
- If you do experience any of these do not stop taking PEP, visit the clinic for further help.

When do you need to come back to the clinic?

- You will return after 4 weeks and again in 12 weeks for an HIV test or any other tests that may be needed.
- The clinic will give an appointment for when you need to return.
- These tests are important to make sure that the PEP has worked and that you have not become HIV-positive.
- If you require help or more information, visit your clinic.

Protect yourself from HIV

- If you are worried that you may be exposed to HIV again talk to the nurse about taking PrEP and using condoms.



COUNSELLING A CLIENT ON PEP

Explain what is PEP?

Post Exposure Prophylaxis or PEP is an emergency treatment that is given to a person exposed to HIV to prevent HIV.

- PEP is using ARV medication to prevent HIV.
- PEP must be started within 72 hours of exposure to HIV.
- PEP can only be taken by HIV-negative individuals.
- PEP is taken for 28 days after exposure to HIV to prevent an HIV infection.





COUNSELLING A CLIENT ON PEP

Who should take PEP?

- Anyone who may have been exposed to HIV during sex or through their work.
- It's only recommended for people who are HIV negative or don't know their status.

Is PEP safe?

- It is safe to take PEP to prevent you from getting HIV.
- PEP can be taken when pregnant and breast-feeding and will not hurt you or your baby.





COUNSELLING A CLIENT ON PEP

How are ARVs used differently for HIV prevention and treatment?

ARVs used to prevent HIV

PrEP

When ARVs are taken before someone is exposed to HIV to protect them from HIV it is called Pre-Exposure Prophylaxis (PrEP)

PEP

When ARVs are taken within 72 hours after exposure to HIV to prevent HIV it is called PEP.

ARVs used for treatment

ART

ARV are used to treat HIV-positive people to reduce the levels of HIV in the body, this is called ART.





COUNSELLING A CLIENT ON PEP

How to take PEP?

- PEP must be taken for 28 days.
- Try to take PEP at the same time every day.
- If you miss a dose, take the next dose as soon as you remember.
- Do not take a double dose.
- Continue to use of condoms while you are on PEP.
- Some people that take PEP may feel nauseous or have diarrhoea or headaches. If you do experience any of these do not stop taking PEP, visit the clinic for further help.





COUNSELLING A CLIENT ON PEP

When do you need to come back to the clinic?

- You will return after 4 weeks and again in 12 weeks for an HIV test or any other tests that may be needed.
- The clinic will give an appointment for when you need to return.
- These tests are important to make sure that the PEP has worked and that you have not become HIV-positive.
- If you require help or more information, visit your clinic.

Protect yourself from HIV

If you are worried that you may be exposed to HIV again let's discuss what your options are - taking PrEP and using condoms.



ART MEDICATION SIDE EFFECTS



Drug	Acronym	Side Effect
Tenofovir	TDF	• Well tolerated • Headache, Nephrotoxicity (avoid in individuals with pre-existing renal disease)
Lamivudine	3TC	• Well tolerated
Dolutegravir	DTG	• Well tolerated • Headache, GIT upset • Occasional insomnia (to be taken at night)

DOLUTEGRAVIR IN PREGNANT



Dolutegravir can be safely given to pregnant

EVIDENCE OF BENEFIT:



- DTG suppress HIV more rapidly when compared to EFV.
- DTG has higher barrier to resistance when compared to EFV.

EVIDENCE OF HARM:



- There is no difference in the risk of neural tube defects in women who were given DTG at conception when compared to EFV.
- In one RCT, the average weight gain during pregnancy was similar amongst women taking DTG/TDF/FTC or EFV/TDF/FTC regimens.



ISSUE 28-DAY PEP

- Provide 28 day supply of PEP or prescription for client to collect at the pharmacy.
- Provide follow-up appointment date (i.e. 4 weeks from the day PEP is initiated)





FOLLOW-UP ARRANGEMENTS

Contact client within 48 hours to assess medication tolerance Assist with managing side effects.

4 weeks after PEP initiation	12 weeks after PEP initiation
HIV test	HIV test

FOLLOW-UP: 4 WEEKS

For all clients testing HIV negative at 4 weeks:

- Provide risk reduction counselling
- Educate on available HIV prevention methods
- Determine if continued exposures to HIV is likely
 - If YES, client could be a candidate for PrEP
 - If interested, initiate the client on PrEP and manage as per PrEP guidelines
- If not initiated on PrEP, provide the follow-up appointment date **(12 weeks from the day PEP was issued)**.

Clients testing HIV: initiate ART or refer.

Tests for exposed person

Tests	Baseline	4 weeks	12 weeks
HIV rapid test	X	X	X
Other tests if available or required as per guidelines.			
Creatinine (eGFR) if TDF is used			
Full blood count, if AZT is used			
Pregnancy screening/test			
Hepatitis B sAg/Ab			
Hepatitis C Ab			
Syphilis			
STI screening			

Follow-up investigations (if required) at 4 weeks

Investigations	4 weeks after PEP initiation	12 weeks after PEP initiation
HBV		*HBsAb -1 to 2 months after full vaccination
HCV	HCV PCR	
Renal function	Repeat if baseline results were abnormal or if adverse effects are reported.	
FBC	Repeat if baseline results were abnormal or if adverse effects are reported.	
Syphilis		RPR or TB antibody
Pregnancy test	Repeat if menstrual period did not occur within 4 weeks of sexual exposure.	

** The HBV vaccination schedule is usually month 0, month 1 and 4-6 months later. HBsAb to be tested only after all three vaccination doses administered.*

FOLLOW-UP: 12 WEEKS

For clients testing HIV negative at 12 weeks:

- Provide risk reduction counselling
- Educate on available HIV prevention methods
- Determine if continued exposures to HIV is likely.
 - If YES, the client could be a candidate for PrEP
 - If interested, initiate the client on PrEP and manage PrEP guidelines

Clients testing HIV positive, initiate ART or refer.

Tests for exposed person

Tests	Base-line	4 weeks	12 weeks
HIV rapid test	X	X	X
Other tests if available or required as per guidelines			
Creatinine (eGFR) if TDF is used			
Full blood count, if AZT is used			
Pregnancy screening/test			
Hepatitis B sAg/Ab			
Hepatitis C Ab			
Syphilis			
STI screening			

Follow-up investigations (if required) at 12 weeks

Investigations	4 weeks after PEP initiation	12 weeks after PEP initiation
HBV		*HBsAb -1 to 2 months after full vaccination
HCV	HCV PCR	
Renal function	Repeat if baseline results were abnormal or if adverse effects are reported.	
FBC	Repeat if baseline results were abnormal or if adverse effects are reported.	
Syphilis		RPR or TB antibody
Pregnancy test	Repeat if menstrual period did not occur within 4 weeks of sexual exposure.	

** The HBV vaccination schedule is usually month 0, month 1 and 4-6 months later. HBsAb to be tested only after all three vaccination doses administered.*

TRANSITIONING FROM PEP TO PREP



FOR CLIENTS WHO ARE LIKELY TO HAVE CONTINUED EXPOSURE TO HIV AND ARE INTERESTED IN PrEP:

- Initiate **PrEP** on the same day of the 4-week or 12-week follow-up visit.
- PrEP initiation should follow National **PrEP** guidelines.
- Client **PrEP** follow-up appointment at 1 month post-PrEP initiation.
- Manage client as per National PrEP guidelines.



PEP TIMELINES



PEP MONTHS

0

1

2

3

HIV TEST

HIV TEST

HIV TEST

START PEP

DAY 28:
END PEP

CLIENT MAY BENEFIT
FROM PREP?

NO

YES

START PREP

PREP MONTHS

0

1

2

3

4

5

6

7

HIV
TEST

HIV
TEST

HIV
TEST

HIV POST-EXPOSURE PROPHYLAXIS REPORTING FORM



All HIV
Exposures

72 Hours

HIV POST-EXPOSURE PROPHYLAXIS REPORTING FORM									
First name		Thembu		Folder #					
Surname		Mkhize		Phone #		27723411288			
DOB		4/16/1992		M / F / Other: F		Address		11503 Mbekeni street, Zone 7	
ID Number		9204160365789		Date of visit: 02/01/2023		Sebokeng			
Instructions: Please use the form to capture the details of individuals who may have been exposed to HIV and request PEP within 72 hours of possible HIV exposure. All available fields must be completed as much as possible with the relevant information available at the time of reporting.									
TYPE OF EXPOSURE									
Date of exposure		01/01/2023		Time of exposure		19:25 am / pm			
Type of exposure:		☐ Occupational		☒ Consensual Sex/Non-occupational		☐ Suspected Sexual Offence			
BASELINE AND FOLLOW-UP INVESTIGATIONS									
E					Source individual (Exposure)				
Investigations		Baseline		4 weeks		12 weeks		Investigations	
HIV		*Rapid HIV test		-		-		HIV	
		Other tests if available or required:						*Rapid HIV test	
Creatinine (eGFR)		If TDF is used for PEP		eGFR				Not Available	
Full blood count		If AZT is used for PEP		FBC					
Hepatitis B		HBV sAg/Ab		sAg/Ab				Hepatitis B	
Hepatitis C		HCV Ab		Ab		PCR		Surface antigen	
Syphilis		RPR/TP Ab		+/-				HCV antibody	
Other STIs		Screening		+/-		+/-		RPR/TP antibody	
Pregnancy		Beta hCG		+		+		Other STIs	
TB/COVID		Screening		+/-		+/-		Screening	
								TB/COVID	
								Screening	
PEP ELIGIBILITY									
Is PEP recommended?		☒ YES		☐ NO		Did the client commence on PEP?		☒ YES	
If NO, provide further details:						If NO, provide further details:		☐ NO	
PEP DRUG REGIMEN									
PEP STAT dose received:		Date: 02/01/2023		Time: 14:22 am / pm					
Details of PEP drugs prescribed, dose and frequency:									
		Drugs		Dosing frequency		☒ Regimen		Comments:	
*Adults		TDF 300mg + 3TC 300mg + DTG 50mg		Once a day as TLD		☒			
*Children (>10yrs: >35kg)		TDF 300mg + 3TC 300mg + DTG 50mg		Once a day as TLD		☐			
Children (<10yrs: <20kg)		AZT/3TC + LPV/r (see paediatric dosing charts)		Twice a day		☐			
Children (<10yrs: >20kg)		AZT/3TC + DTG 50mg (see paediatric dosing charts)		Twice a day (DTG once daily)		☐			
*Add additional DTG 50mg 12 hourly if on TB treatment or other enzyme-inducing medication									
Note: Contact the exposed individual within 48 hours to assess medication tolerance and assist with adverse effect management.									
CONSIDERATIONS FOR SEXUAL EXPOSURE:									
Was emergency contraception offered/discussed?		☐ YES		☐ NO		☒ Currently on contraception		☐ NA	
Was the patient referred for other services?		☐ YES		☒ NO					
Details of referral:									
FOLLOW-UP ASSESSMENTS (4 WEEKS FROM DATE OF HIV PEP INITIATION)									
Date of follow-up:		02 / 02 / 2023							
If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.									
If HIV positive, was the client initiated on ART?		☐ YES		☐ NO		☐ Referred for ART		☒ Client is HIV negative	
Was the patient referred for other services?		☒ YES		☐ NO					
Details of referral: Client referred for PrEP services									
FOLLOW-UP ASSESSMENTS (12 WEEKS FROM DATE OF HIV PEP INITIATION)									
Date of follow-up:		02/04/2023 (Client did not come)							
If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP if appropriate.									
If HIV positive, was the client initiated on ART?		☐ YES		☐ NO		☐ Referred for ART		☐ Client is HIV negative	
Was the patient referred for other services?		☐ YES		☐ NO					
Details of referral:									
NOTES: Document side effects/adherence support /medical history / hospitalisations. Please affix all relevant clinical records.									
09/01/2023: During follow-up phone-call client reported medication is well-tolerated; there was mild-nausea during the first 3 days of PEP.									
02/04/2023: Client did not come for follow-up assessments. I called the client and she confirmed that she's started taking PrEP. The client is now followed up through the PrEP programme.									
Print name:		Sr Dolly		Signature:		Date of consultation		03/01/2023	
						Time of consultation:		14:19 am / pm	

		HIV POST-EXPOSURE PROPHYLAXIS REPORTING FORM			
First name	Thembi			Folder #	
Surname	Mkhize			Phone #	27723411288
DOB	4/16/1992	M / F / Other: <u>F</u>		Address	11503 Mbekeni street, Zone 7
ID Number	9204160365789	Date of visit: 02/01/2023			Sebokeng
Instructions: Please use the form to capture the details of individuals who may have been exposed to HIV and request PEP within 72 hours of possible HIV exposure. All available fields must be completed as much as possible with the relevant information available at the time of reporting.					
TYPE OF EXPOSURE					
Date of exposure		01/01/2023		Time of exposure	
				1 9 2 5 am / pm	
Type of exposure:					
☐ Occupational		☒ Consensual Sex/Non-occupational		☐ Suspected Sexual Offence	
BASELINE AND FOLLOW-UP INVESTIGATIONS					
E					Source individual (Exposure)
Investigations		Baseline	4 weeks	12 weeks	
HIV	*Rapid HIV test	-	-	+ / -	
Other tests if available or required:					
Creatinine (eGFR)	If TDF is used for PEP	eGFR			
Full blood count	If AZT is used for PEP	FBC			
†Hepatitis B	HBV sAg/Ab	sAg/sAb			
†Hepatitis C	HCV Ab	Ab	PCR		
Syphilis	RPR/TP Ab	+ / -			
Other STIs	Screening	+ / -	+ / -	+ / -	
¥ Pregnancy	Beta hCG	+ / -		+ / -	
TB/COVID	Screening	+ / -	+ / -	+ / -	
*ELISA if available †For HBV and HCV post-exposure management, refer to the National Guidelines for the Management of Viral Hepatitis. ¥If not pregnant, offer emergency contraception. If pregnant refer accordingly.					

PEP ELIGIBILITY				
Is PEP recommended? ☒ YES ☐ NO If NO, provide further details: _____	Did the client commence on PEP? ☒ YES ☐ NO If NO, provide further details: _____			
PEP DRUG REGIMEN				
PEP STAT dose received: Date: <u>02/01/2023</u> Time: 1 4 2 2 am / pm				
Details of PEP drugs prescribed, dose and frequency:				
	Drugs	Dosing frequency	☒ Regimen	Comments:
*Adults	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD	X	
*Children (≥10yrs; ≥35kg)	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD		
Children (<10yrs; <20kg)	AZT/3TC + LPV/r (see paediatric dosing charts)	Twice a day		
Children (<10yrs; ≥20kg)	AZT/ 3TC+ DTG 50mg (see paediatric dosing charts)	Twice a day (DTG once daily)		
*Add additional DTG 50mg 12 hourly if on TB treatment or or other enzyme-inducing medication				
Note: Contact the exposed individual within 48 hours to assess medication tolerance and assist with adverse effect management.				

CONSIDERATIONS FOR SEXUAL EXPOSURE:

Was emergency contraception offered/discussed? ☐ YES ☐ NO ☒ Currently on contraception ☐ NA

Was the patient referred for other services? ☐ YES ☒ NO

Details of referral: _____

FOLLOW-UP ASSESSMENTS (4 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: **02 / 02 / 2023**

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART ☒ Client is HIV negative

Was the patient referred for other services? ☒ YES ☒ NO

Details of referral: **Client referred for PrEP services**

FOLLOW-UP ASSESSMENTS (12 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: **02/04/2023** **(Client did not come)**

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP if appropriate.

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART ☐ Client is HIV negative

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral: _____

NOTES: Document side effects/adherence support /medical history / hospitalisations. Please affix all relevant clinical records.

09/01/2023: During follow-up phone-call client reported medication is well-tolerated; there was mild-nausea during the first 3 days of PEP.

02/04/2023: Client did not come for follow-up assessments. I called the client and she confirmed that she's started taking PrEP. The client is now followed up through the PrEP programme.

Print name: **Sr Dolly**

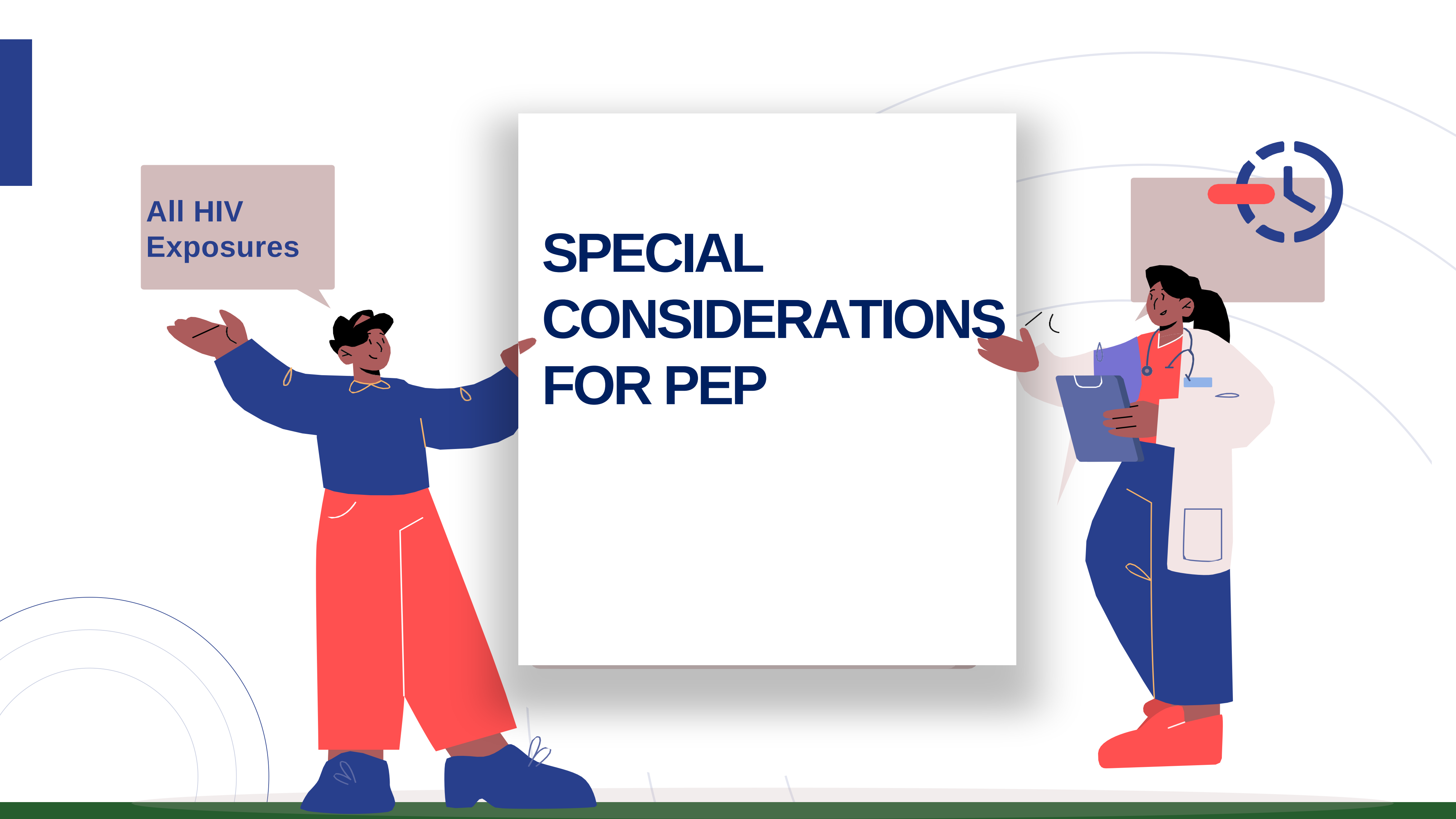
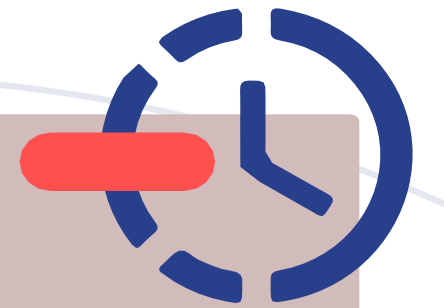
Signature: _____

Date of
consultation **03/01/2023**

Time of
consultation: **1 4 1 9** am / **pm**

All HIV
Exposures

SPECIAL CONSIDERATIONS FOR PEP



PEP PACKAGE OF SERVICES



PEP Immediate Services

- PEP STAT dose
- HIV counselling and testing
- PEP complete dose
- Emergency contraception
- Psychosocial support
- Counselling

Additional Considerations

Screening and management for:

- STIs and Pregnancy
- Tetanus
- Hepatitis B and C

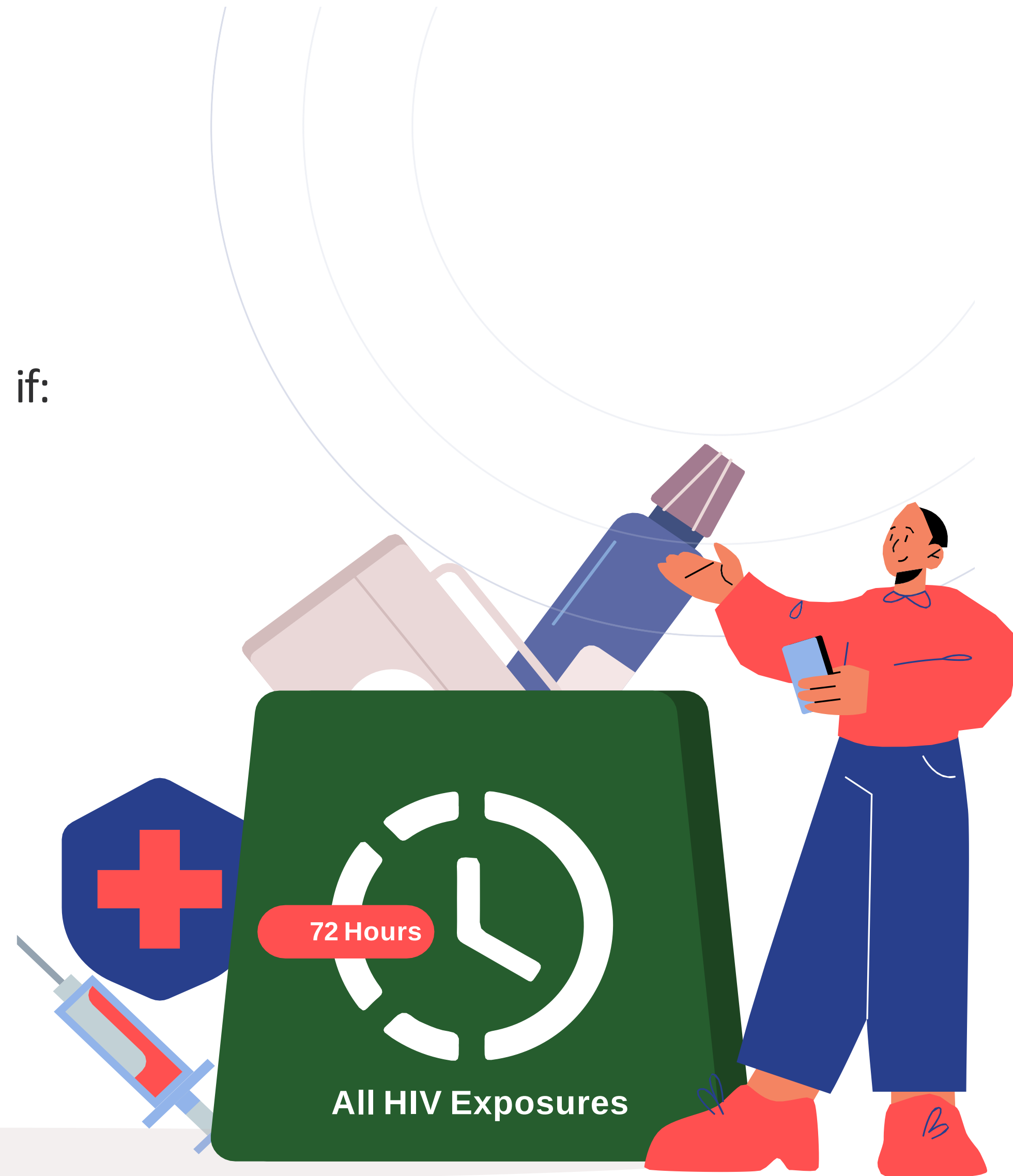


ALTERNATIVE REGIMENS



Alternative PEP drug regimens should be considered if:

- Client has compromised kidney function
- Client has comorbidities (on TB drugs or on carbamazepine)
- Source person is HIV positive and is on ART
- Absolute contraindications to TLD



ALTERNATIVE REGIMENS



Special considerations	Alternative regimen
TB drugs/Carbamazepine	Additional 50mg dose of DTG given 12hours after the initial dose
DTG contraindicated/ not tolerated	TDF (300mg) + FTC (200mg) + ATV/r (300/100mg) as daily dose or TDF (300mg) + FTC (200mg)+ LPV/r (200/50mg) two tablets twice daily
Compromised kidney function	eGFR 10-50mls/min: AZT 300mg bd + 3TC 150mg daily + DTG 50mg daily eGFR <10mls/min: AZT 300mg daily + 3TC 50mg daily + DTG 50mg daily
Source person failing second line ART (TDF based regimen)	AZT/3TC (300/150mg) bd + DTG 50mg daily
Source person failing AZT-based ART regimen	TDF (300mg) + 3TC (200mg) + DTG 50mg daily (TLD)
Source patient failing LPV/r-based ART regimen	Consult with virologist/infectious disease specialist

**Consult specialist about stopping TDF on completion of PEPwith HBsAg positive clients (i.e., client with confirmed hepatitis)*

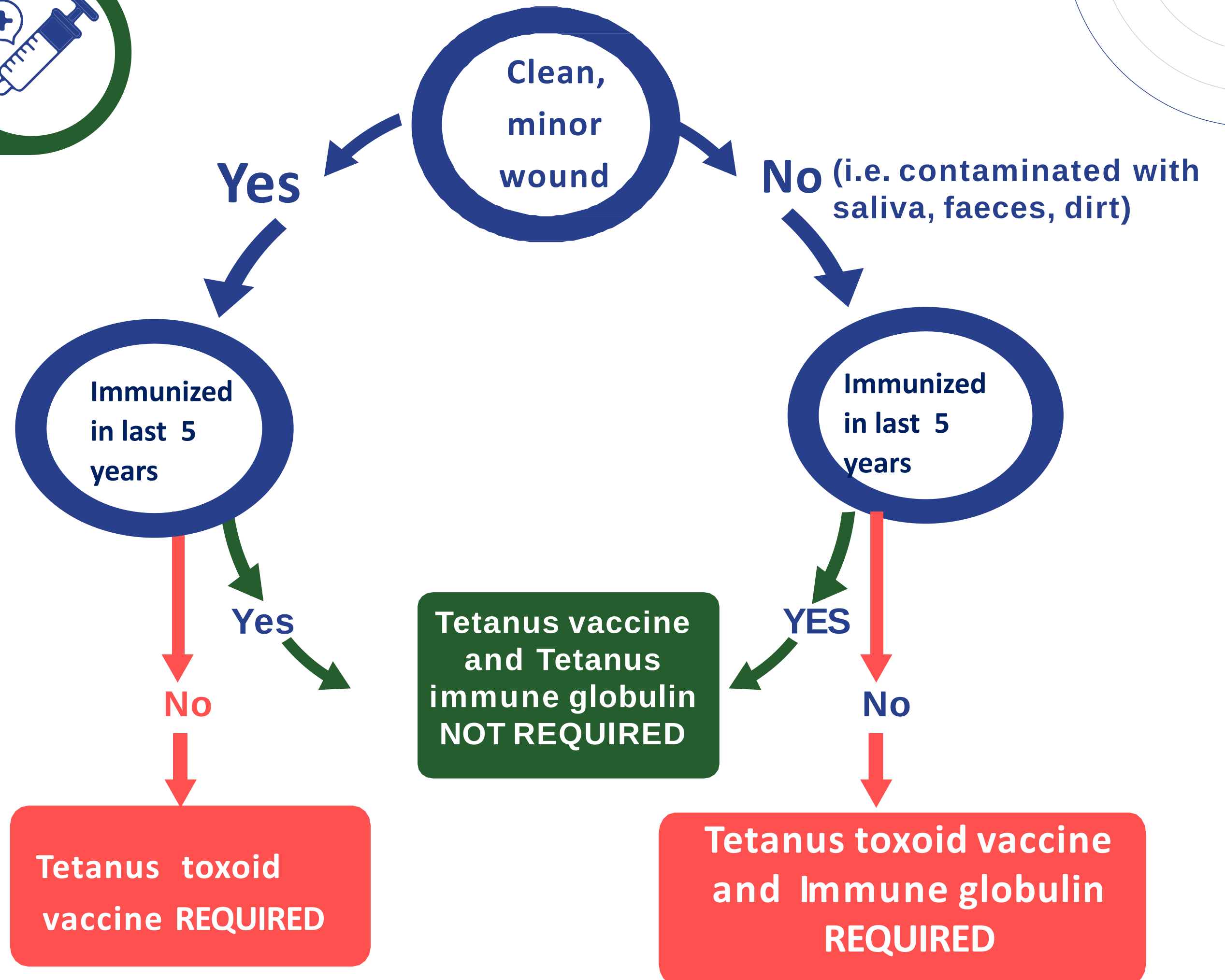
Drug interactions with dolutegravir



Drug Interactions with dolutegravir

Interacting Drug	Effect of Coadministration	Recommendation
Rifampicin	 Dolutegravir	Double DTG dose to 50 mg 12-hourly. If on TLD FDC, add DTG 50 mg 12 hours after TLD dose
Polyvalent cations (Mg ²⁺ , Fe ²⁺ , Ca ²⁺ , Al ³⁺ , Zn ²⁺) e.g. antacids, sucralfate, multivitamin and nutritional supplements	 Dolutegravir	Calcium supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and calcium supplements can be taken at the same time if taken with food. Iron supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and iron supplements can be taken at the same time if taken with food. However, calcium and iron supplements must be taken at least 4 hours apart. Magnesium/aluminium containing antacids decrease DTG concentrations regardless of food intake and should be taken a minimum of 2 hours after or 6 hours before DTG
Anticonvulsants: - Carbamazepine - Phenobarbital - Phenytoin	 Dolutegravir	Avoid coadministration if possible. Alternative agents that do not interact with DTG include valproate, lamotrigine, levetiracetam, and topiramate. Remember that valproate is contra-indicated during pregnancy. Double DTG dose to 50 mg 12-hourly for carbamazepine if an alternative anticonvulsant cannot be used
Metformin/DTG	 Metformin	DTG increases metformin levels. Maximum metformin dose 500 mg 12-hourly

TETANUS PROPHYLAXIS



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.

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	If weight is <20kg: AZT/3TC twice daily + LPV/r twice daily
(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)	If weight is ≥20kg: AZT/ 3TC twice daily + DTG 50mg, once daily

*See paediatric dosing chart

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.

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

5. Confirm the exposure

Use following questions to confirm the type of expose 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	• Mucus membrane/non-intact skin • Percutaneous injury
Source	HIV-negative	• HIV-positive/status unknown; clinically well/unwell
Material	Saliva, tears, sweat, faeces, urine, sputum, vomit	• 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

HIV Post Exposure Prophylaxis (PEP)

FACT SHEET

What is PEP?

Post Exposure Prophylaxis or PEP is an emergency treatment that is given to a person exposed to HIV to prevent HIV.

- The sooner PEP is started after a possible exposure, the more effective it is.
- PEP is using ARV medication to prevent HIV.
- PEP must be started within 72 hours of possible exposure to HIV.
- PEP can only be taken by HIV-negative individuals.
- PEP is taken for 28 days after possible exposure to HIV to prevent an HIV infection.

Who should take PEP?

- Anyone who may have been exposed to HIV through contact with blood, body fluids, during sex or through their work.
- It's only recommended for people who are HIV negative or don't know their status.

Is PEP safe?



It is safe to take PEP to prevent you from getting HIV.



PEP can be taken when pregnant and breast-feeding, and will not hurt you or your baby.

How are ARVs used differently for HIV prevention and treatment?

ARVs can be used to prevent HIV:

- **PrEP:** When ARVs are taken before someone is exposed to HIV to protect them from HIV it is called Pre-Exposure Prophylaxis (PrEP).
- **PEP:** When ARVs are taken within 72 hours after exposure to HIV to prevent HIV it is called PEP.

ARVs can be used as treatment:

- **ART:** ARV are used to treat HIV-positive people to reduce the levels of HIV in the body, this is called ART.

Getting started on PEP:

FACT SHEET

1. Visit your clinic as soon as possible if you had unprotected sex or came into contact or other body fluids.
2. Tell the clinic staff that you need to be seen to immediately.
3. PEP can only be given to you if you were exposed to HIV in the past 72 hours.
4. If you report within 72 hours you will be given your first dose of PEP.
5. You will be tested for HIV to check that you are HIV negative.
6. If you test HIV negative the nurse will check if you require PEP.
7. The nurse will give you a prescription for PEP for 28 days.

If you test positive, the nurse will start you on treatment.

How to take PEP:

- PEP must be taken for 28 days.
- Try to take PEP at the same time every day.
- If you miss a dose, take the next dose as soon as you remember.
- Do not take a double dose.
- Continue to use of condoms while you are on PEP.
- Some people that take PEP may feel nauseous or have diarrhoea or headaches.
- If you do experience any of these do not stop taking PEP, visit the clinic for further help.

When do you need to come back to the clinic?

- You will return after 4 weeks and again in 12 weeks for an HIV test or any other tests that may be needed.
- The clinic will give an appointment for when you need to return.
- These tests are important to make sure that the PEP has worked and that you have not become HIV-positive.
- If you require help or more information, visit your clinic.

Protect yourself from HIV

- If you are worried that you may be exposed to HIV again talk to the nurse about taking PrEP and using condoms.

KEY MESSAGE



Exposure to HIV is a medical emergency

ALL health facilities should provide PEP

ALL HIV exposures should be considered for PEP

PEP should be started as soon as possible after exposure

The STAT PEP dose should be administered immediately
