Community guidance for management of exposure events where there is a risk of transmission of blood borne viruses (HIV, Hepatitis B and Hepatitis C)

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1. SUMMARY

- A risk assessment of the injured person and the source should be completed wherever the injured person presents to (primary care, emergency department, minor injuries unit, infectious diseases, sexual health etc).
- Where a child is thought to have had had a significant exposure to a blood borne virus (BBV) they should be referred urgently to the paediatric on-call team via NHS Tayside switchboard.
- Sexual exposure incidents presenting between 9am to 5pm, except weekends and public holidays, should be asked to attend Tayside Sexual and Reproductive Health Services; South Block, Level 7, Ninewells Hospital or Drumhar Health Centre, Perth (see www.sexualhealthtayside.org for opening times or call 01382 425542).
- Post Exposure Prophylaxis (PEP) is available for HIV and Hepatitis B. Whilst PEP is not available for hepatitis C, early diagnosis allows treatment with a high chance of cure. Most exposure events do not require onward referral for HIV PEP but may require Hepatitis B PEP.
- HIV PEP is only recommended where there is a significant risk (high-risk body fluid **and** high-risk source). Hepatitis B PEP may also be recommended following significant exposure.
- HIV PEP is not recommended after 72 hours post exposure. Hepatitis B PEP can be given up to one week after exposure but is ideally started within 48 hours.
- HIV and Hepatitis B PEP is available for non-sexual exposure and sexual exposure incidents out of hours at the Emergency Departments in Ninewells Hospital, Dundee and Perth Royal Infirmary.

2. INTRODUCTION

This guidance is for all NHS Tayside staff, including Primary Care, Sexual Health Clinics, Minor Injuries Units and the Emergency Department, where people may present who think they have been exposed to a blood borne virus (BBV). There is separate guidance for NHS Tayside staff who experience an occupational exposure incident available on Staffnet.

Preventing exposure to BBVs is not always possible but reducing the risk of transmission is possible using Post Exposure Prophylaxis (PEP). Most exposure injuries do not require onward referral, as following careful risk assessment they are usually found not to be of sufficiently high risk to require PEP. PEP is available for HIV and Hepatitis B. HIV PEP is most likely to be effective if initiated within 24 hours of exposure and is not recommended beyond 72 hours post exposure. Hepatitis B PEP can be initiated up to one week after exposure though ideally it should be started within 48 hours of exposure. An early diagnosis of Hepatitis C allows for treatment with a high chance of cure.

Table 1 – the risk of transmission of BBVs per exposure in an **untreated source patient** by different exposure events. Data is not available for all BBVs and exposure events.

	Receptive Anal Sex	Needlestick injury	Receptive Vaginal Sex	Mucocutaneous exposure	Human Bite
HIV	1 in 90	1 in 333	1 in 1000	1 in 1000	<1 in 10,000
Hepatitis C		1 in 30			
Hepatitis B		1 in 3			

Source: UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021

The risk of BBV transmission and thus the management of exposure events vary based on the source patient, type of injury and the body fluid involved.

3. ASSESSMENT AND MANAGEMENT OF EXPOSURE EVENTS

3.1. FIRST AID

- Keep calm
- Gently encourage bleeding in the puncture site
- Wash the injured area with soap and water
- Do not scrub the site or use antiseptic agents
- Cover the wound with an impermeable dressing after cleansing
- In the case of mucosal exposure, wash the exposed area copiously with water or normal saline (0.9% sodium chloride)
- If contact lenses are worn, wash the eyes with water or normal saline both before and after removing the lenses

3.2. DOCUMENT TIMING AND NATURE OF EXPOSURE

To make a thorough assessment of the injury, a clear history including the timing of the exposure should be documented. The history should include any on-going risk of BBV acquisition. As Hepatitis B can be prevented using a vaccine plus immunoglobulin post-exposure, documenting the person's vaccination history is vital to optimise use of PEP. Appendix 1 can be used to document the risk assessment. The individual should be asked to bring the completed risk assessment when they attend Tayside Sexual and Reproductive Health Service or Emergency Department.

3.3. RISK ASSESSMENT OF THE EXPOSURE

Only certain exposure events carry significant risk of transmitting BBVs. Therefore, both the injury and the body fluid involved need to be considered. The table below outlines what exposures and body fluids are considered high or low risk for HIV transmission. Please note that there are differences in the way the risk is assessed for HIV and Hepatitis B and the assessments for PEP should be made separately.

In the case of an injury sustained with a discarded needle, where the source cannot be identified, HIV PEP is not indicated but there may be a need for Hepatitis B PEP.

If EITHER the exposure OR the body fluid/materials are low risk, HIV PEP is not indicated but there may be a need for Hepatitis B PEP.

High risk exposure		Low risk exposure		High risk body fluids/materials		Low risk body fluids/materials	
Needle, surgical instrument or other sharp (bone spike, broken tooth) penetrating skin		Fluid onto intact skin		Blood		Saliva[1] (in absence of dentistry)	
Fluid on to mucous membrane (eye, nose or mouth)		Fluid onto non-intact skin (risk is negligible)		Saliva in association with dentistry		Urine	
Insertive anal sex without condom		Any other sex, with or without a condom		Semen		Faeces	
Insertive vaginal sex without condom		Bite, no bleeding		Vaginal secretions		Sputum/phlegm	
Receptive anal sex without a condom				Human breast milk		Tears	
Receptive vaginal sex without a condom				Pericardial fluid		Vomit	
Human bite causing bleeding				Peritoneal fluid		Non-blood-stained or no fresh/wet blood on discarded needle	
				Pleural fluid			
				Amniotic fluid			
				Exudates/tissue fluid from burns or wounds			
				Synovial fluid			
				Unfixed human tissues/organs			
				Cerebrospinal fluid			
				Any other body fluid if visibly blood stained			

3.4. RISK ASSESSMENT OF THE SOURCE INDIVIDUAL

Information needs to be gathered about the source individual which will influence whether PEP is required. The source individual should be asked the questions below. If unavailable or unknown, the exposed individual should be asked to answer to the best of their knowledge.

Has the source been previously tested and if so, can you access records to confirm the results?

Blood borne virus	Unknown	Confirmed negative	Confirmed positive
Hepatitis B			
Hepatitis C **If HCV antibody positive, ensure a PCR test is requested to confirm active infection*			
HIV **If living with HIV, is the source engaged in HIV care with a most recent viral load undetectable (sample must be taken within the last 12 months)?*		**Undetectable VL**	**Detectable VL**

[1] Spitting, even if in contact with mucosal surfaces is low risk and does not require PEP

If the source has not been previously tested for these viruses, is there a factor that may increase the risk?

Risk factor	Yes (High Risk)	No (Low Risk)
Source from country of HIV prevalence (sub-Saharan Africa, Thailand, Caribbean)		
Injecting drug use (ever)		
Man who has sex with other men		
Clinical illness compatible with HIV/AIDS		
Sexual partner of person living with HIV with a detectable viral load		

If the exposure AND the body fluid is high risk and the source individual is known to have HIV **with a detectable viral load** or is from a HIV high prevalence group, then HIV PEP may be indicated.
If the source patient is not known to have HIV, or have risk factors, HIV post-exposure prophylaxis is not indicated.

If the source is available and agrees to testing, the exposed individual can often have post-exposure prophylaxis stopped preventing side effects and worry. When a high risk injury, with a high risk fluid, has been sustained all available source individuals with unknown blood borne virus status should be asked to consent to HIV, Hepatitis B and Hepatitis C testing. This could be through the source's own GP; by Tayside Sexual and Reproductive Health if related to a sexual exposure; or if the exposed individual is referred for PEP, testing of a known source can be arranged via the Infectious Diseases Department. If the source is unavailable, but known to the injured person, information on how the source can be tested for HIV, Hepatitis B and C should be offered (LINK).

What to tell the source (gaining consent for BBV testing)

- An injury has occurred that has been assessed as having the potential of transmitting infections to the exposed individual
- To allow a full risk assessment some information needs to be gathered from the source including whether they have or are at risk of having infections such as HIV and viral hepatitis
- Their information will be dealt with confidentially, but test results will be shared with the doctor treating the exposed individual
- Questions will be asked in a non-judgemental and sensitive way. Their health record will be checked to see if they have been previously tested for these viruses
- We can test you (the source) for HIV, Hepatitis B and Hepatitis C to understand what the best treatment is for the exposed individual. By having the tests, you will also be able to access treatment and care
- If any of the tests are positive you will be informed and referred to a specialist for assessment and care (referrals to Infectious Disease, Ninewells Hospital, Dundee)

Testing the source

Does the patient consent to BBV testing?	
Yes	Obtain blood in gold-topped vacutainer. On ICE the 3 tests required are described as "HIV screening test" "Hepatitis B (HBsAg) infection screen" and "Hepatitis C antibody screen". Indicate in clinical details **"Contamination injury. Source patient. Urgent HIV, Hepatitis B and Hepatitis C testing".** The request should give the name and contact details for the responsible staff member to whom the results should be communicated. Offer information leaflet.
No	Offer information leaflet (LINK)

4. POST EXPOSURE PROPHYLAXIS (PEP) – INDICATIONS AND REFERRAL

4.1. INDICATIONS FOR HIV PEP

Using the information gathered the table below outlines when HIV PEP is indicated. This combines the injury, body fluid and the initial assessment of the source's risk.

	Source HIV status:			
	Living with HIV		**Unknown HIV status**	
	Viral load detectable or unknown	**Viral load undetectable +**	**High risk (as per table above)**	**Low risk (as per table above)**
Needle, or other sharp item contaminated with fresh, wet blood penetrating skin	Recommend	Not recommended	Generally, not recommended	Not recommended
High risk fluid on to mucous membrane (eye, nose or mouth)	Recommend	Not recommended	Generally not recommended	Not recommended
Human Bite *	Generally not recommended	Not recommended	Not recommended	Not recommended
Receptive anal sex without a condom	Recommend	Not recommended	Recommend	Not recommended
Insertive anal sex without a condom	Recommend	Not recommended	Consider **	Not recommended
Receptive vaginal sex without a condom	Recommend	Not recommended	Generally not Recommended **	Not recommended
Insertive vaginal sex without a condom	Consider**	Not recommended	Not Recommended	Not recommended
Fellatio with ejaculation without a condom	Not Recommended	Not recommended	Not recommended	Not recommended
Splash of semen into eye	Not recommended	Not recommended	Not recommended	Not recommended
Fellatio without ejaculation without a condom	Not recommended	Not recommended	Not recommended	Not recommended
Cunnilingus	Not recommended	Not recommended	Not recommended	Not recommended

[+] *Viral load undetectable is where the source is known to have HIV, has had a viral load below 200 copies per ml for at least 6 months and this has been checked within the last 12 months, and is adherent to medication*

* *Recent guidance has indicated that a human bite is unlikely to transmit HIV. In the context of a source individual with known HIV infection with a suspected HIV viral load of >3.0 log copies/ml, especially with blood in the mouth prior to the bite (for example in association with dentistry) or where there is significant tissue trauma the risk may be greater, and PEP should be prescribed*

** *Factors that may influence decision making in sexual exposures include breaches in the mucosal barrier such as genital ulcer disease or anal/vaginal trauma, multiple episodes of exposure e.g. group sex or STI in either partner. These individuals require assessment by Tayside Sexual and Reproductive Health at the earliest opportunity. With further assessment, continuation of HIV PEP may not be required, and this will be discussed with the individual*

4.2. INDICATIONS FOR HEPATITIS B PEP

Hepatitis B Immunoglobulin (HBIG) is used after exposure to give rapid protection until hepatitis B vaccine, which should be given at the same time, becomes effective. The use of HBIG in addition to vaccine is recommended only in high-risk situations or in a known non-responder to vaccine. Whenever immediate protection is required, immunisation with the vaccine should be given as an accelerated schedule with a dose of vaccine given at zero, one and two months. When appropriate, this should be combined with simultaneous administration of HBIG at a different site. HBIG should be given as soon as possible, ideally within 48 hours, although it should still be considered up to one week after exposure.

Significant exposure is defined as:

- Percutaneous exposure (needlestick or other contaminated sharp object injury, a bite which causes bleeding or other visible skin puncture)
- Sexual exposure (unprotected sexual intercourse)

	Significant exposure			Non-significant exposure	
HBV status of person prior to exposure	**HBsAg positive source**	**Unknown source**	**HBsAg negative source**	**Continued risk**	**No further risk**
Unvaccinated	Accelerated course of HepB vaccine plus HBIG with first dose	Accelerated course of HepB vaccine	Consider course of HepB vaccine	Initiate course of HepB vaccine	No HBV prophylaxis Reassure
Partially vaccinated	One dose of HepB vaccine and finish course	One dose of HepB vaccine and finish course	Complete course of HepB vaccine	Complete course of HepB vaccine	Complete course of HepB vaccine
Fully vaccinated with primary course	Booster dose of HepB vaccine if last dose ≥ 1year ago	Consider booster dose of HepB vaccine if last dose ≥ 1year ago	No HBV prophylaxis. Reassure	No HBV prophylaxis Reassure	No HBV prophylaxis Reassure
Known non-responder to HepB vaccine (anti-HBs < 10mIU/ml 1-2 months post-immunisation)	HBIG Booster dose of HepB vaccine A second dose of HBIG should be given at one month	HBIG Consider booster dose of HepB vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of HepB vaccine	No HBIG Consider booster dose of HepB vaccine	No HBV prophylaxis Reassure

Adapted from: PHLS Hepatitis Subcommittee (1992).

Taken from: Department of Health Green Book Chapter 18

For tetanus prophylaxis, please refer to the Department of Health Green Book Chapter 30.

4.3. ACCESSING PEP (IF REQUIRED)

If a child has had a significant exposure they should be referred urgently to the paediatric team via NHS Tayside switchboard.

Sexual exposure incidents presenting between 9am to 5pm except weekends and public holidays	Tayside Sexual and Reproductive Health Services (**01382 425542; select option 4**) and state they are seeking PEP
Non-sexual exposure or out of hours	Emergency Department Ninewells: **01382 633904** ext **33904** PRI: **01738 473841** ext **13841**

5. USE OF PEP IN THE EMERGENCY DEPARTMENT (IF INDICATED)

5.1. HIV PEP PRESCRIPTION

Prescription: This is available in Emergency Departments as a 30 day pack.

Emtricitabine 200mg/**Tenofovir Disoproxil** 245mg ONE tablet immediately then ONE tablet every 24 hours

Raltegravir 600mg tablets TWO tablets immediately then TWO tablets every 24 hours

[ ] Follow prescribers guidance sheet (See Appendix 4)
[ ] Provide patient information leaflet (See Appendix 6) (copy also included in 30 day pack)
[ ] Patient should be advised to use condoms until definitive bloods at 3 months. There are no significant drug interactions with contraceptives
[ ] HIV PEP follow up for non-sexual exposure should be arranged with the Infectious Diseases team. Complete the referral in appendix 3 and email (tay.id@nhs.scot)
[ ] HIV PEP follow up for sexual exposure should be arranged with Tayside Sexual Health Service. Complete the referral in appendix 3 and email (tay.tsrh@nhs.scot)
[ ] Photocopy this proforma for your records

5.3. CONTRAINDICATIONS TO HIV PEP

Absolute: [ ] Injured person already living with HIV
Relative: [ ] Pregnancy [ ] Known eGFR <50ml/min

Where there is a relative contraindication to PEP, the benefits of PEP may still outweigh the risks. The first dose of PEP should be taken and the 30 day pack issued. Patients with renal impairment may need dose reduction based on creatinine clearance. Follow up should be ensured as soon as possible, but within 72 hours if creatinine clearance is <50ml/min or in pregnancy. Pregnancy is not a contraindication to PEP. Indeed, seroconversion during pregnancy will lead to a higher-than-normal risk of intrauterine infection. However, in pregnancy medicines used for PEP may need to be changed from the standard pack. Follow up with Infectious Diseases should happen as soon as possible. Please mark the referral form in appendix 3 as urgent.

5.4. HEPATITIS B PEP

Latest dosing and schedule guidance from the Green Book should be followed for HBIG and Hepatitis B vaccination. For post-exposure prophylaxis, an accelerated schedule of monovalent hepatitis B vaccine (or a combined vaccine of equivalent strength) should be used, with vaccine given at 0, 1 and 2 months. A further dose at 12 months should be given if ongoing or likely future risk of exposure. If HBIG is also indicated, it should be given as soon as possible, ideally at the same time or within 24 hours of the first dose of vaccine, but not after seven days have elapsed since exposure.

6. ONWARD REFERRAL AND FOLLOW UP

All individuals prescribed PEP will be offered support whilst they are on treatment. Follow up will be provided by the most appropriate team, depending on the type of exposure.

- For sexual exposures, Tayside Sexual and Reproductive Health Service will arrange the necessary follow up, vaccination and testing.
- For all other exposures, the Emergency Department will refer individuals to the Infectious Disease (ID) Team
- ID will undertake an initial consultation to discuss continuing HIV PEP and will communicate this to primary care. ID will perform a review of the injured person's risk for BBVs and arrange testing if required
- If HIV PEP is continued ID will arrange any follow up blood testing required depending on baseline results
- ID will outline and communicate the routine blood tests required to be completed in primary care:
  -Repeat testing for Hepatitis B, Hepatitis C and HIV at 12 weeks after exposure event
  -Hepatitis B and Hepatitis C serology repeated at 6 months (Hepatitis B serology not required in Hepatitis B vaccine responder)
- ID will advise on additional action after the initial assessment with regard to Hepatitis B vaccination and refer to Community Vaccination Service if required

For immediate advice or early follow up please contact the ID Consultant on Call (Page 5075) or the Sexual and Reproductive Health Service on 01382 425542 or 07805 762 572.

Appendix 1 BBV Exposure Event Assessment Form for Community Use

Name of exposed individual CHI Address		Contact telephone number Date and time of exposure (24-hour clock) HH:MM DD/MM/YY Date and time of assessment HH:MM DD/MM/YY
Summary of exposure event		
HIV PEP Risk Assessment		
	YES	**NO**
High risk exposure		
High risk body fluid		
High risk source		
HIV PEP recommended based on above guidance?		
Hepatitis B PEP Risk Assessment		
	YES	**NO**
Was the exposure significant i.e. percutaneous, mucocutaneous with blood, or sexual exposure?		
Hepatitis B Immunoglobulin (HBIG) indicated?		
Hepatitis B Vaccination indicated?		
Recommend testing for HIV, Hepatitis B and Hepatitis C to all available source individuals		
Recommended Action		
Attend Tayside Sexual Health Service		Attend Emergency Department
Risk Assessment undertaken by:		Contact:

Please print this form and ask the injured person to bring it Sexual Health or Emergency Department.

Advice available from:

- Infectious Disease On-call Doctor available via Ninewells Hospital Switchboard 01382 660111 bleep 5075
- Tayside Sexual and Reproductive Health Service on 01382 425542 or 07805 762 572

Appendix 2 - Referral to Infectious Disease or Sexual and Reproductive Health Service for People Commenced on Post Exposure Prophylaxis

Injured Person Details

Name	
Date of Birth	
Phone Number	
Best Time to Call	

Detail of Injury

Date and Time of Injury/sexual contact	
Nature of Injury/sexual contact (vaginal, anal, oral penetration)	
Date and Time Started on PEP	
Hepatitis B Status including requirement for HBIG	
If not vaccinated, was first dose Hep B vaccination given?	YES / NO
Date and Time of Baseline Blood Tests	
Other Relevant Info i.e. PMH of note	
Renal impairment with eGFR<50ml/min?	YES / NO
Is the injured person pregnant?	YES / NO

Details of Source Patient

Does Patient Consent to Testing?	YES / NO
Patient Tested?	YES / NO
Patient Known BBV? If so which	
Source Patient CHI & Contact Details (occupational injury only)	

Details of Referring Doctor

Name	
Grade	
Contact Details	

To arrange follow up with Infectious Diseases please email this form to: tay.id@nhs.scot
To arrange follow up with Sexual Health Services please email this form to: tay.tsrh@nhs.scot

Appendix 3 - Letter template for communication to primary care following an exposure event in the community

CONFIDENTIAL

Dear Doctor,

Your patient attended the Emergency Department after an exposure to body fluids in the community.

Name:

CHI: Date attended:

Your patient's exposure was assessed as significant / non-significant.
(Circle as appropriate)

Blood Borne Virus Status of Source *(Circle appropriate box)*			
Hepatitis B Status of Source	HBsAg positive	HBsAg negative	Unknown
Hepatitis C Status of Source	Antibody positive	Antibody negative	Unknown
HIV Status of Source	Antibody positive	Antibody Negative	Unknown

Action taken *(circle appropriate box)*			
HIV post exposure prophylaxis	Initiated (follow up with ID arranged)	Not indicated	Indicated and declined
Hepatitis B vaccine (single dose)	Given	Not indicated	Indicated and declined
Hepatitis B Immunoglobulin	Given	Not indicated	Indicated and declined

The following tests are recommended after an exposure:

Hepatitis B, Hepatitis C and HIV serology at 12 weeks post exposure

Hepatitis B and Hepatitis C serology repeated 6 months post exposure

Your patient will require to complete a Hepatitis B vaccine course. Infectious Disease will refer to the Central Vaccination Service to facilitate this.

Signed _____

Name _____

Designation _____

Date _____

Appendix 4 Template for communication to Central Vaccination Services for Hepatitis B vaccination following an exposure event in the community

CONFIDENTIAL
For the attention of the Central Vaccination Service,

The following patient attended the Emergency Department / Infectious Disease Department after a BBV exposure event in the community.

Name:	
CHI:	
Contact Details:	
Date attended:	

The patient's exposure was assessed as significant.

Action taken *(delete as appropriate)*			
Hepatitis B vaccine (single dose)	Given	Date of first dose	
Hepatitis B Immunoglobulin	Given	Not indicated	Indicated and declined

Please arrange for this patient to complete Hepatitis B vaccine course (accelerated schedule) in the community.

Signed _____
Name _____
Designation _____
Date _____

To arrange follow up with Central Vaccination Service please email this form to: Tay.vaccinationservices@nhs.scot

Appendix 5
HIV POST EXPOSURE PROPHYLAXIS (PEP) and POST EXPOSURE PROPHYLAXIS following SEXUAL EXPOSURE (PEPSE)

Prescriber's Guidance

What you need to know

- No antiretrovirals are licensed for PEP so these drugs are prescribed 'off label' however their use is recommended by British HIV association (BHIVA) and the British Association for Sexual Health and HIV (BASHH)
- Treatment should be started **as soon as possible** after exposure, ideally within 24 hours of the incident, but can be considered up to 72 hours. Initiation after 72 hours is not recommended.
- The pack contains a 30 day supply of 3 antiretroviral drugs:
  Emtricitabine 200mg/Tenofovir disoproxil 245mg x 30 tablets
  Raltegravir 600mg x 60 tablets
  Brief details of each drug are given in the appendix along with links to further information
- The list of side effects in the appendix is not exhaustive, consult current edition of the BNF (www.bnf.org) or Summary of Product Characteristics (www.medicines.org.uk), for further information
- These drugs have been chosen as they have less significant drug-drug interactions than previous nationally recommended regimes

What you need to do

- Check with the list of interactions on the next page and current edition of the BNF or SPC or HIV drug interactions website www.hiv-druginteractions.org
- Ensure the patient reads the information leaflet (copy also included in pack)
- Check the expiry date on the pack
- A qualified prescriber must write the patient's name and date of dispensing on the outside of each pack and on the 2 containers of tablets inside the pack where indicated and have it checked by another practitioner

What you need to tell the patient

- They are being supplied with a full course of HIV PEP and appropriate follow up will be arranged as per the assessment form. The team providing follow up will discuss with the patient whether the full course needs completed.
- No antiretroviral drugs are licensed for this indication however the choice of antiretrovirals is based on UK national guidance
- Doses should not be missed and dosage intervals should be followed strictly. This will ensure maximum benefit and reduce the emergence of resistant strains
- The most frequently occurring minor side effects include diarrhoea, nausea, vomiting, flatulence, dizziness, insomnia, sleep disturbances, fatigue and headache. These usually improve
- If a rash develops the patient should contact the department issuing PEP pack
- If there is a history of pancreatitis, they should stop PEP immediately if they develop abdominal pain and contact specialist staff
- Ensure the patient has been given details of follow up and any contact numbers required

THIS INFORMATION IS INTENDED AS A QUICK REFERENCE GUIDE ONLY

1. EMTRICITABINE 200mg + TENOFOVIR DISOPROXIL 245mg tablets

MODE OF ACTION:	Nucleotide/nucleoside reverse transcriptase inhibitors
DOSE:	ONE tablet immediately then ONE tablet every 24 hours with food or a light snack to improve absorption (this is not critical and should not delay first dose).
CAUTIONS:	Pregnancy, breast feeding, hepatic disease, chronic hepatitis B or C, elderly, pancreatitis Renal impairment (eGFR <50ml/min). However, it is safe to give the first few doses and contact an ID specialist for advice within 72 hours.
SIDE EFFECTS: (Very common or common listed in SPC)	Nausea, vomiting, diarrhoea, abdominal pain, flatulence, renal impairment, neutropenia, hypophosphataemia, insomnia, abnormal dreams, headache, dizziness, raised LFTs, raised CK, rash, pruritis, urticaria, raised amylase, raised glucose, raised triglycerides, pain, asthenia
POTENTIAL INTERACTIONS:	Concomitant use of nephrotoxic agents – monitor renal function closely Potential for CYP450 mediated interactions is low.

2. RALTEGRAVIR 600mg tablets

MODE OF ACTION:	Integrase inhibitor
DOSE:	TWO tablets immediately then TWO tablets every 24 hours with or without food
CAUTIONS:	Severe hepatic impairment, risk factors for myopathy or rhabdomyolysis, chronic hepatitis B or C (increased risk of side effects), psychiatric illness (may exacerbate underlying illness including depression), pregnancy. None of these cautions prevent initial prescription of PEP.
SIDE EFFECTS: (Very common or common listed in SPC)	Decreased appetite, abnormal dreams, insomnia, nightmares, abnormal behaviour, depression, vertigo, abdominal distension, abdominal pain, diarrhoea, flatulence, nausea, vomiting, dyspepsia, rash, asthenia, fatigue, pyrexia, alanine aminotransferase increased, atypical lymphocytes, aspartate aminotransferase increased, blood triglycerides increased, lipase increased, blood pancreatic amylase increased
POTENTIAL INTERACTIONS:	Antacids or calcium supplements **– STOP while taking PEP** Proton pump inhibitors and H_2 antagonists increase levels of raltegravir but no dose adjustment is required Rifampicin – decreases raltegravir levels Orlistat – may prevent absorption of raltegravir **This list is not exhaustive so check patient's medication on HIV drug interaction site:** www.hiv-druginteractions.org

Appendix 6

HIV POST EXPOSURE PROPHYLAXIS (PEP)

INFORMATION FOR PATIENTS – 30 DAY PACK

READ THE INFORMATION IN THIS LEAFLET CAREFULLY BEFORE TAKING ANY MEDICATION IN THIS PACK. IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT ANYTHING PLEASE ASK THE PRESCRIBER.

You must tell the prescriber if you:

- Have diabetes
- Have a history of anaemia
- Have kidney disease
- Have liver disease
- Have any history of pancreatitis
- Are pregnant or breastfeeding
- Have any allergies to medication
- Are taking any other medication for example:

Prescribed medication from GP or hospital	Including inhalers and nasal sprays
Over the counter medication from pharmacy, supermarket or health food shops	E.g. vitamins, indigestion remedies and herbal supplements
Medication and supplements bought online	E.g. gym supplements
Recreational drugs	E.g. cannabis or cocaine

What is post exposure prophylaxis (PEP)?

PEP is a course of medicines taken to reduce the risk of a person becoming infected with HIV after they may have come into contact with the virus.

What is HIV?

HIV stands for Human Immunodeficiency Virus. It is a virus which attacks the body's immune system.

Is PEP effective?

- It is important to remember that in most circumstances the risk of becoming infected with HIV from either a single needle stick injury or sexual act is small.
- Taking the 30 day course of anti-HIV medication should make that risk even smaller.
- PEP should be started as soon as possible after risk of contact with the virus and always within 72 hours of contact.
- All the tablets should be taken as prescribed at regular intervals.

How will I know PEP has worked?

You will have follow up appointments during your treatment and HIV tests after treatment. These appointments are important as PEP does not reduce risk of transmission to zero. Please make sure you know where to attend for follow up.

How do I take the medication?

This pack contains a ***30*** day supply of two anti-HIV medications which need to be taken together as prescribed. It is important that you complete the course as prescribed and attend for follow up appointments. Please contact your follow up clinic if you have any issues taking this medication.

Tenofovir disoproxil 245mg/Emtricitabine 200mg Tablets x **30**

Raltegravir 600mg Tablets x **60**

Tenofovir disoproxil 245mg/Emtricitabine 200mg	Take ONE tablet immediately then ONCE daily at the same time each day	Take with food or light snack if possible	Most common side effects include diarrhoea, vomiting, nausea, dizziness, headache, rash, weakness, difficulty sleeping, abnormal dreams stomach discomfort, bloating and flatulence
Raltegravir 600mg Tablets	Take TWO tabletsimmediately then take TWO tablets ONCE daily at same time each day	Swallow whole do not crush or chew. Can be taken with or without food	Most common side effects include Decreased appetite, trouble sleeping, dizziness, headache, bloating, diarrhoea, nausea, vomiting, rash, weakness, fever and change in mood.

- If you have a rash or any sign of allergy seek medical advice
- Further information on side effects can be found in the medication packaging but most side effects during PEP should be mild and improve as the course continues. However, if you feel you are experiencing severe side effects please contact your follow up clinic.

What do I do if I forget to take a tablet or I am sick?

It is important to try not to miss any doses as taking these medications regularly will improve the chance of them working. If you do miss a dose, take it as soon as you remember, then continue with normal dose times. If it is nearly time for the next dose when you remember then don't take the forgotten dose and continue as usual, do not take double doses to make up for a missed dose.

If it is more than 48 hours since you have last taken a dose, then please contact your follow up clinic to discuss. Depending on the reason for missing doses then PEP medicines may need to be changed or stopped.

If you vomit within 2 hours of taking your medication, then take the dose again.

Can I take other medicines?

The health professional reviewing you for PEP will check that there are no problems with other medicines or supplements you are taking and the medicines in this pack.

Calcium, iron, zinc, magnesium and aluminium which can be found in indigestion remedies, some medicines, vitamins and mineral tablets can stop you from absorbing raltegravir properly. Ideally these should not be taken while you are taking post exposure prophylaxis treatment. If they cannot be stopped then please check with a pharmacist about timing of doses.

Always check with a doctor, pharmacist or nurse before starting any new medicines during the treatment.

What else do I need to know?

- Make sure you know how your follow up will be arranged for you
- Do not donate blood and use condoms with all sexual partners while you are being treated and until you have your results of your final HIV test.

Adapted from HIVPA/BHIVA/BASHH PEP leaflet
and NHS Board leaflets for NHS Scotland
Drafted by: Scottish HIV Pharmacists Group
Approved by: HIV and SH Lead Clinicians
Reviewed by Scottish HIV Pharmacist Group Date: 12/2024
Next Review Date: 12/2027

FOLLOW UP

Ensure that you are informed about follow up.

*If you are taking this pack following **sexual exposure**:*
You will be referred to a Sexual Health Clinic.
If you have not been contacted by the clinic within 5 days, please phone the triage line: **01382 425542 between 9:00am - 12:00pm**

*If you are taking this pack following **community exposure**:*
You will be referred to and contacted by an Infectious Diseases doctor within 3-5 days.