

HIV POST EXPOSURE PROPHYLAXIS (PEP)

WHAT IS HIV POST EXPOSURE PROPHYLAXIS (PEP)?

PEP is used to help prevent the acquisition of HIV infection by individuals who may have been recently exposed to HIV.

HOW IT WORKS

PEP is prescribed medications taken after an exposure to HIV. These medications get into the bloodstream and into the genital and rectal tissues. If there is HIV in the body, the drugs can prevent HIV from replicating within the body's immune cells and help prevent a permanent infection from happening.

PEP medications need to start working against HIV as soon as possible after the virus enters the body.

PEP should be started as soon as possible after a potential exposure, and not more than 72 hours afterwards.

Medication levels must also remain high during the month of treatment to help prevent infection. If the pills are not taken consistently, as prescribed, there may not be enough medication in the body to prevent HIV infection.

EFFECTIVENESS

PEP is effective when taken within 72 hours of suspected high-risk exposure to HIV. It requires antiretroviral medications to be taken once daily for four weeks (28 days). PEP can reduce the risk of getting HIV by greater than 80 per cent, which means some people can acquire HIV even after taking PEP.

Effectiveness is likely much higher than 80 per cent if PEP is used consistently and correctly, as prescribed. This includes:

- Obtaining PEP from a healthcare provider as soon as possible after a potential HIV exposure
- Taking the medications every day for 28 days; high adherence to the full month-long course of PEP is essential for maximizing effectiveness
- Starting PEP as soon as possible after a potential exposure to HIV, but not more than 72 hours afterwards; the sooner PEP is started after an exposure to HIV the more likely it is to work because the medications need to start interrupting HIV replication as soon as possible
- Taking extra precautions (for example, using condoms) to reduce the risk of being exposed to HIV again while taking PEP
- The use of PEP is meant to reduce the risk from a single exposure to HIV and should only be used for emergencies

SIDE EFFECTS

The medications can cause nausea, fatigue, and diarrhea. The HIV drugs that are advised for PEP in Canada are generally well tolerated and associated with minimal side effects.

PEOPLE WHO SHOULD CONSIDER PEP

- People who are HIV negative and think they may have been exposed to HIV within the last 72 hours
- People who have had a high-risk exposure to HIV in the workplace (e.g., health care setting)

- People who have had a high-risk exposure to HIV outside of the workplace (e.g., condomless sex with an HIV positive partner who is not on treatment or whose viral load is ≥ 200 copies/ml, sexual assault, etc.)

ADVANTAGES

PEP can reduce the risk of getting HIV by greater than 80 per cent, following a high-risk exposure to HIV if the medication is taken consistently and as prescribed.

PEP can be used after exposure to HIV in a work context (occupational PEP) or after exposure to HIV that is not work related such as sexual exposure or injection drug use (non-occupational PEP or nPEP).

Occupational PEP can be used by people who have an exposure to blood and/or body fluids that may contain HIV in their workplace (e.g., a healthcare worker who accidentally experiences a needle-stick injury).

Non-occupational PEP is used after a potential high-risk exposure to HIV that is not work related, such as unprotected sex, a condom breaking during sex, sexual assault, or sharing needles used to inject drugs.

DISADVANTAGES

People with a low adherence to PEP, who acquire HIV while taking PEP, could develop resistance to the medication in PEP. If a person's HIV becomes resistant to the PEP medications, those same HIV medications may not work for treating their HIV.

IMPORTANT INFORMATION IF YOU ARE CONSIDERING PEP

When a person arrives for PEP at a clinic or emergency room, a risk assessment will determine whether PEP should be provided based on their risk for HIV infection. An HIV risk assessment is based on type of exposure and probability that the contact person is HIV positive.

PEP may not be recommended if a person's chance of getting HIV is low, either because their exposure carries no risk or very low risk of transmission (for example, oral sex) or because it is unlikely the contact person is HIV positive.

PEP is not meant for people with ongoing high-risk exposures to HIV or who find themselves using PEP often, these people should consider PrEP to prevent HIV.

PEP should not replace highly effective prevention methods, such as condoms, pre-exposure prophylaxis (PrEP), or using a new needle for every injection.

ADDITIONAL RESOURCES

- York Region Public Health Sexual Health Clinics **1-800-361-5653, # 1**
- [CATIE: Post-exposure prophylaxis \(PEP\)](#)