

Information for People who have been exposed to HIV infection following sexual and non sexual exposure

HIV Post exposure prophylaxis (HIV PEP)

What is HIV PEP?

HIV PEP stands for HIV Post-Exposure Prophylaxis. It is medication that is given to people who may have been significantly exposed to HIV infection, in order to reduce the risk of them becoming HIV positive. The most common reason for giving HIV PEP is that someone has had unprotected vaginal or anal sex (without a condom, or where the condom has split or come off during sex) with someone who is known to be HIV positive or is thought likely to be HIV positive.

When can I take PEP?

PEP needs to be started as soon as possible after the sexual exposure, and certainly within 72 hours. PEP is only given after more than 72 hours in exceptional circumstances as its benefit after this time is not known.

Why would I take PEP?

PEP is taken because it may reduce the risk of HIV transmission. Whether or not to take PEP is a difficult decision. The decision depends largely on estimates of your risk from the exposure you have had.

Risk of HIV transmission following an exposure from a known HIV-positive individual

Type of exposure	Estimated median (range) risk of HIV transmission per exposure (%)
Receptive anal intercourse	1.11 (0.042–3.0%)
Insertive anal intercourse	0.06 (0.06–0.065%)
Receptive vaginal intercourse	0.1 (0.004–0.32%)
Insertive vaginal intercourse	0.082 (0.011–0.38%)
Receptive oral sex (giving fellatio)	0.02 (0–0.04%)
Insertive oral sex (receiving fellatio)	0
Blood transfusion (one unit)	90–100
Needlestick injury	0.3 (95% CI 0.2–0.5%)
Sharing injecting equipment	0.67
Mucous membrane exposure	0.63 (95% CI 0.018–3.47%)

These risks are increased if the sex is “traumatic” and bleeding occurs, if either partner has other sexually transmitted infections at the same time, and if the HIV viral load is high.

Does HIV PEP work?

We do not know how effective PEP is at preventing HIV transmission after sexual exposure. PEP has been tested in doctors and nurses exposed to HIV infection through needlestick injuries, and it reduces the risk of transmission by 80% in those cases. We also know that PEP is effective at preventing transmission of HIV from affected mothers to their babies. We therefore expect PEP to be effective at preventing sexual transmission, but we only have limited evidence to back this up. Some people have still become HIV positive even after taking PEP.

What are the drugs?

PEP consists of a combination of three anti-HIV drugs. These are the same drugs that have been used for many years for treating people with HIV. The drugs need to be taken every day for 28 days. Common side effects are nausea, diarrhoea and fatigue (tiredness). The nausea can be treated with anti-sickness medication, and the diarrhoea can also be treated with medication. Some people feel fine when taking PEP, and carry on their lives as normal. Other people find that they need to take some time off work. About 20-30% of people stop taking PEP because they cannot tolerate the side effects. Serious side effects of PEP are rare, but include liver disturbances and allergic responses to the drugs.

Where can I get PEP from?

PEP is available in A&E departments as well as from GUM clinics.

If you find yourself needing to start PEP you should attend A&E first and explain at reception why you are there to avoid any delay in starting it.

If I need to take PEP, what will it involve?

You will be assessed first and you will see a doctor who will help you make the decision about whether to take PEP. If you are recommended to take it you will be given a 5 day course and then asked to attend the GUM clinic for follow-up and for the rest of the medication if you want to continue. You will need blood tests on the day you start PEP to check your liver and kidney function, and your blood sugar and cholesterol. You will also need to have an HIV test now to make sure that you are not already HIV positive.

Within the next 5 days you will need to come back and see a doctor in the GUM clinic, to discuss how you are managing. If you wish to continue with PEP, you will then be given the rest of the 28 day supply. During this time you will need to have further blood tests and a review usually halfway through the course of medication and again at the end of medication. You will also need another HIV test three months after you complete PEP to see whether or not you have acquired HIV infection.

Is there anything else I need to think about?

You should discuss with your doctor if you think you may be pregnant, or at risk of pregnancy, so the risks of PEP can be explained to you.

You should tell the doctor if you are taking any medication, or natural remedies in case they may interfere with the drugs used in PEP.

Following sexual exposure to HIV you may need to think about whether you have been exposed to any other sexually transmitted infections. You should have a screen for gonorrhoea and Chlamydia two weeks from the time of a sexual exposure.

If you are at risk of Hepatitis B infection then the doctor will talk to you about this and whether to have start a course of vaccinations today which can protect against Hepatitis B infection.

What about my sexual partners?

At this stage you do not know whether you will become HIV positive. It is sensible to discuss the issues with your sexual partner(s), and to use condoms or abstain from sexual intercourse to protect yourself and to protect them.