

ANALYSIS OF HUMAN IMMUNODEFICIENCY VIRUS POSTEXPOSURE PROPHYLAXIS IN A THIRD-LEVEL HOSPITAL

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BACKGROUND

The World Health Organization recognizes the need to improve uptake and completion rates for postexposure prophylaxis (PEP).

PURPOSE

- To analyse PEP dispensed at the Pharmacy Service (PS) to patients after an occupational (OE) or nonoccupational (NOE) exposure to the human immunodeficiency virus(HIV).
- To compare usual clinical practice in our centre for PEP to European acquired immune deficiency syndrome (AIDS) Clinical Society guidelines¹.

MATERIALS AND METHODS

A descriptive, observational and retrospective study performed in a third-level hospital regarding PEP dispensed from January 2015-March2018. The following data were retrieved from electronic prescription program management tool (outpatients' clinical module) and electronic clinical records: sex, age, year, time from exposure, nature of exposure (sexual contact (SC) vs blood contact (BC)), OE vs NOE, service of the prescribing doctor, antiretroviral drugs(AD) prescribed, following monitoring in outpatient visit, positive infection detected after PEP, further episodes of PEP, positive infection nowadays.

We reviewed current version of European AIDS Clinical Society guidelines¹.

RESULTS

Current guidelines recommend 4 week treatment with AD after OE or NOE as early as possible (no later than 48/72hours). PEP regimen: emtricitabine/tenofovir disoproxilfumarato(FTC/TDF) + raltegravir(RAL) or darunavir/ritonavir(DRV/r) or lopinavir/ritonavir(LPV/r). Re-evaluation of PEP indication by HIV expert is recommended **within 48-72 hours**.

Exposure results	Cases (%)
Median age	29.9 years
Men	44 (77,2%)
Time from exposure<72h	38 (66,6%)
Nonoccupational exposure	44 (77,2%)
Nature of exposure	
SC	35 (61,4%)
BC	8 (14%)
Unknown	14 (24,6%)
Positive HIV infectiones	None
Further episodes of PEP	3 (5,2%)

Prescription results	Cases (%)
Medical Service	
Preventive Medicine	45 (78,9%)
Emergency Room	8 (14%)
Infectious Diseases	4 (7%)
Prescribed AD	
Elvitegravir/cobicistat/TDF/FTC	46 (80,7%)
RAL + TDF/FTC	9 (15,7%)
LPV/r + TDF/FTC	2 (3,5%)
Monitoring in outpatient visit	30 (51,7%)



CONCLUSIONS

- PEP is more frequently prescribed in young men after NOE by SC, and in our centre is not uniform regarding prescribing doctor, AD used or subsequent monitoring of patients.
- Our clinical practice differs from European guidelines in AD use and patient monitoring. In order to comply with those guidelines we will implement a protocol to optimize PEP prescription and patient follow-up.

REFERENCES

1. European AIDS Clinical Society(2017). EACS guidelines version 9.0, October2017.