

5PSQ-067



ANALYSIS OF THE HIV (HUMAN IMMUNODEFICIENCY VIRUS) POST-EXPOSURE PROPHYLAXIS PROGRAM (PEP) IN A TERTIARY HOSPITAL

Authors: C. Guitian Bermejo¹, C. González González¹, M. Montero Lázaro¹, S. Maganto Garrido¹, P. Blanco García¹, T.

Sánchez Sánchez¹.

¹Hospital Clínico Universitario de Valladolid, Servicio de Farmacia, Valladolid, Spain. Farmacia.hcuv@saludcastillayleon.es

Background and importance

PEP to HIV is used to prevent transmission of the virus after a risky exposure and can be classified as occupational (OPEP) or non-occupational (NOPEP). To implement these PEP programs, a Protocol has been in force since 2016. Aim and objectives

Analyze whether the clinical practice adapts to the Protocol developed in a hospital and detect improvement points. Moreover, to perform a descriptive analysis of the population served at the center.

Material and methods

The study follows a retrospective and descriptive analysis of patients treated in the PEP program from 2016 to 2023 who were treated after HIV exposure according to Protocol. It includes a description of the clinical visits, serologies and dispensations of medication.

Results

- ✓ 92 patients, 65 men
- ✓ Median age 30 years (16-63)



Specialist clinical consultation	Monthly follow-up
80 patients	66 patients
87%	72%
Initial serology	Control serology
89 patients	59 patients
97%	64%
All results were negative except one case	

EXPOSURE TYPE



Losses to follow-up are mainly due to transfers to the reference healthcare area or unknown reasons.
Only 7 patients were included in PreP (pre-exposure prophylaxis program).

Conclusion and relevance

The circuit of action is well defined in the Protocol. The initiation of PEP and baseline serologies are carried out adequately, but the follow-up through clinical consultations and serologies after one month is a point that can be improved. Furthermore, the studied population agrees in characteristics with those of the reference population. This study shows the importance of implementing standardized protocols in the clinical approach. This implies its periodic review. Additionally, this protocol allows passive recruitment in PreP programs.