

HIV POST-EXPOSURE PROPHYLAXIS PROTOCOL

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Background

A HIV post-exposure prophylaxis protocol (PEP) was implemented in collaboration with Emergency Department (ED). The PEP begins with dispensation in ED of antiretroviral treatment (ART) for 10 days, if no more than 72 hours post-exposure have elapsed. Later patients must go to a visit to Internal Medicine. If ART is indicated, a dispensation in Pharmacy until completing one month of treatment is performed. The PEP ends with serology control at 3 months post-exposure.

Purpose

- Study characteristics of patients who initiate PEP
- Assess indication of treatment based on protocol
- Determine adherence of patients to complete PEP

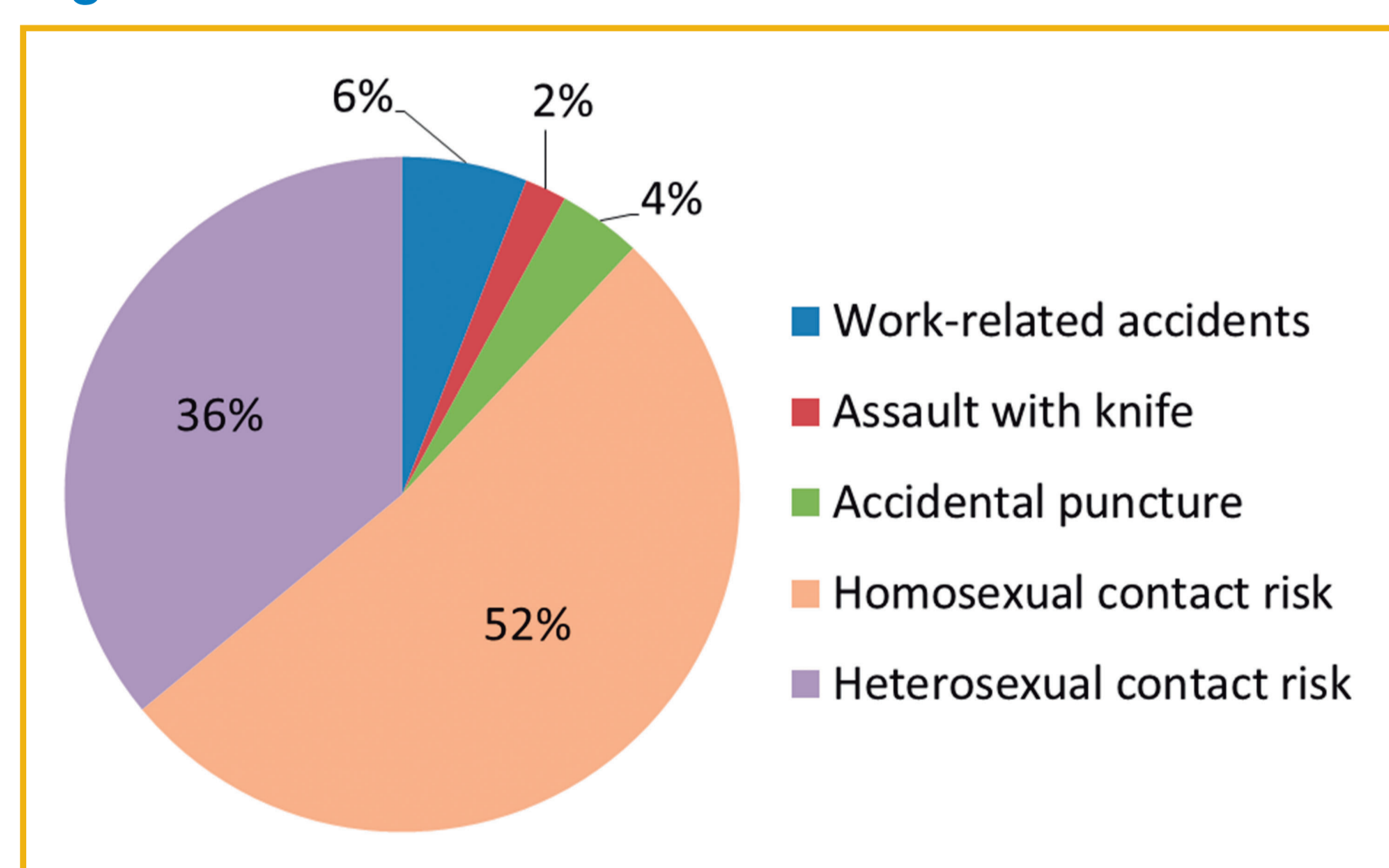
Material and method

Retrospective observational study from June 2014 to June 2017, which included patients who came to ED for HIV risk contact and started PEP. Age and sex, reason for visit to ED, indication according to protocol, ART dispensed, adverse reactions (AR) and serology control at 3 months post-exposure were recorded. Data were obtained from SAP® electronic medical records.

Results

We included 52 patients in study, with a mean age of 30±8 years: 86% (N=45) men and 14% (N=7) women.

Figure 1. REASONS OF VISITS TO ED



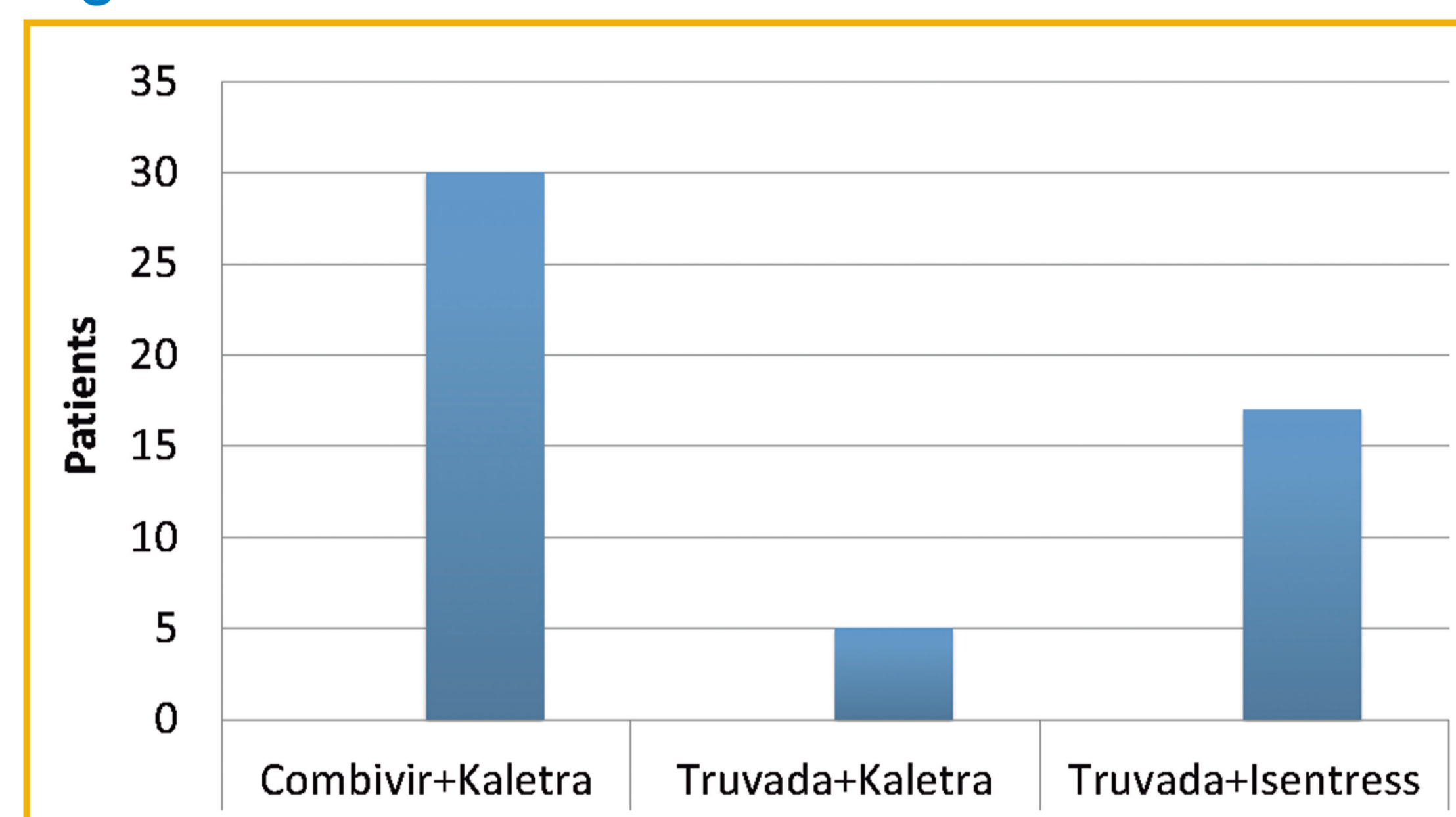
Treatments were indicated in 36 cases. In the remaining 16, ART was discontinued in 6 patients due to lack of indication and there was loss of follow-up in 10 cases.

21% of patients (N=11) suffered AR: 73% (N=8) had gastrointestinal discomfort, 27% (N=3) headache, 18% (N=2) asthenia and 9% (N=1) subconjunctival jaundice. In 2 cases, an ART change from Combivir+Kaletra to Truvada+Isentress was necessary due to AR.

Regarding adherence, serological control was performed in 46% of patients (N=24): 100% of these controls were negative. The remaining 54% (N=28) didn't perform the corresponding serology.

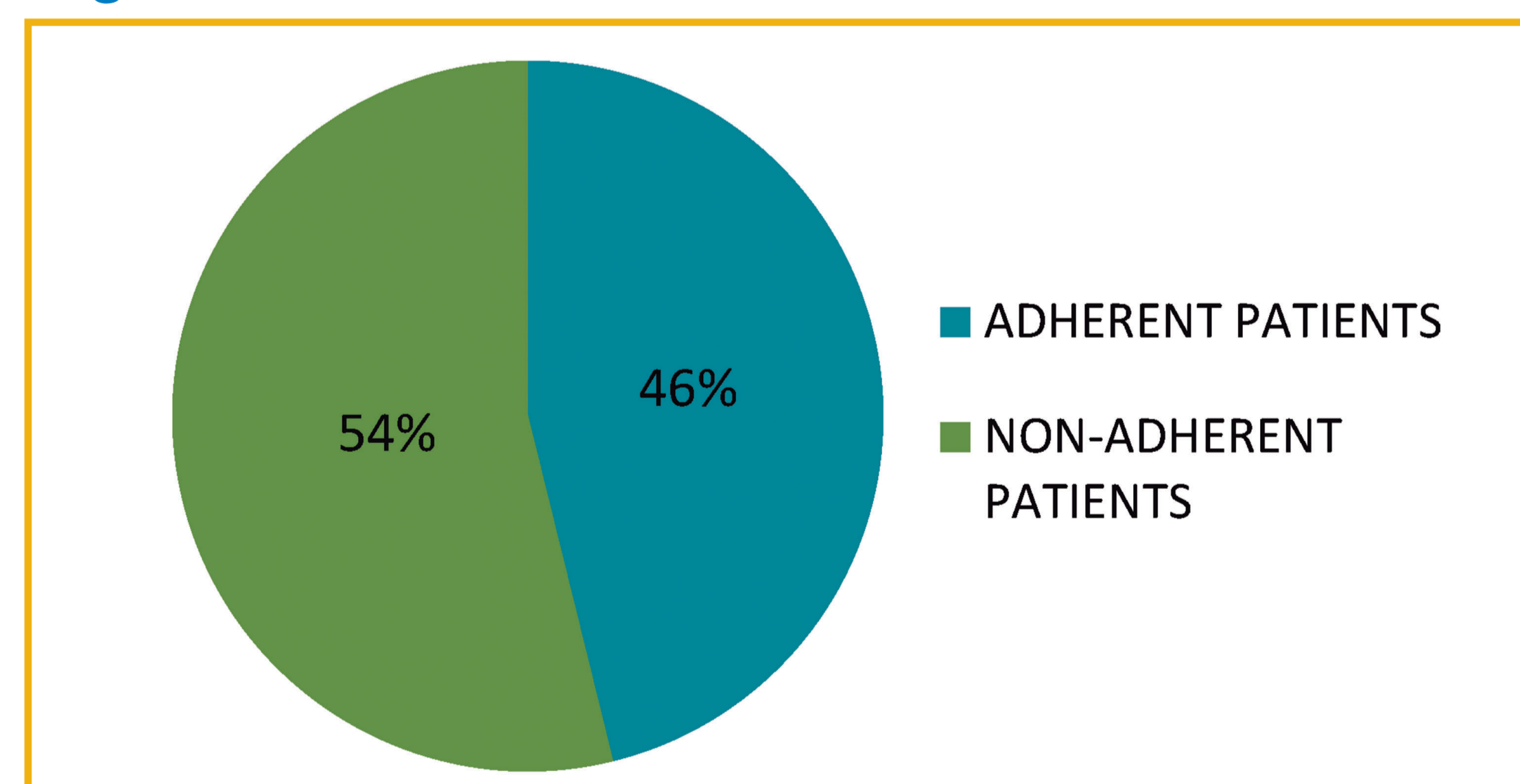
Treatments used in PPE:

Figure 2. TREATMENTS*



*according to protocol and treatment guides updates.

Figure 3. PATIENTS ADHERING TO PPE



Finally, 4% (N=2) of patients required PEP in several visits to ED.

Conclusion

Patients who initiate PEP are mostly men who have maintained risky homosexual contact. ART is effective and is indicated in most cases; it presents AR that are usually light and manageable.

Pharmacists can play an important role into improve patients' PEP compliance, which includes serology control at 3 months post-exposure, aiming to improve the adherence. It would be advisable to prioritize training measures in this population group to minimize exposure to contagion risk.