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

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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.

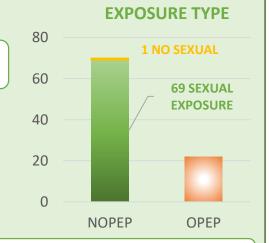
Results

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



- ✓ The established Protocol was followed for 80 (87%) patients
- ✓ The time to start PEP was less than 24 hours in 61/92 patients

| 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 | |



In the OPEP group the percutaneous route through a hollow needle was the most common.

- ✓ 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.