

Ohio AIDS/HIV/STD Hotline

800-332-2437 (voice)

800-332-3889 (TTY for the deaf and hearing impaired)

ohioaidshotline@catf.net

<http://www.catf.net/HOTLINE.html>

Call or email the Ohio AIDS/HIV/STD Hotline for **free, anonymous** and **confidential answers** to your questions and concerns.

About the Ohio AIDS/HIV/STD Hotline...

Columbus AIDS Task Force (CATF) has operated the statewide Ohio AIDS/HIV/STD Hotline since 1988. The Hotline offers an opportunity for callers to explore personal HIV and STD risk behavior, ask questions and/or seek out resources, privately and anonymously. Anonymity is guaranteed so callers feel free to explore the potential impact of HIV and STDs on their lives. Hotline operators provide callers with up-to-date and accurate information about many topics including transmission, prevention methods and testing. Each caller receives **individualized attention** and the hotline provides **immediate, reliable** responses to persons of all ages, nationalities, ethnic groups and economic status.

The statewide hotline is also a resource for persons living with HIV/AIDS and acts as an information and referral service to Ohio residents. It is the largest provider of HIV/AIDS referral information in the state. This includes referrals to areas such as counseling and testing sites (CTSs), local health departments and task forces, mental health facilities, medical, legal and dental practitioners, etc.

The hotline is staffed by trained volunteers and CATF Prevention and Education staff and operates six days a week: Monday thru Friday 9am to 7pm, and Saturday 10am to 2pm.

All calls to the Hotline are **free** and **anonymous**.

Hotline Services...

Answers to your questions and concerns

Hotline callers can get up-to-date and consistent answers to their questions about:

- ✘ Their risk of HIV and / or other sexually transmitted diseases or infections.
- ✘ HIV testing and screening for sexually transmitted diseases and infections.
- ✘ Safer sex information.
- ✘ Symptoms of HIV or STD infection.
- ✘ Current statistics.
- ✘ Workplace issues.
- ✘ Caring for someone living with HIV/AIDS.
- ✘ Myths, misconceptions and general HIV/AIDS and STD-related concerns.

Referrals

Hotline callers can receive referrals to:

- ✘ HIV test sites and sexual health clinics in their counties.
- ✘ Local service organizations that assist persons living with HIV/AIDS.
- ✘ Social service agencies and community-based organizations.
- ✘ Support groups and/or services.
- ✘ Health education programs.
- ✘ Reliable information Web sites and other specialized hotlines.

Printed Materials

Hotline callers can also receive free printed materials mailed to their agency or home. Upon request, information mailed to callers' homes can be sent in plain mailers without identifying information.

Classroom Question and Answer Sessions

Classrooms and organizations can arrange a "group" call to Hotline staff if they have access to a speakerphone. Pre-arranged group question and answer sessions can be scheduled by calling the Hotline Coordinator at 614-299-2437, ext. 106, or send e-mail to ohioaidshotline@catf.net

E-mail

If you have questions or concerns, would like information or referrals, and prefer getting your information by e-mail, Most of these services are also available via e-mail at ohioaidshotline@catf.net

* Please be aware that although we do not track or record email responses in any way, our email address is ohioaidshotline@catf.net and our responses to your questions will have that address. If anyone other than yourself has access to your email account and you do not want them to know of your correspondence with the hotline, please take appropriate precautions.

HIV Post-Exposure Prophylaxis

The use of HIV Post-Exposure Prophylaxis (PEP) after acute sexual assault is based on the efficacy demonstrated in occupational exposures and perinatal HIV exposures. To provide effective prophylaxis patients need to be promptly evaluated and assessed for the risk of HIV transmission. HIV PEP is most effective if given as soon as possible after the sexual assault and is not effective if given after 72 hours. Therefore, HIV PEP is typically recommended only for acute cases presenting within 72 hours post assault and when other indications are met.

Determination to begin HIV PEP depends on the HIV status and risk factors of the alleged perpetrator, timing and frequency of the assault, and type of contact involved in the assault. The following table summarizes the exposure risk of HIV transmission when a source is known to be HIV infected.

Exposure and Risk of HIV transmission per exposure when the Source is HIV infected

Type of HIV exposure	Risk per 10,000 exposures to an infected source
Blood transfusion	9000
Perinatal exposure	1300-4500
Needle sharing	67
Unprotected receptive anal intercourse	50
Needle stick (health professional)	30
Unprotected receptive vaginal intercourse	10
Unprotected insertive vaginal intercourse	5
Ingestion of human milk	0.1- 0.4

Risk factors that may increase the rate of transmission include multiple perpetrators, unknown perpetrator, multiple episodes of intercourse, no barrier contraception, or mucosal injuries. A flow chart is included below giving recommendations for which patients to initiate HIV PEP.

An important consideration before initiating HIV PEP should include patient's ability to adhere to the medication regimen. Incomplete PEP treatment presents a theoretical risk of increased resistance and thus making the HIV more difficult to treat should the patient become HIV positive.

HIV PEP consists of two or three antiretroviral medications given for 28 days. The regimen typically includes 2 reverse transcriptase inhibitors (such as AZT). A 3rd antiretroviral medication, typically a protease inhibitor may be added. Studies suggest that a two-drug regimen is just as efficacious as a three-drug regimen. Common side effects of antiretroviral medications include nausea, vomiting, and headache. Check with local HIV experts to determine the best HIV PEP to offer patients in your geographic area.

If HIV PEP is to be prescribed, the patient should receive baseline HIV testing. Laboratory evaluations also recommended at this time include pregnancy testing, Hepatitis B and C serology, and syphilis screening. Depending on the anti-retroviral medications used, additional baseline testing may be recommended and includes CBC with differential, liver profile, and renal profile. Patients should have follow up testing at 6 weeks, 3 months, and 6 months post-exposure which should include HIV antibody testing, STI screen as indicated, and Hepatitis B and C serology.



Some tips regarding prescribing HIV PEP:

HIV PEP is expensive, and not all insurance carriers provide coverage. Some strategies to help defray costs include working with your institution's pharmacy to provide starter packs for 3-5 days in the emergency department as well as referring families to your institution's financial services office. In addition, encourage families to submit costs to the Victim's Fund through the Attorney General's Office for reimbursement.

Determine the availability of the particular HIV PEP medications within your community pharmacies. It is also helpful to determine if they carry a liquid preparation in stock.

Follow up should be arranged for the patient within 2-3 days of starting HIV PEP to monitor for side effects and assess compliance. Follow up can be done through your local advocacy center or through the local HIV clinic. Additional information on this topic may be found on the Centers for Disease Control website at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>

**** Begin HIV Prophylaxis ASAP ****



