

HIV Post-Exposure Prophylaxis

The use of HIV Post-Exposure Prophylaxis (PEP) after acute sexual assault is based on the efficacy demonstrated in occupational and perinatal HIV exposures. To provide effective prophylaxis, patients need to be promptly evaluated and assessed for the risk of HIV transmission. PEP is more effective the closer to exposure it is given, and is not recommended more than 72 hours after a potential exposure. Therefore, PEP is typically recommended only for acute cases presenting within 72 hours post-assault and when the survivor is assumed to be HIV negative.

Risk factors that may increase the rate of transmission include: abrasions, contact with or presence of blood or semen, drug-inducement, multiple perpetrators, unknown perpetrator(s), perpetrators known to be HIV positive, multiple episodes of penetration, no barrier contraception, or mucosal injuries. A flow chart is included below giving recommendations for which patients to initiate PEP.

Adherence and Follow-Up Care: Incomplete PEP treatment presents a theoretical risk to the victim. Prescribers of PEP should support the patient's ability to adhere to the medication regimen and provide successful and clear referrals to follow-up care.

Referrals to follow-up care should be made within 2-3 days of initiation and may include an existing primary care physician, federally qualified health centers, or HIV service organizations or HIV specialty clinics. Follow-up care is important; a clear, direct referral is best. The Ohio HIV/STI Hotline (800-332-2437 or OHIV.org) maintains a list of HIV and LGBTQ-experienced providers.

Prescribing: PEP consists of two or three antiretroviral medications given for 28 days. Follow [CDC Guidelines](#) for the most up-to-date medication recommendations. Common side effects of antiretroviral medications include nausea, vomiting, and headache. They may range from minor to severe.

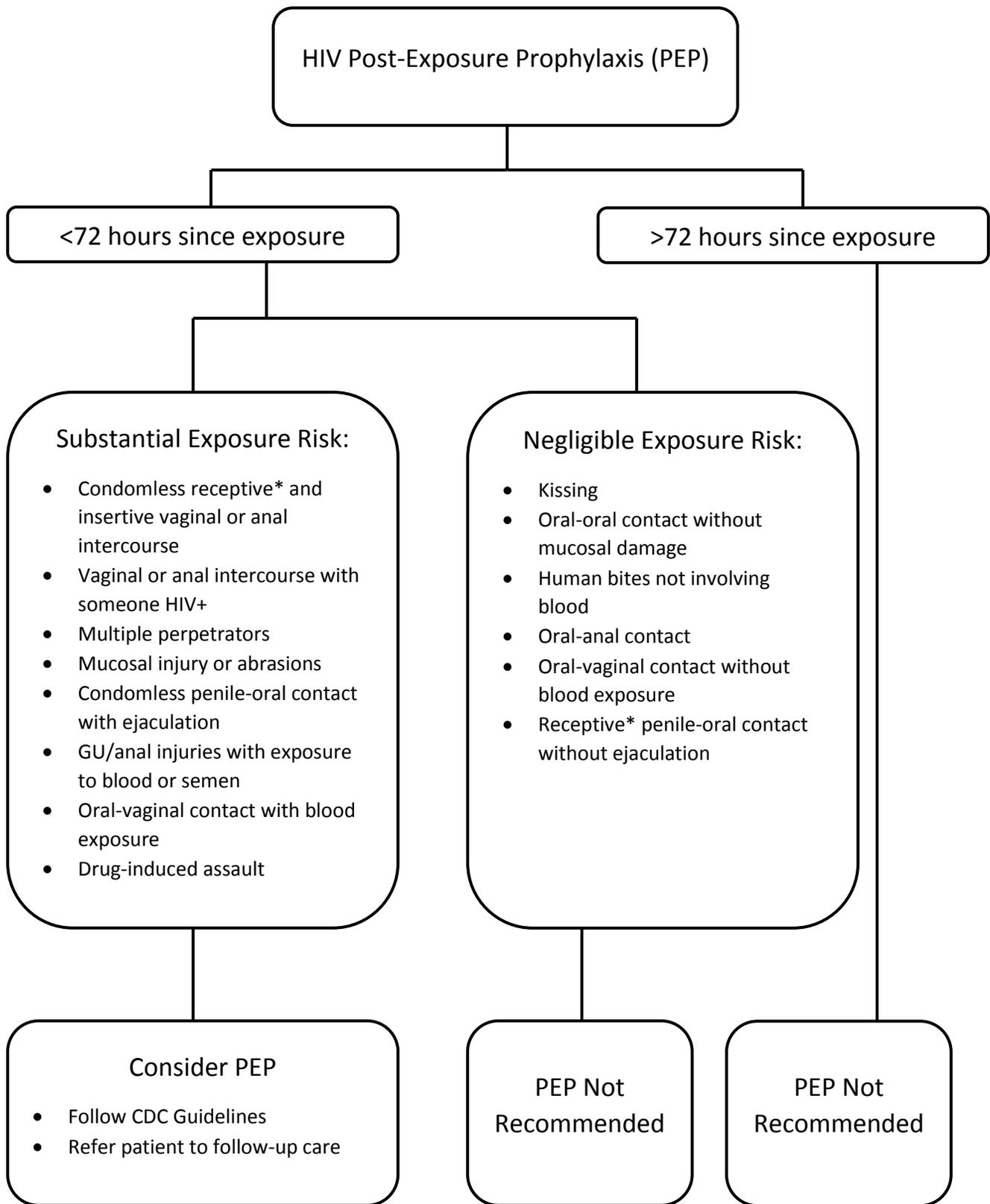
The provision of a full 28-day course is recommended over three- or five-day starter packs. In a study cited by the CDC, patients were more likely to complete a full course of PEP when provided with a 28-day supply (71%) than those who received a starter pack and referral (29%). If a prescription must be filled externally, a call should be made to ensure it is in stock and available immediately.

If HIV PEP is prescribed, the patient should receive baseline HIV testing, pregnancy testing, hepatitis B and C serology, CBC, liver profile, and renal profile. Patients should have follow-up testing post-exposure which should include HIV antibody testing, 3-site STI screening, and Hepatitis B and C serology.

Financing: PEP is expensive, but the Attorney General's SAFE program offers reimbursement for its provision. To save costs, referrals to follow-up care should include an existing primary care physician, federally qualified health centers, [HIV service organizations or specialty clinics](#).

Additional information on this topic may be found on the Centers for Disease Control website at: <https://www.cdc.gov/hiv/risk/pep/index.html> or by calling the National Clinician Consultation Center **PEP Clinician Hotline:** 888.448.4911 (9am-8pm EST M-F and 11am-8pm EST weekends and holidays) <http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>.

If patient requires, PEP payment assistance programs can be found at fairpricingcoalition.org.



* Use of "receptive" is clinical language meant to clarify contact without regard to gender or sexuality and is not meant to imply consent.

Ohio HIV/STI Hotline

800-332-2437 (voice)

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

ohiohotline@equitashealth.com

www.ohiv.org

About the Ohio HIV/STD Hotline...

The hotline provides callers and chat users with information about HIV, STIs, sexual health, and testing/health resources — privately and anonymously. 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 the largest provider of HIV/AIDS referral information in Ohio. This includes referrals to areas such as counseling and testing sites (CTSs), local health departments and community-based organizations, mental health facilities, medical, legal and dental practitioners, etc. All calls to the Hotline are free and anonymous. The hotline staff are trained volunteers and disease prevention staff; they are not victim's advocates and may not be fully trained to support those impacted by sexual violence.

Services - Hotline callers can get accurate and consistent answers to questions about:

- Their risk of HIV and/or other sexually transmitted infections.
- HIV testing and screening for sexually transmitted infections.
- Pre- and Post- exposure prophylaxis (PrEP and PEP) for HIV prevention.
- Safer sex information.
- Symptoms of HIV or STI infection.
- Current statistics.
- Workplace issues.
- Caring for someone living with HIV/AIDS.
- Myths, misconceptions and general HIV/AIDS and STI-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.

Free Condoms

Free condoms are available to be mailed directly, and discretely, to the home or desired address of any Ohioan. Upon request, condoms will be sent in plain mailers without identifying information.