

What is PEP?

Post Exposure Prophylaxis

PEP TELEPHONE INFORMATION LINE: 1800 889 887



What is PEP?

Human Immunodeficiency Virus (HIV) Post-Exposure Prophylaxis (PEP) is a type of drug therapy that is designed to reduce (but not eliminate) the possibility of infection with HIV after a potential exposure.

PEP is primarily intended for the prevention of HIV in cases where there has been a high risk of transmission.

Non-occupational post-exposure prophylaxis (NPEP) refers to the use of PEP outside the occupational setting, principally arising from sexual exposure or injecting drug use.

Studies have suggested that there may be a window of opportunity in the first few hours or days after exposure to HIV. During this time a course of medications may be able to prevent acquisition of HIV in people who did not have HIV prior to the exposure.

PEP is certainly not the new answer to prevent the transmission of HIV. Still, the most effective means of preventing HIV being passed on are safe sex, safe injecting practices and blood and body fluid awareness.

Ideally, PEP is not a treatment that should be taken regularly because of the short term and unknown long-term side effects of the medication.



When is PEP an option?

PEP is available to people who have, or may have been exposed to HIV in the community. This may include:

- Sexual exposure
- Exposure through injecting drug use or sharing equipment
- A result of injuries eg trauma, physical or sexual assault
- A result of needlestick injuries and other exposures incurred while assisting a person with HIV with home based intravenous therapy

The 'source individual' needs to be known to be HIV positive, strongly suspected of being HIV positive, or belong to a high risk group for HIV.

An assessment by a health care professional is required to determine the likely level of risk of exposure to HIV and then a shared decision will be made with yourself to determine if PEP is appropriate.

PEP should be commenced within 72 hours of the exposure. The earlier PEP is commenced, the more effective it may be.

(PEP may still be recommend after 72 hours from the exposure, as decided by a doctor).



How effective is PEP?

At present there are no scientific studies proving that PEP is effective for people experiencing risks due to exposures in the non occupational settings. However there is evidence from the occupational setting and evidence which is based on a number of animal studies and some studies of different at risk populations.

- Studies of animals infected with HIV show that giving PEP reduces the risk of HIV transmission.
- PEP has been shown to decrease the risk of HIV transmission by 81% in healthcare workers who received PEP after being exposed to HIV in the workplace.
- Mother-child transmission can be reduced by 69% with the use of pre-natal PEP combined with 6 weeks PEP therapy for the infant.

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PEP medications

PEP is the use of anti-HIV medications to prevent initial infection and subsequent replication of HIV in the body and to allow the immune system to eliminate the virus.

The drugs are the same as those that may be used to treat HIV. Different drug combinations are available for PEP, depending on the type of exposure and if the source is known to be HIV positive. There are a number of factors involved in determining which drugs will be most effective, which will be discussed by a doctor.



PEP is not a simple drug treatment and needs to be taken for 28 days.

The drugs have side effects that may include rash, gastrointestinal symptoms (eg nausea, vomiting diarrhoea), kidney stones, hepatitis and bone marrow depression. Occasionally these side effects can be very severe.

To be most effective PEP drugs need to be taken on time without missing doses.

Follow up with a doctor is recommended during and after PEP therapy.



Risks of PEP

There are a number of risks relating to PEP. We recommend you discuss these with your doctor.

PEP has been documented to have failed to prevent HIV transmission in the healthcare and in the community setting. Taking PEP will not guarantee that you will not contract HIV. It is thought to reduce the risk of transmission.

If PEP is not successful in preventing HIV transmission and a person becomes HIV positive there is a theoretical risk that the person may develop HIV that is resistant to the drugs used for PEP.

In the short term the drugs used for PEP can cause a number of side effects. In the long term it is unknown whether PEP can damage the bone marrow or lymphatic (immune) system or the reproductive system of men and women.



Where to access PEP

PEP is available throughout some specialist GPs and Emergency Departments in Victoria. Please call the PEP Telephone Information Line 1800 889 887 to talk to a nurse about your options and where to access PEP.



Contacts:

To find out more about PEP or HIV please talk to your doctor or one of the following services:

Victorian NPEP Service at The Alfred:	1800 889 887
Melbourne Sexual Health Centre:	(03) 9347 0244
Access Information Centre: www.accessinfo.org.au	(03) 9276 6993