

PEP Information

What is PEP?

PEP (post exposure prophylaxis) is a 28 day course of medication taken after an HIV exposure to reduce the risk of HIV infection. PEP needs to be started within 72 hours of the exposure. The earlier PEP is started the more effective it is.

How does PEP work?

In the first few hours to days after being exposed to HIV the amount of virus in the body is very low. During this time there is a window of opportunity where anti-HIV medications can specifically target HIV to stop it multiplying and spreading in your body and successfully prevent infection.

How effective is PEP?

Studies estimate that PEP reduces HIV transmission by 81%.

How do I take PEP?

Take PEP as prescribed for 28 days and try not to miss any doses. Missing doses decreases the amount of medication in your system and therefore decrease its effectiveness.

Are there any risks associated with taking PEP?

PEP reduces, but does not eliminate, the risk of acquiring HIV, so there is the risk that taking PEP won't prevent HIV infection. There is a risk of short term side effects (see over page). Whether there are any long term side effects of 28 days of PEP is unknown at this stage.

What HIV symptoms do I need to look out for?

Symptoms of acute HIV infection, known as seroconversion, generally occur 2-4 weeks after exposure in approximately 50% of people who develop HIV. Common symptoms include tiredness, fever, sore throat, headache, rash, and enlarged lymph nodes especially in the neck. People can get these symptoms for a wide range of reasons, for example a simple cold or sinus infection, so having one of these symptoms may not mean you are contracting HIV. If you do experience any of these symptoms please discuss them with your doctor.

When should I have an HIV test after taking PEP?

It is recommended that you be tested at 2 time points after starting PEP.

The first test at **6 weeks** can detect early HIV infection. If the test is positive, early detection has the benefit of being able to start HIV treatment as soon after infection as possible. A negative test result at 6 weeks does not completely rule out the possibility of becoming infected with HIV as you will still be in the window period.

The second test at **12 weeks** covers the window period. If this test is negative, your PEP follow-up is complete. If you have had other exposures in the previous 12 weeks, test again. Regular 3 monthly testing is recommended for sexually active men who have sex with men.

What if I have another exposure while I am taking PEP?

If you have an exposure while you are taking PEP it is recommended that you go back to your doctor to discuss this as you will need to extend the PEP course.

What is the difference between PEP and PREP?

PEP is a 28 day course of medication taken after (post) an exposure. PREP is taken every day on an ongoing basis so that if you have an exposure to HIV there is already active medication in your body. If you are interested in finding out more about PEP or PREP contact one of the sites below.

PEP Phone line 1800 889 887
PEP Website www.getpep.info

Melbourne Sexual Health Centre 9341 6200
Victorian AIDS Council 9865 6700



CALL 1800 889 887 

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PEP Medication

You have started on a course of PEP following an exposure to HIV. The medication you have been prescribed needs to be taken every day for 28 days. It is important to complete the course and to not miss any doses.

Most people tolerate PEP with only mild side effects. Below is a table of the most common side effects and some rare but serious side effects of the medications currently used for PEP in Victoria. You may be taking one or two tablets depending on what your doctor has prescribed for you. Most people are prescribed a 2 drug combination (tenofovir/emtricitabine combined into a single tablet). Some people may be prescribed a third drug (Dolutegravir).

Drug Name	Image	Dosage	Side effects
Tenofovir EMT (Lamivudine 300mg/ tenofovir disoproxil phosphate 291mg)		1 tablet once a day with food	Common - Nausea, stomach upset, headache, dizziness, weakness, fatigue Rare – kidney problems, bone thinning (when taken long term)
Dolutegravir 50mg (Given in addition to Tenofovir EMT)		1 tablet once a day with or without food	Common - Nausea, headache, diarrhoea Rare – Liver inflammation, rash, allergic reaction

Contact your doctor immediately if you experience a rash soon after starting PEP that you can not attribute to any other cause

Go to your nearest hospital accident and emergency department if you are experiencing

- **Allergic Reaction**—(skin rash/hives accompanied by fever, itching, swelling of eyes/mouth)
- **Liver inflammation** (yellowing of the skin/eyes, dark urine, pale stools, aching under the right ribs)

CALL 1800 889 887  Victorian NPEP Service

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