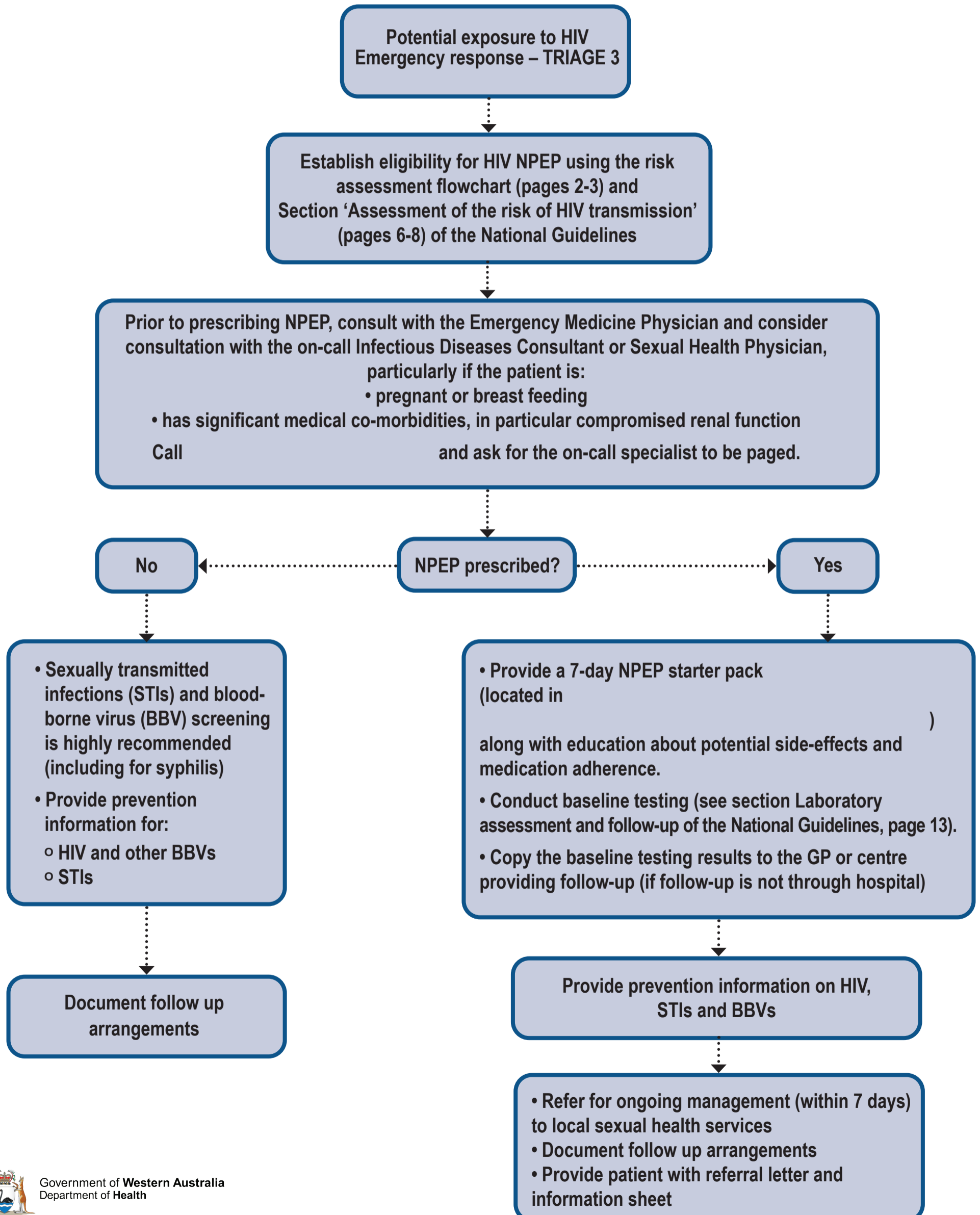


Management of Non-Occupational Exposure to HIV in Metropolitan EDs

This document is intended to facilitate the management of incidents involving potential exposure to HIV infection in the non-occupational context, ensuring compliance with the:

Post-Exposure Prophylaxis after Non-Occupational and Occupational exposure to HIV: Australian National Guidelines (Second edition), (2016), The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and the Department of Health Guidelines: Guideline for Non-Occupational Post-Exposure Prophylaxis (NPEP) to Prevent HIV in Western Australia.



RISK ASSESSMENT FLOWCHART

CONSIDER NPEP IF CONDITIONS 1, 2 AND 3 ARE MET

1



HIGH RISK EXPOSURE

- Condomless receptive intercourse (anal or vaginal)ⁱ
- Condomless insertive intercourse (anal or vaginal)ⁱ
- Use of contaminated injecting equipment

ⁱ Condomless means no condom used or condom slippage/breakage.

Table 1. NPEP recommendations after non-occupational exposure to a source with unknown HIV status

Type of exposure with unknown HIV-positive source	Estimated risk of HIV transmission/exposure*	NPEP Recommendation
Condomless receptive anal intercourse	Ejaculation: 1/700* Withdrawal: 1/1550*	2 drugs if source man who has sex with men (MSM) or from a high prevalence country (HPC) (see condition 2, next page)
Shared needles and other injecting equipment	1/12,500† (1/1250 – 1/415‡ if source is MSM)	2 drugs if source MSM or from HPC
Condomless insertive anal intercourse	Uncircumcised: 1/1600* Circumcised: 1/9000*	Uncircumcised: 2 drugs if source MSM or from HPC Circumcised: 2 drugs if source MSM or from HPC particularly if concurrent STI, trauma or blood
Condomless vaginal intercourse	Receptive: 1/1 250 000^ Insertive: 1/1 250 000^	Receptive: Not recommended. Consider 2 drugs if source MSM or from HPC Insertive: Not recommended. Consider 2 drugs if source from HPC
Oral sex	Unable to estimate risk – extremely low	Not recommended
Needlestick injury or other sharps exposure from a discarded needle in community	Unable to estimate risk – extremely low	Not recommended
Mucous membrane and non-intact skin exposure	< 1/10 000 (MSM exposure)	Not recommended

* Based on estimated seroprevalence 10% (9.6%) in men who have sex with men.

† Based on estimated seroprevalence 1.0%.

‡ Based on estimated seroprevalence of 29%.

^ Based on estimated seroprevalence 0.1%.

This table is from *Post-Exposure Prophylaxis after Non-Occupational and Occupational exposure to HIV: Australian National Guidelines (Second edition)*, (2016), The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).

Notes:

- Condomless receptive oral intercourse with ejaculation MAY BE CONSIDERED as a high-risk exposure ONLY IF the source is known to be HIV-positive with a detectable HIV viral load and there is oral mucosal disease or an open lesion in the mouth or throat.
- Significant exposure of non-intact skin with blood, sperm or vaginal fluids MAY ALSO BE CONSIDERED as a high-risk exposure ONLY IF the source is known to be HIV positive with a detectable HIV viral load.
- The above table references condomless intercourse.

Non-occupational exposure to a known HIV status source

If the source viral load is known to be undetectable, NPEP is not recommended, provided the source history is reliable, they are compliant with medication, attend regular follow-up and have no intercurrent STIs.

If the source is not on HIV treatment or on treatment with detectable or unknown viral load, a three-drug PEP regimen is recommended.

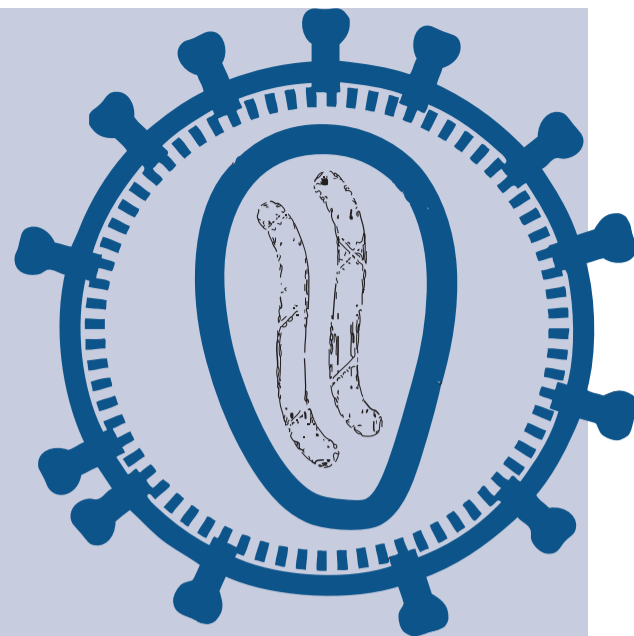
2

**SOURCE IS KNOWN TO BE HIV INFECTEDⁱⁱ
AND VIRAL LOAD IS DETECTABLE**

OR

**SOURCE IS LIKELY TO BE AT INCREASED RISK
OF HIV, IF THEY ARE IN AT LEAST ONE OF THESE
CATEGORIES:**

- Men who have sex with men
- Heterosexual person who injects drugs
- A person from a high HIV prevalence country (HIV prevalence > 1.0%)(see below)
- A sex worker OUTSIDE of Australia



ⁱⁱ NPEP is NOT RECOMMENDED following insertive/receptive anal, vaginal or oral sex; sharing of needles or other injecting equipment; and mucous membrane and non-intact skin exposure when the source viral load is KNOWN to be UNDETECTABLE – this is provided the source is known to be compliant with medication, attends regular follow-up and has no intercurrent STI.

High prevalence countries (HPC)ⁱⁱⁱ

Sub-Saharan Africa	Djibouti	Malawai	Zimbabwe	Panama
	Ethiopia	Mali		Suriname
Angola	Equatorial	Mozambique	North Africa	Trinidad and Tobago
Benin	Guinea	Namibia	South Sudan	
Botswana	Gabon	Nigeria		Eastern Europe
Burkina Faso	Gambia	Rwanda	Americas	Russian Federation
Burundi	Ghana	Sierra Leone	Bahamas	Ukraine
Cameroon	Guinea	South Africa	Barbados	
Central Africa Republic	Guinea-Bissau	Swaziland	Dominican Republic	
Chad	Kenya	Tanzania	Guyana	Southeast Asia
Republic of the Congo	Lesotho	Togo	Haiti	Thailand
	Liberia	Uganda	Jamaica	
		Zambia		

ⁱⁱⁱData available at: <http://aidsinfo.unaids.org>

3

**THE PATIENT PRESENTS WITHIN
72 HOURS OF EXPOSURE**



1 + 2 + 3 = CONSIDER NPEP*

2-DRUG REGIMEN:

Tenofovir disoproxil fumarate/emtricitabine 300mg/200mg daily

3-DRUG REGIMEN:

Tenofovir disoproxil fumarate/emtricitabine 300mg/200mg daily

PLUS

Dolutegravir 50mg daily

*Prescribers are required to refer to Therapeutic Guidelines for full regime to inform prescribing