

**HIV RISK ASSESSMENT and INITIATION OF POST EXPOSURE PROPHYLAXIS  
FOLLOWING SEXUAL EXPOSURE (PEPSE)**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of assessment (24hr) \_\_\_\_\_

Assessor: \_\_\_\_\_ Position: \_\_\_\_\_

**PATIENT DETAILS**

Sex: M / F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Heterosexual/MSM/Bisexual

Ethnic origin: \_\_\_\_\_

**Details of incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has patient tested for HIV in the past: Y / N Date of last negative test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Hours since exposure:** \_\_\_\_\_ hrs  
(if more than 72 hours after exposure DISCUSS WITH HIV CONSULTANT)

**Sexual exposure:**

- Consensual / Non-consensual
- Single exposure/penetration / Multiple exposures/penetration
- Single partner / Multiple partners
- Condom use: None / Broken / Not known

**Consider HIV POCT  
if no recent test or  
high risk:**  
  
Batch No  
  
**POSITIVE/NEGATIVE**

**Type of exposure**

- Receptive anal (*anus penetrated by penis*) Y / N
- Insertive anal (*penis inserted into anus*) Y / N
- Receptive oral sex (*mouth penetrated by penis*) with ejaculation Y / N
- Receptive oral sex without ejaculation Y / N
- Receptive vaginal sex (*vagina penetrated by penis*) Y / N
- Insertive vaginal sex (*penis inserted into vagina*) Y / N

Additional risks related to exposure (*including menstruation, trauma, bleeding*) Y / N

**DETAILS OF RISK SEXUAL PARTNER(S)**

Partner(s) known: Y / N  
If Y: Name \_\_\_\_\_ Age \_\_\_\_\_ M / F Ethnic origin: \_\_\_\_\_

### Details of Risk Sexual Partner(s)

Heterosexual / Bisexual / MSM

IVDU and needle sharing **Y / N**

Known HIV positive **Y / N**

On treatment **Y / N**

Undetectable **Y / N**

Viral load \_\_\_\_\_ copies/ml

Date of last HIV negative test, if known \_\_\_\_\_

*Further details of HIV treatment if available please include drugs, resistance, treatment centre and treating physician.*

### HIV RISK ASSESSMENT FOR STARTING PEPSE

	RISK PARTNER KNOWN HIV POSITIVE		RISK PARTNER UNKNOWN HIV STATUS	
	Viral load detectable	Viral load undetectable	From Higher Risk Group Homosexual / Bisexual, IVDU Sub Saharan Africa	Unknown from low prevalence groups/area
Receptive anal (anus penetrated by penis)	<b>Recommended</b>	<b>Recommended</b>	<b>Recommended</b>	Not Recommended
Insertive anal (penis inserted into anus)	<b>Recommended</b>	Not Recommended	Consider	Not recommended
Receptive vaginal sex (vagina penetrated by penis)	<b>Recommended</b>	Not Recommended	Consider	Not recommended
Insertive vaginal sex (penis inserted into vagina)	<b>Recommended</b>	Not Recommended	Consider	Not recommended
Receptive oral sex (mouth penetrated by penis) <b>with</b> ejaculation	Consider	Not Recommended	Not Recommended	Not recommended
Splash of semen into eye	Consider	Not Recommended	Not Recommended	Not recommended
Receptive oral sex (mouth penetrated by penis) <b>without</b> ejaculation	Not recommended	Not Recommended	Not recommended	Not recommended
Cunnilingus (mouth to vulva/vagina)	Not recommended	Not Recommended	Not recommended	Not recommended
Human bites	Not recommended		Not Recommended	Not Recommended
Needlestick from discarded needle in community	Not Recommended			
Sexual assault	<b>Recommended</b>			
<p><b>Risk may be increased and PEPSE would be indicated in the presence of the following: Blood loss at time of exposure – menstrual or traumatic, Sexual assault, Multiple exposures, Multiple partners and Concurrent STI</b></p>				

**HEPATITIS RISK ASSESSMENT****PATIENT HEP B IMMUNISATION STATUS****PARTNER HEPATITIS STATUS**

Hepatitis B Immunisation course completed	Y / N	Hepatitis B surface antigen positive	Y / N / NK
Hepatitis B Immunisation course incomplete	Y / N	Hepatitis C antibody positive	Y / N / NK
Never immunised	Y / N	Not known	

Following sexual exposure all patients may be at risk for hepatitis B transmission.  
Refer to appendix 1 and use Hep B vaccination proforma

List patient's current medication: \_\_\_\_\_

Herbal/OTC medications: \_\_\_\_\_

Recreational drug use: \_\_\_\_\_

Check appendix for interactions: Y / N

Does patient have renal impairment (eGFR<60 ml/min) Y / N

(If renal failure or concerns re interactions discuss with on call HIV Consultant)

If **FEMALE** and risk of pregnancy consider emergency contraception.

**Advise patients**

Risk of HIV acquisition from this exposure (see appendix)	Y / N
Evidence and efficacy of PEPSE (up to 80% reduction)	Y / N
PEPSE is an unlicensed indication	Y / N
Short-term side effects of PEPSE (eg. diarrhoea, nausea)	Y / N
Unknown long-term side effects of PEPSE	Y / N
4 week course of treatment/strict adherence to dosing – no treatment interruptions	Y / N
Must attend follow up during PEPSE and at 1 month following completion of PEPSE	Y / N
Protected SI during PEPSE and for following until result of HIV test known	Y / N

**BASELINE INVESTIGATION MUST BE TAKEN PRIOR TO STARTING PEPSE**

FBC	Hepatitis B core antibody (lab will do surface Antigen if positive)
LFTs	Hepatitis surface antibody ( <i>If previous vaccination</i> )
UEs	Hepatitis C IgG antibody
HIV 1 & 2 antibodies	
Syphilis serology	SERUM SAVE ( <i>If declines any serology tests</i> )

**EMERGENCY DEPARTMENT PEPSE**

**Medication is stored in controlled drug cupboard and requires a signature.**

**Please fax a copy of this document to: 020 8481 0078**

**Please advise patients of the clinic opening hours (appendix 4)**

**PEPSE prescribed (5 day starter pack)**

Truvada 1 tablet      once daily  
Raltegravir 1 tablet    twice daily

Is PEPSE to be prescribed      **Y / N**      Dr Signature & Print \_\_\_\_\_

Given information leaflets in the starter pack on side effects of the medication:      **Y / N**

Time PEPSE started: \_\_\_\_\_

Time interval between UPSI and starting PEPSE: \_\_\_\_\_

**Inform patient of PEPSE Follow up Schedule and give PEPSE leaflet**

- 1. Day 3-5      Review of adherence, side effects, baseline bloods and prescription.
- 2. Day 14      Review of adherence, side effects for safety bloods and STI screen.
- 3. 3 month      Final HIV test and further tests if required including hepatitis and syphilis.

**See also Hep B pro-forma if vaccination required**

**PEPSE FOLLOW UP RECORD**

**DAY 3-5 VISIT**

**Name:** \_\_\_\_\_      **Date** \_\_\_\_\_

Day of PEPSE Rx: \_\_\_\_\_

PEPSE: Continuing/Stopped      Date stopped: \_\_\_\_\_

Adherence / Side effects: \_\_\_\_\_

Check pre-PEPSE Bloods: \_\_\_\_\_

**Prescription ARV for 23 days**

- **To complete 28 day of PEPSE treatment**
- **Must take prescription to Hospital Pharmacy**

Dr Signature \_\_\_\_\_

**WEEK 2 VISIT**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Day of PEPSE Rx: \_\_\_\_\_

PEPSE: Continuing/Stopped      Date stopped:

Adherence / Side effects: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Blood tests:              U&Es, LFTs, FBC      **Y / N**

STI screen              **Y / N**

Dr Signature \_\_\_\_\_

**3 Months post PEPSE VISIT**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

No. of weeks following completion of PEPSE \_\_\_\_\_

UPSI since completed PEPSE?    **Y / N**

Details: \_\_\_\_\_

\_\_\_\_\_

**Blood tests:**

- HIV
- Syphilis
- Hep Bs Ag
- Hep Bs Ab (if Hep B vaccinated)\*
- HCV

\*Advise Hep B booster at 1 year

Comments: \_\_\_\_\_

## APPENDIX 1

HBV PROPHYLAXIS FOR SEXUAL EXPOSURE INCIDENTS		
HBV status of person exposed	HbsAg positive source	Unknown source
Single dose vaccine or never vaccinated	Accelerated course of HB vaccine* HBIG x 1 **	Accelerated course of HB vaccine*
>2 doses HB vaccine pre-exposure (Anti-HBs not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine
Known responder to HB vaccine (Anti-HBs > 10miU/ml)	Booster dose of HB vaccine	Booster dose of HB vaccine
Known non-responder to HB vaccine (Anti-HBs <10 miU/ml 2-4 months post - immunisation)	HBIG x 1 ** Booster dose of HB vaccine	Booster dose of HB vaccine

\* An accelerated course of vaccine consists of doses spaced at 0, 1 and 3 weeks  
A booster must be given at 12 months to those continuing risk of exposure to HBV

\*\* HBIG to be obtained from consultant microbiologist on duty

If Hep B vaccine or HBIG required prescribe below:

Hepatitis B vaccine 1ml i.m

Dr Signature

Immunoglobulin HBIG 500 units

Vax label

Given by

## APPENDIX 2

## KEY DRUG INTERACTIONS WITH PEPSE

## Truvada

- No significant drug interactions.

## Raltegravir

- Antacids and supplements containing aluminium, magnesium, calcium or iron.
- Multivitamins (avoid or take 2hrs apart from raltegravir)
- Carbamezipine
- Phenobarbital
- Phenytoin
- Rifampicin

If drug is not listed above please check [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)  
Or discuss with on call HIV consultant via switchboard for any queries.

## APPENDIX 3

Risk of transmission will depend on two factors – the risk of the partner being positive and the risk of the exposure.

**TABLE 1: RISK THAT THE SOURCE IS POSITIVE**

COMMUNITY GROUP	RISK A	
	HIV SEROPREVALENCE (%)	
<b>MSM UK</b> London Elsewhere	4.4	
	8.1	
	3.1	
<b>INJECTING DRUG USERS</b> London Elsewhere in UK	0.9	
	0.4	
<b>HETEROSEXUALS</b>  Sub-saharan Africa  Elsewhere in UK	<b>M</b>	<b>F</b>
	3.1	6.2
	0.05	0.03

**TABLE 2: HIV RISK PER EXPOSURE FROM KNOWN HIV POSITIVE INDIVIDUAL**

TYPE OF EXPOSURE	RISK B
	ESTIMATED RISK PER EXPOSURE (%)
Needlestick injury	0.3
Sharing injecting equipment	0.7
Receptive anal intercourse	1.11
Insertive anal intercourse	0.06
Receptive vaginal intercourse	0.1
Insertive vaginal intercourse	0.082
Receptive oral sex (fellatio)	0.02
Insertive oral sex	0
Mucus membrane exposure	0.63
Blood transfusion	90-100

**TABLE 3**

Calculating the estimated risk of HIV transmission according to the likelihood that the source is HIV-positive and the risk following a single exposure with someone known to be HIV-positive

Type of exposure	Population group	Risk of HIV transmission (source of unknown HIV status)*	Risk of HIV transmission (source is HIV-positive)*
Unprotected receptive anal intercourse	MSM in London	$0.081 \times 1.11\% = 0.09\%$	$1/1,112$ $1 \times 1.11\% = 1.11\%$ 1/90
	MSM elsewhere in the UK	$0.031 \times 1.11\% = 0.034\%$	$1/2,906^{\dagger}$
Unprotected insertive anal intercourse	MSM in London	$0.081 \times 0.06\% = 0.0049\%$	$1/20,408$ $1 \times 0.06\% = 0.06\%$ 1/1667
	MSM elsewhere in the UK	$0.031 \times 0.06\% = 0.0019\%$	$1/52,632^{\dagger}$
Unprotected receptive oral intercourse (giving fellatio)	MSM in London	$0.081 \times 0.02\% = 0.0016\%$	$1/62,500$ $1 \times 0.02\% = 0.02\%$ 1/5000
	MSM elsewhere in the UK	$0.031 \times 0.02\% = 0.0006\%$	$1/166,667$
Unprotected receptive vaginal intercourse	Heterosexual man born in sub-Saharan Africa	$0.031 \times 0.1\% = 0.0031\%$	$1/32,258$ $1 \times 0.1\% = 0.1\%$ 1/1000
Unprotected insertive vaginal intercourse	Heterosexual man born in UK	$0.005 \times 0.1\% = 0.0005\%$	$1/200,000$
	Heterosexual woman born in sub-Saharan Africa	$0.062 \times 0.082\% = 0.0051\%$	$1/19,608$ $1 \times 0.082\% = 0.082\%$ 1/1220
	Heterosexual woman born in UK	$0.003 \times 0.082\% = 0.00025\%$	$1/400,000$
Sharing injecting equipment	IDU in London	$0.009 \times 0.67\% = 0.006\%$	$1/16,667$ $1 \times 0.67\% = 0.67\%$ 1/149
	IDU elsewhere in the UK	$0.004 \times 0.67\% = 0.0027\%$	$1/37,037$

MSM = men who have sex with men; IDU = intravenous drug user

\*Risk is calculated using data from Tables 1 and 2 according to the formula: risk of HIV transmission = risk that source is HIV-positive  $\times$  risk of exposure

In some circumstances the risk of HIV transmission is clearly greater than that following occupational exposure in which PEP is routinely considered: 1/300 for a known HIV-positive 'source'<sup>†</sup>

There may be special circumstances that may increase or decrease the risk of an exposure, including the presence of concurrent sexually transmitted infections, circumcision or acute HIV seroconversion

<sup>†</sup>The prevalence of HIV among MSM across the UK varies and is high in some regions, including Brighton and Manchester

See BASHH Guidelines for further information [www.bashh.org.uk](http://www.bashh.org.uk)

## APPENDIX 4

**CLINIC TIMETABLE**

<b>DAY</b>	<b>WALK-IN / DROP IN</b> (no appointment required) Doors open at 8.30am for morning clinics	<b>APPOINTMENTS</b> (to be booked in advance)
<b>Monday</b>	9.00am–12.00pm	2.30pm-5.30pm
<b>Tuesday</b>	9.00am-2.30pm 4.00pm-6.00pm “The Point” – strictly for 18yrs & under only	
<b>Wednesday</b>	9.00am-12.00pm 6.00pm-8.00pm “K2” for Gay/Bisexual men only	
<b>Thursday</b>	9.00am-12.00pm	2.30pm-7.50pm
<b>Friday</b>	9.00am-12.00pm	2.30pm-5.30pm

**[www.SexualHealthKingston.co.uk](http://www.SexualHealthKingston.co.uk)**

**Tel: 020 8974 9331**