A & E
KINGSTON HOSPITAL

Patient Sticker

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

Q1 Date : ☐☐ / ☐☐ / ☐☐☐☐

Q2 Time of assessment : 24 hr clock ☐☐ : ☐☐

Q3 Assessors name : Position :

SECTION 1: DETAILS OF PATIENT

Q4

Name:

Sex M ☐ F ☐ Age: ☐ DOB ☐☐ / ☐☐ / ☐☐☐☐

Heterosexual ☐ MSM ☐ Bisexual ☐ Ethnic origin:

Q5 **Details of incident:**

Q6

HIV Status of Patient:

Has patient tested for HIV in the past? Yes ☐ No ☐

Date of last negative HIV test ☐☐ / ☐☐ / ☐☐☐☐

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Q7

Details of sexual exposure:

Date of exposure: / / **Time of Exposure :** : **Hours since exposure:**

If **MORE THAN 72 HOURS** after exposure do not give PEPSE unless **DISCUSSED WITH ON CALL GUM CONSULTANT**

Sexual exposure	**Please circle**		**Condom Use**	**Please circle**	
Consensual	Yes	No	None	Yes	No
Non consensual	Yes	No	Broke / Split	Yes	No
Single exposure / penetration	Yes	No	Removed	Yes	No
Multiple exposures / penetration	Yes	No	Not known	Yes	No
Single partner	Yes	No	Other details		
Multiple partners	Yes	No			

Type of Exposure	Tick	**Type of Exposure**	Tick
Receptive anal (anus penetrated by penis)		Receptive oral sex (mouth penetrated by penis) with ejaculation	
Insertive anal (penis inserted into anus)		Receptive oral sex without ejaculation	
Receptive vaginal sex (vagina penetrated by penis)		Splash of semen into eye	
Insertive vaginal sex (penis inserted into vagina)		Cunnilingus (mouth to vulva/vagina)	

Additional risks related to exposure (Including menstruation, trauma, bleeding)

SECTION 2: DETAILS OF RISK SEXUAL PARTNER(S)

Q8

Partner(s) Known **unknown** **multiple partners**

Name(s) M F

Age

Ethnic origin

Details of **Risk sexual Partner**(s)

	Y/N	NK		Y/N	NK
Heterosexual			IVDU and needle sharing		
Bisexual			Native of Sub Saharan Africa or SE Asia		
MSM					
Known HIV POSITIVE			Date of last HIV neg test:		

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SECTION 3: HIV RISK ASSESSMENT FOR STARTING PEPSE

	RISK PARTNER KNOWN HIV POSITIVE	RISK PARTNER UNKNOWN HIV STATUS	
		From Higher Risk Group Homosexual / Bisexual , IVDU Sub Saharan Africa	**Not From High risk Group**
Receptive anal (anus penetrated by penis)	**Recommended**	**Recommended**	**Consider**
Insertive anal (penis inserted into anus)	**Recommended**	**Consider**	**Not recommended**
Receptive vaginal sex (vagina penetrated by penis)	**Recommended**	**Consider**	**Not recommended**
Insertive vaginal sex (penis inserted into vagina)	**Recommended**	**Consider**	**Not recommended**
Receptive oral sex (mouth penetrated by penis) **with** ejaculation	**Consider**	**Consider**	**Not recommended**
Splash of semen into eye	**Consider**	**Consider**	**Not recommended**
Receptive oral sex (mouth penetrated by penis) **without** ejaculation	**Not recommended**	**Not recommended**	**Not recommended**
Cunnilingus (mouth to vulva/vagina)	**Not recommended**	**Not recommended**	**Not recommended**

Risk may be increased and PEPSE would be indicated in the presence of the following:

1. **Blood loss at time of exposure – menstrual or traumatic**
2. **Sexual assault**
3. **Multiple exposures**
4. **Multiple partners**
5. **Concurrent STI**

Q9. Is PEPSE to be:	**Recommended**		**Complete all PEPSE protocol**
	Considered		**Call on call GUM/HIV consultant** **Complete all PEPSE protocol**
	Not recommended		**Complete section 4 and 6 only** **Take serum save only**

SECTION 4: HEPATITIS RISK ASSESSMENT

Q10. PATIENT HEP B IMMUNISATION STATUS		**Q11. PARTNER HEPATITIS STATUS**	
Hepatitis B Immunisation course completed		Hepatitis B surface antigen positive	Yes / No / NK
Hepatitis B Immunisation course incomplete		Hepatitis C antibody positive	Yes / No / NK
Never immunised			
Not known			

Following sexual exposure all patients may be at risk for hepatitis B transmission.
Please follow the actions in the table below and administer prophylaxis as appropriate

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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

SECTION 5: TO BE COMPLETED BY DOCTOR PRESCRIBING PEPSE

Step 1

Advise patients that after a **high risk unprotected sexual exposure,** PEPSE taken **within 72 hours**, may reduce the risk of HIV Seroconversion by up to 80%.

Treatment must be taken for 1 month and patients will need to attend the Wolverton Clinic for follow-up weekly during treatment and at 3 months following completion of PEPSE.

PEPSE appropriate Yes ☐ No ☐

Is the **risk partner** currently taking anti-retrovirals Yes ☐ No ☐ NK ☐

Is the **patient** on any interacting medications Yes ☐ No ☐

List patient's current medication

KEY DRUG INTERACTIONS WITH PEP

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Truvada	Kaletra				
No significant drug interactions	**Alprazolam Amiodorone Anticancer drugs Astemizole Bupropion Calcium channel blockers**	**Cisapride Carbamezipine Digoxin Ergot alkaloids Ecstasy Ethinyloesradiol (contraceptive pill)**	**Fluticasone inhalers & nasal sprays (flixotide, seretide, flixonase) GBL/GHB Levonorgesterol (levonelle)**	**Midazolam/ Triazolam Phenobarbital Phenytoin Pimozide Rifampicin Rifabutin**	**Rosuvastatin Simvastatin Sildenafil St Johns Wort Tadalafil Terfinadine Vardenafil Warfarin**

Does patient have severe renal impairment? (eGFR <50 mls / min) Yes ☐ No ☐ NK ☐

IF FEMALE: risk of pregnancy

Last menstrual period ☐ / ☐ / ☐

Current contraception ☐ NB Kaletra reduces efficacy of COCP & POP

Needs Emergency Contraception ? Yes ☐ No ☐

Give double dose of levonelle if Px PEP or IUD

Is there risk of pregnancy? Yes ☐ No ☐

→ Perform PT

Result PT Pos ☐ Neg ☐

If YES to any part of Step 1, discuss with on call GUM/ HIVConsultant

Step 2

Advise patients: Please tick

a) Risk of HIV acquisition from this exposure (see appendix) ☐

b) Evidence and efficacy of PEPSE (up to 80% reduction) ☐

c) PEPSE is an unlicensed indication ☐

d) Short-term side effects of PEPSE (e.g.diarrhoea) ☐

e) Unknown long-term side effects of PEPSE ☐

f) 4-week course of treatment / strict adherence to dosing – no treatment interruptions ☐

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g) Follow-up during PEPSE weekly and at 3 months following completion of PEPSE ☐

h) Protected SI during PEPSE and for following 3 months until result of HIV test known ☐

Step 3

Is PEPSE to be prescribed Yes ☐ No ☐ Dr Signature

PEPSE PRESCRIBED (5 day starter pack)

a) **Truvada 1 tablet daily**
Kaletra 2 tablets twice daily Yes / No

b) Domperidone Yes / No

c) Loperamide Yes / No

Other PEPSE Px

Given information leaflets in the starter pack on side effects of the medication Yes ☐ No ☐

Time PEPSE started ☐☐:☐☐

Time interval between UPSI and starting PEPSE ☐☐:☐☐

Step 4

THE FOLLOWING BASELINE INVESTIGATION MUST BE TAKEN FOR PATIENTS STARTING PEPSE

TEST	Tick	TEST	Tick
Full Blood Count		**Hepatitis B core antibody**	
Liver Function Tests (including GGT)		**Hepatitis B surface antigen**	
Urea, Creatinine and Electrolytes		**Hepatitis B surface antibody (if previous vaccination)**	
HIV 1 & 2 antibodies		**Hepatits C IgG antibody**	
Syphilis EIA IgG /M		**SERUM SAVE - If declines any serology tests**	

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Step 5
FOLLOW UP

Advise patient to attend Wolverton Centre **within 5 days** to see Dr	☐
Given copy of this proforma to patient to take with them to Wolverton	☐
Proforma faxed to Wolverton	☐
Given PEPSE leaflet	☐

Dr Signature

WOLVERTON CENTRE CONTACT DETAILS

The Wolverton Centre for Sexual Health
Kingston Hospital
Galsworthy Road
Kingston upon Thames
KT2 7QB

Appointments & information	020 8974 9331
Secretaries	020 8934 2845
Fax	020 8481 0078

For further details see Sexual Health & HIV Services at
WWW.kingstonhospital.nhs.uk

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APPENDIX

BACKGROUND
Studies have suggested that there may be a window of opportunity to reduce HIV transmission by inhibiting viral replication following an exposure. Once HIV has crossed the mucosal barrier it may take up to 72 hours before HIV can be detected within lymph nodes and up to 5 days to be detected in blood.
The efficacy of PEP following occupational exposure has been studied using randomised control trials, and involves direct exposure of blood through a penetrating injury or across a mucus membrane. HIV transmission following sexual exposure has not been studied using randomised trials, however small prospective studies have shown some benefit in taking PEPSE compared to those who did not.

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

	RISK A	
COMMUNITY GROUP	**HIV SEROPREVALENCE (%)**	
HOMOSEXUAL MEN		
London	20.3	
Elsewhere	3.6	
INJECTING DRUG USERS		
London	2.9	
Elsewhere inUK	0.5	
HETEROSEXUALS	**M**	**F**
Sub-saharan Africa	6.9	11.3
North America	2.9	0.1
Central & South America	2.4	0.9
Rest of Europe	2.0	0.2
Caribbean	1.2	1.0
Australasia	0.8	0.1
UK	0.5	0.2
North Africa& Middle East	0.5	0.4
South Asia	0.5	0.6
East and South East Asia	0.5	0.7

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	0.1 – 3.0
Insertive anal intercourse	0.06
Receptive vaginal intercourse	0.1 – 0.2
Insertive vaginal intercourse	0.03 – 0.09
Receptive oral sex (fellatio)	0.0 – 0.4
Mucus membrane exposure	0.09

RISK OF HIV TRANSMISSION: HIV seroprevalence (Risk A) x Estimated risk exposure (Risk B)

Example
Source = Homosexual man Exposure unprotected receptive anal sex
Risk of transmission = 20% x 3% (to calculate: 0.20 x 0.003 x100) = 0.60% = 1/166

Factors that may increase RISK OF HIV TRANSMISSION
- **high plasma viral load in source**
- **breeches in mucosal barriers such as mouth or genital ulcer disease**
- **sexual assault**
- **first intercourse**
- **menstruation**
- **concurrent STI (sexually transmitted infection)**