Worcestershire Acute Hospitals NHS Trust

HIV and Hepatitis B Post-exposure Prophylaxis (PIP)

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Key Documents Owner:	Dr Dawson	Consultant Paediatrician
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The following guidance is taken from the Partners In Paediatrics (PIP)

HIV AND HEPATITIS B POST-EXPOSURE PROPHYLAXIS (PEP)

RISK ASSESSMENT

No risk

- Intact skin contaminated with blood or body fluids
- Kissing

Low risk

- Mucous membrane or conjunctival contact with blood or body fluids
- Superficial injury that does not draw blood
- Needle/instrument not visibly contaminated with blood

Moderate risk

- Skin penetrating injury that draws blood by needle/instrument contaminated with blood or body fluid
- Wound causing bleeding and produced by sharp instrument visibly contaminated with blood
- Sexual contact with individual of unknown HIV status

High risk

- Significant exposure to blood or body fluids from source known to be HIV, hepatitis B (HBV) or C (HCV) infected
- Sexual assault

MANAGEMENT

No risk

- Reassure and discharge
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Low risk

- HBV immunisation standard 0,1, 6 months (or booster if already immunised)

Moderate risk

- HBV immunisation accelerated 0, 1, 2, 12 months (or booster if already immunised)

High risk

- HBV immunisation accelerated 0, 1, 2, 12 months (or booster if already immunised)
- HBV immunoglobulin if source known infected with HBV
- HIV PEP

PEP not indicated

- Low or moderate risk
- Sex with HIV +ve person confirmed viral load <200 copies/mL for >6 months
- Human bite
- Needlestick from a discarded needle in the community

PEP

Age (yrs)	**PEP**
10+	Raltegravir + Truvada®
6–9	Raltegravir + lamivudine + zidovudine
<6	Kaletra® + lamivudine + zidovudine

- >35 kg: Truvada® 1 tab daily – do not use if known renal impairment
- >25 kg: raltegravir 400 mg tab 12-hrly
- or chewable tablets:
  - 25–27 kg: 1½ x 100 mg 12-hrly

  - 28–39 kg: 2 x 100 mg 12-hrly
  - ≥40 kg: 3 x 100 mg 12-hrly
- See CHIVA PEP guidelines for doses https://www.chiva.org.uk/professionals/gui/
- If paediatric formulations of above agents unavailable, do not delay commencing PEP if alternative is available
- If source has drug-resistant virus, seek expert help
- If patient known to have HIV do not give PEP
- Start as soon as possible (ideally within 24 hr)
- Do not start >72 hr after exposure
- Give starter pack for 5 days treatment until seen by specialist in infectious diseases
- Total treatment course will be 28 days

INVESTIGATIONS

Table 1: Recommended monitoring during PEP course and follow-up

	Baseline	14 days	4–6 weeks post-completion
HIV	✓		✓
HBsAg (if no history of vaccination)	✓		✓ Only if not immune
Syphilis, Hep C, HBsAb/cAb	✓		✓
STI	✓	✓	If further unprotected sexual intercourse has taken place
Creatinine	✓	Only if abnormalities at baseline	
ALT	✓	Only if abnormalities at baseline, Hep B/C co-infected or on Kaletra®	
Urinalysis or uPCR	✓	Only if abnormalities at baseline	If abnormalities at baseline or 2 weeks
Pregnancy test	✓	If appropriate	If appropriate
Creatine kinase		Only if symptomatic of myositis	

- After sexual exposure offer emergency contraception and screen for other sexually transmitted infections with urine for chlamydia and gonorrhoea and syphilis serology
- if non-consensual sexual activity refer to child protection co-ordinator
- see www.bashhguidelines.org/current-guidelines/sexual-history-taking-and-sti-testing/sexual-assault-2012/
- Check need for tetanus immunisation

FOLLOW-UP

- Before discharge, provide families embarking on HIV PEP with:
- appointment to see a paediatrician with experience in antiretroviral drugs or member of ID/GUM team the same day or next working day
- for local paediatric HIV team see www.chiva.org.uk/professionals/regional-networks
- for national specialist advice ask for on-call paediatric infectious disease team at St Mary's London (020 3312 6666)
- contact telephone number in case of concerns about any aspect of HIV PEP
- enough antiretroviral medication to last until clinic appointment
- letter for GP
- If PEP given, review at 2 and 4 weeks
- at 2 weeks repeat STI screen following sexual exposure
- at 4–6 weeks repeat HIV, hepatitis and syphilis testing
- If source is HCV RNA PCR +ve, arrange the following enhanced HCV follow-up:
    - at 6 weeks: EDTA blood for HCV PCR
    - at 12 weeks: EDTA blood for HCV PCR and clotted blood for anti-HCV antibodies
    - at 24 weeks: clotted blood for anti-HCV antibodies