



Government of South Australia
Department of Health

Communicable Disease Control Branch (CDCB)

Non-Occupational Post-Exposure Prophylaxis (nPEP) for HIV

**Standard Operating Procedure 2
for Emergency Response**

*Management of clients presenting
after non-occupational exposure*

December 2007

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1. Introduction

This Standard Operating Procedure (SOP) describes the necessary actions to be taken when a patient presents to a general practitioner who is an S100 prescriber, an emergency department, or a sexual health clinic after a potential exposure to HIV.

In conjunction with the South Australian (SA) Department of Health (2007) *Guidelines for the management of non-occupational exposure to HIV*, it provides the minimum standards required to manage people who have had an actual or potential non-occupational exposure to HIV.

2. Acronyms

FSW	Female Sex Worker
HBIG	Hepatitis B Immunoglobulin
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
PEP	Post Exposure Prophylaxis
nPEP	Non-occupational Post Exposure Prophylaxis
SOP	Standard Operating Procedure(s)
STI	Sexually Transmissible Infection

3. Rationale for post exposure prophylaxis

It is recognised that HIV may be transmitted by significant exposure to blood or other body substances, as a result of unprotected sexual activity or injecting drug use. There is evidence that: Post Exposure Prophylaxis (PEP) for human immunodeficiency virus (HIV) may prevent infection in some circumstances.

PEP following occupational exposures in the health care setting is now a universally accepted practice. In the face of the evidence about efficacy of PEP in this setting, it is clear that appropriate post-exposure management should be available to all persons with similar risks of transmission whether or not the risk occurs during the course of one's occupation. The provision of non-occupational Post Exposure Prophylaxis (nPEP) is seen as an integral part of an overall strategy for the prevention of HIV.

4. The SA Department of Health nPEP Management System

The South Australian Department of Health nPEP Management System has three levels of response: telephone triage, emergency response, and follow up. The responsibilities and functions of all levels of the system are outlined in the policy document *Guidelines for the management of non-occupational exposure to HIV*.

5. Principles

Key principles for managing a patient who presents after a potential exposure to HIV are:

- Access to nPEP after an eligible exposure to HIV is seen as a medical emergency as it can potentially prevent the development of a disease with significant morbidity and mortality. Therefore risk assessment and the provision of nPEP should occur as soon as possible;
- nPEP patients should be triaged at category 3;
- All health care workers have a duty of care to the person presenting after non-occupational exposure;
- The person presenting after non-occupational exposure should be treated in a professional and non-judgemental manner; and
- Confidentiality must be maintained at all times.

6. Immediate action - first aid or recent sexual assault

Most patients will present some time after the exposure has occurred. If the exposure has only just occurred or if the patient asks for information about what should happen immediately after the exposure, Appendix 1 of this SOP outlines recommended immediate first aid action after a potential exposure to HIV and other Blood Borne Viruses.

Recent sexual assault

If a patient discloses that the risk exposure occurred during a recent rape or sexual assault, in addition to providing information about nPEP, it is important to also offer information about sexual assault services available. If the person chooses to access medical care from a sexual assault service, nPEP can be addressed as part of the forensic and/or medical service. Patients in metropolitan Adelaide can be referred to Yarrow Place by ringing (08) 8226 8787 or 1800 817 421, 24 hours per day, 365 days of the year. If the patient is in a regional area, they should be referred to an Emergency Department or local medical sexual assault service provider if available.

If the assessment provided by the sexual assault service is not possible within 72 hours of the assault, another nPEP referral option should be sought.

If the patient declines referral to a rape and sexual assault service, they should be assisted to undertake an nPEP risk assessment either via the nPEP hotline or with the service provider to whom they have presented.

In the case of sexual assault by an unknown assailant, it will likely be impossible to determine if the assailant is HIV positive or at high risk of HIV. In this circumstance, if the exposure event is classified as an eligible risk exposure, additional factors should be discussed with the patient to determine if the assailant is at increased risk of HIV. This may also assist in providing an accurate summary of the level of risk to the victim/survivor. If it is determined that the assailant is at an increased risk of HIV, then nPEP should be administered in accordance with these guidelines. If it is not possible to determine if the assailant is at increased risk of HIV, nPEP may be administered at the discretion of a physician with the patient's consent if the patient presents within the 72 hour timeframe.

7. Rationale for nPEP Risk Assessment

The National Guidelines for Post Exposure Prophylaxis after Non-Occupational Exposure to HIV¹ state that:

Risk of HIV transmission = risk/single exposure multiplied by the risk of source being HIV positive

The National Guidelines recommend nPEP when the risk of HIV acquisition from a given event is equal to or greater than 1:15,000. These guidelines do not recommend nPEP for lower risk exposures.

Appendix 2 provides risk tables which appear in the National Guidelines, outlining the estimated risk associated with types of non-occupational exposures and how the level of risk will differ depending on what is known about the source person.

8. Conducting the nPEP Risk Assessment.

Performing an immediate risk assessment is necessary:

- for patients who have undertaken a risk assessment with the phone line triage service (nPEP hotline): to confirm that the risk assessment conducted was correct and the patient is eligible for nPEP;
- for patients who have not undertaken a risk assessment with the nPEP hotline: to determine if the patient is eligible for nPEP;
 - If eligible, nPEP should be started as soon as possible for maximum efficacy;
- to determine if prophylaxis or treatment for other infections - such as HBV or tetanus- is indicated; and
- to reassure people who are not at risk or are at very low risk of transmission of blood borne pathogens.

The decision to recommend or not recommend nPEP is based on: knowledge about the transmission of HIV; guidance from the risk and HIV prevalence tables in this SOP; and by considering the following questions which form the basis of the Risk Assessment Protocol (Appendix 3):

- date, time and location of exposure;
- nature of exposure;
- source status;
- any active Sexually Transmitted Infections; and
- any trauma associated with exposure.

A comprehensive Risk Assessment Protocol is provided in Appendix 3 and should be the primary tool guiding the risk assessment process.

Appendix 4 provides a list of high prevalence countries, including the relevant seroprevalence, which may also be required when conducting the risk assessment.

The presence of another STI in either the source or the exposed person can significantly increase the transmission of HIV.

In general, the higher the viral load of an HIV positive source, the greater the risk of HIV transmission from a given exposure.

9. Clients in rural areas

Appendix 5 provides a list of metropolitan and regional distribution points for nPEP starter packs.

Facilities that do not have ready access to one of the starter pack distribution sites or specialist service providers, especially in the case of rural and remote South Australia, need to make arrangements to access medications in the rare event of a person presenting after an exposure. This may involve telephone liaison with a distribution centre and an arrangement to courier or fly a full 28 day course of medication to the facility.

For an exposed person who has accessed a starter pack from a regional starter pack distribution point, contact should be made with Clinic 275 (sexual health clinic) on the next business day following starter pack administration. Arrangements should be made to undertake a telephone risk assessment with a sexual health physician. If this risk assessment indicates that the exposure was significant and that nPEP should be continued, the sexual health physician will arrange for the remainder of the 28 day course to be couriered to the patient. The contact phone number for Clinic 275 is (08) 8222 5075 or 1800 806 490 for country callers.

Arrangements should also be made to access serological testing and pre-HIV test discussion. In this situation, arrangements may be made with a metropolitan centre to provide pre and post test discussion and delivery of results by telephone.

10. Information about exposed person

Information required from the exposed person includes:

- Medical history including prescribed, over-the-counter and illicit drugs. (Drug interactions can occur between anti-HIV drugs and other medications);
- Previous HIV test or risk history - nPEP should not be given to a person who is already HIV positive;
- Vaccination history; and
- In women, likelihood of pregnancy or intercurrent breast feeding.

11. Consent

Information needs to be provided to enable informed consent to be given. This may be verbal consent but must be documented.

For the patient to provide informed consent they need to be given information about:

- the level of risk as assessed; and
- the nPEP medications.

Information the patient should be given about the nPEP medications:

- nPEP is a 28 day course of twice daily oral therapy;
- The patient can stop taking the medication at any time, but they will not get the full benefit;

- nPEP is not a proven treatment and there have been cases reported overseas where it did not work. However efficacy is estimated at about 80%. There have been no reported seroconversions to HIV in people taking nPEP in Australia;
- nPEP is most effective when taken as soon as possible after the exposure. It is not thought to be effective if taken more than 72 hours after the exposure;
- To work properly the pills need to be taken at the times prescribed every day without missing a dose;
- nPEP should not be taken by someone who already has HIV;
- There is a high probability of regimen associated, mild side effects which may include nausea, diarrhoea and fatigue;
- They will be given a starter pack with enough pills for 5 days;
- Before the 5 days is up, they will have to go to a specialist service provider for the rest of the medications; and
- The follow-up service provider will perform serology for HIV at the first visit and at three months and six months after the initial exposure.

12. Prescribing nPEP

In emergency departments or other emergency response facilities, if indicated, a starter pack of nPEP will be prescribed. The standard starter pack for nPEP will contain Combivir, a two drug combination of zidovudine (Retrovir, AZT) and lamivudine (3TC) with enough tablets for five days. The distribution points for nPEP starter packs are provided in Appendix 5.

The first dose should be given to the patient (if eligible and consenting) as soon as possible before less urgent parts of the management process are attended to.

While antiretroviral medications can usually only be prescribed by S100 prescribers, any medical officer (or other authorised person) can prescribe a 5 day starter pack for the purposes of nPEP.

With the starter packs is written information which should also be given to the patient. This includes information on the medication regime and what else they need to do after their exposure.

The prescriber is required to complete SECTION 1 of the form provided with the starter pack titled *Declaration for prescribing of highly specialised drugs for non-occupational HIV related post-exposure prophylaxis (Appendix 7)* and send it to the Communicable Disease Control Branch immediately following the dispensing of the starter pack to the patient.

If the exposure risk is deemed to be extremely high, then a three drug, rather than two drug regimen would be recommended. In this case, the patient should be referred to the Infectious Diseases physician or to a specialist service provider as soon as possible.

If the source of the exposure is known to be HIV positive, an attempt should be made to determine their treatment history. If the source is taking or has taken zidovudine and/or lamivudine, the regimen for the exposed person should be varied and a third drug added. In this case, the patient should be referred to the Infectious Diseases physician or to a specialist service provider as soon as possible.

If the exposed person is pregnant and the exposure is significant, the use of PEP would be strongly encouraged. If a woman acquires HIV during pregnancy there is an increased risk of the child becoming infected. There is a large body of evidence demonstrating reduction in transmission from mother to child with the use of HIV prophylaxis. Many antiretroviral medications can be safely used in pregnancy. An Infectious Diseases physician or a specialist service provider should be consulted about the appropriate regimen as soon as possible; however Combivir can be started in the meantime.

The prescriber should explain to the patient the importance of adhering to the medication as prescribed.

As nausea is one of the most common side effects from nPEP, it may be appropriate to prescribe an antiemetic such as Maxolon with the starter pack.

The patient must be referred to a specialist provider (sexual health clinic or S100 prescriber, see Appendix 6) for HIV testing, other serology and a prescription for the remainder of the course of nPEP within 5 days.

13. Other prophylaxis

Whether or not the exposure is considered a risk for HIV, other prophylaxis may be indicated.

Other prophylaxis to consider includes:

- Hepatitis B immunoglobulin (HBIG) or vaccination;
- Tetanus; and
- Emergency contraception.

14. Advice on safe practices

The patient who is prescribed nPEP has been assessed as being at risk of acquiring HIV. Therefore they should be recommended to take steps to protect any current or future sexual or needle sharing partners until they are sure they are HIV negative. This would be determined by an HIV antibody test at 3 months after the exposure (if they did not take nPEP) or 6 months (if they did start nPEP.)

It is appropriate to give all patients who present after a potential risk exposure information about safe practices to ensure they know how to protect themselves from exposure in the future.

Safe practices include:

- Safe sex. A detailed guide to safe sex practices is provided in the starter pack;
- Safe needle use. Callers should be advised not to share needles or any injecting equipment and to only use each needle and syringe once before discarding;
- Work practices. Most people do not have to modify work practices, but a small group of health workers (some specialist surgeons, dentists and midwives) are required not to perform certain procedures if they are infected with HIV. Such a worker with a significant exposure should be advised to contact the Department of Health or their professional organisation for advice;

- **Breastfeeding.** Women with HIV in Australia are advised not to breastfeed because of the risk of the baby becoming infected with HIV. A woman with a significant exposure should also be advised not to breastfeed; and
- **Blood donation.** A person with a possible exposure to HIV should be advised not to donate blood, skin, or organs for the six month following the exposure.

15. Referral

Whether or not the patient has been at significant risk for HIV transmission, they may benefit from referral to other services.

Patients at risk of STIs should be advised to visit a sexual health centre within the next 5 days for a sexual health screen

Other referrals may include (Appendix 8):

- HIV testing and pre test discussion;
- HBV vaccination;
- Psychosocial support services;
- Gay and lesbian support services;
- Alcohol and other drug information; and
- Needle exchange program.

References

1. Australian Government Department of Health and Ageing (2007) *National guidelines for post-exposure prophylaxis after non-occupational exposure to HIV*
www.ashm.org.au/uploads/File/2007-national-NPEP-guidelines.pdf

Appendix 1: Immediate action - First aid

Recommended action to be taken as soon as possible after a person has been exposed to blood or other body fluids that have the potential to transmit HIV, hepatitis B (HBV), and/or hepatitis C (HCV):

If the exposure involves a cut or puncture

Encourage bleeding, then wash with soap and water. Where water is not available, use of a non-water cleanser, such as an alcohol based hand rub, should replace the use of soap and water for washing cuts or punctures of the skin or intact skin. Nothing stronger - such as antiseptics - should be used because these may irritate the surface of the skin and facilitate the passage of infected material into the blood stream.

If the exposure involves unprotected sex, condom breakage, slippage, or the condom coming off inside

In the case of anal intercourse, go to the toilet and try to expel the semen or carefully remove the condom from the rectum. In the case of vaginal intercourse, carefully remove the condom and wipe around the vulva.

Douching the vagina or rectum is not recommended. Douching may spread infected material over a greater surface and may also irritate the lining of the rectum/vagina and facilitate the passage of infected material into the blood stream.

If blood or other body substances get in the eyes

Rinse them, while they are open, gently but thoroughly with water or normal saline. If contact lenses are worn, rinse the eyes first, then remove contact lenses and wash as usual.

If blood or other body substances get in the mouth

Spit out the substance and then rinse the mouth with water several times. Brushing the teeth or gargling with mouth washes which contain alcohol e.g. Listerine after unprotected oral sex is not recommended. Tooth brushing and mouth washes that irritate the mucous membranes of the mouth may facilitate the spread of and infection with infected material.

If clothing is contaminated

Remove the clothing and launder; shower if necessary. (This should not be done before talking to a doctor in cases of rape or sexual assault as it may destroy vital legal evidence.)

Appendix 2: Risk Tables

The National Guidelines for Post Exposure Prophylaxis after Non-Occupational Exposure to HIV¹ recommend nPEP when the risk of HIV acquisition from a given event is equal to or greater than 1:15,000. These guidelines do not recommend nPEP for lower risk exposures.

Risk of HIV acquisition when the source is KNOWN to be HIV infected

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:120
Use of contaminated injecting equipment	1:150
Occupational needlestick injury	1:1000
Receptive vaginal intercourse	1:1000
Insertive anal or vaginal intercourse	1:1000
Receptive fellatio with or without ejaculation	Not measurable
Insertive fellatio	Not measurable
Cunnilingus	Not measurable
Bites	Not measurable
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not measurable
Exposure of non-intact skin	Not measurable
Community needlestick injury	No measurable

Risk of HIV acquisition by exposure to a heterosexual source who is NOT an IDU when the HIV status is UNKNOWN (Australian HIV seroprevalence 0.1%)

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:120,000
Receptive vaginal intercourse	1:1 million
Insertive anal or vaginal intercourse	1:1 million
Receptive fellatio with or without ejaculation	Not known
Insertive fellatio	Not known
Cunnilingus	Not known
Bites	Not known
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not known
Exposure of non-intact skin	Not known

Risk of HIV acquisition by exposure to a heterosexual source who IS an IDU when the source HIV status is UNKNOWN (Australian IDU HIV seroprevalence 1%).

Note: nPEP is recommended only for receptive anal intercourse and the use of contaminated injecting equipment risk 1:12,000 and 1: 15,000 respectively. nPEP is not recommended for insertive or receptive vaginal intercourse.

Type of exposure	Estimated risk of HIV acquisition
Receptive anal intercourse	1:12,000
Use of contaminated injecting equipment	1:15,000
Receptive vaginal intercourse	1:100,000
Insertive anal or vaginal intercourse	1:100,000
Receptive fellatio with or without ejaculation	Not known
Insertive fellatio	Not known
Cunnilingus	Not known
Bites	Not known
Exposure of intact mucous membrane - conjunctival, oral or nasal mucosa	Not known
Exposure of non-intact skin	Not known

Appendix 3: Risk Assessment Protocol

When nPEP should be recommended

1. if eligible exposure; and
2. if source is known to be HIV positive or at High Risk; and
3. if it is 72 hours or less since the exposure; and
4. if the patient gives informed consent to take nPEP.

In some circumstances, nPEP may be administered at the discretion of the physician if the information required to determine the level of risk is not available. For example, for victims/survivors of sexual assault by an unknown assailant, it may be impossible to determine if the assailant was HIV positive or at high risk of HIV. In this scenario, nPEP may be administered with the physician’s discretion and the patient’s consent.

nPEP medications should be administered to the exposed person if conditions 1 AND 2 AND 3 AND 4 are met

1. The exposure was an eligible risk exposure:

- sharing injecting equipment
-
- OR
- unprotected intercourse (insertive or receptive, anal or vaginal) - no condom used or condom slippage/breakage
-
- OR
- the person was giving oral sex (their mouth was in contact with their partner’s penis or vagina) and they had mucosal disease or significant lesions in the mouth or throat
-
- OR
- another sexual exposure (e.g. sharing sex toys, anal or vaginal ‘fisting’, contamination of skin with infectious bodily fluids) only if skin integrity is compromised, and there is significant sperm or blood contamination of non-intact mucosa

AND

2. The source person is HIV positive

OR at high risk of HIV:

- a male who has sex with men
-
- OR
- an Injection Drug User
- nPEP IS NOT RECOMMENDED following insertive or receptive vaginal sex or insertive anal sex with an Australian-born injection drug user but IS RECOMMENDED following receptive anal intercourse
-
- OR
- a person from a country with an HIV prevalence of over 1%¹, if the exposure is receptive anal intercourse
- Angola, Bahamas, Barbados, Belize, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Cote d’Ivoire, Djibouti, Dominican Republic, Equatorial Guinea, Eritrea, Estonia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Jamaica, Kenya, Lesotho, Malawi, Mali, Moldova, Mozambique, Myanmar, Namibia, Niger, Nigeria, Papua New Guinea, Russian Federation, Rwanda, Sierra Leone, South Africa, Sudan, Suriname, Swaziland, Tanzania, Thailand, Togo, Trinidad and Tobago, Uganda, Ukraine, Zambia, Zimbabwe

OR

- a person from a country with an HIV prevalence of over 6.5%¹ if the exposure is receptive vaginal intercourse or insertive vaginal/anal intercourse

Botswana, Central African Republic, Cote D'Ivoire, Gabon, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

OR

- a sex worker outside of Australia

AND

3. The time since exposure:

- The patient presents within 72 hours of exposure
-

AND

4. The patient consents to nPEP

Circumstances in which nPEP is not indicated

A person will not be eligible for HIV nPEP after the following exposures unless there are unusual factors which increase the risk of exposure (as described above):

- needlestick from a discarded needle;
- bite or clenched fist injury;
- skin exposure;
- receiving oral sex;
- oral-anal sex; and
- heterosexual (vaginal) intercourse is not considered enough of a risk to be eligible for nPEP unless the source is known to be positive or at high risk of HIV (see above).

Reference

¹ www.globalhealthfacts.org/

Appendix 4: Country prevalence data

Baseline HIV seroprevalence in the general (non-MSM, non-IDU, non-FSW) population by country

Baseline HIV prevalence must reach approximately 6.5% before an estimated risk of approximately 1:15,000 following unprotected insertive or receptive vaginal intercourse or unprotected insertive anal intercourse occurs.

Baseline HIV prevalence must reach approximately 1% before an estimated risk of approximately 1:15,000 following unprotected receptive anal intercourse is reached.

The table below provides an alphabetical list of countries estimated to have a baseline HIV prevalence of over 1% for the general population (non-MSM, non-IDU, non-FSW). Countries with a seroprevalence over 6.5% are highlighted in bold text. These figures are necessarily estimates and relate to 2005.

Adult HIV/AIDS Prevalence Rate (aged 15-49 years) 2005¹

Angola	3.7%
Bahamas	3.3%
Barbados	1.5%
Belize	2.5%
Benin	1.8%
Botswana	24.1%
Burkina Faso	2.0%
Burundi	3.3%
Cambodia	1.6%
Cameroon	5.4%
Central African Republic	10.7%
Chad	3.5%
Congo	5.3%
Congo (Dem. Republic of)	3.2%
Cote d'Ivoire	7.1%
Djibouti	3.1%
Dominican Republic	1.1%
Equatorial Guinea	3.2%
Eritrea	2.4%
Estonia	1.3%
Gabon	7.9%
Gambia	2.4%
Ghana	2.3%
Guinea	1.5%

Guinea-Bissau	3.8%
Guyana	2.4%
Haiti	3.8%
Honduras	1.5%
Jamaica	1.5%
Kenya	6.1%
Lesotho	23.2%
Malawi	14.1%
Mali	1.7%
Moldova (Republic of)	1.1%
Mozambique	16.1%
Myanmar	1.3%
Namibia	19.6%
Niger	1.1%
Nigeria	3.9%
Papua New Guinea	1.8%
Russian Federation	1.1%
Rwanda	3.1%
Sierra Leone	1.6%
South Africa	18.8%
Sudan	1.6%
Suriname	1.9%
Swaziland	33.4%
Tanzania (United Rep. of)	6.5%
Thailand	1.4%
Togo	3.2%
Trinidad and Tobago	2.6%
Uganda	6.7%
Ukraine	1.4%
Zambia	17.0%
Zimbabwe	20.1%

Putting 'risk' in perspective

Communicating the risk of an action can be difficult. The table below may be useful when communicating risk to callers.

Risk	Term
1 in 1 to 1 in 10	Very high
1 in 10 to 1 in 100	High
1 in 100 to 1 in 1000	Moderate
1 in 1000 to 1 in 10,000	Low
1 in 10,000 to 1 in 100,000	Very low
1 in 100,000 to 1 in 1000,000	Minimal
1 in 1000,000 to 1 in 1 billion/trillion	Negligible

References

1. www.globalhealthfacts.org/

Appendix 5: Distribution points for nPEP starter packs

*Metropolitan and Regional Health Services holding HIV nPEP Starter Packs**

Regions	Location of Starter Packs	Telephone/Fax Contact
Metropolitan	Clinic 275	Ph: 8222 5075
	O'Brien Street Clinic	Ph: 8231 4026
	Royal Adelaide Hospital	Ph: 8222 4000
	Flinders Medical Centre	Ph: 8204 5511
	Noarlunga Hospital	Ph: 8384 9222
	Womens and Childrens Hospital	Ph: 8161 7044
	Queen Elizabeth Hospital	Ph: 8222 6000
	Modbury Hospital	Ph: 8161 2000
	Lyell McEwin Hospital	Ph: 8182 9000
Metropolitan-Private Hospitals	St Andrews Hospital 8am - 10pm **Facility fee applicable**	Ph: 8408 2222
Eyre Regional Health Service	Port Lincoln Health Service	Ph: 8683 2200 Fax: 8683 2014
	Ceduna District Health Service	Ph: 8626 2110 Fax: 8626 2191
Hills Mallee Southern Regional Health Service	Kangaroo Island Health Service (Kingscote)	Ph: 8553 4200 Fax: 8553 4299
	Murray Bridge Soldier's Memorial Hospital	Ph: 85356777 Fax: 85356700
	South Coast District Hospital (Victor Harbour)	Ph: 8552 0500 Fax: 8552 0507
Mid North Regional Health Service	Port Pirie Regional Health Service	Ph: 8632 1222 Fax: 8632 5801
Northern and Far Western Regional Health Service	Coober Pedy Hospital and Health Service	Ph: 8672 5009 Fax: 8672 5704
	Port Augusta Hospital and Regional Health Service	Ph: 8648 5500 Fax: 8648 5877
	Roxby Downs Health Service	Ph: 8671 9020 Fax: 8671 9062
Riverland Health Authority	Riverland Regional Health Service (Berri)	Ph: 8580 2400 Fax: 8580 2498
South East Regional Health Service	Bordertown Memorial Hospital	Ph: 8752 9000 Fax: 8752 9080
	Mount Gambier and Districts Health Service	Ph: 8721 1200 Fax: 8721 1579

Wakefield Health	Central Yorke Peninsula Hospital (Maitland)	Ph: 8832 2626
		Fax: 8832 2262
	Burra, Clare Snowtown Health Service (Clare)	Ph: 8892 2300
		Fax: 8892 2115
Nganampa Health Council	Umuwa Clinic, Umuwa, Anangu Pitjantjatjara Yankunytjatjara Lands	Ph: 8954 9040 Fax: 8956 7850
Other regional services	Royal Flying Doctor Service-Port Augusta Base	Ph: 8642 2044 Fax: 8641 0461

* nPEP starter packs will usually be held in the Emergency Department of the health services listed.

Appendix 6: Healthcare facilities providing follow-up services

- Clinic 275 Sexual Health Clinic: 275 North Terrace, Adelaide, No appointment or referral necessary. Clinic times: Monday, Thursday, Friday: 10am-4.30pm and Tuesday-Wednesday: 11am-6.30pm, Phone: 8222 5075. Free service;
- O'Brien Street Practice: 17 O'Brien Street, Adelaide, Phone 8231 4026 for appointment. No referral necessary. Bulk Billing available;
- Dr Sam Elliot, Westfield Marion, 297 Diagonal Road, Oaklands Park, Phone: 8358 2044 for appointment. No referral required, Bulk Billing available;
- Dr Joe Levy, Level 1, 47 Gawler Place, Adelaide, Phone 8212 7175 for appointment. No referral required, Bulk Billing available for healthcare or concession card holders or Gap fee to pay.
- Dr Ross Philpot, SA Infectious Diseases Services, 135 Hutt Street, Adelaide, Phone 8232 4511 for appointment. Referral required, Private practice, Gap fee to pay.



CONFIDENTIAL

DECLARATION FOR PRESCRIBING OF HIGHLY SPECIALISED DRUGS FOR NON-OCCUPATIONAL HIV-RELATED POST-EXPOSURE PROPHYLAXIS

SECTION 1: FIRST PRESENTATION

IMPORTANT INSTRUCTIONS: This section is to be completed by the prescribing doctor at the time of commencement of the 5 day PEP starter pack and sent to the HIV/HCV Policy and Programs Section of the SA Department of Health.

NAME CODE (2x2):

NOTE: Encode name using first 2 letters of surname followed by first 2 letters of first name. For example, the Name Code for John Citizen would be CIJO

DOB (DD/MM/YYYY):

** If the person starting nPEP is a victim/survivor of sexual assault, the name of the agency providing the nPEP starter packs is the only detail required for this section (for example, Yarrow Place, Flinders Medical Centre etc)*

Potential exposure to HIV has occurred through the following risk behaviour:

(please tick appropriate)

- Unprotected Anal Intercourse - Receptive
- Unprotected Anal Intercourse - Insertive
- Unprotected Vaginal Intercourse - Receptive
- Unprotected Vaginal Intercourse - Insertive
- Unprotected receptive fellatio (oral intercourse) with ejaculation
- Sharing Injecting Equipment
- Other *(please provide detailed description)*

Has Patient taken PEP before? Yes No

The following medications were dispensed for:

- STARTER PACK FOLLOW UP *(complete information below)*

MEDICATION	DOSE	FREQUENCY	DURATION

The medications were dispensed from:
(Name of pharmacy / clinic / hospital)

I confirm that the above patient has been prescribed PEP in accordance with the Department of Health South Australia's Guidelines for the management of non-occupational exposure to HIV.

Prescriber's signature:

Prescriber's name:

Date:

Patient referred for follow-up to:

(please tick)

- Clinic 275
- O'Brien Street Practice

Other clinics:

- Sam Elliot
- Joe Levy
- Ross Philpot
- Other (please provide list)

.....

Please post or fax completed declaration to:

HIV/HCV Policy and Programs Section
Communicable Disease Control Branch
Fax: (08) 8226 6648 OR
PO Box 6 Rundle Mall ADELAIDE SA 5000



CONFIDENTIAL

NOTIFICATION OF OUTCOME OF NON-OCCUPATIONAL HIV-RELATED POST-EXPOSURE PROPHYLAXIS THERAPY

NAME CODE (2x2):

.....

NOTE: Encode name using first 2 letters of surname followed by first 2 letters of first name. For example, the Name Code for John Citizen would be CIJO

DOB (DD/MM/YYYY):

.....

** If the person starting nPEP is a victim/survivor of sexual assault, the name of the agency providing the nPEP starter packs is the only detail required for this section (for example, Yarrow Place, Flinders Medical Centre etc)*

SECTION 2: FOLLOW-UP APPOINTMENT

IMPORTANT INSTRUCTIONS: This section is to be completed by the prescribing doctor at the time of the patient's first follow-up appointment (after 5 day starter pack completed).

Where did patient obtain starter pack medication from?.....

Will the course continue as per starter pack prescription? Yes No

If no, please indicate the new regimen below:

MEDICATION	DOSE	FREQUENCY	DURATION

SECTION 3: POST nPEP FOLLOW-UP APPOINTMENT

IMPORTANT INSTRUCTIONS: This section is to be completed by the doctor at the patient's follow-up appointment after completion of the 28 day PEP regime and receipt of a post-nPEP HIV test result. Please forward the completed form to the HIV/HCV Policy and Programs Section.

Was the initial PEP regimen:

- Completed
- Modified
- Stopped prior to completion

If PEP was modified or stopped what were the reasons?

- Side Effects Patient Choice Health Care Provider Advice
- Source was HIV negative Inappropriately prescribed Lost to follow-up
- Other

What is your assessment of the patient's adherence to the 28 day course of PEP?

- Fully Moderately Poorly

What is the patient's HIV status 4 weeks post HIV Prophylaxis?

- Negative Positive Indeterminate

Prescriber's signature:

Prescriber's name:

Date:

Please post or fax completed declaration to:

HIV/HCV Policy and Programs Section
Communicable Disease Control Branch
Fax: (08) 8226 6648 OR
PO Box 6 Rundle Mall ADELAIDE SA 5000

Appendix 8: Referral list

Agency	Services provided	Contact details	Hours of operation
Alcohol and Drug Services			
Alcohol Drug and Information Service (ADIS)	ADIS is a 24-hour telephone information, counselling, and referral service for the general public, concerned family and friends, students and health professionals. ADIS is staffed by trained professionals with experience in the alcohol and other drug field. Also provides details of Clean Needle Program outlets in SA where clean injecting equipment can be accessed.	1300 13 1340	24 hours, 7 days a week.
SAVIVE	SAVIVE is the injecting drug users' community program of the AIDS Council of South Australia. It works to promote better health for people who inject drugs, their families and the broader community.	(08) 8334 1699	Monday to Friday 9am - 5:30pm
Counselling Services			
MOSAIC Counselling	MOSAIC is a free and confidential counselling service available to children, adolescents, women and men affected by HIV or hepatitis C, including family, friends and carers of someone who is diagnosed with, or at risk of Hepatitis C or HIV.	Metropolitan callers: (08) 8223 4566 Country callers: 1800 182 325	Monday to Friday 9am - 5pm
Gay and Lesbian Community Services	GLCS responds to any counselling and advice requests.	(08) 8422 8400 or 1800 182 233 for country callers	Monday to Friday 7pm - 10pm and Saturday and Sunday 2pm - 5pm.
Culturally and Linguistically Diverse Services			
P.E.A.C.E	Provides support and education services in relation to HIV and hepatitis C for people from a Culturally and Linguistically Diverse background.	(08) 8245 8100	Monday to Friday 9am - 5pm
Indigenous Services			
Nunkuwarrin Yunti	Nunkuwarrin Yunti is the foremost Aboriginal and Torres Strait Islander community controlled centre in Adelaide, South Australia, providing health care and community support services to Aboriginal and Torres Strait Islander people. Also provides access to a Clean Needle Program.	(08) 8223 5217	Monday to Friday 9am - 5pm

Sexuality Services			
Gay Men's Health	<p>Services for gay and same sex attracted men, including:</p> <ul style="list-style-type: none"> • free, confidential counselling • phone information and support on sexuality, HIV / AIDS, general health and social issues. • accommodation support • Thursday night drop-in 	<p>Man2Man Info Line (08) 8334 1617 Country callers 1800 671 582 http://www.acsa.org.au/GMHmain.html</p>	<p>Monday to Friday 9.30am - 5pm.</p>
Bfriend	<p>Bfriend is a programme of UnitingCare Wesley Adelaide providing support for people of all ages who are wondering about their sexuality/gender identity and/or people who are newly identifying as same sex attracted/gay/lesbian/bisexual/transgender/intersex/queer.</p>	<p>(08) 8202 5805 or (08) 8202 5192. http://www.ucwesleyadelaide.org.au/bfriend/about.htm For more on the Culturally and Linguistically Diverse project, call (08) 8202 5894</p>	<p>Monday to Friday 9am - 5pm.</p>
The Inside Out Project	<p>This is a project of The Second Story Youth Health Service for young men under 26 who are gay, bisexual, transgender, attracted to other guys, or questioning their sexuality. Inside Out provides counselling, workshops, support groups, advocacy, HIV/AIDS counselling and testing, and links with other agencies.</p>	<p>Contact:</p> <ul style="list-style-type: none"> • Central Office (08) 8232 0233 • Northern Office (08) 8255 3477 • Southern Office (08) 8326 6053 • Inside Out Project web site: http://www.insideout.cyh.com 	<p>Monday to Friday 9am - 5pm</p>
Sexual health and sexual assault services			
SHine SA	<p>SHine SA is the leading sexual health agency in South Australia. SHine SA provides a confidential Sexual Healthline phone service. SHine SA also offers a therapeutic counselling service provided by professional sexual health counsellors. The service is available to individuals, couples and families. Counsellors also conduct group sessions and provide advice and referral on sexual health related concerns.</p>	<p>Telephone: 1300 883 793 Fax: (08) 8300 5399 Toll free: 1 800 188 171 (country callers only) TTY: (08) 8300 5300 East/West Team (08) 8300 5300 Northern Team (08) 8252 7955 Southern Team (08) 8325 8164 http://www.shinesa.org.au</p>	<p>Monday to Friday 9am - 1pm. Call for appointment.</p>

Sexual health and sexual assault services (cont)

Yarrow Place	Yarrow Place is the lead public health agency responding to adult rape and sexual assault in South Australia. Yarrow Place also employs an Aboriginal Sexual Assault worker.	(08) 8226 8777 Toll Free in SA: 1800 817 421 After Hours and Emergency: (08) 8226 8787 http://www.yarrowplace.sa.gov.au	24 hour service with after hours calls diverted to Crisis Care. On-call Crisis Response Workers and Doctors are available in the case of recent sexual assault.
Youth services			
Second Story Youth Healthline	The Second Story is the youth section of Children, Youth and Women's Health Service. The Second Story is a free, confidential health service for young people aged 12 to 25 years. The Youth Healthline service provides accurate health information, 24 hours a day, 7 days a week.	1300 13 17 19	24 hours, 7 days a week.
Other			
AIDS Council of SA	Volunteers provide accurate, up-to-date information, support and referrals on a range of HIV/AIDS and related issues. Information about gay and lesbian friendly services and businesses.	(08) 8334 1611 Toll free 1800 888 559 Toll free country line 1800 671 582 TTY 8362 1306 http://www.acsa.org.au	Monday to Friday from 9am - 5pm.
Hepatitis C Council of SA	Provides: Education and awareness that targets focus populations and contributes to prevention efforts, Advocacy and Information and support for those affected by hepatitis C. Hepatitis C Council of SA also operates an Info and support phonline.	Info and Support line: (08) 8362 8443 or 1800 021 133 for country callers. http://www.hepccouncilsa.asn.au	Monday to Friday 9am - 5pm
SA Sex Industry Network (SA SIN)	SIN aims to improve the working lives of sex workers and is committed to promoting pride and empowerment though the sex industry.	(08) 8334 1666 http://www.acsa.org.au/SINmain.html	Tuesday to Friday 9:30am - 5pm.