

# UHSx. PEP Modified Risk Assessment Tool – For A&E and OH (and other areas outside of specialist SHAC services)

All patients MUST be advised of the increased potential for PEP discontinuation at review by the SHAC team, if re-assessment of the exposure indicates no significant risk of HIV transmission exists.				
Source HIV status	HIV positive		Unknown HIV status	
Type of Exposure	HIV VL unknown or detectable (>200c/ml)	HIV VL confirmed <200 c/ml and on ART for >6 months	From high prevalence (>1%) country / risk group (e.g. MSM) <sup>a, b, d</sup>	From low prevalence country / risk group
<b>Sexual Exposures</b>				
Receptive anal sex	Recommended	Not recommended <sup>c</sup>	Recommended	Not recommended
Insertive anal sex	Recommended	Not recommended <sup>c</sup>	Recommended	Not recommended
Receptive vaginal sex	Recommended	Not recommended <sup>c</sup>	Consider <sup>a, b</sup>	Not recommended
Insertive vaginal sex	Recommended	Not recommended <sup>c</sup>	Not recommended <sup>c</sup>	Not recommended
Fellatio with ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Fellatio without ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Semen splash into eye	Not recommended	Not recommended	Not recommended	Not recommended
Cunnilingus	Not recommended	Not recommended	Not recommended	Not recommended
<b>Occupational &amp; Other Exposures</b>				
Sharing injecting equipment	Recommended	Not recommended <sup>c</sup>	Consider <sup>a, d</sup>	Not recommended
Sharps injury	Recommended	Not recommended <sup>c</sup>	Consider <sup>a, e</sup>	Not recommended
Mucosal splash injury	Recommended	Not recommended <sup>c</sup>	Consider <sup>a</sup>	Not recommended
Human bite	Consider <sup>f</sup>	Not recommended <sup>c</sup>	Not recommended	Not recommended
Discarded needle in community	N/A – HIV status of discarded needle is unknown		Not recommended	Not recommended
<p><b>a)</b> High prevalence countries or risk-groups are those where there is a significant likelihood of the source individual being HIV positive. Within the UK at present this is likely to be:</p> <ul style="list-style-type: none"> <li>• MSM</li> <li>• IDUs from high-risk countries (see <b>D</b> below)</li> <li>• Individuals who have immigrated to the UK from areas of high HIV prevalence, particularly sub-Saharan Africa (high prev &gt;1%).</li> </ul> <p>HIV prevalence country specific data can be found at: <a href="https://aidsinfo.unaids.org">https://aidsinfo.unaids.org</a>.</p>				
<p><b>b)</b> Factors that influence decision-making in <u>all exposures</u>:</p> <ul style="list-style-type: none"> <li>• More detailed knowledge of HIV prevalence within the source population</li> </ul> <p>Factors that may influence decision-making in sexual exposures:</p> <ul style="list-style-type: none"> <li>• Breaches in the mucosal barrier such as genital ulcer disease and anal or vaginal trauma following sexual assault, or first intercourse</li> <li>• Multiple episodes of exposure within a short period of time e.g. group sex</li> <li>• Sexually transmitted infection in either partner.</li> </ul>				
<p><b>c)</b> The source's viral load must be confirmed with the source's clinic as &lt;200c/ml and with good adherence to ART for &gt;6 months. Where there is any uncertainty about results or adherence then PEP should be given.</p>				
<p><b>d)</b> HIV prevalence amongst IDUs varies depending on presence of local outbreaks and country of origin. It is particularly high in Eastern Europe and central Asia. Region specific estimates can be found in UNAIDS Gap Report: <a href="http://www.unaids.org/sites/default/files/media_asset/05_Peoplewhoinjectdrugs.pdf">http://www.unaids.org/sites/default/files/media_asset/05_Peoplewhoinjectdrugs.pdf</a></p>				
<p><b>e)</b> Factors that may influence decision-making in occupational exposures:</p> <ul style="list-style-type: none"> <li>• Deep trauma or bolus of blood injected.</li> </ul>				
<p><b>f)</b> PEP should only be considered after a bite if all three of following criteria are met:</p> <ul style="list-style-type: none"> <li>• The source's saliva was visibly contaminated with blood.</li> <li>• The source's V/L is &gt;1000 copies/ml or suspected of being so.</li> <li>• The bite has resulted in severe or deep tissue injuries.</li> </ul>				

In addition to risk assessment all patients should have:

1. Bloods taken- please see ICE pro-forma, "PEP Risk Assessment Bloods".
2. Online Panda/Bamboo referral to SHAC to ensure follow up.
3. Contact details of SHAC for patient.