Policy

Clinical Guideline

South Australian HIV PEP Management Plan: Implementation of the National Guidelines for Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV

Objective file number: 2013-00007

Policy developed by: Communicable Disease Control Branch, Public Health and Clinical Systems

Approved SA Health Safety & Quality Strategic Governance Committee on: 25/02/2015

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Summary The South Australian HIV Post Exposure Prophylaxis Management Plan, including its standard operating procedures (SOPs), provides guidance on the management of incidents involving potential exposure to HIV infection in either the non-occupational or the occupational context, in line with the National Post Exposure Prophylaxis (PEP) Guidelines. The availability of PEP provides the community and workplaces with a second line of protection against transmission of HIV in certain circumstances. The SOPs that form part of the SA PEP Management Plan provide detailed guidance to staff managing individuals after exposures.

Keywords HIV Transmission, infection, post exposure prophylaxis, PEP guidelines, management plan, risk assessment, eligibility, occupational, non-occupational, prevalence, South Australian HIV PEP Management Plan, Implementation of the National Guidelines for Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV

Policy history Is this a new policy? **N**
Does this policy amend or update an existing policy? **Y**
Does this policy replace an existing policy? **Y**
If so, which policies? **Guidelines for the management of non-occupational exposure to HIV.**

Applies to All Health Networks
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

Staff impact All Staff, Management, Admin, Students, Volunteers
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

PDS reference CG204

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2.0	00/03/2015	00/09/2015	Amended in line with new National Guidelines
3.0	00/09/2015	00/02/2017	Appendices updated with new contacts
4.0	00/02/2017	00/07/2017	Amended in line with new National Guidelines
5.0	00/07/2017	Current	Update SOP1 & App C

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South Australian HIV Post-exposure Prophylaxis Management Plan

Implementation of the National Guidelines for Post-exposure Prophylaxis after Non-occupational and Occupational Exposure to HIV

A call centre operates 24 hours a day, 365 days a year for non-occupational and non-SA Health worksite exposures:

SA PEP Hotline: 1800 022 226

For occupational exposures at SA Health worksites, follow the local

Blood and Body Fluid Exposure Immediate Management Process

(SA Health intranet)

June 2017

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Disclaimer

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for:

- discussing care with consumers in an environment that is culturally appropriate and which enables respectful, confidential discussion. This includes the use of interpreter services where necessary
- advising consumers of their choice and ensuring informed consent is obtained
- providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct and
- documenting all care in accordance with mandatory and local requirements.

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Contents

Acronyms

BBV	blood borne virus
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HPC	hgh prevalence country
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
RN	registered nurse
S100	section 100 prescriber
SA	South Australia/n
SOP	standard operating procedure
STI	sexually transmissible infection
TDF/FTC	tenofovir/emtricitabine

South Australian HIV Post-exposure Prophylaxis Management Plan

1. Introduction

The South Australian guidelines for the management of non-occupational exposure to HIV were first developed in 2007. A review of the guidelines and associated processes was undertaken in 2015, with the principal outcome being the decision to adopt in entirety the process outlined in the 2013 *National guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV*[1] (National PEP Guidelines) and adapt this to the South Australian context.

In 2016, the National PEP Guidelines underwent a review. This South Australian HIV Post-exposure Prophylaxis Management Plan (SA PEP Management Plan) has been updated in light of the 2016 national review. It references the National PEP Guidelines and outlines local implementation processes where relevant.

2. Purpose

The SA PEP Management Plan provides guidance on the management of incidents involving potential exposure to HIV infection in either the non-occupational or the occupational context, in line with the National PEP Guidelines. Three standard operating procedures (SOPs) form part of the SA PEP Management Plan and provide detailed guidance to staff managing individuals after exposures. They are:

- Standard Operating Procedure 1: Telephone triage: Initial assessment and triage for post-exposure prophylaxis for HIV
- Standard Operating Procedure 2: Emergency response: Management of individuals presenting after exposure to HIV
- Standard Operating Procedure 3: Follow-up: Management of individuals presenting for follow-up visits.

Further, the National PEP Guidelines are supported by information from:

- *Literature review for the National guidelines for post-exposure prophylaxis after occupational and non-occupational exposure to HIV* (Revised)[2]. This 2016 literature review accompanies and provides a background to the National PEP Guidelines.
- *National HIV Testing Policy V1.3*[3], Australian Government Department of Health (2011).

Note that information provided in the National PEP Guidelines regarding provision of vaccination and PEP for hepatitis B virus (HBV) and tetanus is detailed in *The Australian Immunisation Handbook 10th Edition* (updated June 2015)[4].

3. Prevention of transmission

The availability of PEP provides the community and workplaces with a second line of protection against transmission of HIV in certain circumstances.

However, PEP in no way replaces primary prevention strategies that remain the first line of protection against exposure to HIV. Primary prevention strategies include safer sex practices (including use of condoms and other barriers), safer injecting practices (including use of sterile injecting equipment), pre-exposure prophylaxis (PrEP) and safe work practices (such as following standard precautions).

4. Rationale for PEP risk assessment

The National PEP Guidelines state that:

Risk of HIV transmission
= risk per exposure x risk of source being HIV positive

Many factors modify the risk of HIV transmission and should be considered in the risk assessment. Factors that may increase the risk of HIV transmission include:

- a high plasma viral load (i.e. when seroconverting or with advanced disease)
- a sexually transmissible infection (STI) in the source or exposed individual, especially genital ulcer disease and symptomatic gonococcal infections
- source ejaculation during receptive anal or vaginal intercourse
- a breach in genital mucosal integrity (e.g. trauma, genital piercing or genital tract infection)
- a breach in oral mucosal integrity when performing oral sex
- penetrating, percutaneous injuries with a hollow bore needle, direct intravenous or intra-arterial injection with a needle or syringe containing HIV infected blood
- the uncircumcised status of the insertive HIV negative partner practicing insertive anal intercourse or insertive vaginal intercourse.

The National PEP Guidelines provide risk tables, outlining the estimated risk associated with types of exposures and how the level of risk will differ depending on what is known about the source individual.

5. Eligibility for PEP

Three factors influence whether PEP is indicated for an individual case: the type of exposure, the likelihood that the source is HIV positive and the time since the exposure.

a. Type of exposure

The prescribing of PEP must be based on an assessment of risk in regard to the type of exposure. The National PEP Guidelines provide tables of estimated risk per type of exposure and the subsequent recommendations for PEP.

The type of exposures that will generally be considered for PEP will be:

- Non-occupational: Unprotected anal intercourse (insertive or receptive) or sharing injecting equipment. An individual giving oral sex (whose mouth is in contact with their partner's penis or vagina) may be considered eligible if they have mucosal disease or significant lesions in the mouth.
- Occupational: Needle stick injury, other sharps exposures and mucous membrane and non-intact skin exposures, in each case where the source is known to be HIV positive. If the source is unable to be identified or tested then the risk of the source being HIV positive must be assessed from any epidemiological or seroprevalence data available (see National PEP Guidelines).

The following exposures will not be eligible for PEP unless there are unusual factors that increase the risk of exposure: non-occupational exposures of any kind where an HIV-positive source has an undetectable viral load, a needle stick injury from a discarded needle in the community, a bite or clenched fist injury, an intact skin exposure, receiving oral sex and the giving or receiving of oral-anal sex.

Receptive or insertive vaginal intercourse is generally not considered for PEP except when the source is known to be HIV positive and is either not on treatment or has a detectable viral load on treatment, or in cases when the male source is known to be also having sex with men (MSM) or to be from a high prevalence country (HPC).

b. Source HIV status

The second factor that will determine eligibility for PEP is the HIV status of the source individual. Provision of PEP should not be delayed while establishing the source status.

If the source discloses they are HIV positive, consent should be gained to seek treatment details from their doctor as this may affect the drug regimen prescribed for PEP. At the very least it is useful to know if the source individual is on treatment or not and if their viral load is undetectable.

- PEP is no longer routinely recommended for non-occupational exposures of any kind when an HIV-positive source has an undetectable viral load.
- In cases where the source refuses to disclose their HIV status or have an HIV test, then for the purposes of PEP prescription, this refusal should be taken as an assumption that they are HIV positive.
- If the source cannot be contacted, the seroprevalence data provided in the National PEP Guidelines and/or via the links below will assist in determining the need for PEP.
- If the source is from, or frequently travels to an HPC, this will affect the determination of risk. HPCs are defined as countries with an HIV prevalence of greater than 1 per cent among their general population. However, seroprevalence may vary widely, not only between countries but also between different risk groups. HIV prevalence by country may be found at any of these links:
  - www.unaids.org
  - www.aidsinfoonline.org
  - http://data.worldbank.org
- If the source is contactable and is known to be taking PrEP, PEP is generally not required.

Decisions to prescribe PEP should still be considered on a case by case basis due to potential for non-adherence by the source.

c. Time since exposure

The third factor that will determine eligibility for PEP is the time elapsed since the exposure occurred.

- PEP should generally not be prescribed after 72 hours, but may be considered on a case by case basis in consultation with a specialist.

6. Recent sexual assault

The National PEP Guidelines state (refer page 18):

"Those who present due to sexual assault should be assessed for their need for PEP as early as possible after the event. This is usually best done in a specialist sexual assault centre (where specialist counselling and forensic testing can also occur). However, PEP, if indicated, should not be delayed pending referral. Male-to-male sexual assault clients should always be offered PEP. …PEP is generally not recommended following heterosexual sexual assault; however, the decision to prescribe PEP should be made on a case-by-case basis. Factors such as multiple assailants, trauma or an assailant who is from a high prevalence country may increase the exposure risk. Emergency contraception should always be offered for women or trans men in this situation."

It is also important to offer information about sexual assault services. If the individual chooses to access medical care from a sexual assault service, PEP can be addressed as part of the forensic and/or medical service.

Individuals can be referred to Yarrow Place Rape and Sexual Assault Service 24 hours per day, 365 days of the year. For callers in metropolitan Adelaide, ring (08) 8226 8787 or for SA country callers, ring 1800 817 421 (toll free). If the individual is in a regional area, they should be referred to an emergency department or local medical sexual assault service provider.

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

7. Management steps

The SA PEP Management Plan has three management steps: telephone triage, emergency response and follow-up. SOP 1, 2 and 3 outline the standard operating procedures for the three levels of response; in summary they are:

SOP1: Telephone triage

A call centre operates 24 hours a day, 365 days a year for non-occupational exposures and non-SA Health worksite exposures. Call the SA PEP Hotline on 1800 022 226. Registered nurses (RN) who have received training in initial assessment and triage of non-occupational and occupational exposure will manage the call.

Occupational exposures within SA Health worksites should follow the local Blood and Body Fluid Exposure Immediate Management Process (SA Health intranet).

SOP2: Emergency response

To ensure timely access to PEP, an exposure should be regarded as an urgent medical concern. PEP should be administered as soon as possible, within 72 hours of the risk exposure.

To maximise access, the metropolitan and regional distribution sites listed in Appendix C are designated facilities that stock PEP starter packs (i.e. a five day course of medications as part of an overall 28 day course of medications) to enable commencement of medications in the shortest possible time. This encourages follow-up, supports adherence and minimises waste if the course is not finished.

SOP3: Follow-up

The individual who has commenced PEP needs to be reviewed within five days in order to continue the course of PEP medications (28 days in total). This review will be by a Section 100 (S100) prescriber who provides follow-up services (see Appendix D). However, for people who have been sexually assaulted, follow-up will be provided by Royal Adelaide Hospital infectious disease physicians. These physicians will be able to prescribe the remainder of the course of PEP medications and provide other necessary follow-up functions.

8. Management of individuals in rural areas

Appendix C provides a list of metropolitan and regional distribution sites for PEP starter packs.

Facilities that do not have access to one of the PEP starter pack distribution sites or specialist service providers, especially in the case of rural and remote South Australia, must make arrangements to access medications in the event of an individual presenting after an exposure. This may involve

telephone liaison with a distribution site and an arrangement to courier or fly a full 28 day course of medication to the facility.

For an exposed individual who has accessed a PEP starter pack from a regional starter pack distribution site, contact should be made with Clinic 275 (sexual health clinic) 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 PEP should be continued, the sexual health physician will arrange for the remainder of the 28 day course of medications to be couriered to the individual. 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 a pre-HIV test discussion. In this situation, arrangements may be made with a metropolitan public hospital or Clinic 275 to provide pre- and post-test discussion and delivery of results by telephone.

9. Management of children under 13 years

Children under the age of 13 who have been exposed to HIV should be referred to the Women's and Children's Hospital for specialist paediatric infectious disease advice, including PEP dose adjustment. Telephone (08) 8161 7000. The National PEP Guidelines provide information to complement specialist paediatric infectious disease advice.

10. Management of possible exposure to other conditions

While the South Australian and the National PEP Guidelines focus on PEP for HIV, potential risk exposures may put the exposed individual at risk of other conditions including HBV, hepatitis C virus (HCV), tetanus, a range of STIs and/or pregnancy. The National PEP Guidelines detail management of potential exposure to these conditions. In addition, the Australian Immunisation Handbook is a detailed reference tool for the management of these other conditions.

11. Ordering starter packs

The Pharmaceutical Benefits Scheme does not cover the cost of drugs prescribed for PEP. Funding of PEP in South Australia is the responsibility of public hospital prescribing sites as part of the usual standard of care.

PEP starter packs can be ordered via a written or electronic purchase request and directed to the SA Pharmacy Purchasing Officer at Flinders Medical Centre. Telephone (08) 8204 5283 if further information regarding ordering is required.

It is the responsibility of distribution sites to check stock expiry dates on a regular basis.

12. Responsibilities

Starter pack distribution sites including emergency departments and specialist follow-up service providers have a responsibility to:

- be familiar with the SA PEP Management Plan and the National PEP Guidelines
- treat presentation for PEP as an urgent medical concern
- provide timely and appropriate advice, information, prophylaxis, treatment and follow-up to individuals referred for PEP
- keep stocks of starter packs within use by date.

The South Australian Department for Health and Ageing has a responsibility to:

- circulate and promote the SA PEP Management Plan
- monitor the implementation, operation and effectiveness of the SA PEP Management Plan
- support the workforce development for the HIV sector and clinicians prescribing PEP including clinicians in rural and remote SA
- collect and analyse PEP related data from sentinel sites in SA, including the incidence of post-exposure management and up-take of PEP.

13. Pre-exposure prophylaxis for HIV

Pre-exposure prophylaxis (PrEP) is the use of antiretroviral drugs by people who are HIV negative to reduce the risk of acquiring HIV. To maximise effectiveness, PrEP must complement safer sex measures like condom use and regular HIV testing. PrEP is a single tablet taken daily. PrEP is effective when it is taken before exposure to HIV, and then on a routine basis during periods of risk.

Standard Operating Procedure 1

Telephone triage:
Initial assessment and triage for post-exposure prophylaxis for HIV

A call centre operates 24 hours a day, 365 days a year for non-occupational and non-SA Health worksite exposures:

SA PEP Hotline: 1800 022 226

For occupational exposures at SA Health worksites, follow the local

Blood and Body Fluid Exposure Immediate Management Process

(SA Health intranet)

June 2017

Government of South Australia
SA Health

Standard Operating Procedure 1: Telephone triage: Initial assessment and triage for post-exposure prophylaxis for HIV

Action	References
Caller phones SA PEP Hotline	Management Plan, section 7 SOP 1, sections 4 & 5
Address immediate first aid concerns	Appendix A National Guidelines, page 12
Address sexual assault concerns	Management Plan, section 6 SOP 1, section 7 Appendix A National Guidelines, page 18
Conduct initial assessment and triage	Management Plan, section 4 SOP 1, section 8 Appendix B National Guidelines, page 6
Facilitate decision making	SOP 1, section 11
Referral • To PEP starter site • Other referrals as appropriate: ▪ GP for vaccination(s) and /or emergency contraception ▪ sexual health clinic for STI screen ▪ sexual assault service ▪ counselling information and support services	SOP 1, section 12 Appendix C Appendix D Appendix E
Advise on safer practices	SOP 1, section 13 Appendix F National Guidelines, page 17
Close call	SOP 1, section 14

1. Introduction

Standard Operating Procedure (SOP) 1 describes the operational and clinical decision making aspects of the SA PEP Hotline.

In conjunction with the SA PEP Management Plan, this SOP provides the minimum standards required to assess and manage calls from people who have had an actual or potential exposure to human immunodeficiency virus (HIV).

2. Rationale for PEP

HIV may be transmitted by significant exposure to blood or other body fluids as a result of unprotected sexual activity or injecting drug use. There is evidence that PEP for HIV may prevent infection in some circumstances.

PEP following occupational exposures in the health care setting is now a universally accepted practice. Evidence about the efficacy of PEP in occupational exposures indicates that PEP should be available to all individuals with similar risks of transmission whether or not the risk occurs during the course of one's occupation.

3. The SA PEP Management Plan

The *South Australian HIV Post-exposure Prophylaxis Management Plan: Implementation of the National Guidelines for Post-exposure Prophylaxis after Non-occupational and Occupational Exposure to HIV* (SA PEP Management Plan) outlines the responsibilities and functions of administering PEP in South Australia and has three levels of response: telephone triage (SOP 1), emergency response (SOP 2) and follow-up (SOP 3).

4. Function of the SA PEP Hotline

The SA PEP Hotline is a 24 hour a day, 365 days of the year telephone service for members of the public who have or think they may have had an exposure to HIV. Callers access the SA PEP Hotline by dialling 1800 022 226. This is a statewide service. Anyone can call the SA PEP Hotline and no referral is necessary.

Calls to the SA PEP Hotline are answered by a registered nurse (RN) in the call centre. The RN will conduct a risk assessment based on the information provided by the caller, help the caller decide whether to access PEP and, depending on the outcome, will either refer the caller to a PEP distribution site, provide information or refer the caller to another service. The RN will also record call statistics.

5. Target callers

While anyone can call the SA PEP Hotline, the service will be targeted and promoted to people at highest risk of HIV transmission from a single exposure including men who have sex with men, partners of HIV positive people, people who inject drugs and people who have been sexually assaulted.

Occupational exposures occurring in non-SA Health worksites should be handled via the SA PEP Hotline (1800 022 226) as if the exposure were non-occupational.

Occupational exposures occurring in SA Health workplaces should follow the local Blood and Body Fluid Exposure Immediate Management Process (SA Health intranet).

6. Principles

Key principles for responding to callers enquiring about PEP are:

- call centre staff have a duty of care to the caller
- access to PEP after an eligible exposure to HIV is a medical emergency as it can potentially prevent the development of a disease with significant morbidity and mortality. A risk assessment should occur as soon as possible.
- The experience of presenting for PEP can be stressful. Research has documented cases where people stated they did not re-present for PEP due to a previous negative experience and then later seroconverted[5]. Therefore, it is important that clinicians respond to each presentation in a non-judgemental way, using non-stigmatising language.

7. Initial assessment and triage

When calling the SA PEP Hotline, the caller will receive a welcome message indicating that they have called the SA PEP Hotline. An RN will conduct an initial assessment to determine if the caller has any imminent life-threatening symptoms and, if so, the caller will be transferred to triple zero (000). Callers concerned about exposure to HIV will be triaged using the hotline's PEP algorithm.

a. First Aid

Most individuals will present some hours after the exposure has occurred. If the exposure has only just occurred or if the individual asks for information about what should happen immediately after the exposure, Appendix A outlines recommended immediate first aid action after a potential exposure to HIV and other blood borne viruses (BBV).

b. Recent sexual assault

If an individual discloses that the risk exposure occurred during a recent rape or sexual assault, in addition to providing information about PEP, it is important to also offer information about sexual assault services. If the individual chooses to access medical care from a sexual assault service, PEP can be addressed as part of the forensic and/or medical service.

Individuals can be referred to Yarrow Place Rape and Sexual Assault Service, 24 hours per day, 365 days of the year. For callers in metropolitan Adelaide, ring (08) 8226 8787 or for SA country callers, ring 1800 817 421 (toll free).

If the individual is in a regional area, the individual should be referred to an emergency department or local medical sexual assault service provider.

If an assessment by the sexual assault service is not possible within 72 hours of the assault, or if the individual declines referral to a rape and sexual assault service, they should be assisted to undertake a PEP risk assessment with an appropriate service provider.

In the case of sexual assault by an unknown assailant, it may 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 individual to determine if the assailant is at an increased risk of HIV.

If it is determined that the assailant is at an increased risk of HIV, the caller should be advised to see a PEP provider immediately.

If it is not possible to determine if the assailant is at increased risk of HIV, PEP may be administered at the discretion of a physician with the individual's consent if the individual presents within the 72 hour timeframe.

8. Conducting an initial assessment and triage

The National PEP Guidelines state that:

Risk of HIV transmission
= risk per exposure x risk of source being HIV positive

The risk tables that appear in the National PEP Guidelines outline the estimated risk associated with types of exposures, how the level of risk will differ depending on what is known about the source individual and the subsequent recommendation for PEP.

Performing an initial assessment and triage is the essential function of the telephone triage system. The initial assessment and triage areconducted:

- to determine if the caller may be eligible for PEP in which case they need to be referred to a PEP starter pack distribution site immediately
- to determine if callers should be referred for prophylaxis or treatment for HBV, HCV, tetanus, pregnancy or STIs
- to reassure people who are not at risk or are at very low-risk of transmission of blood borne pathogens
- to provide callers with relevant information about safer behaviours.

To provide advice to callers as to whether to attend a PEP starter pack site or other health provider for further assessment, the initial assessment and triage is based on: knowledge about the transmission of HIV; guidance from the risk and HIV prevalence tables in the National PEP Guidelines; and consideration of the Risk Assessment Protocol (Appendix B).

The RN should use neutral, professional language and explain terminology when necessary.

9. Management of individuals in rural areas

Appendix C provides a list of metropolitan and regional distribution sites for PEP starter packs.

Individuals that do not have access to one of the PEP starter pack distribution sites or specialist service providers, especially in the case of rural and remote South Australia, must make arrangements to access medications from an existing distribution site. This may involve telephone liaison with a PEP starter pack distribution site and an arrangement to courier or fly a full 28 day course of medication to the individual.

10. Management of children under 13 years

It should be noted that children under the age of 13 who have been exposed to HIV should be referred to the Women's and Children's Hospital for specialist paediatric infectious disease advice, including PEP dose adjustment. Telephone (08) 8161 7000. The National PEP Guidelines provide information to complement specialist paediatric infectious disease advice.

11. Facilitating caller decision making about PEP

The role of the RN is to provide information to help the caller determine whether they are at risk for HIV and whether to refer the caller to a PEP starter pack distribution site.

Once the triage is complete, the RN should provide advice on the appropriate type of service to access (e.g. PEP provider, GP or other) and the location of the service. If, after the triage and discussion with the RN, the caller decides they wish to access PEP, they need to be provided with information about PEP medications to make an informed decision about whether to proceed.

12. Referral

The RN will advise the caller to either proceed to a PEP starter pack distribution site immediately or to schedule an appointment to be seen by a doctor in the next one to three days. The RN will advise the caller of the locations of PEP providers in their area (Appendix C). The caller should be advised to attend as soon as possible and within 72 hours of the exposure. The RN may also provide information about services (e.g. counselling) and other care instructions.

Services listed in Appendix C prescribe PEP starter packs. Most general practitioners (GPs) cannot prescribe PEP however GPs who are recognised or accredited to prescribe anti-HIV drugs (S100 prescribers) can prescribe PEP.

Some callers may not be at risk of HIV infection, but may be at risk of:

- HBV, HCV, tetanus
- pregnancy
- other STIs.

Callers at risk of HBV or tetanus, who have not been vaccinated, can be referred to the follow-up services in Appendix D or any GP.

Women at risk of pregnancy from the exposure should be advised to attend a GP or sexual health clinic to access emergency contraception. Alternatively the emergency contraceptive pill can be obtained over the counter from a pharmacy. The emergency contraceptive pill is most efficacious if taken within 24 hours of unprotected sexual intercourse.

Callers at risk of STIs should be advised to attend a sexual health clinic within five days for a sexual health screen.

Sometimes callers do not require referral for PEP. These may include callers:

- with low-risk exposures
- who call more than 72 hours after the exposure
- with general information questions.

Referral for these callers is assessed on a case by case basis. The referral list in Appendix E provides information about services that may be appropriate for some callers.

13. Advice on safer practices

If the caller is assessed to be at risk of HIV infection from this or previous exposures, the RN should suggest that they take steps to protect current or future partners until they are sure they have not contracted HIV as determined by an HIV antibody test at three months after the exposure.

Adopting safer behaviours may also protect the caller from HIV in the future. Safer practices include:

Safer sex. A detailed guide to safer sex practices is provided in Appendix F.

Safer needle use. Callers should be advised not to share needles and injecting equipment and to only use each needle and syringe once before safely discarding.

Work practices. Most people do not have to modify work practices, but some health workers (e.g. doctors, dentists and nurses/midwives) are required to refrain from performing exposure prone procedures if they have HIV infection. Such a worker with a significant exposure should be advised to contact the South Australian Department for Health and Ageing or their professional organisation for advice.

Breastfeeding. Women with HIV in Australia are advised to refrain from breastfeeding because of the risk of the baby becoming infected with HIV. A woman with a significant exposure should be advised not to breastfeed until the outcome of an HIV antibody test at three months following the exposure. In Australia, quality supplements and safe water supplies for bottle feeding are available.

Blood donation. An individual with a possible exposure to HIV should be advised not to donate blood, skin or organs until the outcome of HIV antibody testing at three months following the exposure.

14. Closing the call

The RN should encourage the caller to contact the agency or agencies that they were referred to and ensure that the caller has all the information they require.

Standard Operating Procedure 2

Emergency response: Management of individuals presenting after exposure to HIV

A call centre operates 24 hours a day, 365 days a year for non-occupational and non-SA Health worksite exposures:

SA PEP Hotline: 1800 022 226

For occupational exposures at SA Health worksites, follow the local

Blood and Body Fluid Exposure Immediate Management Process

(SA Health intranet)

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Action	References
Triage Category 3: Patient presents either directly (or via SA PEP Hotline) after potential HIV exposure	Management Plan, section 7 SOP 2, section 4
Address immediate first aid concerns	Appendix A National Guidelines, page 12
Address sexual assault concerns	Management Plan, section 6 SOP 2, section 5 National Guidelines, page 18
Conduct risk assessment	Management Plan, section 4 SOP 2, section 6 Appendix B National Guidelines, page 6
Prescribe PEP	SOP 2, section 11 National Guidelines, page 14
Prescribe other prophylaxis	SOP 2, section 12 National Guidelines, page 16
Advise on safer practices	SOP 2, section 13 Appendix F National Guidelines, page 17
Referral ▪ if no PEP then to GP for vaccination and/or emergency contraception ▪ sexual health clinic for STI screen ▪ sexual assault service ▪ health care facility providing follow-up services for ongoing PEP ▪ counselling information and support services	SOP 2, section 14 Appendix D Appendix E

1. Introduction

Standard Operating Procedure (SOP) 2 describes the operational and clinical decision making processes required when an individual presents to an emergency department, a general practitioner (GP) who is a Section 100 (S100) prescriber or a sexual health clinic after a potential exposure to human immunodeficiency virus (HIV).

In conjunction with the SA PEP Management Plan, this SOP provides the minimum standards required to manage people who have had an actual or potential exposure to HIV.

2. Rationale for PEP

HIV may be transmitted by significant exposure to blood or other body fluids as a result of unprotected sexual activity or injecting drug use. There is evidence that PEP for HIV may prevent infection in some circumstances.

PEP following occupational exposures in the health care setting is now a universally accepted practice. Evidence about the efficacy of PEP in occupational exposures indicates that PEP should be available to all individuals with similar risks of transmission whether or not the risk occurs during the course of one's occupation.

3. The SA PEP Management Plan

The *South Australian HIV Post-exposure Prophylaxis Management Plan: Implementation of the National Guidelines for Post-exposure Prophylaxis after Non-occupational and Occupational Exposure to HIV* (SA PEP Management Plan) outlines the responsibilities and functions of administering PEP in South Australia and has three levels of response: telephone triage (SOP 1), emergency response (SOP 2) and follow-up (SOP 3).

4. Principles

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

- Access to PEP after an eligible exposure to HIV is a medical emergency as it can potentially prevent the development of a disease with significant morbidity and mortality. Risk assessment and the provision of PEP should occur as soon as possible.
- PEP individuals should be triaged at category 3.
- Health care workers have a duty of care to an individual presenting after exposure.
- The experience of presenting for PEP can be stressful. Research has documented cases where people stated they did not re-present for PEP due to a previous negative experience and then later seroconverted[1]. Therefore, it is important that clinicians respond to each presentation in a non-judgemental way, using non-stigmatising language.
- Confidentiality must be maintained at all times.

5. Immediate action

a. First Aid

Most individuals will present some hours after the exposure has occurred. If the exposure has only just occurred or if the individual asks for information about what should happen immediately after the exposure, Appendix A of this SOP outlines recommended immediate first aid action after a potential exposure to HIV and other BBVs.

b. Recent sexual assault

If an individual discloses that the risk exposure occurred during a recent rape or sexual assault, in addition to providing information about PEP, it is important to also offer information about sexual assault services. If the individual chooses to access medical care from a sexual assault service, PEP can be addressed as part of the forensic and/or medical service.

Individuals can be referred to Yarrow Place Rape and Sexual Assault Service, 24 hours per day, 365 days of the year. For callers in metropolitan Adelaide, ring (08) 8226 8787 or for SA country callers, ring 1800 817 421 (toll free).

If the individual is in a regional area, they should be referred to an emergency department or local medical sexual assault service provider.

If an assessment by the sexual assault service is not possible within 72 hours of the assault, or if the individual declines referral to a rape and sexual assault service, the individual should be assisted to undertake a PEP risk assessment with the service provider to whom they have presented.

In the case of sexual assault by an unknown assailant, it may 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 individual to determine if the assailant is at an increased risk of HIV. This may also assist in providing an accurate summary of the level of risk to the individual.

If it is determined that the assailant is at an increased risk of HIV, then PEP should be administered in accordance with these guidelines.

If it is not possible to determine if the assailant is at increased risk of HIV, PEP may be administered at the discretion of a physician with the individual's consent if the individual presents within the 72 hour timeframe.

6. Conducting a PEP risk assessment

The National PEP Guidelines state that:

Risk of HIV transmission
= risk per exposure x risk of source being HIV positive

The risk tables that appear in the National PEP Guidelines outline the estimated risk associated with types of exposures, how the level of risk will differ depending on what is known about the source individual and the subsequent recommendation for PEP.

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

Performing an immediate risk assessment is necessary:

- for individuals who have undertaken a risk assessment with the SA PEP Hotline, to confirm that the risk assessment conducted was correct and the individual is eligible for PEP
- for individuals who have not undertaken a risk assessment with the SA PEP Hotline, to determine if the individual is eligible for PEP
- if eligible, PEP should be started as soon as possible for maximum efficacy
- to determine if prophylaxis or treatment for HBV, HCV, tetanus, pregnancy or STIs is indicated

- to reassure individuals who are not at risk or are at very low-risk of transmission of blood borne pathogens
- to provide individuals with relevant information about safer behaviours.

The decision to recommend or not recommend PEP is based on: knowledge about the transmission of HIV; guidance from the risk and HIV prevalence tables in the National PEP Guidelines; and consideration of the following questions that form the basis of the Risk Assessment Protocol (Appendix B):

- date, time and location of exposure
- nature of exposure
- source status
- any active STIs
- any trauma associated with exposure.

The presence of another STI in either the source or the exposed individual 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.

PEP is no longer routinely recommended for non-occupational exposures when an HIV-positive source has an undetectable viral load.

If the source is contactable and is known to be taking pre-exposure prophylaxis (PrEP) for HIV, PEP is generally not required. Decisions to prescribe PEP should be considered on a case by case basis due to potential for PrEP non-adherence by the source.

7. Management of individuals in rural areas

Appendix C provides a list of metropolitan and regional distribution sites for PEP starter packs.

Facilities that do not have access to one of the PEP 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 from an existing distribution site. This may involve telephone liaison with a PEP starter pack distribution site and an arrangement to courier or fly a full 28 day course of medication to the individual.

For an exposed individual who has accessed a starter pack from a regional starter pack distribution site, contact should be made with Clinic 275 (sexual health clinic) 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 PEP should be continued, the sexual health physician will arrange for the remainder of the 28 day course of medications to be couriered to the individual. 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 a pre-HIV test discussion. In this situation, arrangements may be made with a metropolitan public hospital or Clinic 275 to provide pre- and post-test discussions and delivery of results by telephone.

8. Management of children under 13 years

Children under the age of 13 who have been exposed to HIV should be referred to the Women's and Children's Hospital for specialist paediatric infectious disease advice, including PEP dose adjustment. Telephone (08) 8161 7000. The National PEP Guidelines provide information to complement specialist paediatric infectious disease advice.

9. Information about exposed individual

Information required from the exposed individual includes:

- medical history including prescribed, over-the-counter and illicit drugs as drug interactions can occur between anti-HIV drugs and other medications
- previous HIV test or risk history as PEP should not be given to an individual who is already HIV positive
- vaccination history
- in women, likelihood of pregnancy or breast feeding.

10. Consent

Sufficient information needs to be provided to enable the exposed individual to give informed consent. Verbal consent must be documented.

For the individual to provide informed consent they need to be given information about the level of risk as assessed and the following information about the PEP medications:

- PEP is a course of pills that are taken orally usually once a day for 28 days.
- PEP is most effective when taken as soon as possible and within 72 hours after the exposure. PEP should not generally be prescribed after 72 hours but may be considered on a case-by-case basis in consultation with a specialist.
- To work properly the medication needs to be taken at the times prescribed every day without missing a dose. The exposed individual can stop taking the medication at any time, but they will not get the full benefit.
- PEP should not be taken by someone who already has HIV.
- Some people experience side effects from the medication. These side effects may be mild, may be able to be managed with other medications (for nausea and/or headache) or may be extremely uncomfortable.
- Evidence about the efficacy of PEP in studies is hampered by the lack of control subjects; the lack of knowledge of variables such as the HIV status of the source person and, if this is positive, the resistance profiles, viral loads and presence of other relevant transmission co-factors; and the lack of knowledge of other exposures immediately preceding or following administration of PEP.
- There are no prospective, randomised, controlled intervention studies, although there are many case reports of occupational and non-occupational failures of post-exposure prophylaxis, emphasising that prevention by PEP is not absolute.
- If PEP is considered appropriate the individual will be asked to provide consent to the medications and will be given a five day supply.
- Before the five days is up, the individual will have to go to a specialist service provider for the rest of the medications.
- The individual will be advised to have an HIV test at four to six weeks and again at three months after the exposure.

11. Prescribing PEP

In emergency departments or other emergency response facilities a five day starter pack of PEP will be prescribed for individuals assessed as eligible and who have consented.

A list of the distribution sites for PEP starter packs is provided in Appendix C.

The first dose should be given to the individual 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 individual) can prescribe a five day starter pack for the purposes of PEP.

In South Australia, the standard starter pack for PEP contains a two drug combination of tenofovir and emtricitabine (TDF/FTC) for five days.

In cases where the source is known to be HIV positive, is not on treatment or is on treatment with a detectable or unknown viral load, or where other factors rate the exposure risk as extremely high, the National PEP Guidelines recommend a three drug regimen (i.e. dolutegravir or raltegravir or rilpivirine). The third drug may be accessed separately and added to the regimen as soon as possible, even if outside of the 72 hour window in which the starter pack is commenced.

In cases where the HIV positive source is known to be resistant to the medications in the starter pack, the standard starter pack medications will still be commenced as soon as possible, unless alternative medications are immediately available, while advice is sought from an S100 prescriber. In these circumstances, referral to one of these providers should be within 48 hours. Infectious disease physicians may be contacted through the switchboard of the larger metropolitan hospitals in Adelaide including the Royal Adelaide Hospital, Flinders Medical Centre and The Queen Elizabeth Hospital.

Contact details of other S100 prescribers in South Australia are presented in Appendix D.

For women who require PEP and are pregnant or breastfeeding, specialist advice should be sought urgently.

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

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

The starter packs will also contain written information to be provided to the exposed individual about the PEP process, the medications in the starter pack and the availability of a range of resources relevant to priority populations at highest risk of HIV infection.

PEP starter packs can be ordered via a written or electronic purchase request and directed to the SA Pharmacy purchasing officer at Flinders Medical Centre. Telephone (08) 8204 5283 if further information regarding ordering is required. It is the responsibility of distribution sites to check stock expiry dates on a regular basis.

12. 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 or vaccination
- tetanus
- emergency contraception.

13. Advice on safer practices

If the individual is assessed to be at risk of HIV infection from this or previous exposures, steps to protect current or future partners until they are sure they have not contracted HIV as determined by an HIV antibody test at three months after the exposure should be recommended. Adopting safer behaviours may also protect the individual from HIV in the future.

Safer practices include:

Safer sex. A detailed guide to safer sex practices is provided in Appendix F.

Safer needle use. Individuals should be advised not to share needles and injecting equipment and to only use each needle and syringe once before safely discarding.

Work practices. Most people do not have to modify work practices, but some health workers (e.g. doctors, dentists and nurses/midwives) are required to refrain from performing exposure prone procedures if they have HIV infection. Such a worker with a significant exposure should be advised to contact the South Australian Department for Health and Ageing or their professional organisation for advice.

Breastfeeding. Women with HIV in Australia are advised to refrain from breastfeeding because of the risk of the baby becoming infected with HIV. A woman with a significant exposure should be advised not to breastfeed until the outcome of an HIV antibody test at three months following the exposure. In Australia, quality supplements and safe water supplies for bottle feeding are available.

Blood donation. An individual with a possible exposure to HIV should be advised not to donate blood, skin or organs until the outcome of HIV antibody testing at three months following the exposure.

14. Referral

The individual must be referred to a specialist provider such as a sexual health clinic or S100 prescriber (Appendix D) for HIV testing, other serology, STI screening and a prescription for the remainder of the course of PEP within five days. Whether or not the individual has been at significant risk for HIV transmission, they may benefit from referral to other services.

Individuals at risk of STIs should be advised to visit a sexual health centre within the next five days for a sexual health screen.

Other referrals may include (Appendix E):

- HIV testing and pre-test discussion
- HBV vaccination
- HCV screening
- tetanus vaccination
- psychosocial support services
- gay and lesbian support services
- alcohol and other drug information
- clean needle program.

Standard Operating Procedure 3

Follow-up: Management of individuals presenting for follow-up visits

A call centre operates 24 hours a day, 365 days a year for non-occupational and non-SA Health worksite exposures:

SA PEP Hotline: 1800 022 226

For occupational exposures at SA Health worksites, follow the local

Blood and Body Fluid Exposure Immediate Management Process

(SA Health intranet)

June 2017

Standard Operating Procedure 3: Follow-up: Management of clients presenting for follow-up visits after exposure to HIV

Action	References
Client presents for follow-up within 5 days of presenting to a starter pack site	Management Plan, section 7 SOP 3, section 4
Conduct risk assessment	Management Plan, section 4 SOP 3, section 5 Appendix B National Guidelines, page 6
Collect information about client	SOP 3, section 8 National Guidelines, page 12
Collect information about the source person, if available	SOP 3, section 9 National Guidelines, page 12
Prescribe remainder of PEP course if appropriate	SOP 3, sections 10 & 11 National Guidelines, page 14
Prescribe other prophylaxis as necessary	SOP 3, section 12 National Guidelines, page 16
Take serology	SOP 3, section 13 National Guidelines, page 13
Advise on safer practices	SOP 3, section 14 Appendix F National Guidelines, page 17
Arrange subsequent follow-up and referrals	SOP 3, section 15 SOP 3, Appendices D & E National Guidelines, pages 12 & 13

1. Introduction

Standard Operating Procedure (SOP) 3 describes the operational and clinical decision making processes required when an individual presents for follow-up after being previously prescribed a five day starter pack of PEP medications for HIV. The provider of this follow-up service is assumed to be a GP who is a Section 100 (S100) prescriber or a sexual health/other specialist physician.

In conjunction with the SA PEP Management Plan, this SOP provides the minimum standards required to manage people who have had an actual or potential exposure to HIV.

The SA PEP Management Plan and SOP 1 and SOP 2 both refer to PEP starter pack distribution sites (Appendix C) and the healthcare facilities providing follow-up services (Appendix D).

2. Rationale for PEP

HIV may be transmitted by significant exposure to blood or other body fluids as a result of unprotected sexual activity or injecting drug use. There is evidence that PEP for HIV may prevent infection in some circumstances.

PEP following occupational exposures in the health care setting is now a universally accepted practice. Evidence about the efficacy of PEP in occupational exposures indicates that PEP should be available to all individuals with similar risks of transmission whether or not the risk occurs during the course of one's occupation.

3. The SA PEP Management Plan

The *South Australian HIV Post-exposure Prophylaxis Management Plan: Implementation of the National Guidelines for Post-exposure Prophylaxis after Non-occupational and Occupational Exposure to HIV* (SA PEP Management Plan) outlines the responsibilities and functions of administering PEP in South Australia and has three levels of response: telephone triage (SOP 1), emergency response (SOP 2) and follow-up (SOP 3).

4. Principles

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

- Access to PEP after an eligible exposure to HIV is 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 PEP should occur as soon as possible.
- PEP individuals should be triaged at category 3
- Health care workers have a duty of care to the individual presenting after exposure.
- The experience of presenting for PEP can be stressful. Research has documented cases where people stated they did not re-present for PEP due to a previous negative experience and then later seroconverted. Therefore, it is important that clinicians respond to each presentation in a non-judgemental way, using non-stigmatising language.
- Confidentiality must be maintained at all times.

5. Conducting a PEP risk assessment

The National PEP Guidelines state that:

Risk of HIV transmission
= risk per exposure x risk of source being HIV positive

The risk tables that appear in the National PEP Guidelines outline the estimated risk associated with types of exposures, how the level of risk will differ depending on what is known about the source individual and the subsequent recommendation for PEP.

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

Even though the individual has commenced PEP, a risk assessment is necessary at the follow-up visit to determine:

- if the exposure was eligible for PEP as the original assessment may have been performed by a health worker less experienced in this field
- if prophylaxis or treatment for HBV, HCV, tetanus, pregnancy or STIs is indicated.

The decision to continue or not continue PEP is based on: knowledge about the transmission of HIV; guidance from the risk and HIV prevalence tables in the National PEP Guidelines; and consideration of the following questions that form the basis of the Risk Assessment Protocol (Appendix B):

- date, time and location of exposure
- nature of exposure
- source status
- any active STIs
- any trauma associated with exposure.

The presence of another STI in either the source or the exposed individual 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.

PEP is no longer routinely recommended for non-occupational exposures when an HIV-positive source has an undetectable viral load.

If the source is contactable and is known to be taking PrEP for HIV, PEP is generally not required. Decisions to prescribe PEP should be considered on a case by case basis due to potential for PrEP non-adherence by the source.

6. Management of individuals in rural areas

For an exposed individual who has accessed a starter pack from a regional starter pack distribution point, contact should have been made with Clinic 275 (sexual health clinic) on the next business day following starter pack administration. If this occurred then a telephone risk assessment with a sexual health physician would have followed. If this risk assessment indicated that the exposure was significant and that PEP should be continued, the sexual health physician will have arranged for the remainder of the 28 day course of medications to be couriered to the individual. 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 a pre-HIV test discussion. In this situation, arrangements may be made with a metropolitan public hospital or Clinic 275 to provide pre- and post-test discussions and delivery of results by telephone.

7. Management of children under 13 years

Children under the age of 13 who have been exposed to HIV should be referred to the Women's and Children's Hospital for specialist paediatric infectious disease advice, including PEP dose adjustment. Telephone (08) 8161 7000. The National PEP Guidelines provide information to complement specialist paediatric infectious disease advice.

8. Information about exposed individual

Information required from the exposed individual includes:

- medical history including prescribed, over-the-counter and illicit drug use as drug interactions can occur between anti-HIV drugs and other medications
- previous HIV test or risk history as PEP should not be given to an individual who is already HIV positive
- vaccination history
- in women, likelihood of pregnancy or breast feeding.

9. Information about source individual

Information about the source individual may have been minimal at the time when the individual first presented to an emergency department or clinic following the risk exposure when they received their starter pack. At the first visit for follow-up, it is appropriate to determine what is known about the source individual.

Relevant information about the source individual would include:

- casual or regular partner
- behavioural risks (e.g. needle sharing, casual unprotected sex)
- country of origin and any unprotected sex or needle sharing outside Australia
- any concurrent STIs
- whether the source individual is taking PrEP.

If the source individual is known to be HIV positive, useful information would include:

- plasma viral load and CD4
- antiretroviral treatment history (and, if resistance has been an issue, with which drugs)
- recent HIV resistance genotyping
- current or past STIs
- hepatitis B and C virus status.

If the source individual is known by the exposed individual but their HIV status is unknown, determine if the source individual is willing to present for an HIV test.

a. Recent sexual assault

If an individual disclosed at their initial presentation for a PEP starter pack that the risk exposure occurred during a recent rape or sexual assault, they should have been offered information about sexual assault services available. If the individual chose not to access medical care from a sexual assault service at that time, it may be appropriate to offer this service once again at follow-up.

Individuals can be referred to Yarrow Place Rape and Sexual Assault Service, 24 hours per day, 365 days of the year. For callers in metropolitan Adelaide, ring (08) 8226 8787 or for SA country callers, ring 1800 817 421 (toll free).

If the individual is in a regional area, they should be referred to an emergency department or local medical sexual assault service provider if available.

If the individual again declines referral to a rape and sexual assault service, they should be assisted to continue through the process of undertaking PEP, as per the remainder of this SOP and associated documents.

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 individual 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 individual.

If it is determined that the assailant is at an increased risk of HIV, then PEP should be continued in accordance with these guidelines. If it is not possible to determine if the assailant is at increased risk of HIV, PEP may be continued, with the individual's consent, at the discretion of the physician.

10. Prescribing PEP

In South Australia, the starter pack for PEP contains a two drug combination of tenofovir and emtricitabine (TDF/FTC) for five days.

Only HIV S100 prescribers can prescribe the remainder of the course of PEP (23 days). Pharmacists at the distributing pharmacies can access a list of recognised S100 prescribers in South Australia to enable them to check the prescribing authority of the doctor. Individuals can be provided with:

- a prescription for a recognised hospital pharmacy where the prescriber has approved prescribing rights
- a private prescription that can be filled by Centre Pharmacy, 19 Central Market Arcade, Adelaide. The contact number for Centre Pharmacy is (08) 8231 6450.

There may be a need to change the two drug regimen from TDF/FTC or to add a third drug in certain cases. In cases where the source is known to be HIV positive, is not on treatment or is on treatment with a detectable or unknown viral load or where other factors rate the exposure risk as extremely high, the National PEP Guidelines recommend a three drug regimen (i.e. dolutegravir or raltegravir or rilpivirine). The third drug may be accessed separately and added to the regimen as soon as possible, even if outside of the 72 hour window in which the starter pack is commenced.

11. Treatment support

When prescribing the continuation of the PEP course, the individual should be assessed for incidents of side effects to date. It may be appropriate to prescribe an antiemetic, analgesic or anti-diarrhoeal medication to alleviate side effects.

The prescriber should explain to the individual the importance of adhering to the medication as prescribed. Lifestyle patterns, living arrangements and work commitments should be discussed to ensure the individual can be adherent to the regimen.

Information about the PEP regimen (this should have been provided to the individual when the starter pack was prescribed) should be reinforced:

- PEP is a course of pills that are taken orally usually once a day for 28 days.
- PEP is most effective when taken as soon as possible and within 72 hours after the exposure. PEP should not generally be prescribed after 72 hours but may be considered on a case-by-case basis in consultation with a specialist.
- To work properly the medication needs to be taken at the times prescribed every day without missing a dose. The exposed individual can stop taking the medication at any time, but they will not get the full benefit.
- PEP should not be taken by someone who already has HIV.
- Some people experience side effects from the medication. These side effects may be mild, may be able to be managed with other medications (for nausea and/or headache) or may be extremely uncomfortable.
- Evidence about the efficacy of PEP in studies is hampered by: the lack of control subjects; the lack of knowledge of variables such as the HIV status of the source person and, if this is positive, the resistance profiles, viral loads and presence of other relevant transmission co-factors; and the lack of knowledge of other exposures immediately preceding or following administration of PEP.
- There are no prospective, randomised, controlled intervention studies, although there are many case reports of occupational and non-occupational failures of post-exposure prophylaxis, emphasising that prevention by PEP is not absolute.
- The follow-up service provider will perform serology for HIV at four to six weeks and again at three months after the exposure.

12. 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 or vaccination
- tetanus
- emergency contraception.

13. Serology

After potential exposure to HIV, individuals should have baseline and follow-up testing for HIV and other infections (depending on mode of exposure):

- HIV antibody testing – if serology was not already taken when the starter pack was prescribed and if the individual consents after pre-test discussion
- routine biochemistry and liver function tests (LFTs)
- full blood count and differential.

The following may also be indicated:

- hepatitis A, B and C serology
- syphilis serology.

The National PEP Guidelines set out the recommended schedule of testing for individuals who are prescribed PEP. Follow-up HIV serology testing is recommended at weeks four to six and again at three months. The management of an exposed individual who seroconverts is not included. The symptoms of seroconversion should be explained to all individuals, with advice to present if these, or any other symptoms occur.

14. Advice on safer practices

The individual who is prescribed PEP has been assessed as being at risk of acquiring HIV. Therefore it should be recommended that the individual take steps to protect current or future partners until they are sure they have not contracted HIV as determined by an HIV antibody test at three months after the exposure. Adopting safer behaviours may also protect the individual from HIV in the future.

Those individuals who present for PEP on repeat occasions may require additional supports. The National Guidelines state that: "*People who present for repeat PEP should be supported, with each presentation assessed on its merits in a non-judgmental manner. It may be necessary to consider extension to an existing PEP course and this should be by a full 28 days from the last HIV exposure risk. Repeat presentations and extension of PEP courses warrant careful assessment of the context of risk behaviour and should prompt consideration for PrEP, referral to mental health, risk-reduction counselling and/or alcohol and other drug services.*"

Safer practices include:

Safer sex. A detailed guide to safer sex practices is provided in Appendix F.

Safer needle use. Individuals should be advised not to share needles and injecting equipment and to only use each needle and syringe once before safely discarding.

Work practices. Most people do not have to modify work practices, but some health workers (e.g. doctors, dentists and nurses/midwives) are required to refrain from performing exposure prone procedures if they have HIV infection. Such a worker with a significant exposure should be advised to contact the South Australian Department for Health and Ageing or their professional organisation for advice.

Breastfeeding. Women with HIV in Australia are advised to refrain from breastfeeding because of the risk of the baby becoming infected with HIV, as well as the availability of quality supplements for bottle feeding. A woman with a significant exposure should be advised not to breastfeed until the outcome of an HIV antibody test at three months following the exposure. In Australia, quality supplements and safe water supplies for bottle feeding are available.

Blood donation. An individual with a possible exposure to HIV should be advised not to donate blood, skin, or organs until the outcome of testing at three months following the exposure.

15. Subsequent follow-up

Subsequent follow-up will include:

- HIV test results and post HIV test discussion at three months
- repeat doses of HBV vaccination (if commenced) at four weeks and six months
- HBV and HCV serology at three and six months if indicated
- referral to agencies for other services (Appendix E).

Appendix A: Immediate action - First aid

Recommended action to be taken as soon as possible after an individual has been exposed to blood or other body fluids that have the potential to transmit HIV, HBV, HCV and/or tetanus:

If the exposure involves a cut or puncture

Wash the affected area 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 fluids get in the eyes

Rinse the eyes, 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 fluids 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 that contain alcohol 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. Note that this should not be done before talking to a doctor in cases of rape or sexual assault as it may destroy legal evidence.

Appendix B: Risk assessment protocol

HIV PEP must be started within 72 hours of the risk exposure and effectiveness is considered to be greater when PEP is started as soon as possible. PEP should not generally be prescribed after 72 hours but may be considered on a case-by-case basis in consultation with a specialist.

The National Guidelines provide PEP recommendations after a non-occupational exposure to a source with a known HIV status (Table 3) or a source with an unknown HIV status (Table 4). There are also PEP recommendations after occupational exposure to a known HIV-positive source (Table 5).

PEP should be recommended if conditions 1 AND 2 AND 3 AND 4 are met:

1. eligible exposure
2. source is known to be HIV positive with a detectable viral load or at high-risk of HIV
3. it is 72 hours or less since the exposure
4. the individual gives informed consent to take PEP.

The presence of another STI in either the source or the exposed individual 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.

In some circumstances, PEP 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 people who have been sexually assaulted 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, PEP may be administered with the physician's discretion and the individual's consent.

Circumstances in which PEP is not indicated:

An individual **will not be eligible for PEP** after the following exposures unless there are unusual factors that increase the risk of exposure (as described above):

- non-occupational exposures of any kind where an HIV-positive source has an undetectable viral load
- non-occupational exposures of any kind where an HIV-negative source is known to be taking pre-exposure prophylaxis (PrEP) for HIV
- needle stick injury from a discarded needle
- bite or clenched fist injury
- skin exposure
- receiving oral sex
- oral-anal sex
- heterosexual (vaginal) intercourse is not considered enough of a risk to be eligible for PEP unless the source is known to be HIV positive with a detectable viral load or at high-risk of HIV (see above).

Appendix C: Distribution sites for starter packs

Metropolitan and Regional Health Services holding PEP starter packs*

Regions	Location of Starter Packs	Telephone/Fax
Metropolitan	Clinic 275	Ph: 8222 5075
	O'Brien Street General Practice	Ph: 8231 4026
	SHINE SA (Noarlunga, Davoren Park, Woodville, Adelaide)	Ph: 1300 794 584
	Royal Adelaide Hospital	Ph: 8222 4000
	Flinders Medical Centre	Ph: 8204 5511
	Noarlunga Hospital	Ph: 8384 9222
	Women's and Children's Hospital	Ph: 8161 7000
	Queen Elizabeth Hospital	Ph: 8222 6000
	Modbury Hospital	Ph: 8161 2000
	Lyell McEwin Hospital	Ph: 8182 9000
Eyre Peninsula and Western South Australia hospitals and health services	Ceduna District Health Service	Ph: 8626 2160 Fax: 8626 2191
	Port Lincoln Health Service	Ph: 8668 7500 Fax: 8668 7877
	Whyalla Hospital	Ph: 8648 8300 Fax: 8648 8505
Far North hospitals and health services	Coober Pedy Hospital	Ph: 8672 5009 Fax: 8672 5704
	Port Augusta Hospital and Regional Health Service	Ph: 8668 7500 Fax: 8668 7877
	Roxby Downs Health Service	Ph: 8671 9020 Fax: 8671 9062
Fleurieu Peninsula and Kangaroo Island hospitals and health services	Kangaroo Island Health Service (Kingscote)	Ph: 8553 4200 Fax: 8553 4299
	South Coast District Hospital (Victor Harbor)	Ph: 8552 0500 Fax: 8552 0507
Limestone Coast hospitals and health services	Bordertown Memorial Hospital	Ph: 8752 9000 Fax: 8752 9080
	Mount Gambier and Districts Health Service	Ph: 8721 1200 Fax: 8721 1579
Murray Mallee hospitals and health services	Murray Bridge Soldier's Memorial Hospital	Ph: 8535 6777 Fax: 8535 6700
	Riverland General Hospital (Berri)	Ph: 8580 2400 Fax: 8580 2499
Yorke and Mid North hospitals and health services	Central Yorke Peninsula Hospital (Maitland)	Ph: 8832 0100 Fax: 8832 2262
	Clare Hospital	Ph: 8842 6500 Fax: 8842 6590
	Port Pirie Regional Health Service	Ph: 8638 4500 Fax: 8638 4472
Nganampa Health Council Anangu Pitjantjatjara Yankunytjatjara Lands	Amata Clinic; Pukatja (Ernabella) Clinic; Iwantja (Indulkana) Clinic	Umuwa Office Ph: 8954 9040 Fax: 8956 7850
Other regional services	Royal Flying Doctor Service - Port Augusta Base	Ph: 8648 9500 Fax: 8641 0461

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

PEP starter packs can be ordered via a written or electronic purchase request and directed to the SA Pharmacy purchasing officer at Flinders Medical Centre. Telephone (08) 8204 5283 if further information regarding ordering is required. It is the responsibility of distribution sites to check stock expiry dates on a regular basis.

Appendix D: Healthcare facilities providing follow-up services

Clinic 275 Sexual Health Clinic
275 North Terrace, Adelaide
Phone: 8222 5075
Web: www.sahealth.sa.gov.au/Clinic275

Clinic times: Monday and Friday: 9.00am - 4.30pm
Tuesday and Wednesday: 11.00am - 6.30pm
Thursday: 1.00 – 4.30pm

- No appointment or referral necessary.
- Free service.

O'Brien Street General Practice
17 O'Brien Street, Adelaide
Phone: 8231 4026
Web: www.obrienstreetpractice.com.au

- Appointment necessary.
- No referral required.
- Bulk billing available.

Dr Sam Elliot
Riverside Family Medical Practice
135 Daws Road, ST MARYS
Phone: 8275 9100

- Appointment necessary.
- No referral required.
- Bulk billing available.

Dr Ross Philpot
SA Infectious Diseases Services
135 Hutt Street, Adelaide
Phone: 8232 4511

- Appointment necessary.
- Referral required.
- Gap fee to pay.

GP on Hyde
57 Hyde Street, Adelaide
Phone: 7099 5320
Web: https://www.shinesa.org.au/health-services/gp-on-hyde/

- Appointment necessary.
- No referral required.
- Bulk billing available.

Appendix E: Referral list

AGENCY	SERVICES PROVIDED	CONTACT DETAILS	HOURS OF OPERATION
Alcohol and Other Drug Services			
Alcohol Drug and Information Service (ADIS)	ADIS is a confidential telephone counselling, information and referral service for the general public, concerned family and friends, students and health professionals. The service is run by Drug and Alcohol Services South Australia.	1300 13 1340 (SA only, local call fee) www.sahealth.sa.gov.au	8.30am-10.00pm, Monday to Sunday
Clean Needle Program	The Clean Needle Program reduces blood borne virus transmission and increases other health and social outcomes effectively, safely and cost efficiently. This is achieved by the provision of a range of services to people who inject drugs including: > the distribution of sterile needles and syringes and disposal equipment > the provision of information and education about safer injecting practices and safe disposal practices > referral to a variety of services such as drug treatment, health, legal, and social services.	1300 13 1340 (SA only, local call fee) www.sahealth.sa.gov.au	Call ADIS or visit the website for more information.
Clean Needle Program Peer Project	The Clean Needle Program Peer Project is run by Hepatitis SA and provides Peer Educators at selected CNP sites around Adelaide.	8362 8443 admin@hepatitissa.asn.au 3 Hackney Road, Hackney See website for other locations: hepatitissa.asn.au	Hackney site: Monday to Friday, 9.00am-5.00pm. Contact Hepatitis SA or call ADIS for more information about other sites.
Counselling Services			
SAMESH	SAMESH (SA Mobilisation + Empowerment for Sexual Health) is a South Australian community based organisation that provides sexual health support, education, outreach and clinical services for people in South Australia. SAMESH provides a therapeutic counselling service for gay men and men who have sex with men.	7099 5300 samesh-enquiries@samesh.org.au 57 Hyde Street, Adelaide www.samesh.org.au Facebook: samesh.org.au	Monday to Friday, 9.00am-5.00pm

AGENCY	SERVICES PROVIDED	CONTACT DETAILS	HOURS OF OPERATION
MOSAIC Blood Borne Viruses Support Services	MOSAIC (Relationships Australia SA) provides free and confidential counselling, case management support, advocacy and problem solving support, as well as information and referrals to relevant community or health services, to people affected by HIV/AIDS or viral hepatitis. This includes children, adolescents, women and men who are diagnosed with, or at risk of, HIV or viral hepatitis, and their family, friends and carers.	1300 364 277 (SA only, local call fee) Country: 1800 182 325 www.rasa.org.au	Monday to Friday, 9.00am-5.00pm
SHINE SA **Counselling services**	SHINE SA provides sexual and reproductive counselling and clinical services to women and men, with a strong focus on the under 35 age group. SHINE SA's therapeutic counselling service is 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. Telephone counselling is available for country callers. Appointments are necessary.	1300 794 584 (SA only, local call fee) www.shinesa.org.au	Monday to Friday, 9.00am-5.00pm
Culturally and Linguistically Diverse Services			
PEACE Multicultural Services	PEACE (Relationships Australia SA) provides support and education services in relation to HIV and viral hepatitis for people from a Culturally and Linguistically Diverse background.	1300 364 277 (SA only, local call fee) Country: 1800 182 325 www.rasa.org.au	Monday to Friday, 9.00am-5.00pm
Indigenous Services			
Nunkuwarrin Yunti	Nunkuwarrin Yunti is committed to providing culturally appropriate health care and community support services, and to influencing and overcoming barriers that exist for Aboriginal people in accessing and utilising mainstream services.	8406 1600 nunku@nunku.org.au www.nunku.org.au	Monday to Friday, 9.00am-5.00pm
Sexuality Services			
Bfriend	Uniting Communities' Bfriend program provides social support for people of all ages who are wondering about their sexuality/ gender identity and people who are newly identifying as same sex attracted / gay / lesbian / bisexual / transgender / intersex / queer. The service offers peer support, facilitating groups with other newly identifying people, workshops, resources, and opportunities for social connection.	8202 5190 10 Pitt St, Adelaide www.unitingcommunities.org/Bfriend	Monday to Friday, 9.00am-5.00pm

AGENCY	SERVICES PROVIDED	CONTACT DETAILS	HOURS OF OPERATION
SAMESH	SAMESH (SA Mobilisation + Empowerment for Sexual Health) is a South Australian community based organisation that provides sexual health support, education, outreach and clinical services for people in South Australia.	7099 5300 samesh-enquiries@samesh.org.au 57 Hyde Street, Adelaide www.samesh.org.au Facebook: samesh.org.au	Monday to Friday, 9.00am-5.00pm
Metropolitan Youth Health Service (MY Health)	MY Health provides clinical health services to young people aged 12 to 25 years with a focus on young people under 18 years.	See website for site addresses in Elizabeth, Christies Beach and Angle Park and telephone numbers at: www.cyh.com	Contact your local MY Health service for information on opening hours.
Sexual Health and Sexual Assault Services			
SHINE SA Sexual Healthline	The Sexual Healthline is a confidential service, for people who want to talk to someone on the phone or via email about their sexual health.	Metro: 1300 883 793 Country: 1800 188 171 sexualhealthhotline@health.sa.gov.au	Monday-Friday, 9.00am-1.00pm
SHINE SA **Clinical services**	SHINE SA is the leading sexual health agency in South Australia with six clinics available in metropolitan Adelaide. SHINE SA services are provided for women and men with a focus on the under 35 age group. Services are free for all individuals under the age of 25. Appointments can be booked but drop ins are welcome, see the website for more information.	1300 794 584 See website for clinic locations. www.shinesa.org.au	Monday to Friday Clinic drop in times vary, see website for more details.
Yarrow Place	Yarrow Place is the lead public health agency responding to adult rape and sexual assault (for people who were aged 16 years and over at the time) in South Australia. On-call Crisis Response Workers and Doctors are available in the case of recent sexual assault. An Aboriginal Sexual Assault worker is on staff. It is the individual's choice if they want Police involvement.	24 hour emergency: 8226 8787 8226 8777 (metro) or 1800 817 421 (SA only, toll free) info@yarrowplace.sa.gov.au Level 2, 55 King William Rd, North Adelaide www.yarrowplace.sa.gov.au	Emergency: 24 hours, 7 days Office hours: Monday to Friday, 9.00am-5.00pm

AGENCY	SERVICES PROVIDED	CONTACT DETAILS	HOURS OF OPERATION
Youth Services			
Metropolitan Youth Health Service (MY Health)	MY Health provides clinical health services to young people aged 12 to 25 years with a focus on young people under 18 years.	Sites are located at Elizabeth, Christies Beach and Angle Park, see the website for full contact details. www.cyh.com	Contact your local MY Health service for information on opening hours.
Other			
Hepatitis SA	Hepatitis SA is a community-based organisation providing information and services to South Australians affected by viral hepatitis and workers in the sector. Hepatitis SA also runs the Clean Needle Peer Project (see above).	Hepatitis SA Helpline: Metro: 8362 8443 Country: 1800 437 222 admin@hepatitissa.asn.au 3 Hackney Road, Hackney hepatitissa.asn.au	Monday to Friday, 9.00am-5.00pm
PrEPX-SA	As of May 2017, the HIV pre exposure prophylaxis access trial in South Australia (known as PrEPX-SA) is recruiting study participants.	To register interest in joining PrEPX-SA, go to: https://www.alfredhealth.org.au/research/research-areas/infectious-diseases-research/prepx-south-australia	
SA Sex Industry Network (SA SIN)	SA SIN is run by sex workers for sex workers and offers peer support, education, information, advocacy and referral services for sex workers. SA SIN also operates a clean needle program and can assist sex workers who inject drugs with peer support and free injecting equipment.	8351 7626 sin@sin.org.au 220 South Road, Mile End www.sin.org.au Facebook: sexindustrynetwork	Tuesday to Friday, 9.30am-5.30pm
SA SIN Safer Sex Shop	Open to members of the public, the SIN Safer Sex Shop provides information and advice as well as selling safer sex products.	Details as above	Tuesday to Friday, 10.00am-5.00pm

Appendix F: Safer sex and condoms information

Why safer sex is important

Sexually transmitted infections (STIs) are infections spread through sexual activity — vaginal, oral or anal.

Although some STIs can be easily treated, there is no cure for other infections. Some STIs, for example HIV, HBV and chlamydia, can have serious health consequences.

An individual can have any of the STIs without symptoms. They may be unaware they have an infection and may be passing it on each time they have sex.

You won't always know if someone you have sex with is able to give you an infection. That's why it's important to protect yourself by having safer sex.

Reducing the risk

The only way to be 100% sure of not getting an STI is never to have sex. So when you do have sex, you need to reduce the risk of catching an infection (or passing on an STI you may not know you have).

There are various strategies to use. Choose a method that suits your situation — they don't all work for everyone.

Have an STI check-up after sex with a new partner. If you have caught an infection it may be possible to treat it before complications develop. The sooner you know if you have an STI, the less likely you are to pass it on to someone else.

If you are in a stable relationship and neither individual has other sexual partners, you can both have an STI check-up. If both partners' results are negative, it may be OK to have unprotected sex.

Discuss this with a doctor or health adviser as some infections have window periods.

Be very careful if you have sex with people you don't know well. You are less likely to know if they have an STI or have had a check-up recently.

Use safer sex practices when you have sex, unless you are certain you and your partner do not have any STIs. You would both need a STI check-up to be sure of this.

Safer sex practices

Safer sex means not allowing your partner's body fluids (blood, semen, vaginal fluids) into your body and vice versa.

It also means covering or avoiding contact with parts of the body that might be infectious through skin-to-skin contact (e.g. herpes sores, warts).

With some forms of sex, it is possible to avoid the transfer of body fluids, e.g. massage and mutual masturbation (‘hand jobs’).

Safer oral sex

Oral sex has a lower risk of transmitting most (but not all) STIs. If you have oral sex, you can reduce the risk of infection by following these guidelines:

- Use condoms (flavoured ones are available) or use dental dams (see below).
- Don't get semen or blood in your mouth.
- Avoid oral sex if you have mouth ulcers or bleeding gums. Don't brush your teeth immediately before oral sex.
- If you get cold sores, don't give your partner oral sex when you have an outbreak. (This is because cold sores are caused by the herpes virus).

Using condoms

Use condoms that meet Australian and International Standards. Check the use by date on the packet.

Open the packet carefully.

Be careful not to snag the condom with rings or fingernails. Check which way the condom unrolls but don't unroll it before putting it on.

Use the condom for the whole time you are having intercourse. Put the condom on when the penis is hard and erect and before the penis touches the vagina or anus.

Squeeze the teat on the end of the condom between two fingers. This expels the air so there is room for semen. Place the condom against the tip of the penis.

Gently unroll the condom down to the base of the penis. If you don’t get it on the first time, throw the condom away and start again.

Use a water soluble lubricant. This is essential for anal intercourse. Rub it on the outside of the condom. Lubricant makes intercourse more comfortable and helps prevent the condom breaking. Some water based lubricants include Wet Stuff, KY, Lubafax, Le Gel, Glyde and Muko. It's important to use a water-based lubricant; oils can weaken condoms and cause them to break.

The penis should be withdrawn immediately after ejaculation. Hold the rim of the condom to stop any spillage. Slip the condom off carefully.

You can only use a condom once. If you want to have sex again, put on a new condom. Don't flush used condoms down the toilet. Wrap them in paper and put them in a bin.

Looking after condoms

Condoms that break put you at risk of catching an STI. They may be damaged by:

Heat: Keep condoms in a cool, dry place (not the glove box of a car).

Oil: Oil-based lubricants can cause condoms to perish. Never use baby oil, vaseline or petroleum jelly.

Teeth: Do not use your teeth to open the condom package. During oral sex, teeth may break the condom.

Friction: Always use a water-based lubricant to prevent condoms breaking.

Age: Make sure the use by date has not expired.

Dental dams: the other barrier for oral sex

Latex barriers or dental dams are squares of ultra-thin latex that can be put over a partner's vulva or anal area during oral sex.

Some are thin and silky, and they come in a variety of flavours. Alternatively you can cut an unrolled condom to the tip and make a latex barrier.

Where you can get condoms and other safer sex supplies

- supermarkets
- chemists
- vending machines
- SHINE SA
- SAMESH
- Aboriginal Medical Services
- SA SIN
- Relationships Australia SA
- Hepatitis SA (for individuals accessing the Clean Needle Program)

Pre-exposure prophylaxis for HIV

Pre-exposure Prophylaxis (PrEP) is the use of antiretroviral drugs by people who are HIV negative to reduce the risk of acquiring HIV. To maximise effectiveness PrEP must complement, and not substitute, safer sex measures like condom use and regular HIV testing. PrEP is a single tablet taken daily. PrEP is effective when it is taken before exposure to HIV, and then on a routine basis during periods of risk.

More information

Clinic 275 web site: www.sahealth.sa.gov.au/clinic275

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[2] McAllister J and the National PEP Guidelines Expert Reference Group. *Literature review for the national guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV (revised)*. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. Sydney, NSW, 2016. Available at www.ashm.org.au/pep-guidelines.

[3] National HIV Testing Policy Expert Reference Committee. 2011 *National HIV testing policy v1.3.* Commonwealth of Australia. 2011. Available at www.testingportal.ashm.org.au/HIV.

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[5] *Experiences of HIV: The Seroconversion Study Final Report 2007–2015*. 2016. Monograph, The Kirby Institute, UNSW Australia, Sydney, Australia. Available at https://kirby.unsw.edu.au/publications/hiv-seroconversion-study-report-2007-2015.