

HIV Prophylaxis

SART Listserv
November 2006

States are listed as a point of reference rather than as a statewide perspective.

Issue: programs that medicate prophylactically for HIV/AIDS exposure

Background: If SARTS provide prophylaxis, what statistics are used to make medication decision? Are their compliance issues?

Louisiana (New Orleans)

- Uses current CDC guidelines on HIV prophylaxis for non-occupational exposure.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>
<http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>
- Many of our patients comply with the course of medication without problem.
- Patients are followed by the outpatient clinic.
- Some patients do stop the medication due to difficulty (GI problems, mostly) with the drugs.

Virginia (Hampton)

- Uses CDC recommendations for Non-occupational HIV exposure 2005.
- Evaluate risk (unknown assailant, penetration) as part of our advice to the patient.
- Obtain baseline labs (Chemistry, liver function panel) and a baseline HIV test.
- Provide first dose and give them a starter pack for 2 days but the patient must then have her/his prescription filled for the remaining 26 days.
- Follow-up appointments (labwork, etc) must be made with their family medical doctor (they family docs all have access to the Emergency Department records electronically as well as their lab work) and non insured patients are referred to the local clinic or health dept.
- We don't provide prophylaxis to anyone under age 16 (but the same CDC document above does have pediatric recommendations).

Ohio (Cleveland)

- Does not *routinely* provide prophylactic medications for HIV/AIDS exposure.
- Has treated an adult patient with a known exposure and contacted an infectious disease physician. The physician's recommendations were followed.
- No information on medication compliance.

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We are considering implementing an HIV prophylaxis option for high-risk clients, and are wondering what other agencies have experienced in terms of the percentage of patients who opt for this, and what sources of funding do you have in place to cover the costs?

Pinellas County Florida

- CDC recommends prophylaxis for victims who know the perpetrator is HIV positive.
- The survivor can ask for the medications.
- Only 2 survivors have asked about treatment in 2 1/2 years.
- There is no federal, state or local funding in Pinellas County Florida for HIV prophylaxis for rape survivors
- County health department is looking at possible ways to fund HIV prophylaxis.
- HIV prophylaxis costs survivors between \$800 to \$1500 dollars
- SART tests for HIV for 25 days from the assault.
- If they test positive then the county or other resources within the community provide the cost of treatment at no charge to survivor.

Bronx and Westchester, New York

- HIV PEP offered to any patient who has been determined to have exposure of the mouth, vagina or anus to the blood or semen of the perpetrator. This means the PEP is offered in most cases.
- Approximately 30% of the patients opt to take it
- Paying for the medications is troublesome
- In Bronx hospitals, patients are given a 3-day course of medications and prescriptions for the remaining doses. These prescriptions are filled free of charge at the hospital where the exam was done
- In Westchester County, there is some difficulty getting hospitals to give patients a 3-day supply of the meds to take home. The patient uses either their own insurance or Crime Victims Compensation to help pay for the remaining medications.
- A new, Forensic Payment Act, provides for the reimbursement of the 3-day supply and we hope that hospitals will now readily give the meds to the patient
http://www.health.state.ny.us/professionals/protocols_and_guidelines/sexual_assault/docs/protocol_appendix_v.pdf
- Data on efficacy is impossible because there is no way to tell if patients take all the doses as prescribed. There is no follow up.
- Department of Health protocol states the healthcare provider (hospital) is ethically responsible to provide the full course of PEP if the patient is unable to pay, however, there is no law that requires this
http://www.health.state.ny.us/professionals/protocols_and_guidelines/sexual_assault/docs/protocol_testing.pdf
- Hospitals should make follow up appointments with HIV agencies or identify a physician.
- The HIV PEP protocol has been a source of concern for examiners and advocates in our state. The protocol did not take into account the practicality of it.

Location Unknown

- Being from a hospital-based program, it is financially problematic if the reason for a visit is to obtain medications to prevent HIV. The medical doctor has to medically screen the patient and the entire visit is unlikely to be reimbursed since it doesn't relate to the forensic exam
- It is also problematic that non-hospital based programs cannot cover medical needs. This creates different standards of care.
- We need legislated reimbursement for the care and treatment of victims of sexual assault.

Resources

Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States

Recommendations from the U.S. Department of Health and Human Services

<http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>

CA Protocol

<http://www.dhs.ca.gov/ps/ooa/Reports/PDF/HIVProphylaxisFollowingSexualAssault.pdf>

NY Protocol

<http://www.hivguidelines.org/GuideLine.aspx?pageID=78&guideLineID=2>

<http://www.nynjaetc.org/curriculum/Sexual%20A.ppt>

RI: Development of Guidelines on Nonoccupational HIV Postexposure Prophylaxis

http://www.publichealthreports.org/userfiles/119_2/119136.pdf

Prophylaxis Following Nonoccupational Exposure to HIV: Related Resources

Background document prepared by Michelle Roland, M.D. for the WHO Expert Consultation for the Development of Policy and Guidelines on Occupational and Non-Occupational HIV Post-Exposure Prophylaxis, Geneva, September 2005. The views in this document are those of the author and do not necessarily reflect those of WHO.

<http://hivinsite.ucsf.edu/InSite?page=kbr-07-02-07>

National Guideline Clearinghouse Summary

http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=3841&nbr=3057

HIV Antiretroviral Postexposure Prophylaxis: A Cautionary Note

http://www.natap.org/2005/HIV/102105_05.htm

Management Of Non-Occupational Post Exposure Prophylaxis To HIV (Nonopep): Sexual, Injecting Drug User Or Other Exposures

<http://www.inmi.it/news/LineeGuida/RecommendationsNONOCC.htm>