New Society PEP guidelines: draft thinking

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Processes..

- 1st Society guidelines… published 2008 – Steve Andrews/Marc Mendelsohn – amalgamated occupational/ non-occupational; also 3 drugs in all exposures
- 2nd round – 2013 requests
- WHO process – delayed while these are finalised, due end 2014
- NO DoH harmonisation

DoH

- Original guidelines 1993 – AZT TDS, indinavir
- Now located in EDL – still AZT/3TC
- Pleas for upgrade

Occupational versus non-occupational

- Sex worker burst condom versus medical student
- WHO following our lead – dumping these categories (some ‘special occupations’ in new guidelines

Is it a problem?

- Huge number of traditional occupational exposures – not just side effects, costs, also anxiety, burnout
- Other exposures – bewildering array, as awareness goes up – more request for PEP

Big thorny questions in PEP?

- Should I give antiretrovirals? (and high vs low risk)
- Should I give 2 or 3?
- Role of Prep?

Big new ideas

- Make peace with limited data – and that we are unlikely to get better ‘pure PEP’ data
- Occupational vs non-occupational
- Safe ‘third’ drugs

Should we give a third drug?

- NO data on this – whether adding gives additional protection or any drug being better than the other (and we probably will never know)
- Adds very little to current prevention BUT
- Simpler, less anxiety
- Problem is toxicity and cost

Which third drug?

- Lop/rit safer than ATV/rit; Darunavir/rit
- EFV – unpopular
- Integrase inhibitors – decrease price, excellent side effect profile

WHO

- Almost all low quality evidence (except adherence!)

Big recommendations

A two antiretroviral drug regimen is effective but three drugs are preferred.

Which drug?

Preferred antiretroviral regimen for adults and adolescents

TDF+3TC(or FTC) is recommended as the preferred backbone regimen for HIV PEP in adults and adolescents.

LPV/r or ATV/r are suggested as preferred third drugs for HIV PEP in adults and adolescents.

Where available the following alternatives can be considered: DRV/r, RAL, EFV.

(Conditional recommendation, very low quality of evidence)

Preferred antiretroviral regimen for children ≤10 years

AZT+3TC is recommended as the preferred backbone for HIV PEP in children 10 years and younger. ABC+3TC or TDF+3TC (or FTC) can be considered as alternative regimens.

(Strong recommendation, low quality evidence)

LPV/r is recommended as the preferred third drug for HIV PEP in children less than 10 years.

Prescribing frequency

A full 28 day prescription of antiretrovirals should be provided for HIV PEP following initial risk assessment.

Adherence support

Enhanced adherence counselling is suggested for all individuals initiating HIV PEP.

(Conditional recommendation, moderate quality of evidence)

Likely?

- WHO guidelines plus…
- Recommend integrase inhibitors as third drug (?rilpivarine, others)
- All usual suggestions around hepatitis B, followup etc etc