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Use of post-exposure prophylaxis in an HIV centre in Athens, Greece (2014-2015)

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Background: Post exposure prophylaxis (PEP) to prevent transmission following sexual, occupational or injection drug use exposures is an essential intervention requiring a timely response. The use of PEP in an HIV clinic in Athens, Greece was analyzed, aiming at improving the package of care offered to cases of exposure to HIV.

Material/methods: A retrospective observational study including all cases (N=236) seeking risk assessment and management following possible exposure to HIV during the years 2014 and 2015 was conducted. Statistical importance was defined at the level of $p < 0.05$. Data were analyzed using SPSS Statistics Version 17.

Results: Clients seeking care were mainly male (84.4%), mean age was 33.6 years (SD=9.71). The majority were born in Greece (87.6%) and 28.5% did not have health coverage entitlements. Occupational exposures were 13.9% of the total cases and among them 60% were health workers and 28% staff working in cleaning services. Men who have sex with men (MSM) were 44.4% (95%CI 36.65-52.45) of total cases, clients of sex workers 22.22% (95%CI 16.08-29.41) and 20.37% (95%CI 14.46-27.40) were injection drug users (IDUs) exposed through sharing needles or injection equipment. Mean time between exposure and risk assessment was 30.5 hours (IQR 14-42). Only

8.9% of cases came within the first four hours following exposure. In half of the cases of occupational exposure (95%CI 6.76-93.24), it was reported that use of personal protective measures (eg gloves) did not take place. PEP was provided in most cases (82.1%). The source of exposure was known to be HIV positive in 34.6% of cases. During 2015 there was an increase in the use of integrase instead of protease inhibitors as a third agent of PEP regimen (49% versus 31.5%). Receptive anal intercourse is the most common type of sexual contact reported. Finally, condom rupture, ejaculation, receptive intercourse, as well as exposure to a source of high risk for HIV transmission were statistically correlated with time of arrival at hospital ($p < 0.05$).

Conclusions: Although the service of risk assessment for exposure to HIV is available in Athens through a number of centers, the vast majority of cases arrives with a significant delay. At the same time in half the cases of occupational exposures, no personal protective measures had been taken. The majority of clients has engaged in risky behaviors which present statistically significant correlation with more timely presentation to the service. It can be assumed that there is still a significant gap in knowledge for the benefits of PEP in people exposed to a certain degree of risk. At the same time, this could present an opportunity to identify candidates for appropriate use of pre exposure prophylaxis (PrEP).