

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.

MATERIALS AND METHODS

Study design: cross-sectional study for the period 2014-2015. Data were extracted from the clinic's medical records among service users claiming exposure to HIV (N=236) and were analyzed using SPSS 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.

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)

SOURCE OF EXPOSURE	Frequency	Percent	Cum. Percent	Exact 95% LCL	Exact 95% LCL
HIV positive person	14	8,64%	8,64%	4,81%	14,07%
Sex Worker	36	22,22%	33,33%	16,08%	29,41%
Sex Worker and/or From highly endemic country	4	2,47%	11,11%	0,68%	6,20%
MSM, Bisexual Sex Worker	3	1,85%	35,19%	0,38%	5,32%
MSM	72	44,44%	79,63%	36,65%	52,45%
Injection Drug Users (IDUs)	33	20,37%	100,00%	14,46%	27,40%
TOTAL	162	100,00%	100,00%		

Table 1: Source of exposure (expressed in absolute values, % and 95% CI)

2014	N	Percent
TDF/FTC	6	6,5
TDF/FTC-RAL	29	31,5
TDF/FTC-LPV/r	51	55,4
AAVO	6	6,5
Total	92	100,0

Table 2: PEP regimens used in 2014

2015	N	Percent
TDF/FTC-RAL	48	49,0
TDF/FTC-LPV/r	40	40,8
ZDV/3TC-LPV/r	10	10,2
Total	98	100,0

Table 3: PEP regimens used in 2015

Conclusion

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).

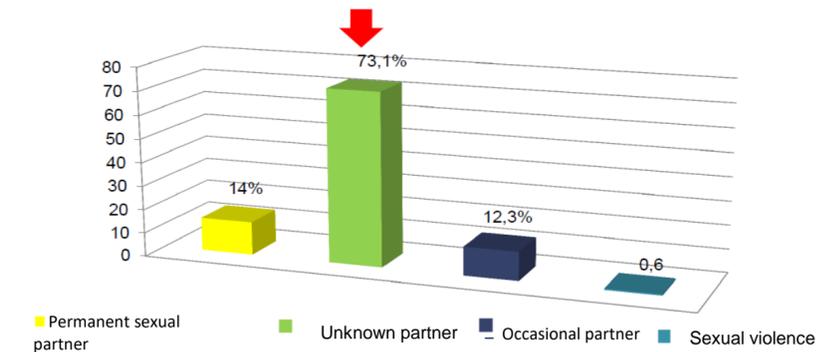


Fig 1: Profiles of sexual partners

It is also evident that victims of sexual violence, migrants and refugees are greatly under-represented in the clients' cohort. More efforts should focus on making PEP as an emergency measure known and available to the most vulnerable populations.

References:

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