

# Post-Exposure Prophylaxis for HIV in a Primary Health Care Clinic for People Who Inject Drugs

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## Introduction

One strategy used to reduce transmission of HIV is the prescription of antiretroviral drugs as post-exposure prophylaxis (PEP) against HIV.

Around 50 courses of PEP are prescribed each year through the Kirketon Road Centre (KRC).

50% of KRC's clients report injecting drug use within the past 12 months, and 20% report receptive syringe sharing within the past month when .

Current (2016) National PEP Guidelines recommend PEP for injecting-related risk if:

- The source is known to be HIV positive and not known to have an undetectable viral load
- Source is of unknown HIV status, and from a high prevalence population (Men who have sex with men (MSM), and high prevalence countries)

The use of PEP for sexual exposures to HIV is well-documented in Australia, but that among injecting drug users is less well studied

## Aim

The aim of this study was to examine the circumstances under which PEP was provided at KRC for injecting-related risk, and to compare the frequency of PEP provision to this population, and the characteristics of those prescribed PEP for injecting-related exposure to those prescribed PEP for sexual-exposure.

## Method

A retrospective clinic-based observational cohort study of KRC clients who accessed PEP between 1 January 2010 and 31 December 2014.

Clients were identified from the clinic database as having received PEP and had the following variables extracted from their records

- Type of exposure (sexual or injecting)
- Source individual and HIV status
- Demographics of those accessing PEP
- Characteristics of incident for those with injecting-related exposure
- Whether clients attended for follow-up after PEP initiation

The number of clients attending KRC who identified as people who injected drugs (PWID), and as MSM were assessed, and the number of PEP prescriptions to these populations was determined.

Table 1: Demographics

	Injecting n=14	Sexual n=239
Median age	33	33
Male	62%	84%
Aboriginal or Torres Strait Islander	29%	5%
MSM (within men)	25%	90%
Attended for follow-up within 1 month	36%	32%

Table 2: Injecting exposure incidents

Exposure	Number
Receptive syringe sharing with male – known HIV+	4
Receptive syringe sharing with male - unknown HIV status	2
Receptive syringe sharing with female	2
Puncture wound by freshly used needle	4
Assaulted with blood-filled needle/syringe	1
Blood splash to eye after known HIV+ male injected	1

## Results

For the study period, a total of 190 clients were dispensed HIV PEP at KRC in a total of 243 occasions of PEP.

The median age of clients provided PEP was 33 (IQR 29 – 40).

Most clients (155, 82%) were male of whom 90% reported sexual activity with other men. Twenty-six clients (14%) were female and 8 (4%) were transgender and 1 (0.5%) other. (see table 1)

Fourteen (6%) PEP episodes from 13 clients related to potential HIV exposure due to injecting drug use. (see table 2)

Of those exposed through injecting, 62% (n=8) were men, 2 of whom reported MSM behaviour. Four (29%) of those exposed through injecting identified as being of Aboriginal or Torres Strait Islander background.

Clients attended for follow-up within 1 month in 5 (36%) of the 14 episodes, versus 32% for sexual exposure.

During the timeframe 2830 individual people who injected drugs attended KRC, yet just 14 episodes of PEP were for injecting risk. In contrast KRC sees over 800 individual MSM each year.

Despite 27% of these MSM reporting IDU in the last year, only 2 MSM were given PEP for injecting relating risk, compared to 138 for sexual risk

## Conclusion

Despite a prevalence of injecting drug use by MSM attending KRC of 27%, and receptive syringe sharing among our client population of 20%, there was a low frequency of PEP provision for injecting-related exposure to HIV.

The 2016 Australian National PEP guidelines recommend the use of PEP for receptive syringe sharing with HIV positive individuals who do not have an undetectable HIV viral load, with any other MSM, or with those from high prevalence countries. However this is a recent change; previous guidelines suggested consideration of PEP in any receptive sharing situation with an HIV positive injecting partner. Given the prevalence of receptive syringe sharing among the population, many more MSM may be eligible for PEP through injecting risk than actually present.

Several factors may impact on PEP presentations among PWID:

- The lower rate of HIV among PWID ( $\leq 1\%$ ) compared with MSM (8.5%) in Sydney.
- The stigma associated with receptive syringe sharing.
- Increased knowledge among MSM compared with PWID regarding PEP availability.
- Difficulties of accessing services for PWID (psychosocial dysfunction/stigma).

While presentations requesting PEP for sex-related exposures are generally straightforward and well practiced by clinicians (insertive/receptive partner, circumcised/uncircumcised, HIV status known/unknown etc ), the characteristics relating to injecting behaviour may be more heterogeneous and difficult to establish. This creates more uncertainty in assessing the true risk of any single exposure event. It may also explain why unusual scenarios such as assault with a needle may have led to PEP-provision.

High-risk MSM are now eligible for PrEP in NSW. It will be interesting to see how this will affect the frequency of attendance of this group for PEP within NSW. In the NSW PrEP guidelines, PWID are eligible for PrEP if they practice receptive sharing with MSM, or with an HIV positive partner not on effective antiretrovirals. It is unclear the effect such an intervention could have in the injecting population in Australia, or whether increasing education regarding indications for (and availability of) PEP is necessary to reduce the risk of HIV transmission.

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