

CONFERENCE ABSTRACT

HIV- PEP (Post Exposure Prophylaxis) Access Project

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

Sid Kaladharan, Melissa Warner

HIV Foundation Queensland, Australia;

Post-Exposure Prophylaxis (PEP) is a preventive strategy that aims to avert the transmission of HIV to an exposed individual following occupational and non-occupational exposure, e.g. sexual contact, injecting drug use (IDU), needle stick injuries. Timely access to PEP (Within 72 hours) is an integral component to treatment as prevention alongside early treatment to achieve a significant reduction in a new transmission of HIV. In Queensland, it is estimated that around 5000 people live with HIV. The year 2014 saw an increase of 35% newly diagnosed cases of HIV as compared to the year 2013, thus the need to impede the spread of this pandemic is crucial.

This project aims to improve the out of hour access to PEP in Queensland through Emergency Departments(ED).

A mapping activity of access to PEP across Queensland was carried out by the project team through:

- Consultation with the Queensland Department of Health, Communicable Diseases Branch (CDB)
- A Community Survey to scope the experiences of people accessing PEP.
- Consultation with Community organisations, Public/Private hospitals, HIV Public Health Team, Sexual Health Clinics to scope issues received regarding access to PEP.
- Enquiry to all HHS Emergency Departments, Directors of Emergency Medicine and Nurse Unit Managers prescribing PEP to obtain local PEP protocol implementation.

A PEP working group was formed that comprised of state-wide representatives from HIVFQ, sexual health clinics, hospital emergency dept., community groups and the Communicable Disease Branch of Queensland Department of Health.

Some of the key points identified by the working group were:

- Demand for PEP is steadily increasing each year.
- People have positive experiences accessing PEP at sexual health clinics, however, some negative experiences were reported by those accessing PEP out of hours at Hospital Emergency Departments (EDs).
- Some hospital EDs were less knowledgeable about PEP and were unable to locate the clinical guidelines in a timely manner.
- Wait times in EDs averaged 4 hours, which was an added stressor for people waiting for PEP.

- Some people experienced stigma, discrimination and judgements when trying to access PEP at EDs.

The working group met to review the current PEP landscape and developed the following interventions to improve access to PEP:

- Development of a user-friendly PEP Folder for Emergency and Pharmacy Departments including algorithms and flowcharts. This will be rolled out with nursing and pharmacy champions around Queensland, who are best placed to raise awareness of PEP (and PrEP3).
- Coordination of resources available to the community including updating the clinic search tool on the ENDHIV website and PEP Emergency Card.
- Production of PEP education/training videos for hospital staff to be incorporated into all Queensland hospital pre-vocational trainings and other clinical inductions
- Endorsement of the resources from the Queensland Emergency Department State Advisory Panel.

We hope these interventions will not only help reduce new transmission of HIV, but also educate clinicians and community on testing, treatment and stigma associated with HIV, thus working towards an HIV-free generation

Keywords: hiv; pep; integrated care; quality improvement; care coordination; health promotion; prevention
