New Society PEP guidelines: draft thinking

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Processes..

• 1<sup>st</sup> 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
• 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.
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 $\leq 10$ 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 (rilpivirine, others)
• All usual suggestions around hepatitis B, followup etc etc