Guidance on emergency management of needlestick or trans-mucosal risk of blood born virus (BBV) transmission including (HIV) Post Exposure Prophylaxis (PEP)

Directorate/Department: Raigmore Emergency Department and Other HIV PEP Holding Centres (excluding Argyll and Bute)

Warning – Document uncontrolled when printed

Policy Reference: id1189	**Date of Issue: July 2024**
Prepared by: A Rowlands (ED)	**Date of Review: July 2028**
Lead Reviewer: B. Howe (HSH)	**Version: 8.2**
Authorised by: Policies, Procedures and Guidelines Subgroup of ADTC	**Date: 25/07/24**
Distribution •ED Consultant •Highland Sexual Health Consultant •Consultant Microbiologist •Occupational Health Consultant •Lead Clinicians, Holding Centres •Lead Nurses, Holding Centres	•CHP Lead Pharmacists •Occupational Health Lead Nurse •Highland Sexual Health Lead Nurse •Pharmacy Manager, Belford Hospital •Directorate Pharmacist, Caithness General Hospital
Method E-mail ✓ Paper ✓ Intranet ✓	

Guidance on emergency management of needlestick or trans-mucosal risk of blood born virus (BBV) transmission including (HIV) Post Exposure Prophylaxis (PEP)

[NB NHSH Occupational Health have their own guidance]

Contents

Appendices

ED Guideline for the early management of exposure to blood or body fluids*

***** NHS staff and students should only come to ED if Occupational Health unavailable e.g. OoH *****

Basic First Aid – Immediate: promote bleeding if small wound then gently wash with soap and water (irrigate mucous membranes with water). Do NOT scrub or suck area.

Consider **Type of Exposure** [High risk type = penetrating injury to skin, bodily fluids on mucosa or broken skin]; and **Infectivity of Source**

High risk type exposure?
- No → Reassure
- Yes → **Qu 1:** Is HIV PEP recommended or not? Refer to **Table 1** on page 4

Infectivity of Source Unknown?
- No → Source Known, available and willing for testing?
  - Yes → Advise Source (or those caring for that them, if they are a hospital patient – see more advice on page 4) of the recommendation that, with informed consent, they should be:
    TESTED [5-10ml clotted blood sent for **URGENT TESTING** to Virology for HIV, Hep B&C]
    and
    ADVISED that results will be made available to:
    a) The team caring for the exposed patient
    b) The 'Source' AND
    c) Occupational Health (if exposed patient is NHS Staff) OR Exposed patient's GP (if exposed patient is not NHS Staff)
- Yes → Infectivity of Source Known → **Qu 1:** Is HIV PEP recommended or not? Refer to **Table 1** on page 4

Qu 1: Is HIV PEP recommended or not? Refer to **Table 1** on page 4

- HIV PEP 'Recommend' or 'Consider'
- HIV PEP 'Generally not recommended'
- HIV PEP 'Not recommended'

'Extended Discussion'
With reference to **'Information for Patient and Prescriber'** (with 'Starter pack' in Raigmore ED and p11 of this guideline)**: DISCUSS:** Contraindications, pregnancy, side-effects and drug licensing and document discussion accordingly.

Whether PEP to be given or not please capture the outcome of the discussion in the **'PEP Register**' held with 'Starter Pack' in ED Duty Room (or at local site).
Note: Patients have a right to decline treatment.

Send 5-10ml clotted blood (brown tube) to virology for "BBV serum save"

Happy to proceed with PEP?
- No → Declined PEP (+/- Blood testing)
  - Give patient the advice sheet **'Reducing the risk of catching or transmitting HIV (and other infections) through sexual exposure**'
    (held with 'Starter Pack'), specifically advising them to follow safe sex principles (abstinence or barrier methods) until further advised by HSH.
  - Send Urgent Referral to HSH – See p9
- Yes → Send 5-10ml clotted blood (brown tube) **for virology** (HIV+ HepB + Syphylis + HepC)
  AND
  Send 5-10ml clotted blood (brown tube) **for biochemistry** (U+E and LFT) ***Put 'Dr B Howe (HSH)' as referring consultant***.
  - Give 'Starter pack' (first 5-7days) held in Raigmore ED (or local site).
    NB Remainder of 28 day course and follow-up provided through Highland Sexual Health (HSH) see below

Qu 2: Is Hep B vaccine +/- Hep B immunoglobulin indicated or not? Refer to table on p5 (or 'The Green Book') and manage accordingly

Qu 3: Is Tetanus vaccine +/- tetanus immunoglobulin indicated or not? Refer to 'The Green Book' and manage accordingly

For: NHS staff / Students
- ❑ Refer patient to Occupational Health for follow up copying in nhsh.raigmoremergencyadmin@nhs.scot
- ❑ Send letter to GP for information

For: Public (non-NHS staff)
- ❑ Complete **'NHS Vaccination Service Emergency Department Referral Form'** (available on intranet) for the follow up vaccine doses required. email to: hpt.highland@nhs.scot copying in nhsh.raigmoremergencyadmin@nhs.scot
- ❑ Send letter to **GP to manage any follow up bloods** **(GPs see p 7)**

HIV PEP - Prescribing Recommendations[1]

Did exposure occur ≤ 72 hrs ago?
[PEP can be given up to 72hrs post exposure but should be started ASAP, ideally within 24hrs]

→ No → PEP NOT recommended (back to p3)

↓ Yes

PEP SHOULD NOT BE PRESCRIBED TO TREAT OR OTHERWISE MANAGE ANXIETY OVER THE SITUATION

Prescribing recommendations[1] (with reference to Table 1)

'Recommended': The benefits of PEP likely to outweigh risks, PEP should be given unless a clear reason not to.

'Consider': The risk of HIV transmission is LOW. The risk / benefit balance of PEP is less clear. The risk should be assessed on a 'case by case' basis taking into consideration factors in footnotes c and d below.

'Generally not recommended': The risk of HIV transmission is VERY LOW (generally <1/10,000). The potential toxicity and inconvenience of PEP is likely to outweigh the benefit unless there is clear extenuating factor which increases the risk to >1/10,000 e.g. local prevalence/outbreak; mucosal barrier breach; other STI; multiple risks.

'NOT recommended': Risk of HIV negligible. PEP should not be given

[1]Taken from BASHH PEP guideline 2021: https://www.bashhguidelines.org/media/1269/pep-2021.pdf

Table 1	Index HIV positive		Index of unknown HIV status	
	HIV VL unknown or detectable	HIV VL undetectable	From high prevalence country / risk-group (e.g. MSM) [a]	From low prevalence country / group
SEXUAL EXPOSURES				
Receptive anal sex	Recommend	Not recommended [b] *Provided on ART >6 months with undetectable HIV VL within the last 6 months & good adherence*	Recommend	Not recommended
Insertive anal sex	Recommend	Not recommended	Consider [c,d]	Not recommended
Receptive vaginal sex	Recommend	Not recommended	Generally not recommended [c,d]	Not recommended
Insertive vaginal sex	Consider [c]	Not recommended	Not recommended	Not recommended
Fellatio with ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Fellatio without ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Splash of semen into eye	Not recommended	Not recommended	Not recommended	Not recommended
Cunnilingus	Not recommended	Not recommended	Not recommended	Not recommended
OCCUPATIONAL AND OTHER EXPOSURES				
Sharing of injecting equipment	Recommended	Not recommended	Generally not recommended [e]	Not recommended
Sharps injury	Recommended	Not recommended	Generally not recommended [c,e,f]	Not recommended
Mucosal splash injury	Recommended	Not recommended	Generally not recommended [c]	Not recommended
Human bite	Generally not recommended [g]	Not recommended	Not recommended	Not recommended
Needlestick from a discarded needle in the community			Not recommended	Not recommended

a. High prevalence countries or risk groups are those where there is >1% chance of index case being HIV positive. In UK that includes MSM, IDUs from high risk countries and others who have immigrated from high risk countries – see p3 of this guideline [i.e. page 3 of BASHH PEP Guideline]

b. The index case has been on anti-retroviral therapy (ART) for at least 6 months with an undetectable plasma HIV viral load at the time of last measurement (and within last 6 months) with good reported adherence. Where there is uncertainty about HIV VL results or adherence to ART then PEP should be given after condomless anal intercourse with an HIV positive person. In studies the viral load threshold considered undetectable was <200copies/ml

c. Factors that may influence decision making in ALL EXPOSURES: More detailed knowledge of local prevalence in index case population (see p5 of this guideline) [i.e. page 5 of the BASHH Guideline]

d. Factors that may influence decision making in all SEXUAL EXPOSURES:
1 Breaches in mucosal barrier such as genital ulcer disease and anal / vaginal trauma following sexual assault or first intercourse
2 Multiple episodes of exposure within a short period of time e.g. group sex
3. Sexually transmitted infection in either partner

e. HIV prevalence amongst IDUs varies depending on local outbreaks and / or country of origin (see p3 of this guideline [I,e, page 3 of the BASHH PEP Guideline]

f. Factors that may influence decision making in OCCUPATIONAL EXPOSURE: Deep trauma or bolus of blood injected

For ALL patients recommended and/or given PEP, email completed 'Urgent PEP referral sheet' (see p9) to nhsh.hsh-healthadvisor@nhs.scot **Also advise them to contact HSH (Tel: 01463 704202) if they have not heard back from them within 1 working day**. (For NHS staff send copy of the same emailed HSH referral to Occ Health). All staff (whether given PEP or not) should be advised to contact Occ Health ASAP to arrange review. For Non-Staff ensure appropriate information re attendance and outcome passed to GP (e.g. GP letter in EDIS)

Table[1]: Guidance on giving Hep B vaccine and/or Hep B Immunoglobulin (HBIG) following reported exposure incidents

	Significant exposure				Non-significant exposure	
Hep B status of person prior to exposure	**HBsAg positive source**	**Unknown source**	**HBsAg negative source**		**Continued risk**	**No further risk**
Unvaccinated	Accelerated course* of Hep B vaccine plus HBIG with first dose	Accelerated course* of Hep B vaccine*	Consider course of Hep B vaccine		Initiate course of Hep B vaccine	No HBV prophylaxis. Reassure
Partially vaccinated	One dose of Hep B vaccine and finish course	One dose of Hep B vaccine and finish course	Complete course of Hep B vaccine		Complete course of Hep B vaccine	Complete course of Hep B vaccine
Fully vaccinated with primary course	Booster dose of Hep B vaccine if last does ≥ 1yr ago	Consider booster dose of Hep B vaccine if last does ≥ 1yr ago	No NBV prophylaxis. Reassure		No NBV prophylaxis. Reassure	No NBV prophylaxis. Reassure
Known non-responder to Hep B vaccine (anti-Hep Bs<10mIU/ml 1-2 months post immunisation)	HBIG Booster dose of Hep B vaccine. A second dose of HBIG should be given at one month[†]	HBIG Consider booster dose of Hep B vaccine. A second dose of HBIG should be given at one month[†]	No HBIG Consider booster dose of Hep B vaccine.		No HBIG Consider booster dose of Hep B vaccine	No NBV prophylaxis. Reassure

* The **accelerated course of vaccine** consists of doses spaced at **zero, one and two months**. A subsequent booster dose at 12 months is only required if they remain at continued high risk. [For adults >18 at immediate risk, a very rapid course of vaccinations given at days 0,7 and 21 with a booster at 12 months is an alternative].

[†] Unless source found to be HBsAg negative and / or non-responder status of recipient refuted by anti-HBs testing 1 month after first HBIG dose and vaccine.. For HBsAg positive source and unknown source it is necessary to test the exposed person 6 months after exposure and refer if they are HBsAg positive.

Advice regarding Informed Consent for testing 'Source' patient:

Where the 'Source' is a hospital patient the responsibility for testing them lies with the team they are under. Informed consent will be required. This conversation should be held **between the Source patient and a (third party)** i.e. NOT the person who sustained the needle stick injury). Suggested elements of the conversation with any Source patient include:

"An incident has occurred where another person may well have been contaminated with some of your blood (or body fluid). To help decide what, if any, treatment we need to offer that person it would be extremely helpful if we can test your blood – specifically for HIV, Hep B and Hep C. Are you happy enough to allow us to do that?"

"You can expect to get a copy of the result but in order to act on it for the sake of the other affected person we will need to inform the Occupational Health Service and / or their GP. Are you happy to allow us to do that?"

"If the result is negative it will not affect you. If however, we find you are positive for one or more of the above infections you have the advantage of knowing that appropriate treatment and advice can be provided much sooner than it otherwise would have been if this result had remained unknown"

Note 1: It should be made clear that routine testing such as this will be seen as non-discriminatory and that the decision to have the sample taken rests entirely with the 'Source' patient[1]

Note 2: Where a Source patient is under a General Anaesthetic ('GA') testing will have to wait until the patient is fully conscious and can give informed consent. If in the meantime the exposure risk and likely infectivity of the Source is deemed sufficiently high the decision to give HIV PEP or not will need to be made without the benefit of a result.

Note 3: Other than when under GA, where a Source patient lacks capacity to give informed consent their next of kin may be approached to help with the decision to test their blood.

1. The Green Book on immunisations, Chapter 18, Hepatitis B (2024). Available at: [https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18]

ALL PATIENTS

❑ Discuss other issues (viral hepatitis, contraception, sexual assault, tetanus booster, antibiotics, etc as appropriate)

❑ Record discussion / advice

❑ Enter data into **ED HIV PEP Register** (Held with 'Starter Pack of PEP) for **all** consultations relating to PEP - **whether given or not**

Following SEXUAL EXPOSURE (whether or not PEP given)

❑ Counsel safer sex (abstinence or barrier methods) until further advised by 'Highland Sexual Health' (HSH).

❑ Complete **'Urgent PEP Referral Sheet' to HSH for follow up of HIV PEP,** STI screening, contraception (Appendix 2)

❑ Email 'Urgent PEP Referral Sheet' to HSH at nhsh.hsh-healthadvisor@nhs.scot. Keep original with Raigmore ED notes (or equivalent if seen in another setting).

❑ Patients should be advised to expect a call from HSH **but to contact them themselves (Tel: 01463 888 300) if nothing heard after one full working day**

Following OCCUPATIONAL EXPOSURE if PEP NOT given and NOT RECOMMENDED

❑ Reassurance of low risk
❑ Serum save [request to virology for BBV serum save – Hep B, Hep C, HIV]
❑ Refer NHS staff members to NHSH Occupational Health for follow up ; refer patients who are not NHS staff patients to own GP for follow up bloods
❑ Refer non-NHS patients to Vaccination centre for any required follow on vaccinations

For patients given PEP or where PEP recommended

❑ Find PEP 'Starter pack' In local ED / HIV PEP Holding centre (in Raigmore this is ED Duty Room drug cupboard) with **Memorandum: HIV PEP 'Starter Pack'** attached. Open outer packaging to access drugs and paperwork. For consultation guidance specifically look for the envelope containing:

- ❑ 1x copy of **'HIV Post Exposure Prophylaxis: Information for patient and Provider'**
- ❑ 1x copy of **'Advice for reducing the risk of catching or transmitting HIV through sexual exposure'**

❑ Advise the patient that although these drugs are not specifically licensed for this use they are recommended for this use by the Chief Medical Officer.

❑ Counsel the patient regarding the importance of adhering to treatment and also side effects of treatment.

❑ Dispense Starter pack of drugs (May be a 5 or a 7 day supply)

❑ Inform patient that rest of full course (28 days) is provided through HSH, as arranged above

❑ **Consider suggesting that first dose is taken in the Department**

❑ Inform ED Co-ordinator that the package has been opened / used so that the pack (drugs and information sheets) can be resupplied

Quick reference guide for GPs providing follow up for non NHS staff

(Disclaimer: This page has been added to the ED guidance to help support GPs and is understood to be correct at the time of development of the ED guidance. GPs may wish to cross check with 'The Green Book' and / or BHIVA reference shown)

Timing of follow up blood tests (5-10ml clotted blood, Brown tube)

- ❑ HIV at 8 weeks (minimum of 45 days after completion of PEP course (if given) but 8 weeks easier to remember)
- ❑ HepB surface antigen (HBsAg) and Hb surface antibodies (HBsAb) at 3/12
- ❑ HepC antibodies (HCV Ab) at 3/12

But note: if HepC deemed high risk possibility (i.e. Index case is known HepC +ve) additional tests…

- ❑ HepC antigen (HCV Ag) at 3/12
- ❑ HepC antibodies (HCV Ab) at 6/12

Ref: See page 48 of BHIVA UK Guideline for the use of HIV PEP 2021 (post consultation version 2023). Copy and paste link below:

https://www.bhiva.org/file/6183b6aa93a4e/PEP-guidelines.pdf

HIV PEP Register

For use when patients (staff or public) attend ED (or local holding site) following possible HIV exposure:
either non-sexual exposure (PEP) e.g. needle stick injury OR sexual exposure (PEPSE)
[Log to be kept with PEP Starter Pack in Raigmore ED Duty Room Drug Cupboard (or in suitable place at local site)]

Date	**Time**	**Patient Details (CHI or R number)**	**Patient Group** S = Staff P = Public	**Exposure** S = Sexual N = Needlestick O = Other	**Outcome of Risk Assessment** N = No PEP C = Consider P = Recommend PEP	**Referral Made to HSH** Y = Yes N = No	**PEP Given or not?** [NB Patients can opt to take it even if risk low] Y = Yes N = No

APPENDIX 2

URGENT PEP REFERRAL SHEET

To Highland Sexual health for Follow Up of HIV Post Exposure Prophylaxis after Sexual Exposure (PEPSE) or Needlestick (or Similar) Exposure (PEP)

Please click on link below to open: (NHS Highland intranet access required).

https://intranet.nhsh.scot.nhs.uk/FormsLibrary/Documents/Urgent%20PEP%20Referral%20Sheet.docx

NOTE: Urgent Referral should be emailed to:

nhsh.hsh-healthadvisor@nhs.scot

APPENDIX 3

Memorandum: HIV Post Exposure Prophylaxis 'Starter Pack'

Please note this pack should contain:

- 2x Drugs (see below)

The full course is 28 days. This 'Starter Pack' covers the first 7 days of treatment with the remainder being provided through Highland Sexual Health as necessary.

•1 x copies of Drug Information Sheet re Emtricitabine/ Tenofovir disoproxil and Raltegravir used as HIV PEP (for patient)

These are designed to be used to inform the consultation between Prescriber and Patient

•1 x copy Advice sheet 'Reducing the risk of catching or transmitting HIV (and other infections) through sexual exposure'

In addition to the Drug Information Sheet mentioned above standard drug information leaflets are contained within the corresponding drug packaging

•Raltegravir + Emtricitabine/ tenofovir disoproxil – anti-retroviral drugs for treating HIV

PLEASE FILL IN THE DETAILS ON THE LABEL ON THE FRONT OF EACH OF THE DRUG PACKS BEFORE HANDING TO THE PATIENT!

APPENDIX 4

HIV Post-exposure Prophylaxis
Information for Patient and Prescriber
Drug Information – Emtricitabine/ Tenofovir disoproxil & Raltegravir

Introduction

You have either been prescribed, or are being considered for a prescription of what is known as, HIV post-exposure prophylaxis (i.e. preventative treatment)* or 'PEP' because of the possibility that you have been exposed to the HIV virus either through sexual exposure; a needle stick injury; or other similar exposure event.

The aim of this treatment is to reduce the likelihood of you developing HIV infection following a potential exposure. It is only effective if started within 72hours of exposure event, and is more effective the sooner it is given. So the medication should be taken as soon as possible after the potential exposure. There is some important information about this treatment that you should be aware of when deciding whether to take it or not.

The Treatment

The medications are specific anti- HIV drugs. They are not specifically licensed for HIV prevention (PEP) however they are recommended in national guidance for this use.

The anti-viral treatment consists of a course of two tablets (see below) although there are three drugs in total:

Emtricitabine/tenofovir disoproxil tablets – one tablet contains emtricitabine 200mg and tenofovir disoproxil 245mg

Raltegravir tablets – one tablet contains raltegravir 400mg (the total dose may soon be changed to 2 x 600mg tablets taken once daily)

Typically you will be supplied with a 5 or 7 day 'starter' pack, but the full course is 28 days. Arrangements will be made with **Highland Sexual Health Clinic (HSH) at Raigmore Hospital (tel. 01463 888 300 – office hours)** for follow-up and to obtain the remainder of the course of treatment, as necessary. If you do not hear from HSH after 1 working day please contact them directly on the number above.

You need to complete the 28 day course to get maximum benefit so please do not stop taking the pills without speaking to a doctor.

If you take other medicines and / or have another medical problem

With this treatment there is a risk of problems developing if you are taking other medication (including herbal medicines) or if you have other medical problems (e.g. kidney or liver problems). Emtricitabine/tenofovir disoproxil specifically should not be taken by people with kidney disease. Raltegravir specifically should not be taken by people who have had muscle disease. You must tell your doctor about any medical problems you have, and about any medication you are taking, whether these are prescribed for you or bought over the counter.

Do not start any new medication without discussing it with your doctor first.

Just some of the drugs that are known to interact with the medicines include:

- Phenytoin or Carbamazepine (used for treating epilepsy)
- Rifabutin , Rifampicin or Erythromycin or Clarithromycin (used for treating bacterial infections)
- Aluminium or magnesium containing antacids

Pregnancy

You must tell your doctor if you could be pregnant. Experience of these drugs in early pregnancy has not shown any adverse outcomes.

You should take precautions to avoid becoming pregnant or fathering a child while taking the medicines.

These drugs do not affect your hormonal contraception

Breast feeding

Although these drugs do enter breast milk, breast feeding should not alter the decision to take PEP, as the risk to the mother and baby of acquiring HIV would be greater.

Taking your medicines

For this treatment to be effective, it is important that you take your medicines properly. Treatment should start as soon as possible after potential exposure to HIV. **Read the label on your medicines.** They should be taken as follows:

Medicine	Morning	Evening
Emtricitabine/Tenofovir disoproxil	**Take one tablet with your breakfast**	**Nil**
Raltegravir	**Take one tablet with your breakfast (*see below)** **[*NB New guidance could mean the label instructions may (correctly) advise you to take two tablets once daily** i.e. 2 x 600mg tablets**]**	**Take one tablet, ideally 12 hours after breakfast dose. (*see below)**

Swallow the **Raltegravir** tablets whole. It is important that they are not chewed or crushed. The **Emtricitabine/ Tenofovir disoproxil** tablets can be swallowed whole or can be disintegrated in approximately 100ml of water, orange juice or grape juice and taken immediately.

Take the medicines at the approximate times indicated even if you have not actually had a meal.

If you forget to take a dose, take it as soon as possible and then continue as before. If you have difficulty remembering to take them, use an alarm, e.g. on your mobile phone.

You may drink moderate amounts of alcohol while taking these medicines (within normal recommended safe limits).

Side effects

Common side effects of the medicines are dizziness, nausea (feeling sick), diarrhoea, headache, vomiting (being sick), tiredness, weakness and muscle aches. See next page for more details.

These usually settle if you keep taking the medicines as directed, but simple painkillers or tablets to prevent sickness or diarrhoea may help. Tell your doctor if the symptoms persist.
Serious side effects are rare; they include allergic reactions, liver toxicity, pancreatic problems and reduced production of red bloods cells, causing anaemia, or white bloods cells, which can make you prone to infections.

Tell your doctor if you are concerned about any new symptoms.

General advice

Do not take more than the recommended dose. Do not give your medicines to others. Keep your medicines in a cool, dark, dry place, out of the reach of children.

Common side effects	What you should do
Feeling sick, stomach pains, wind, diarrhoea, digestive problems	Keep on taking the tablets with food – it often settles. Tell your doctor if it persists or becomes distressing.
Headache, muscle aches	Take a simple painkiller such as paracetamol or ibuprofen . Tell your doctor if it persists.
Difficulty in sleeping, abnormal dreams, tiredness, dizziness	Take care driving or operating machinery. It may go away. Tell your doctor if it persists.
Skin rash, itching	Tell your doctor if it persists.

Rare side effects	What you should do
Tiredness associated with shortness of breath	Tell your doctor – this could be due to anaemia.
Fever associated with feeling unwell and other symptoms	Tell your doctor – this could be due to a low white cell count.
Jaundice (yellowing of the skin and eyes)	Tell your doctor – this could be due to liver toxicity.

Useful Numbers

Highland Sexual health (HSH), Raigmore Hospital:	01463 888300
NHS 24:	111
Emergency Department (A&E), Raigmore Hospital:	01463 70 4444
Emergency Department (A&E), Caithness General Hospital:	01955 880229
Emergency Department (A&E), Belford Hospital:	01397 702088
Emergency Department (A&E), Mackinnon Memorial Hospital:	01471 822491

SAFER SEX ADVICE

General advice for anyone who is sexually active
Condoms protect against sexually transmitted infections (STI), including HIV. Condom use is recommended particularly in new or casual sexual relationships. STIs often have no symptoms, so testing for STIs is recommended when there has been change in sexual partner(s). STI testing and condoms are available free at Highland Sexual Health and Waverley Care [www.waverleycare.org].

For people recommended/started on PEP

While taking PEP, and until your final blood tests, condoms should be used for penetrative sex (vaginal/anal).
HIV can be transmitted though vaginal and anal sex. The chance of HIV transmission through oral sex is negligible.

For people with low risk of HIV and other blood borne infections, where PEP was not recommended

No additional precautions are required. Reassurance.