

## "Non-occupational post-exposure prophylaxis on HIV: the European registry experience"

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**BACKGROUND:** Although there are no efficacy data on non-occupational post-exposure prophylaxis (NONOPEP), it is widely used. Following USA and Australia initiatives, a large project on NONOPEP for HIV was implemented in April 2001 in 14 countries, supported by the European Commission and coordinated by the CEESCAT. The main goal of the project is to assess the effectiveness of the NONOPEP, in order to standardise public recommendations and guidelines on that topic.

**METHODS:** A survey on NONOPEP for HIV policy through answering questionnaires was conducted to review the existing guidelines. A cross-sectional study on knowledge attitudes and practices on NONOPEP was conducted among European specialized physicians to know the European situation. And finally, a European Registry was implemented in April 2001, to assess the feasibility, and eventually the effectiveness of NONOPEP.

**RESULTS:** In 2002, only 5 countries had produced NONOPEP national guidelines, 3 countries had local guidelines and 6 countries have no official recommendations. 485 questionnaires from specialized physicians were received, 374(77.1%) of them from countries without national NONOPEP recommendations. 406(84.3%) physicians already faced a NONOPEP request, and 317(68%) already prescribed ART. As of 25/03/2003, 1552 cases were collected: 989(63.7%) sexual, 400(25.8%) parenteral, and 163(10.5%) other types of exposures. 64% of cases were men, and median age 30 years. In 66,2% of cases, source HIV status was unknown. In 943 cases, a risk assessment was documented by the physicians with 219(23,3%) cases considered high, 324(34.3%) medium and 400(42.4%) low risk exposures. 68.5% of exposed individuals received ART, 31.5% for low risk exposures. Participants in the project produced the European consensuated recommendations for management of NONOPEP.

**CONCLUSIONS:** While policies on occupational post exposure prophylaxis are widely accepted, only a few countries had official policies on NONOPEP. NONOPEP is widely used in Europe. Sexual exposure is the main reason for consultation, being in most of the cases of low risk. Moreover, an important percentage of those received treatment. Standardized recommendations and systematic data collection about NONOPEP cases is useful to improve counseling and care to HIV-exposed individuals.

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