

## What is the risk of HIV infection after exposure to HIV-infected fluid?

- **Most exposures do not result in infection.** The risk of HIV infection increases with the amount of fluid and the number of viral particles present. In cases where the source of exposure is a person living with HIV but has no virus detectable in their blood, the risk of an HIV infection is almost zero. In cases where the source of exposure is a person who is HIV negative, no risk of infection exists.
- The average risk of getting HIV after exposure to known HIV-infected blood through a break in the skin (example: cut, needle poke) is about 1 out of 300 exposures.
- The risk from an exposure to known HIV-infected blood to the eye or mouth is about 1 out of 1000 exposures.
- The risk from a sexual exposure to HIV varies based on many factors including type of exposure, degree of physical injury, and condom use. For example, the risk from receptive vaginal sex is about 0.8 in 1000 exposures and from receptive anal sex is about 14 in 1000 exposures.

## Why should post-exposure prophylaxis be considered?

- Post-exposure prophylaxis (PEP) refers to medications for preventing HIV infection. A study in healthcare workers following exposure to HIV-infected blood suggested taking zidovudine (an antiretroviral medication) early, showed a much less risk of getting HIV. Combinations of antiretrovirals are likely even more effective and are the standard for PEP.

## What medications are recommended for post-exposure prophylaxis?

- Emtricitabine/tenofovir disoproxil fumarate (Truvada®) and dolutegravir (Tivicay®) are antiretroviral medications used in the *treatment* of individuals with HIV and can also be used in prevention. They work by slowing the rate of HIV reproduction in the body.

### Adults/Children 35kg or over:

- dolutegravir (Tivicay®) 50mg (ONE tablet) every 24 hours **plus**
- emtricitabine/tenofovir disoproxil fumarate (Truvada®) 300/200mg (ONE tablet) every 24 hours

### Less than 35kg:

- As determined by your healthcare provider. Refer to Appendix 5 at the following link:  
<https://www.ehealthsask.ca/services/Manuals/Documents/hiv-guidelines-appendix5.pdf>



## How should these medications be taken?

- Start the medication as soon as possible after exposure, preferably within 1 to 2 hours. There is no benefit to starting medications after 72 hours after exposure.
- Take each dose as close to the scheduled time as possible to keep up the levels in your body. Do not skip doses. Consider setting an alarm as a reminder and place the medications in a dosette.
- Take with a meal or light snack to minimize side effects.
- If the source person involved in the exposure is found to be HIV negative, these medications should be stopped.
- The medications in the kit are provided at no charge.
- If you are to complete the suggested 4 weeks course (28 days), you will get a prescription to take to your pharmacy.
- The Workers' Compensation Board (WCB) covers the medication cost if the exposure is work-related. Start the proper paperwork as soon as possible.



**ALERT:** It may take up to 2 days for a community pharmacy to get these medications. Take your prescription to the pharmacy as soon as possible. If possible, find a pharmacy that has these medications in stock.



## What should I do if I forget a dose?

- Take it as soon as you remember. If it is less than 12 hours to your next dose of emtricitabine/tenofovir disoproxil fumarate (Truvada®) and/or dolutegravir (Tivicay®), skip the missed dose and resume regular dosing schedule.

## What are the side effects of emtricitabine/tenofovir disoproxil fumarate (Truvada®) and dolutegravir (Tivicay®)?



**ALERT:** Some people have allergic reactions to medications, however this is rare. If you have any of the following symptoms soon after taking a dose, STOP taking the medication and **tell your doctor or go to an Emergency Department immediately.**

- sudden difficulty breathing, chest pain or tightening;
- swelling of eyelids, face or lips;
- fever, chills, shortness of breath, heart palpitations;
- “hives” or severe rash.

- **Emtricitabine/tenofovir disoproxil fumarate (Truvada®)** – Common side effects are generally mild and temporary and may include headache, nausea, loss of appetite, diarrhea.
- **Dolutegravir (Tivicay®)** – Well tolerated but may cause difficulty sleeping, headache, feeling tired or weak.

**If any side effect is concerning or lasts more than 7 days, call your pharmacist or doctor.**

## What other precautions should I follow while using these medications?

- Tell sexual partners of potential risk. Use condoms for sexual intercourse.
- Avoid becoming pregnant
- HIV is transmitted in breastmilk. If you are breastfeeding, talk to your doctor about how to reduce risk – consider stopping or pumping to keep up supply once infection has been ruled out.
- Do not donate blood.
- Do not share razors, toothbrushes or needles.
- Doses of medications may need to be adjusted depending on your health history.
- Tell your doctor if you:
  - had or have a problem with your kidneys;
  - had or have any liver disease, particularly hepatitis;
  - have any other medical conditions or illnesses;
  - are pregnant, plan on becoming pregnant or are breast-feeding;
  - are taking **ANY** other medication (prescription, non-prescription, herbals, etc.).

**Make sure your pharmacist and/or doctor confirms the medications you take do not affect the benefit of these medications (i.e. interact), or lead to unwanted or severe side effects.**

**Do not start other medications without talking to your doctor or pharmacist.**

## How are these medications to be stored?

- Store in tightly closed containers in a cool (15 to 30°C), dry place protected from light.
- Do not store in high heat and/or humidity as this may decrease the effectiveness of the medications.
- Keep out of reach of children.

If you have any questions or concerns about these medications, please discuss them with your pharmacist, doctor or nurse.

