

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Your Ref:
Our Ref: HSSMD23/2010
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HSSMD23/2010

To: Chief Executives HSC Trusts
Chief Executive HSC Board
Chief Executive PHA
All Doctors in Northern Ireland
All Nurses in Northern Ireland
All Pharmacists in Northern Ireland
Head of School of Nursing and Midwifery, QUB
Head of School of Nursing, UU
NI Centre for Pharmacy Learning & Development,
QUB
Dean of QUB Medical School
Postgraduate Dean, NIMDTA

Dear Colleague

UPDATED GUIDANCE ON HIV - MANAGEMENT OF HIV INFECTION AND POST EXPOSURE PROPHYLAXIS INCLUDING SEXUAL EXPOSURE

In October 2008, Department issued updated guidance on HIV which dealt with enhancing the detection and management of HIV in a range of healthcare settings.

www.dhsspsni.gov.uk/hss-md-34-2008.pdf.

The aim of this guidance was to widen knowledge of HIV amongst healthcare professionals and to improve access to HIV testing so that people would be aware of their status sooner hence enabling effective management of the condition and decreasing the chances of onward transmission. It referenced the **UK National Guidelines for HIV Testing (2008)** www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf and 'HIV for non-HIV specialists , Diagnosing the Undiagnosed- A practical guide for healthcare professionals in secondary care to support improved detection and diagnosis of HIV in the UK', www.medfash.org.uk/publications/documents/HIV_for_non_HIV_specialists.pdf.

The communication also referred to **Guidance on HIV Post-exposure Prophylaxis, produced by the UK Chief Medical Officer's Expert Advisory Group on Aids (EAGA)**. <http://www.dhsspsni.gov.uk/hss-md-34-2008-attachment-1.pdf>.

This primarily dealt with the management of potential exposure to HIV within an occupational context. However, the guidance referenced and endorsed the **British Association of Sexual Health and HIV Guideline (BASHH) guideline which specifically provides advice on post exposure prophylaxis for HIV following sexual exposure (PEPSE)**. <http://www.bashh.org/documents/58/58.pdf>.

Since the guidance was published, new cases of HIV in Northern Ireland continue to remain an important public health concern. The number of newly acquired infections reported annually has increased over the last decade with significant implications for the health of

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individuals and for the services required to manage their condition. Information on the epidemiology of HIV infection in Northern Ireland is available from www.publichealth.hscni.net.

Whilst protocols for potential exposure to HIV within the occupational context are well established within Trusts, knowledge of procedures with respect to non occupational exposure and in particular potential sexual exposure appears to be an issue, with evidence emerging from local audits that some front-line staff are unsure of their local arrangements. This of course compromises the ability for those who have been potentially exposed to HIV to undergo a timely assessment and be prescribed prophylactic treatment if appropriate.

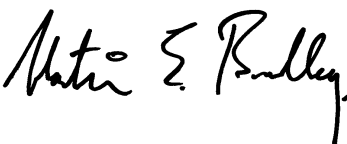
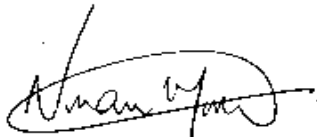
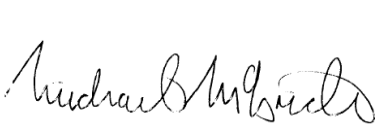
Therefore the purpose of this communication is to once more highlight the Guidance on Post Exposure Prophylaxis and the referenced BASHH guidelines on post exposure prophylaxis following sexual exposure. **In particular, Trusts should ensure the necessary protocols and pathways are in place so assessment for post exposure prophylaxis can occur within 72 hours of exposure.** This will require the necessary liaison between accident and emergency departments, departments of genito-urinary medicine and diagnostic services. This should be augmented by appropriate training and support for front-line staff.

It is necessary to re-emphasise that post exposure prophylaxis represents only one in a range of strategies to prevent new cases of HIV infection occurring. **The UK National Guidelines for HIV testing (2008) which recommend that patients are offered and encouraged to accept HIV testing in a wider range of settings should also continue to be implemented as a matter of routine.**

Other important measures have also been taken in order to improve the sexual health of the people of Northern Ireland including the publication of the sexual health promotion strategy, enhancing access to sexual health services and the establishment of the Regional Sexual Health Improvement Network.

Nevertheless, patients in Northern Ireland should be reassured that front-line health professionals will be able to deal with potential exposure to HIV and be familiar with local protocols which ensure timely assessment and treatment. Full copies of the guidelines referenced are available through the links in this communication.

Yours sincerely



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Chief Medical Officer

Dr N Morrow
Chief Pharmaceutical Officer

Prof M Bradley
Chief Nursing Officer

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● <http://www.n-i.nhs.uk> and clicking on DHSSPS.
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