Research Title:
The Structure and Outcomes of a HIV Post exposure Prophylaxis Program in a High HIV Prevalence Setup in Western Kenya

Background: In 2001, HIV post exposure prophylaxis (PEP) was initiated in western Kenya.

Methods: Design, implementation, and evolution of the PEP program are described. Patient data were analyzed for reasons, time to initiation, and PEP outcome.

Results: Occupational PEP was initiated first followed by no occupational PEP (nPEP). Antiretroviral regimens were based upon national PEP guidelines, affordability and availability, and prevailing HIV prevalence. Emerging side effects data and cost improvements influenced regimen changes. Between November 2001 and December 2006, 446 patients sought PEP. Occupational exposure: 91 patients: 51 males; 72 accepted HIV testing; 48 of 52 source patients were HIV infected; median exposure—PEP time 3 hours (range: 0.3–96 hours). Of 72 HIV-negative patients receiving PEP, 3 discontinued, 69 completed, and 23 performed post-PEP HIV RNA polymerase chain reaction (all negative). Eleven follow-up HIV enzyme-linked immunosorbent assay tests have all turned negative. No occupational exposure: 355 patients; 285 females; 90 children; 300 accepted HIV testing; median exposure—nPEP time 19 hours (range: 1–672 hours). Of 296 HIV-negative patients on nPEP, 1 died, 15 discontinued, 104 are on record having completed PEP, and 129 returned for 6-week HIV RNA polymerase chain reaction (1 patient tested positive). Eighty-seven follow-up HIV enzyme-linked immunosorbent assay tests have all turned negative.

Conclusions: It is feasible to provide PEP and nPEP in resource constrained settings.

Key Words: health care worker, HIV, post exposure prophylaxis, sexual assault

Reference
J Acquir Immune Defic Syndr 2009; 51:47–53

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