Post Exposure Prophylaxis (PEP) is short-term antiretroviral medication taken to reduce the likelihood of HIV transmission after potential exposure to the virus occurs. For example, an individual exposed to HIV through sexual assault, during unprotected sex, or needle-sharing injection drug use can start taking PEP to reduce his or her risk of infection. Similarly, healthcare workers exposed to material infected with HIV (e.g., blood, body fluids, or needles) can benefit from taking PEP.

PEP, which is taken for four weeks, is the same medication given to people living with HIV and consists of two to three antiretroviral medicines.

Does PEP work?

- PEP is not guaranteed to prevent HIV transmission but studies show it stops infection about 80% of the time after on-the-job accidents—such as when a health worker is pricked by an HIV-infected needle.¹
- It is extremely important that PEP medication is taken everyday during the four week therapy regimen to ensure maximum benefit.
- PEP is most effective when it is started within 72 hours of exposure.

How does someone get PEP?

- More clinics and hospitals are starting to offer PEP, especially for healthcare workers. As activists, we should visit the hospitals and clinics that GMT go to and inquire if PEP is available. If not, we should advocate for its availability.
- Before starting PEP, you should be tested for HIV to make sure you are not already infected.

What do I do after I start PEP?

- Individuals need to check in regularly with their doctor while they are taking PEP. HIV tests will be given periodically throughout the four weeks PEP therapy.
- Because it is not 100% effective, individuals on PEP should continue to protect themselves and others from possible HIV infection (i.e., by using condoms, not sharing needles, etc.)

References