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ADHERENCE TO POST-EXPOSURE PROPHYLAXIS: WHERE DO LOSSES OCCUR?

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INTRODUCTION

Post-exposure prophylaxis (PEP) is a routine intervention using antiretroviral (ARV) drugs to prevent the establishment of infection among HIV-exposed individuals. Variable adherence rates have been reported in the literature but losses along the cascade of care have not been systematically assessed.

METHODS

We searched Medline via PubMed, EMBASE, the Cochrane Database of Systematic Reviews and LILACS from inception to 1 December 2013 and updated in PubMed to 1 June 2014. We included all studies reporting data on >10 individuals considered eligible for PEP and reporting completion rates irrespective of exposure type (occupational, non-occupational, sexual assault and mixed exposures). Outcomes were pooled using random effects meta-analysis.

RESULTS

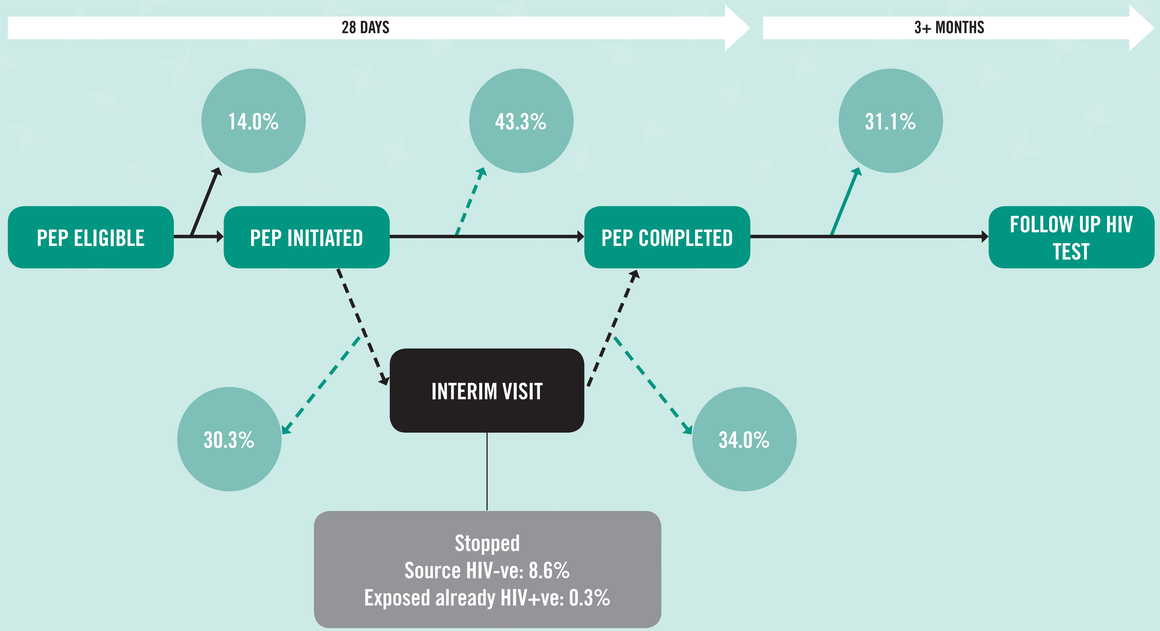
Study characteristics

We identified 97 studies reporting outcomes on 21, 462 individuals across 22 countries initiating PEP for a variety of reasons (Table 1). Losses occurred at every step along the cascade of care from eligibility determination to follow up visit for HIV testing (≥3 months post PEP completion) (Figure 1).

TABLE 1. STUDY CHARACTERISTICS

	NUMBER OF STUDIES (NUMBER OF PARTICIPANTS
POPULATION	
Adults	71 (16576)
Adolescents	6 (399)
Children	7 (362)
Mixed	9 (3453)
REGION	
High income	68 (17493)
Upper Middle income	12 (1698)
Lower middle income	8 (1068)
Low income	9 (1203)

FIGURE 1: LOSSES ALONG THE PEP CASCADE



Completion rates across the PEP cascade

Of those eligible, 14% of people refused PEP. Of all individuals initiating PEP and not subsequently found to be ineligible, 56.6% (95%CI 50.9-62.2%) completed the full standard 28 day course and of those who completed PEP, 31.1% (95%CI 23.1-38.1%) failed to attended a follow up visit.

CONCLUSIONS

Losses are high at each step along the PEP cascade, with almost half of the people who need PEP failing to complete a full course of treatment, suggesting a need for a simplified approach. Studies are needed to identify interventions to improve uptake and retention along the cascade of PEP care.

These findings provide further insight in to the challenges to providing ARVs to prevent HIV infection among healthy individuals.