REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

5PSQ-038 SAFETY AND EFFECTIVENESS OF HIV POST-EXPOSURE PROPHYLAXIS

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Background HIV post-exposure prophylaxis (PEP) aims at preventing HIV transmission through the intake of antiretroviral treatment (ART), after an occupational (OC) or non-occupational context (NOC) exposure.

Purpose In order to determine the safety and effectiveness of HIV PEP this study aimed to characterise patients who initiated PEP.

Material and methods Retrospective descriptive study, between January 2016 and September 2018. All the patients above 18 years' old who presented risk of HIV contact and were medicated with PEP in the hospital pharmacy (HP), were included. Data were obtained from electronic medical records.

Results A total of 105 PEP were dispensed in HP, 52.4% in an OC and 47.6% in a NOC, mostly female (64.8%) with a mean age of 35.5±12.9 years.

In OC, females prevailed (83.6%). PEP intake was justified when there was contact with infected fluids through: accidental puncture (83.6%), eyeball contamination (12.7%) and skin-mucus membranes lacerations (3.6%). 41.5% were healthcare work-related accidents.

Regarding NOC, 56.0% were male. Prescriptions reasons were: unprotected sex 34.7%, condom rupture 32.7%, rape 22.5% and others 10.2%.

Source HIV serology was unknown in 70.5% of the cases.

From the 105 PEP treatment initiated, six were suspended after knowing the source of HIV negative serology.

The initial ART mostly used was raltegravir (RAL) +emtricitabine/tenofovir (3TC/TDF) (78%). Others ART were initially used (22%), provided either by the emergency service or by another HP. RAL +3 TC/TDF combination was the main choice due to its tolerability profile and recent guidelines.[1]

Twenty-six patients experienced adverse reactions (AR) such as gastrointestinal discomfort, dizziness and heart palpitations.

63.8% patients completed 6 months post-exposure serological follow-up, with no cases of seroconversion, and were discharged. 18.1% of patients missed the follow-up serology and appointments, and the remaining patients are still are under evaluation. Prophylaxis was proposed to five patients, four of them for systematic risk behaviours and one for serodiscordant partner.

Conclusion PEP has proved to be effective and safe (low severity AR) preventing HIV transmission. Variation of ARV used in PEP reflects the updating of the guidelines.[1]

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV. United States, 2016, CDC.

No conflict of interest.

5PSQ-039 GLECAPREVIR/PIBRENTASVIR ASSOCIATION FOR CHRONIC HEPATITIS C VIRUS INFECTION: RESULTS IN HEALTH

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Background The European Medicines Agency authorised glecaprevir/pibrentasvir combination for treatment of hepatitis C virus (HCV) infection in July 2017. Treating hospital patients and the institutionalised population is essential in reducing transmission of virus infection.

Purpose To evaluate the effectiveness and tolerance of HCV patients treated with glecaprevir/pibrentasvir in hospital and penitentiary centres.

Material and methods Descriptive and retrospective study of HCV patients receiving glecaprevir/pibrentasvir from November 2017 to October 2018. Hospital and prison patients were selected. HCV prison patients were diagnosed and treated by the hospital and information was included in electronic medical history. Hospital and prison data were collected from electronic medical records: age, gender, patient type (naïve/pretreated), hepatic fibrosis stage, HCV genotype (G), medical departments, treatment duration, loss of follow-up after ending treatment, withdrawal treatments and HCV recurrence. Effectiveness was measured by end of treatment response (EOT) and sustained virologic response at week 12 (SVR12). EOT was defined as absence of HCV-RNA at end of treatment and SVR12 was determined as undetectable HCV-RNA 12 weeks after stopping treatment. Tolerance was assessed by related adverse effects (RA).

Results A total of 114 patients with a mean age of 51.7 (29–73) years were included, 101 (88.6%) males. Of all of them, 96 (84.2%) of patients were naïve. Hepatic fibrosis stage recorded: 10 (8.8%) F4, nine (7.9%) F3, 15 (13.1%) F2, 80 (70.2%) F0–F1. HCV genotype distribution: 44 (38.6%) G1a, 21 (18.5%) G1b, four (3.5%) G2, 21 (18.4%) G3 and 24 (21%) G4. Glecaprevir/pibrentasvir prescriptions: 30 (26.3%) internal medicine-infectious department, 33 (29%) digestive and 51 (44.7%) penitentiary centres. Duration of treatment was 8 weeks for 104 (91.4%) patients and 12 weeks for 10 (8.6%) (all cirrhotic patients). There were six (5.2%) loss of follow-up after ending treatment, being all digestive department patients. Withdrawal treatments: two (1.7%) patients (all prison patients). There was one (0.9%) HCV recurrence (an interferon-ribavirin-pretreated patient). One-hundred and eleven (97.5%) patients achieved EOT and 109 (96.1%) had RVS12. Seven (6.1%) patients reported nine RA: five (55.6%) asthaenia, two (22.2%) headache, one (11.1%) anxiety and one (11.1%) pruritus.

Conclusion High rates of EOT and RVS12 in real-world patients were observed. Few patients reported RA and all associated withdrawal treatments were recorded in the population of the penitentiary centres.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.