

## 1 Introduction

### Background

PrEP reduces the risk of HIV acquisition when taken prior to sexual exposure.<sup>1</sup> PEPSE is indicated following high-risk sexual exposure to HIV<sup>2</sup> but is resource-intensive for patients and services: medication, follow-up, psychological impact, time off work, and side effects.<sup>2</sup>

### Guidelines

PrEP discussion should be documented for all eligible PEPSE patients<sup>1 2</sup> (Target compliance: 90%).<sup>3</sup>

### Aim

- To assess prior PEPSE use, PrEP discussion and uptake among PEPSE patients in Leicester A&E.
- To compare findings with a 2021–2022 PEPSE cohort from Leicester Sexual Health (LSH).

## 2 Methods

### Study Design

- Retrospective case note review

### Sample

- All patients prescribed PEPSE by Leicester A&E (1st June 2023 – 30th June 2025)
- Excluded: Non-sexual exposures

### Data Collection

- Patients identified via pharmacy database
- Follow-up attendance at LSH confirmed via electronic health records

### Outcomes Assessed

- Proportion of eligible patients with documented PrEP discussion
- Proportion initiated on PrEP
- Previous PEPSE use within the past 2 years

## 3 Results

### Results

- 60 A&E attendances for PEPSE (1 June 2023 – 30 June 2025)
- 4 cases excluded (not identified in electronic health records)
- 24 PEPSE A&E patients attending for follow up were eligible for PrEP

**Table 1**

Compares patient characteristics and outcomes between A&E patients who attended LSH follow-up, those who did not attend, and a 2021–2022 cohort issued PEPSE by LSH.

**Table 1:** Patient Characteristics and Outcomes

	PEPSE A&E Patients Attending LSH Follow-Up (2023–25)	PEPSE A&E Patients Not Attending LSH Follow-Up (2023–25)	PEPSE LSH Patients (2021–22)
Sample Size (n)	33	23	30
Age Range, Median (years)	17–45 (31)	20–49 (29)	18–47 (27)
Predominant Sex (%)	Male (78.8%)	Male (66.6%)	Male (96.7%)
Predominant Ethnicity (%)	White British (51.5%)	White British (34.8%)	White British (66.7%)
PEPSE in Previous 2 Years (n, %)	3 (9.1%)	N/A	27 (90%)
PrEP Discussion Documented (n, %)	22 (91.6%)	N/A	30 (100%)
PrEP Initiated (n, %)	11 (33.3%)	N/A	18 (60%)

## 4 Discussion

### Key Findings

Leicester Sexual Health Services (LSH) met the national target for documented PrEP discussions (>90%)<sup>3</sup>.

Lower rates of PrEP initiation were observed in the A&E cohort compared to the LSH cohort. The fewer prior PEPSE attendances in the past two years in the A&E cohort may be a contributory factor to a lower perceived HIV risk and PrEP need.

### Equity Considerations

A lower proportion of males of White British ethnicity was observed among the A&E patients who did not attend LSH follow-up. This may indicate disparities in access to, or engagement with, sexual health follow-up services among females, non-binary, transgender individuals and those from non-White British ethnic backgrounds. These groups may therefore be underrepresented in PrEP uptake despite potential eligibility.

### Limitations

True outcomes for patients who did not attend LSH are unknown.

## 5 Conclusions

Findings underscore the importance of early PrEP promotion during the initial PEPSE consultation, supported by written information and accessible care pathways.

## 6 References

- British HIV Association (BHIVA), British Association for Sexual Health and HIV (BASHH). *Guidelines on the use of HIV pre-exposure prophylaxis (PrEP)*. 2025
- Cresswell F, Asanati K, Bhagani S, et al. UK guideline for the use of HIV post-exposure prophylaxis 2021. *Int J STD AIDS*. 2021
- British Association for Sexual Health and HIV (BASHH). *UK national guideline for HIV post-exposure prophylaxis following sexual exposure (PEPSE)*. 2021