

*Opinion Article***Post-Exposure Prophylaxis (PEP) in HIV**

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DESCRIPTION

Post-Exposure Prophylaxis (PEP) is a method of preventing HIV transmission among HIV-negative people who have recently been exposed to the virus. It entails starting antiretroviral therapy as soon as feasible after a possible HIV infection. Anyone who suspects they have been exposed to HIV should immediately contact their doctor, a hospital emergency room, or a sexual health clinic to see if PEP is available. PEP is quite successful, but it will not prevent 100 per cent of HIV transmissions. It must be begun within 72 hours of HIV exposure. To be effective, PEP requires a high level of adherence to the entire course of PEP medicines, as well as no additional HIV exposures while on PEP. PEP is a four-week course of three HIV medications that HIV-negative people take to reduce their chances of catching the virus after being exposed to it. This is not to be confused with Pre-Exposure Prophylaxis (PrEP), which entails taking two HIV medications on a continuous basis from before to after an infection. After being exposed to HIV, PEP should be started as soon as feasible, as but no later than 72 hours. For four weeks, the PEP prescription drugs must be taken on a daily basis (28 days).

PEP disrupts HIV's ability to infect the body and cause a permanent infection. HIV must enter the body, infect certain immune cells, make copies of itself (replicate) within these immune cells, and then spread throughout the body to cause infection. PEP causes HIV medications to enter the bloodstream as well as the vaginal and rectal tissues. If HIV is present in the body, the medications can assist to prevent HIV

from multiplying within the body's immune cells, preventing a persistent infection. PEP medications must begin functioning against HIV as soon as the virus enters the body, which means that PEP should begin as soon as feasible after a probable exposure and no later than 72 hours. To help avoid infection, drug levels must remain high during the month of treatment. If the pills are not taken on a regular basis, the body may not have enough medication to prevent HIV infection. PEP can be administered after being exposed to HIV at work (occupational PEP) or after being exposed to HIV in a non-work setting (sexual exposure or injectable drug use) (non-occupational PEP or nPEP). When PEP is used after a potentially high-risk HIV exposure that is not tied to work, such as unprotected sex, a condom breaking during sex, sexual assault, or sharing needles used to inject drugs, it is referred to as non-occupational PEP.

PEP should be considered for HIV-negative people who believe they have been exposed to HIV in the last 72 hours. A risk assessment will evaluate if PEP should be started depending on a person's risk of HIV infection when they present for PEP at a clinic or emergency hospital. The type of exposure and the chance that the contact person was HIV positive are used to determine HIV risk. If a person's risk of contracting HIV is low, PEP may not be suggested, either because their exposure poses no or a very low risk of transmission (for example, oral sex) or because the contact person is unlikely to be HIV positive. PEP is not for persons who have been exposed to HIV for a long time. People who participate in high-risk behaviours on a regular basis or who frequently use PEP may consider switching to PrEP to prevent HIV.

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