Enfermedades Infecciosas y Microbiología Clínica 41 (2023) 449–450

Enfermedades Infecciosas y Microbiología Clínica

www.elsevier.es/eimc

Letter to the Editor

Do we promote pre-exposition prophylaxis in the emergency service?

¿Se promueve la profilaxis pre-exposición en los servicios de urgencias hospitalarias?

Dear Editor,

In the original article, "Experiencia de un programa de profilaxis pre-exposición en una unidad de virus de la inmunodeficiencia humana hospitalaria. Descripción del perfil basal del usuario e identificación de oportunidades de mejora" [Experience of a pre-exposure prophylaxis programme in a human immunodeficiency virus hospital unit. Description of the user's baseline profile and identification of opportunities for improvement],[1] the authors explain that there were five possible origins for referral to a pre-exposure prophylaxis (PrEP) consultation: from a hospital consultation, on the person's own initiative or suggestion by friends, from his or her primary care physician, from non-governmental organisations (NGOs) or from a community centre (Table 1 of the article). We believe that it would be interesting to find out how many patients who accessed this consultation were referred from the accident and emergency department. As is well known, accident and emergency departments are places where "missed opportunities" often occur regarding early diagnosis and prevention of human immunodeficiency virus (HIV) infection and other sexually transmitted infections.[2] In the United Kingdom, the National Institute for Health and Care Excellence (NICE) has been recommending routine HIV testing in all accident and emergency departments in high-prevalence areas since 2016.[3] Therefore, as the authors themselves recognise, there are further opportunities for improving the implementation of pre-exposure prophylaxis programmes.

References

1. Laguno M, Ugarte A, Martinez-Rebollar M, Sobrino Y, Font G, de Lazzari E, et al. Experiencia de un programa de profilaxis preexposición en una unidad de virus de la inmunodeficiencia humana hospitalaria. Descripción del perfil basal del usuario e identificación de oportunidades de mejora. Enferm Infecc Microbiol Clin. 2023;41:24–8.
2. Salmerón-Béliz OJ, Pérez-Fernández E, Miró O, Salido-Mota M, Diez-Diez V, Gil-Mosquera M, et al. Evaluation of emergency department visits prior to an HIV diagnosis: missed opportunities. Enferm Infecc Microbiol Clin. 2022;S2529–993X:00128–9.
3. Fox M, Pettit R, Mutengesa E, Harper A, Nakhoul M. Improving detection of undiagnosed HIV through routine screening in a central London emergency department. BMJ Open Qual. 2022;11:e001799.

Javier Velasco Montes[a,*], Silvia González Díez[b], Elena Rivas Cilleros[c]

[a] *Departamento de Enfermedades Infecciosas, Hospital Universitario San Pedro, Logroño, Spain*
[b] *Servicio Riojano de Salud, Logroño, Spain*
[c] *Hospital Universitario Marqués de Valdecilla, Servicio Cántabro de Salud, Santander, Spain*

* Corresponding author.
E-mail address: javier_velasco_montes@hotmail.com
(J. Velasco Montes).

https://doi.org/10.1016/j.eimce.2023.05.002

DOI of original article: https://doi.org/10.1016/j.eimc.2023.02.006

Reply to: "Do we promote pre-exposition prophylaxis in the emergency service?"

Respuesta a «¿Se promueve la profilaxis preexposición en los servicios de urgencias hospitalarias?»

Dear Editor,

It was with interest that we read the letter by Javier Velasco et al. in reference to our article, "Experiencia de un programa de profilaxis preexposición en una unidad de virus de la inmunodeficiencia humana hospitalaria. Descripción del perfil basal del usuario e identificación de oportunidades de mejora" [Experience of a pre-exposure prophylaxis programme in a human immunodeficiency virus hospital unit. Description of the user's baseline profile and identification of opportunities for improvement],[1] and we would like to make the following clarifications:

The group of people referred from a hospital consultation consists of people seen in the accident and emergency department with symptoms consistent with a sexually transmitted infection (STI) or who requested post-exposure prophylaxis (PEP) assessment after risky sexual contact. These are individuals that we already identified as potential candidates to participate in the PrEP programme as soon as it was available at our centre. This fact justifies the high percentage of people initially included in our cohort with this history, almost half (45%), markedly higher than that reported in other series.

Both demand for PEP and STIs assessed in an accident and emergency department clearly identify people who are eligible for a rapid HIV diagnostic test, as has recently been demonstrated in our setting,[2] and the possibility of offering participation in a PrEP programme in the event of a negative result. We are aware that due to the overburdened nature of these services, the lack of time to offer advice or lack of awareness due to the high staff turnover, patients are not informed about the existence of this preventive strategy and the healthcare pathway to access it.

There are other opportunities for referral from the accident and emergency department that we did not include in our paper, related to recommendations about PrEP for patients seen after intoxication by recreational substances, and when identifying the use of drugs in the sexual context or certain risky practices.

DOI of refers to article: https://doi.org/10.1016/j.eimc.2023.03.002