PEP on the Down Low

CDC OKs “mornings-after” pills for risky sex--so why won’t the med establishment wake up?

May 1, 2005 By Rebecca Minnich

In January, the feds cranked out new guidelines for offering post-exposure prophylaxis (PEP)—the emergency anti-HIV regimen for folks likely exposed to the virus within the previous 72 hours. The new recommendations expand its long-approved use (a triple combo for 28 days—hence, mornings after) for so-called occupational accidents, such as hospital needle sticks to include the far larger number of slipups by civilians—needle sharing and, especially, high-risk sex. While well-informed doctors and bold city health departments, such as San Francisco’s, have offered PEP for unsafe sex since the late ’90s, the CDC’s move is an official stamp of approval, directing medical providers to inform at-risk patients of its availability.

“We sent a press release [announcing the guidelines] through all major medical media,” says Ronald Valdiserri, MD, CDC deputy director. But *POZ*’s randoms ampling of top HIV facilities nationwide indicates that the CDC needs to step up its PEP PR because Valdisseri’s memo has largely gone unread, and many providers do not know a PEP pill from a pep cheer.

Beacon Clinic in Boulder, Colorado, and El Rio Community Health Center in Tucson, Arizona, offered no PEP at all. In Charleston, South Carolina, neither the top ASO nor the health department knew where to get PEP. A St. Louis HIV clinic provided PEP, but only to people who knew their partner was HIV positive. AID Atlanta, Georgia’s biggest ASO, just minutes from CDC headquarters, helpfully redirected *POZ* to two local hospitals, but both offered PEP only to its hospital employees. A local health department staffer had never even heard of PEP.

On the other hand, in New York City, a St. Vincent’s Hospital rep told *POZ* that all walk-ins can readily get PEP. A Cleveland clinic even said it offers PEP up to a week after exposure. “I wish all we had to do was issue guidelines,” Valdiserri says, “but it takes ongoing education. Providers need to take some responsibility, too.”

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