

(English version)

**Priority question for written answer P-002268/25
to the Commission
Vytenis Povilas Andriukaitis (S&D)
(5 June 2025)**

Subject: Harmonisation of post-exposure HIV treatment timeframes

Post-exposure HIV treatment offers a therapeutic option to people who have been exposed to a sexual risk of HIV infection, sometimes as a result of sexual violence or rape.

Often, people in such situations experience denial and considerable guilt. They do not always find it possible to take post-exposure HIV treatment in countries that have set the maximum post-exposure timeframes for taking this medication at 36 or 48 hours.

In this context, EU countries offer different timeframes for accessing post-exposure HIV treatment, leading to disparities for their citizens. The maximum required timeframe for EU citizens to benefit from post-exposure treatment can differ from 36 to 72 hours.

Given that HIV knows no borders and Europeans are increasingly moving throughout the continent, is it possible to promote EU-level harmonisation of the timeframe for accessing post-exposure HIV treatment, with a view to extending it to up to 72 hours after a potential sexual exposure?

Submitted: 5.6.2025

**Answer given by Mr Várhelyi on behalf of the European Commission
(28 July 2025)**

Human Immunodeficiency Virus (HIV) post exposure prophylaxis is an effective HIV prevention tool for those who have been exposed to HIV via sexual or injecting transmission.

The European Centre for Disease Prevention and Control (ECDC) recommends that Member States follow the clinical guidelines of the European AIDS Clinical Society on post-exposure prophylaxis for HIV ⁽¹⁾ which include the recommendation for ‘*Post-exposure Prophylaxis (PEP) to be started ideally less than 4 hours after the exposure, and no later than 48/72 hours*’.

ECDC has also published a short health education video that reiterates this recommendation ⁽²⁾. This recommendation is in line with the World Health Organisation’s guidelines ⁽³⁾.

While Regulation 2022/2371 ⁽⁴⁾ provides for strengthened surveillance and early warning for outbreaks and for clear action pathways for preparedness and in case of a health crisis at EU level, the provision of medical care within the EU stays a national competence pursuant to Article 168(7) of the Treaty on the Functioning of the European Union (TFEU).

The TFEU spells out that the Union’s action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care.

⁽¹⁾ <https://www.eacsociety.org/media/guidelines-12.0.pdf>.

⁽²⁾ <https://youtu.be/v1TZxYufIEI?si=u-3PZISFAEOFvVSM>.

⁽³⁾ <https://www.who.int/publications/i/item/9789240095137>.

⁽⁴⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2022:314:FULL&from=EN>.