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Lahore from 25th April to 20th May 2015, Lying between 31°15′-45′N and 74°01 •-74°39′ E. it's the second largest city of Pakistan in terms of population (12.21 million).

Sample size and data collection

Using the Yamane formula the sample size was calculated,

n=N/1+ (Ne2)

Where n=sample size, N=Size of population, e=level of precision [7].

e minimum sample size was 531 HCWs. A er informed consent was obtained, the researchers distributed questionnaires to 700 HCWs, and got completed 609 questionnaires back, which was a 87% response rate. A self-administered questionnaire was used to collect data. e questionnaire was design and developed based on literature review with four major parts: socio demographic characteristics, Knowledge, attitude and practice towards post exposure prophylaxis for HIV.

Statistical analysis

e statistical analysis was performed by using SPSS programme Version 22. Descriptive analysis of the data was performed. Data was represented in the form frequencies and percentage in tables.

Results

e present study was conducted in government hospitals of district Lahore of province Punjab Pakistan. Data regarding demography of respondents, knowledge, attitude and practices towards post exposure prophylaxis (PEP) were obtained on a predesigned self administered questionnaire from 25th April- 25th May 2015. e results showed that most health care workers (HCWs) were female 312(51.2%), between 31 to 45 years old (38.0%). Regarding professional rank, 26.3% were MBBS doctors, 23.3% nurses, 24.0% lab technician and Health technicians (26.4%) having 6-10 years of work experience as professionals. Most of the HCWs enrolled were diploma holders 208(34.2%), details given in Table 1.

HIV Knowledge in HCWs

Analysis of data regarding Knowledge towards PEP amongst HCWs showed that large portion of HCWs were of the opinion that they never heard about PEP though 53.4% replied that they have heard about PEP. In which most of them got information about PEP through friends. Signi cant numbers of HCWs (27.6%) were of the belief that PEP must be indicated a er any needle prick or injury. 27.3% HCWs suggested that a er 12 hours of exposure PEP must be taken and 28.1% recommended PEP 48 hours delay a er exposure. 22.0% HCWs thinks for PEP with 100% e ectiveness while 18.1% were having believe of 20-30% e ectiveness regarding PEP. Most of the HCWs (34.8) did not have any idea regarding PEP training as shown in Table 2.

Attitude towards PEP

Result analyses of attitude questions asked from HCWs showed that small portion of the professional were of the opinion that PEP is needed and its role. While rest of them either did not considers it important or did not have any idea of it. 35.0% agreed that PEP guidelines must be there in working areas while other disagreed or did not have any knowledge of it. 35.0% HCWs agreed on the e ectiveness of the PEP in HIV prevention while the other HCWs were of the belief that PEP is not e ective in HIV prevention as given in Table 3, 25.9% HCWs agreed on that PEP must be indicated on any kind of sharp injuries regardless of source. Most of the HCWs belief that PEP is not important if the patient exposed with is not truly positive for HIV infection and the remaining either disagreed or responded having no idea regarding PEP (Table 3).

Preventive practices to avoid PEP

e majority of nurses, doctors and other health care professionals provided the information that their health departments and

Variables	Details	N (%)
Age of respondent(Years)	20-30	179(29.3)
	31-45	232(38.0)
	>46	198(32.5)
Sex	Male	297(48.8)
	Female	312(51.2)
Occupation	Doctors	160(26.3)
	Nurse	142(23.3)
	Laboratory Technician	146(24.0)
	Health Technician	161(26.4)
Educational Status	MBBS	205(33.7)
	Diploma	208(34.2)
	Inter	196(32.2)
Work Experience	1-5	270(44.3)
	6-10	242(39.3)
	11-12	96(15.7)

Table 1: Sociodemographic description of HCWs in government hospitals at Lahore, Pakistan 2015.

Ethical Considerations

All prospective respondents were evidently advised that participation in the study was voluntary. The study secured ethical clearance from Department of Epidemiology and Public Health (EPH). The HCWs were registered to participate after they obtained explanation about the objectives of the study and a written