



Published on *AIDSFree* (<https://aidsfree.usaid.gov>)

[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV Post-Exposure Prophylaxis Guidance Database](#) >

Burundi

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Occupational Exposure](#)
- [Sexual Abuse or Rape](#)

-  [Directives Nationales de Traitement anti Retrovirale de l'Infection par le VIH au Burundi\(2014\) \(PDF / 25 MB\)](#)
-  [Schemas de Traitement par les ARV au Burundi \(2010\) \(PDF / 504 KB\)](#)

Occupational Exposure

Year Issued:

2014

Criteria for Starting PEP:

The following types of exposures should be considered for post-exposure prophylaxis:

- Cuts with a lancet or scalpel
- Needle-stick injury
- Mucosal exposure by splashing fluids
- Vascular devices
- Sexual assault (rape)

Evaluation of Risk:

Minimal exposure (ARV prophylaxis recommended only for HIV+ source):

- Superficial wound
- Solid needle
- Fluid splash on skin or mucosa

Moderate exposure (ARV prophylaxis recommended for both HIV+ and unknown source):

- Scalpel cut
- Needlestick through glove

Massive exposure (ARV prophylaxis recommended for both HIV+ and unknown source):

- Deep wound

- Vascular devices
- Large-bore needle

If the HIV status of the source person is unknown, it is important to try to find out their serostatus

After an accidental exposure, a clinical examination should be done of the exposed individual, as well as the following bloodwork (for both the exposed person and the source):

- Ag HBs
- Hep C serology
- Creatinine (if TDF)
- NFS (if AZT)

After the first month, a complete clinical examination should be done. In the third month, testing for HIV and HVB/HVC.

Recommended Prophylaxis:

ARV prophylaxis should begin as early as possible for the HIV negative exposed person; preferably in the 4 hours (and before 72 hours post-exposure). Treatment continues for 4 weeks.

Tritherapy is the recommended treatment:

TDF+3TC+ATV/r

Alternative treatment:

AZT+3TC+ATV/r or LPV/r

ABC+3TC+LPV/r for children less than 10 years of age or weighing less than 35 kg

Follow-up Screening Recommendations:

Three months after exposure, HIV serology and HVB/HVC should be completed.

In Accordance with WHO 2014 PEP Recommendations?:

Y

Sexual Abuse or Rape

Year Issued:

2014

Criteria for Starting PEP:

The following types of exposures should be considered for post-exposure prophylaxis:

- Cuts with a lancet or scalpel
- Needle-stick injury
- Mucosal exposure by splashing fluids
- Vascular devices
- Sexual assault (rape)

Evaluation of Risk:

Victims should be directed to medical care within 48 hours

Same testing during clinical examination as above, but also to include pregnancy test, testing and management of STIs

Recommended Prophylaxis:

ARV prophylaxis should begin as early as possible for the HIV negative exposed person; preferably in the 4 hours (and before 72 hours post-exposure). Treatment continues for 4 weeks.

Tritherapy is the recommended treatment:

TDF+3TC+ATV/r

Alternative treatment:

AZT+3TC+ATV/r or LPV/r

ABC+3TC+LPV/r for children less than 10 years of age or weighing less than 35 kg

In Accordance with WHO 2014 PEP Recommendations?:

Y

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/pep/burundi>