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Cameroon

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.

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Suggest Updates

- [Accidental Exposure to Blood \(AEB\) or to Other Biological Fluids](#)
- [Rape](#)
-  [Directives Nationales de Prevention et de Prise en Charge du VIH au Cameroun \(2014\) \(PDF / 2 MB\)](#)
-  [Guide National de Prise en Charge des Personnes Vivant Avec le VIH/SIDA - Cameroun \(2012\) \(PDF / 2 MB\)](#)

Accidental Exposure to Blood (AEB) or to Other Biological Fluids

Year Issued:

2014

Criteria for Starting PEP:

Accidental contact of mucosa or broken skin with biological liquids (blood, CSF, plural or pericardiac fluid) or potentially infected tissue.

Evaluation of Risk:

High risk: Deep needlestick with a hollow needle that had been used in veins or arteries

Intermediate risk: Cut with a scapel through gloves; superficial needle stick with a hollow needle

Low risk: Superficial needlestick with suture needle or hollow needle used for IM or subcutaneous injections; splash into mucosa or onto broken skin

Victim should be evaluated for risk of contamination and tested for HIV, HCV and HBV, VDRL/TPHA.

The source should also be tested for HIV, HCV and HBV, VDRL/TPHA and treated accordingly if tested positive.

Recommended Prophylaxis:

ARV prophylaxis should be given if the source is known to be HIV+ or serostatus is unknown (if the victim is HIV negative).

Recommended treatment (4 week regimen):

AZT + 3TC + LPV/r

or TDF + 3TC or FTC + LPV/r

Maximum delay for initiation of treatment is 72 hours.

Follow-up Screening Recommendations:

6-months of follow-up are recommended. At months 1, 3, and 6: repeat HIV testing, plus Antigen p24 or ARN HIV if possible. If victim seroconverts, refer for appropriate treatment. Continue surveillance for patients who remain HIV negative. Vaccinate victim for Hepatitis B after 15 days, according to the result of the initial HBV testing.

In Accordance with WHO 2014 PEP Recommendations?:

Y

Rape

Year Issued:

2014

Recommended Prophylaxis:

Victims should receive:

- Same ARV recommendation as above (within 48 hours following the assault) for attackers HIV+ or whose status is unknown.
- Tetanus vaccinated if victim has wounds with debris or soil.
- Morning-after pill of estroprogesterone or progesterone to prevent pregnancy in adolescent women and women of reproductive age.
- Antibiotics to prevent STIs, including chlamydia and gonorrhea.

Follow-up Screening Recommendations:

6-months of follow-up are recommended:

At months 1, 3, and 6: repeat HIV testing, plus Antigen p24 or ARN HIV if possible. If victim seroconverts, refer for appropriate treatment. Continue surveillance for patients who remain HIV negative. Vaccinate victim for Hepatitis B after 15 days, according to the result of the initial HBV testing.

In Accordance with WHO 2014 PEP Recommendations?:

Y

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