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

Democratic Republic of Congo

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

- [Accidental Exposure to Blood or to Other Biological Fluids](#)
- [Sexual Exposure](#)
- [Rape or Sexual Assault](#)

-  [Guide National de Prise en Charge de l'Infection à VIH en RDC\(2013\) \(PDF / 2 MB\)](#)
-  [Guide National de Traitement de l'Infection à VIH par les Antirétroviraux chez l'Adolescent et l'Adulte \(2010\) \(PDF / 2 MB\)](#)

Accidental Exposure to Blood or to Other Biological Fluids

Year Issued:

2013

Criteria for Starting PEP:

The degree of severity of the exposure helps to guide whether ARV prophylaxis should be given.

Evaluation of Risk:

Degree of exposure:

Massive: Deep needlestick with an intravascular device or hollow needle used arterially

Moderate: Cut with a scalpel through gloves or superficial needlestick with a hollow needle used veinously

Minimum: Scrape with a solid needle (such as suture needle) or by a hollow needle used for IM or subcutaneous injection, or simple cutaneo-musocal contact

Both the exposed person and the source should be tested for HIV immediately after exposure. If both are found to be negative, treatment is stopped. If the source is seropositive or if serostatus is unknown and the exposed person is negative, ARV prophylaxis is given for the full course.

Recommended Prophylaxis:

Treatment should begin within 72 hours of exposure.

Recommended treatment:

TDF+3TC+LP/r

or AZT+3TC+LP/r

Treatment continues for one month

In Accordance with WHO 2014 PEP Recommendations?:

Y

Sexual Exposure

Year Issued:

2013

Criteria for Starting PEP:

ARV prophylaxis is recommended for if partner is known to be seropositive and intercourse falls under "certain risk" category.

ARV prophylaxis is debatable for "low risk" intercourse.

For partners with unknown HIV status, ARV prophylaxis is debatable for "certain risk" intercourse, and not indicated for "low risk" intercourse.

Evaluation of Risk:

Certain risk: Receptive anal intercourse (5-30%), receptive vaginal intercourse (0.3-0.7%), insertive anal or vaginal intercourse (0.1-1.8%)

Low risk: Insertive or receptive oral sex with or without ejaculation

No risk: Kissing, unbroken condom

Certain factors can increase risk, including stage of HIV infection; infection or lesions in genitals, including ulceration, trichomonas, chlamydia, etc; vaginal sex during woman's period; first sexual experience, and rape.

Recommended Prophylaxis:

AZT+3TC+LPV/r

Rape or Sexual Assault

Year Issued:

2013

Criteria for Starting PEP:

For victims of rape, ARV prophylaxis is recommended for assaults falling under "certain risk." If aggressor is known to be HIV+, ARV prophylaxis is debatable for "low risk" assaults if other aggravating factors are present.

ARV prophylaxis is considered only if the following 5 factors are present:

- High risk exposure
- Delay of 48-72 hours between assault and consultation
- Perpetrator is HIV+ or belongs to a high-risk group (bisexual/gay, drug user)

- Assault was an isolated incident
- Victim desires treatment and agrees to adhere to treatment and followup

Follow-up Screening Recommendations:

An initial serology should be conducted on the victim, including HIV, Hep C, Ag Hbs, as well as renal and kidney function tests.

The perpetrator should be tested with or without consent for HIV, Hep B and C (if status is unknown). If HIV positive status is known, for biological markers, including CD4 and viral load, as well as clinical stage and treatment history. Treatment of the victim can be adjusted according to the perpetrators markers and clinical staging.

The victim should receive the following preventative treatment:

- Tetanus vaccination if the victim if unvaccinated and has soiled wounds
- "Morning after pill" for pregnancy prevention, administered within 72 hours of the attach
- STI prevention of chlamydia, gonorrhea, and syphilis (in event of vaginal, anal, or oral penetration) with 7 day course of doxycycline or 1 dose of azithromycin
- ART prophylaxis

In Accordance with WHO 2014 PEP Recommendations?:

Y

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