



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

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

Ethiopia

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 Assault](#)
-  [Guidelines for Management of Opportunistic Infections and Antiretroviral Treatment in Adolescents and Adults in Ethiopia \(PDF / 4 MB\)](#)

Occupational Exposure

Year Issued:

2008

Criteria for Starting PEP:

Testing source: Rapid test is done after counselling and consent has been secured. If the source patient is negative there is no need of further assessment of the exposed health care worker. If the result is positive the health care worker needs to be tested.

Testing of health care worker: HIV serology should be performed immediately after exposure. If result is positive there is no need for PEP, but if negative you should administer PEP as soon as possible and then repeat serology at 6 weeks, 3 months, and 6 months.

Remember to initiate PEP immediately after exposure until test result confirms the HIV status of the victim. Stop PEP if the health worker is positive for HIV antibodies.

To be effective, post-exposure prophylaxis should commence as soon as possible (within 1-2 hours). The maximum delay for initiation of treatment which would prevent infection is not known in humans. In most developed countries, PEP is recommended within 2-4 hours. Don't consider PEP beyond 72 hours post exposure.

Evaluation of Risk:

Low-risk exposure:

- Exposure to small volume of blood or blood contaminated fluids from asymptomatic HIV positive patients
- Following injury with a solid needle
- Asymptomatic source patient

High-risk exposure:

- Exposure to a large volume of blood or potentially infectious fluids
- Exposure to blood or potentially infectious fluids from a patient with clinical AIDS or acute HIV infection
- Injury with a hollow needle
- Needle used in source patient artery or vein
- Visible blood on device
- Deep and extensive injury

Recommended Prophylaxis:**Site of Exposure: Mucosal splash/Non-intact skin**

HIV Status Unknown: Consider 2-drug regimen

HIV Status Positive - Low Risk: Recommend 2-drug regimen

HIV Status Positive - High Risk: Recommend 3-drug regimen

Site of Exposure: Percutaneous (sharps)

HIV Status Unknown: Recommend 2-drug regimen

HIV Status Positive - Low Risk: Recommend 2-drug regimen

HIV Status Positive - High Risk: Recommend 3-drug regimen

2-Drug Regimen:

Zidovudine (AZT) + Lamivudine (3TC) 12 hourly.

Duration: 28 days

3-Drug Regimen:

Zidovudine (AZT) + Lamivudine (3TC) + EFZ 12 hourly.

Lopinavir/ritonavir (LPV/r) can be used as alternative if available.

Duration: 28 days

Follow-up Screening Recommendations:

Repeat serology at 6 weeks, 3 months, and 6 months

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

Sexual Assault**Year Issued:**

2008

Criteria for Starting PEP:

All women 14 years and older presenting to a health facility after potential exposure to HIV during sexual assault should be counseled by the examining health care worker about the potential risk of HIV infection. Parents/guardian of traumatized children should be counselled and informed on the risk of HIV infection after sexual assault.

PEP is not recommended:

1. If victim presents more than 72 hours after exposure
2. Following condom leak or tear

Recommended Prophylaxis:

AZT/ 3TC/EFZ or d4T/3TC/ EFZ for 28 days.

Alternatively, Kaletra can substitute for EFZ.

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