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## Ghana

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](#)

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- [Healthcare Workers](#)
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-  [Guidelines for Antiretroviral Therapy in Ghana \(PDF / 1020 KB\)](#)
-  [National Guidelines for Prevention of Mother to Child Transmission of HIV \(PDF / 1 MB\)](#)

### Healthcare Workers

## Year Issued:

2010

## Criteria for Starting PEP:

Possible exposure to HIV in the workplace

An exposure that would create a risk may be defined as an exposure from infected blood, tissue or other body fluids through: A percutaneous injury (e.g. a needle stick or cut with a sharp object), or a mucocutaneous membrane or non-intact skin (e.g. skin that is chapped, abraded, or affected by dermatitis) contact

## Evaluation of Risk:

### Very low risk exposure

- Exposure of potentially infectious material to intact skin

### Low risk exposure

- Exposure to a small volume of blood or body fluids contaminated with blood from asymptomatic HIV-positive patients
- An injury with a solid needle
- Any superficial injury or mucocutaneous exposure

### High risk exposure

- Exposure to a large volume of blood or potentially infectious fluids
- Exposure to blood or bodily fluids contaminated with blood from a patient with a high viral load. i.e. patients in the AIDS phase or early sero-conversion phase of HIV infection

- Injury with a hollow bore needle
- Deep and extensive injury from a contaminated sharp instrument
- Exposure to blood from an HIV Drug resistant patient

## **Recommended Prophylaxis:**

### **Very low risk exposure**

Wash exposed area immediately with soap and water

### **Low risk exposure**

Zidovudine 300mg 12 hourly x 28 days

Lamivudine 150mg 12 hourly x 28 days NB: If the source patient is HIV/HBV co-infected then use a TDF containing regimen.

### **High risk exposure**

Zidovudine 300mg 12hourly x 28 days

Lamivudine 150mg 12 hourly x 28 days

Lopinavir/r 400mg/100mg 12hourly x 28 days NB: If the source patient is HIV/HBV co-infected then use a TDF containing regimen.

## **Follow-up Screening Recommendations:**

### **Baseline tests:**

- Full blood count
- Liver and renal function tests
- Hepatitis B Surface Antigen
- HIV serology or PCR if available

### **Two weeks:**

- Full blood count
- Liver and renal function tests

**Six weeks:** HIV serology

**Three months:** HIV serology

**Six months:** HIV serology

## **In Accordance with WHO 2014 PEP Recommendations?:**

Y (but drug regimen may differ from WHO recommendation)

**Rape Survivors**

**Year Issued:**

2010

# Criteria for Starting PEP:

Victims of sexual assault

## Evaluation of Risk:

The following factors must be considered in the assessment of risk:

- Perpetrator is unknown or HIV status of perpetrator is unknown
- Perpetrator's HIV status is known to be positive
- Perpetrator is an injection drug user or armed robber
- Where the alleged sexual violation involved anal penetration
- Where the survivor was allegedly raped by more than one person
- Vaginal penetration with associated genital injuries
- Where survivor is a minor

## Recommended Prophylaxis:

### Survivor presents within 72 hours of the incident:

1. Prevent HIV Transmission through the provision of PEP using three ARVs according to national protocol
2. Treat STIs according to national guidelines.
  - DRUG RECOMMENDATION FOR HIV PEP IN ADULTS AND ADOLESCENTS (>40KG) INCLUDING PREGNANT AND LACTATING WOMEN Zidovudine 300mg 12 hourly for 28 days plus Lamivudine 150mg 12 hourly for 28 days plus Lopinavir/r 400mg/100mg 12hourly x 28 days
  - DRUG RECOMMENDATION FOR HIV PEP IN CHILDREN <2 years or 5 - 9kg: Zidovudine syrup 10mg/ml 7.5mls 12 hourly plus Lamivudine syrup 10mg/ml 2.5mls 12 hourly plus Lopinavir/r (80mg/20mg)/ml syrup (14mg/3mg)/kg bd 10-19kg: Zidovudine 300mg tablet ½ tablet 12 hourly plus Lamivudine 150mg tablet ½ tablet 12 hourly plus Lopinavir/r (80mg/20mg)/ml syrup (12mg/3mg)/kg bd 20- 39kg: Zidovudine 100mg capsule 2 capsules 12 hourly plus 1 tablet 12 hourly Lamivudine 150mg tablet plus Lopinavir/r (80mg/20mg)/ml syrup or 200mg/50mg tablet (10mg/2.5mg)/kg bd
3. If HBsAg result is negative prevent Hepatitis B infection by initiating the appropriate vaccination protocol.
4. Pregnancy can be prevented by providing emergency contraception, using as appropriate, either oral contraceptive pills or intrauterine device (IUD) in accordance with the provision of the "National Reproductive Health Service Policy and Standards, Second Edition, December 2003". Pregnancy test must be done to first exclude an existing pregnancy.
5. Clean and treat any tears, cuts, abrasions and other injuries. If there are major contaminated wounds consider giving antibiotic cover. Also give tetanus prophylaxis (tetanus toxoid - TT) where there are wounds or break in mucosa.

### Survivor presents more than 72 hours after the incident:

1. PEP is not required as it would not be effective. Client must be offered CT and appropriate follow up instituted.
2. Assess and examine for STIs and provide treatment according to national STI treatment guidelines.
3. If HBsAg test result is negative recommend vaccination against Hepatitis B infection, using the appropriate protocol.
4. If the survivor presents after 72 hours but within 120 hours provide emergency contraception, using as appropriate, either oral contraceptive pills or intrauterine device (IUD) in accordance with the provisions of the *National Reproductive Health Service Policy and Standards, Second Edition*,

December 2003. Pregnancy test must be done to first exclude an existing pregnancy.

5. Treat or refer all wounds, abscesses and other injuries and complications. Vaccinate against tetanus if client has not been fully vaccinated.

## Follow-up Screening Recommendations:

For survivors who received PEP.

1. One-week follow-up visit:
  - Evaluate PEP, STI and other treatment.
  - Evaluate for STI and provide treatment as appropriate.
  - Discuss CT for future HIV testing.
2. Six-week and three-month follow-up visits:
  - Offer CT for HIV.
  - Evaluate for STIs and treat as appropriate.
  - Evaluate for pregnancy and provide counseling In all cases evaluate mental and emotional status at every visit, and refer or manage as needed. For minors assess the safety of their environment (Place of residence and school etc) for possible re-location.

For survivors who do not receive PEP.

1. Two-week follow-up visit:
  - Check if STI and/or other treatment have been adhered to.
  - Evaluate for pregnancy and provide counseling
  - Discuss CT for future HIV testing
2. Three-month follow-up visit:
  - Offer CT for HIV
  - Evaluate for STIs and treat as appropriate
  - Assess pregnancy status

In all cases evaluate mental and emotional status at every visit, and refer or manage as needed. For minors assess the safety of their environment (place of residence and school etc.) for possible re-location.

## In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

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