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Haiti

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](#)
- [Sexual Violence](#)
-  [Manuel de Normes de Prise en Charge Clinique et Therapeutique des Adolescents et Adultes Vivant avec le VIH/SIDA \(PDF / 6 MB\)](#)

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

Year Issued:

2013

Criteria for Starting PEP:

- Needlestick or cut with a sharp object
- Contact with blood or biological fluid in a scrape
- Non-intact skin or mucosa
- Allowing for penetration of infectious agent
- Accidents occurring in the health care profession with soiled instruments (such as razors, syringes, etc)

HIV testing of the source should be done. If source is HIV negative, ARV prophylaxis is not advised.

Evaluation of Risk:

Level of risk depends on:

- **Type of exposure:** Needlestick, cut, depth of the injury, etc.
- **Amount of blood:** A hollow needle used for blood draw is more risky than a hollow needle used for injection, which is more risky than a solid needle used for sutures.
- **Clinical staging and viral load** of the source at time of the incident. If patient is known HIV+, it is important to know the stage of infection (CD4 count), clinical staging (newly infected with HIV, AIDS). If serostatus of source is found to be negative, ARV prophylaxis is recommended and treatment is stopped.

Risk of exposure:

- **Massive exposure:** Deep wound, bleeding; hollow needle containing blood; venous or arterial

puncture; exposure to a large quantity of virus (source is newly infected with HIV, AIDS)

- **Moderate exposure:** Cut with a scalpel through gloves or superficial needlestick with a hollow needle containing blood
- **Minimum exposure:** Scrape on skin with a solid needle (such as suture needle) or by a small-caliber hollow needle used for IM or subcutaneous injection, or mucosal contact

Recommended Prophylaxis:

ARV prophylaxis should be administered within 72 hours of the exposure.

Treatment is for a period of 28 days.

Recommended treatment is: TDF+3TC+EFV

If patient has renal insufficiency: AZT+3TC+EFV

If resistance is suspected (due to source being on ART): TDF or AZT + 3TC + Protease Inhibitor

Follow-up Screening Recommendations:

Serological status of the exposed person should be obtained (with consent) immediately after exposure. HIV testing is repeated three months and six months after exposure. Clinical follow up should continue for 6 months after initial exposure

Tetanus and HBV vaccination should be administered after establishing vaccination status

In Accordance with WHO 2014 PEP Recommendations?:

Y

Sexual Violence

Year Issued:

2013

Evaluation of Risk:

Risk of HIV transmission is <1%, but can be elevated in certain circumstances (multiple sexual aggressors, wounds, anal intercourse, first sexual intercourse, and intercourse during menses).

Recommended Prophylaxis:

ARV treatment should be started within 72 hours, and is given for a period of 4 weeks.

Recommended treatment is: TDF+3TC+EFV

Follow-up Screening Recommendations:

A rapid HIV test should be conducted on the day the patient seeks care (day 0), followed by repeat testing at three months and six months.

A complete blood count (hemogram) is recommended at 15 days.

A dose of transaminases should be given after 1 month.

All victims of sexual violence should receive Hep B vaccination and treatment for STI prevention (syphilis, gonorrhea, chlamydia, trichomonases, chancroid).

- Penicillin benzathine (2,400,000 units immediately)
- Ciprofloxacin (500 mg immediately)
- Metronidazole (2 gr immediately)
- Doxycycline (100 mg BID x 7 days)

For patients that are not fully vaccinated, tetanus vaccine should also be given.

For all victims that are not pregnant, pt should receive contraceptives (either combination oral contraceptive- 2 tablets of 50 µg ethinyl-estradiol + 0.5 mg of norgestrel given immediately, followed by repeat dosing at 12 hr; or 0.75 mg levonorgestrel given immediately and repeat dosing at 12 hr)

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