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Rwanda

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 \(AEB\) or to Other Biological Fluids](#)
- [Sexual Assault or Rape](#)
-  [National Guidelines for Comprehensive Care of People Living with HIV in Rwanda \(PDF / 2 MB\)](#)

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

Year Issued:

2013

Criteria for Starting PEP:

Source HIV + with low CD4 or opportunistic infections

Exposure: Massive - PEP Recommended

Exposure: Moderate - PEP Recommended

Exposure: Minimum - PEP Recommended

Source HIV + asymptomatic

Exposure: Massive - PEP Recommended

Exposure: Moderate- PEP Recommended

Exposure: Minimum - Discuss PEP

Source HIV status unknown, but risk factor for HIV (≥ 1 risk factor)

Exposure: Massive - PEP Recommended

Exposure: Moderate - PEP Recommended

Exposure: Minimum - Discuss PEP

Source HIV status unknown or unknown source without risk factors

Exposure: Massive - PEP Recommended

Exposure: Moderate - Discuss PEP

Exposure: Minimum - Discuss PEP

Evaluation of Risk:

The actual risk for a given patient must be evaluated by one of the health care providers from the health facility. This evaluation includes:

1. The severity of the exposure, which is directly linked to the depth of the wound and the type of needle that was responsible for the injury (Venipuncture needle, needle for injection, non-sharp instrument);
2. External contact of secretions with the skin or mucosa (splash), the risk is higher with blood than with any other body secretions (amniotic fluid, serous fluid).

Recommended Prophylaxis:

In case of accidental exposure to blood, always clean the exposed area immediately. In case of exposure through needle stick or skin injury, clean the wound immediately with clean water and soap. In case of splash on the mucous membranes (particularly the conjunctiva), rinse at least for 5 minutes with copious amounts of water or preferably physiological saline and do not apply disinfectant on the mucous membranes.

The current recommended duration of post-exposure prophylaxis for HIV infection is 28 days. Treatment should start as early as possible, within the first 4 hours following the exposure, without waiting for results of HIV serology of the source person. A limit of 48 hours is reasonable in seeking maximum efficacy. The recommended post-exposure prophylaxis drugs are based on the current second and first line regimen:

1. TDF + 3TC / FTC + ATV/r
2. AZT + 3TC/ FTC + ATV/r (If no TDF or a contraindication)
3. TDF + 3TC/ FTC + EFV

Follow-up Screening Recommendations:

Initial: HIV test (serology), creatinin (renal clearance), pregnancy test.

Week 2: creatinin (renal clearance).

Month 1: HIV test (serology), creatinin (renal clearance).

Month 3: HIV test (serology)

Month 6: HIV test (serology)

In Accordance with WHO 2014 PEP Recommendations?:

Y

Sexual Assault or Rape

Year Issued:

2013

Criteria for Starting PEP:

In case of rape, the provider must first follow the HIV counseling and testing steps described in the above

paragraphs before giving prophylactic treatment. Consider HIV post-exposure prophylaxis for women presenting within 48 - 72 hours of a sexual assault.

Evaluation of Risk:

Source Person: HIV Positive or negative

Exposed Person: Known positive

Recommendation: No prophylaxis is indicated

Source Person: Known positive*

Exposed Person: Known negative

Recommendation: Immediate prophylaxis indicated

Source Person: Known positive

Exposed Person: Not known

Recommendation: Immediate HIV Rapid test done on the victim.

- If HIV negative, give prophylaxis
- If HIV positive, stop prophylaxis and refer victim to HIV treatment clinic.
- Provide emergency contraception if the victim accepts.

Source Person: Not known but accepts HIV test

Exposed Person: Known negative

Recommendation: Immediate HIV Rapid test done on the rapist

- Give prophylaxis as you wait for the results.
- If the rapist is HIV negative, stop prophylaxis
- If rapist is HIV positive, continue with prophylaxis
- Provide emergency contraception if the victim accepts.

Source Person: Not known but accepts HIV test

Exposed Person: Not known

Recommendation: Immediate HIV Rapid test done on the rapist and the victim

- Give prophylaxis as you await the results, if the rapist is negative, stop the prophylaxis
- If the victim is positive, stop prophylaxis and refer her to the HIV care and treatment

Source Person: Not known and either refuses the test or is not available

Exposed Person: Known negative

Recommendation: Counsel the victim and inform her of the risks and benefits of prophylaxis and explain the options; then give prophylaxis if the victim accepts. Provide emergency contraception if the victim accepts.

Source Person: Not known and either refuses the test or is not available

Exposed Person: Not known

Recommendation: Immediate HIV Rapid test done on the rape victim

- If the victim is HIV negative, then give prophylaxis;
- Counsel the victim and inform her about the risks and benefits of prophylaxis and give options.
- Provide emergency contraception if the victim accepts.

Recommended Prophylaxis:

The current recommended duration of post-exposure prophylaxis for HIV infection is 28 days. Treatment should start as early as possible, within the first 4 hours following the exposure, without waiting for results of HIV serology of the source person. A limit of 48 hours is reasonable in seeking maximum efficacy. The recommended post-exposure prophylaxis drugs are based on the current second and first line regimen:

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Follow-up Screening Recommendations:

Initial: HIV test (serology), creatinin (renal clearance), pregnancy test.

Week 2: Creatinin (renal clearance).

Month 1: HIV test (serology), creatinin (renal clearance).

Month 3: HIV test (serology)

Month 6: HIV test (serology)

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