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

South Africa

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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- [Adults, Adolescents, and Children](#)

Adults, Adolescents, and Children

Year Issued:

2014

Criteria for Starting PEP:

Practical guidance:

Post-exposure prophylaxis should be offered, and initiated as early as possible, to all individuals with exposure that has the potential for HIV transmission, and ideally within 72 hours.*

** Although post-exposure prophylaxis is ideally provided within 72 hours of exposure, people may not be able to access services within this time. Providers should consider the range of other essential interventions and referrals that should be offered to clients presenting after the 72 hours.*

- Assessment for eligibility should be based on the HIV status of the source whenever possible and may include consideration of background prevalence and local epidemiological patterns.**
- ***In some settings with high background HIV prevalence or where the source is known to be at high risk for HIV infection, all exposure may be considered for post-exposure prophylaxis without risk assessment.*

Exposures that may warrant post-exposure prophylaxis include:

- Parenteral or mucous membrane exposure (sexual exposure and splashes to the eye, nose or oral cavity); and
- The following bodily fluids may pose a risk of HIV infection: blood, blood-stained saliva, breast-milk, genital secretions and cerebrospinal, amniotic, rectal, peritoneal, synovial, pericardial or pleural fluids.***
- ****These fluids carry a high risk of HIV infection, but this list is not exhaustive and all cases should be assessed clinically and decisions made by the health-care workers as to whether exposure constitutes significant risk.*

Exposures that do not require post-exposure prophylaxis include:

- When the exposed individual is already HIV positive;

- When the source is established to be HIV negative; and
- Exposure to bodily fluids that does not pose a significant risk: tears, non-blood-stained saliva, urine and sweat.

Recommended Prophylaxis:

Adults and Adolescents:

A 28-day course of ARV drugs should be offered and prescribed following assessment of eligibility for post-exposure prophylaxis.

A regimen for post-exposure prophylaxis for HIV with two ARV drugs is effective, but three drugs are preferred. (*Conditional recommendation, very-low-quality evidence.*)

Preferred: TDF + 3TC (or FTC) (Strong recommendation, low-quality evidence)

LPV/r or ATV/r is recommended as the preferred third drug for HIV post-exposure prophylaxis for adults and adolescents. (*Conditional recommendation, very-low-quality evidence.*) Where available RAL, DRV/r or EFV can be considered as alternative options.

Children (≤10 years old):

Preferred: AZT + 3TC

Alternative: ABC + 3TC or TDF + 3TC (or FTC) (Strong recommendation, low-quality evidence)

LPV/r is recommended as the preferred third drug for HIV post-exposure prophylaxis post-exposure prophylaxis for children younger than 10 years. (*Conditional recommendation, very-low-quality evidence.*) An age-appropriate alternative regimen can be identified among ATV/r, RAL, DRV, EFV and NVP.

Follow-up Screening Recommendations:

- HIV test at 3 months following exposure
- Link to HIV treatment if possible
- Provision of prevention intervention as appropriate

In Accordance with WHO 2014 PEP Recommendations?:

Y

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