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Swaziland

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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Healthcare Worker

Year Issued:

2010

Criteria for Starting PEP:

A health worker who tests negative for HIV should be offered PEP drugs. If the source person is HIV positive, PEP should be offered to the HCW. If the source person is HIV negative, there is still a risk of HIV transmission during the window period, so PEP should be offered anyway (benefits outweigh the risks). If the source person refuses to be tested, PEP should be offered to the HCW. If the source person cannot be traced or absconds from the facility before testing, PEP should be offered to the HCW. PEP should only be offered to the HCW after a thorough risk assessment.

Evaluation of Risk:

Exposure is an incident where an uninfected person for example a health worker accidentally comes into contact with blood or body fluids derived from an infected person in a manner that can result from the infection being transmitted.

Examples include:

- A percutaneous injury (e.g. a puncture or cut through the skin with a sharp object)
- Contact (splash) of mucous membrane with blood, tissue, visibly bloody bodily fluids, semen, vaginal secretions. Although semen and vaginal secretions have been implicated partly in the sexual transmission of HIV, they have not been implicated in the occupational transmission of HIV from patients to the HCW.
- Contact (splash of non intact skin (e.g. exposed skin that is cut, chapped, abraded or afflicted with dermatitis) with the above fluids.

Recommended Prophylaxis:

In Swaziland, especially rural settings where access to laboratory facilities might be limited, a two drug

regimen is recommended for PEP.

A triple drug regimen can be used in case of highest risk, such as source person with signs and symptoms of AIDS advanced diseases.

Low risk: Basic PEP 2 drug Regimen: AZT + 3TC

Alternate Basic Regimen: TDF + 3TC

Note: Baseline Kidney Function Tests have to be done on patients put on TDF.

High risk: Expanded 3 drug Regimen: Basic regimen + LPV/r (alternates to LPV/r are EFV, ABC, or IDV)

Note: Tenofovir and Efavirenz are not recommended for use in paediatric patients.

A 2-drug regimen is the recommended option for PEP primarily because the benefit of completing a full course of this regimen exceeds the benefit of adding the third drug.

Follow-up Screening Recommendations:

Repeat HIV testing at 6 weeks, 3 months and 6 months.

In Accordance with WHO 2014 PEP Recommendations?:

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Rape and Survivors of Sexual Violence

Year Issued:

2010

Criteria for Starting PEP:

Rape involves vaginal, anal, or oral penetration by the offender. This definition also includes incidents in which penetration is with a foreign object, such as a bottle, or situations in which the victim is unable to give consent because of intoxication or a developmental disability.

Recommended Prophylaxis:

Known HIV positive stage 3 or 4 (symptomatic or on Rx) with or without visible injuries or semen, anal ex (sodomy): Extended 3-drug regimen.

Known HIV positive stage 3 or 4 (symptomatic or on Rx) oral sex: Basic 2-drug regimen.

Known HIV positive asymptomatic with visible genital injuries or semen: Extended 3-drug regimen.

Known HIV positive asymptomatic anal sex (sodomoy), oral sex, or without visible injuries or semen: Basic 2-drug regimen.

Unknown perpetrator/HIV status or HIV negative with or without visible injuries or semen, anal sex (sodomy), or oral sex: Basic 2-drug regimen.

Perpetrator a minor (below 12 years old) no evidence of HIV infection with visible injuries or semen, or anal sex (sodomy): Basic 2-drug regimen.

Perpetrator a minor (below 12 years old) no evidence of HIV infection oral sex or no visible

injuries or semen: No PEP.

Follow-up Screening Recommendations:

RPR screening at 6 (weeks) for rape and sexual abuse survivors.

Accidental Exposures in Public

Year Issued:

2010

Criteria for Starting PEP:

Public involved in road traffic accidents, where blood from another passenger may have come into contact with other wounded passengers where different people are stabbed with one weapon, need to be covered against possible transmission.

Recommended Prophylaxis:

Offer the basic 2-drug regimen from the PEP kit to all patients who test HIV negative.

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