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Zambia

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

- [Occupational Exposure](#)
- [Penetrative Sexual Abuse](#)

-  [Antiretroviral Therapy for Chronic HIV Infection in Adults and Adolescents \(PDF / 308 KB\)](#)
-  [Integrated Prevention of Mother-to-Child Transmission of HIV in Zambia \(PDF / 2 MB\)](#)

Occupational Exposure

Year Issued:

2013

Criteria for Starting PEP:

- Substantial exposure risk <72 hours since exposure
- Source patient known to be HIV positive
- Exposure of: Vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin, or percutaneous contact.
With: Blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood.
When: The source is known to be HIV-infected.
- Source patient of unknown HIV status: Case-by-case determination

Evaluation of Risk:

No risk: intact skin

Medium risk: invasive injury, no blood visible on needle

High risk: large volume of blood/fluid, known HIV infected patient, large bore needle, deep extensive injury

Recommended Prophylaxis:

If no risk:

cART not recommended

Clean the site: Wash skin wounds with soap and running water. If the exposed area is an eye or mucous membrane, flush with copious amounts of clean water. DO NOT USE BLEACH or other caustic agents/disinfectants to clean the site.

If medium or high risk:

TDF + XTC + LPV-r* for 28 days

*For GI intolerance to LPV-r, use TDF + XTC + ATV-r.

For patients with CrCl <50 ml/min, replace TDF with AZT.

For children <10 years old, use AZT + 3TC + LPV-r.

Follow-up Screening Recommendations:

- HIV testing on the day of the exposure.
- If negative, retest at 6 weeks, 3 months and 6 months after exposure.
- Retest for HIV whenever acute illness includes fever, rash, myalgia, fatigue, malaise, and lymphadenopathy.
- See clinical officer or medical officer within 72 hours after starting PEP and monitor for side effects for at least 2 weeks.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

Penetrative Sexual Abuse

Year Issued:

2013

Criteria for Starting PEP:

Substantial exposure risk <72 hours since exposure

- Source patient known to be HIV positive
- Exposure of: Vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin, or percutaneous contact.
With: Blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood.
When: The source is known to be HIV-infected.
- Source patient of unknown HIV status: Case by case determination

Evaluation of Risk:

Penetrative sexual abuse

Recommended Prophylaxis:

TDF + XTC + LPV-r* for 28 days

*For GI intolerance to LPV-r, use TDF + XTC + ATV-r.

For patients with CrCl <50 ml/min, replace TDF with AZT.

For children <10 years old, use AZT + 3TC + LPV-r.

Follow-up Screening Recommendations:

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