National PEP Implementation Guidelines

A supplement to National Clinical Guidelines of Post Exposure Prophylaxis (PEP) in Occupational and Non-Occupational Exposures

June 2025

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Department:
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FOREWORD

HIV remains one of South Africa's greatest public health challenges, and every potential exposure is a critical moment to prevent a new infection. Post-exposure prophylaxis (PEP) is a proven, life-saving intervention, most effective when started as soon as possible within a 72-hour window, delivered with compassion, and supported through completion.

This supplement to the National Clinical Guidelines for Post-Exposure Prophylaxis brings the guidance in line with the latest global and local evidence. It streamlines initiation, expands access, links PEP to other HIV prevention options, and strengthens follow-up and support.

PEP must be available everywhere it is needed, offered without delay, and provided in a way that protects rights, dignity, and health. Let us use this tool to ensure no opportunity for HIV prevention is lost.

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Director General: Health

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List of abbreviations

3TC	Lamivudine
ABC	Abacavir
ADR	Adverse drug reaction
ART	Antiretroviral treatment
ARV	Antiretroviral
DRV/r	Daruvanir/ritonavir
DTG	Dolutegravir
EFV	Efavirenz
FBC	Full blood count
FTC	Emtricitabine
GBV	Gender-based violence
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIVST	HIV self-testing
LIVESS	Listen, Inquire, Validate, Enhance Safety and Support
LPV/r	Lopinavir/ritonavir
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
WHO	World Health Organization

1. INTRODUCTION

This Supplement provides important updates to support the effective delivery of PEP services in South Africa. It builds on the foundation of the ***National Clinical Guidelines of Post Exposure Prophylaxis (PEP) in occupational and non-occupational exposures (2020),*** with updates on recent advancements in HIV prevention science, clinical practice, and service delivery models.

South Africa continues to experience a high HIV burden, and PEP remains a vital strategy in the national HIV prevention toolkit, particularly for populations who experience unanticipated exposures to HIV, including survivors of sexual assault, healthcare workers, and individuals with recent high-risk contact. However, evolving evidence, new product availability, and lessons from programmatic implementation necessitate continuous updates to ensure the PEP Programme remains responsive, accessible, and effective.

This Supplement outlines the key changes and additions to the original guideline, focusing on ensuring alignment with the most up-to-date global and local evidence and programmatic needs.

PLEASE NOTE:

PEP for children weighing <30kg is currently being developed and will be provided in a separate supplement.

Key updates covered in this Supplement:

1 Expanded indications and access pathways

- Clarifies eligibility criteria, including alignment with antiretroviral treatment (ART) guidelines, such as weight for eligibility and associated drug regimens.
- Emphasises integration of PEP services as an emergency intervention offered across all primary health care service delivery platforms.

2 Updated PEP regimens and dosing guidance

- Recommends the preferred regimen of Tenofovir/Lamivudine/ Dolutegravir (TLD) based on tolerability and effectiveness.
- Provides updates on starting PEP with a STAT dose.

3 Alignment with PrEP guidelines

- Provides guidance for transitioning from PEP to PrEP or PrEP to PEP.

4 Drug interactions and special considerations

- Highlights key drug-drug interactions, including dolutegravir and other commonly used medicines.
- Guides PEP use during pregnancy and breastfeeding.

5 Strengthened clinical follow-up and support

- Outlines revised protocols for HIV testing at baseline and follow-up (including self-testing options).
- Enhances client support for adherence and side effect management throughout the 28-day PEP course.
- Provides guidance for transitioning a client from PEP to PrEP.

6 Monitoring, evaluation, and reporting enhancements

- Introduces simplified indicators for PEP uptake, regimen completion, and follow-up outcomes.
- Update on PEP data on the District Health Information System (DHIS).

7 Revised format of key information

- Provides abbreviated, at-a-glance summary of the PEP guidelines for easy access for healthcare providers.
- Provides new resources to support implementation, including a revised algorithm, boxes with summarised information, and job aids to support PEP service delivery.

Guiding principles

This supplement is intended to equip healthcare providers and programme managers with clear, actionable updates that strengthen the delivery of PEP services and ensure a client-centred approach. By bridging gaps in access, supporting adherence, and addressing structural barriers, the updated guidance contributes to South Africa's broader goal of reducing new HIV infections and safeguarding the health and rights of all people.

To this end, the following guiding principles frame PEP delivery:

- **Integration:** PEP needs to be provided as part of HIV combination prevention and comprehensive sexual and reproductive health (SRH) services, including gender and intimate partner-based violence and sexual assault
- **PEP is a gateway to HIV prevention:** PEP provides an opportunity to provide clients with further information about available HIV prevention options
- **Access:** It is important that PEP services are available, and initiation onto PEP happens as soon as possible; barriers to accessing PEP need to be dismantled
- **Quality of care:** Services need to be provided within the framework of quality health care, this includes support for the effective use of PEP
- **A rights-based approach:** All services should be provided in an environment that respects clients' rights, including those relating to HIV and SRH.

PEP service delivery guidelines: summary of key points

Timely access to PEP is critical. PEP should ideally be started within 24 hours of a potential exposure to HIV and no later than 72 hours.

A STAT dose of PEP should be administered immediately, before any assessments are conducted.

Access to PEP is important: PEP should be offered to all who need it, not only sexual assault survivors.

Who should use PEP? Any individual with a known or suspected exposure within this timeframe should be offered PEP.

How to use PEP: PEP should be used daily for 28 days after the potential exposure to HIV. Adherence counselling is crucial.

Regimen: In South Africa, the preferred PEP regimen is TDF 300mg + 3TC 300mg + DTG 50mg, once daily as TLD (for adults and children ≥10 years, and weight ≥30kg).

HIV testing: Before starting PEP, individuals should have an HIV test. If HIV tests are unavailable or results are delayed but an individual is suspected to have had an exposure to HIV, PEP should be started regardless. After the 28-day course has been completed, a follow-up test should be conducted at 4 and 12 weeks where possible. Self-testing can be used if preferrable to the PEP-user, and if available.

PEP is an opportunity to promote HIV prevention: PEP use can be an entry point to promote awareness, access and use of HIV prevention strategies and products, including pre-exposure prophylaxis (PrEP).

Integration with sexual and reproductive health services including GBV: PEP services should include contraception (and emergency contraception if indicated), STI screening and management, and GBV screening and support.

2. PEP – BASIC INFORMATION

What is post-exposure prophylaxis of HIV?

PEP is the use of ARV medication to prevent the acquisition of HIV after possible exposure. PEP works by halting viral replication and preventing HIV infection.

When to prescribe PEP?

PEP should be offered to individuals with suspected or known exposure to HIV, and as soon as possible, ideally within 24 hours and not later than 72 hours. *The crucial factor that influences PEP efficacy is the time between exposure and starting PEP drugs. Starting as soon as possible after exposure is the most important consideration when taking PEP.*

Who may benefit from PEP?

PEP is for anyone with a known or suspected exposure to HIV.

Exposures that warrant PEP include:

- Parenteral exposure (through occupational exposure, other needle-stick injuries or use of contaminated needle/syringes during injecting drug use)
- Mucous membrane exposure (through sexual exposure including that involving sexual assault and rape and splashes to the eye, nose or oral cavity)
- This includes, where the:
  - Source is a person confirmed to be living with HIV
  - Fluid involved in the exposure has potential for HIV transmission
  - Exposure event was parenteral or, if sexual, the source has detectable levels of virus
  - HIV status of the source is not known.

Fluids which pose a risk of HIV infection include:

- Blood, blood-stained saliva
- Breast milk
- Genital secretions
- Cerebrospinal, amniotic, rectal, peritoneal, synovial, pericardial or pleural fluids.

Note: The risk increases if the exposure occurs through broken skin (e.g. cuts, needlestick injuries) or via mucous membranes (e.g. mouth, vagina, eyes).

How effective is PEP?

PEP effectiveness depends on timeous initiation – within 24 hours, and no later than 72 hours (the sooner the better); high levels of effective use and completion of the prescribed course. Other factors that may influence PEP effectiveness include the timing of initiation, type and degree of the potential exposure to HIV, and possible drug resistance. Given these considerations, PEP may never be considered 100% effective and should form part of a wider strategy for avoiding the acquisition of HIV. PEP should also be part of approaches aimed at reducing exposure to other bloodborne viruses, including hepatitis B virus (HBV) and hepatitis C virus.

Who can provide PEP?

PEP is classified as a Schedule 4 drug which means only appropriately trained healthcare providers are authorised to assess, diagnose, prescribe and dispense.

What are the main side effects?

Side effects when taking PEP may include diarrhoea, headaches, nausea, vomiting, fatigue. For more detail on the management of side effects, see *Section 5.1*

Prescribing frequency and length of time to take PEP

A 28-day prescription of antiretroviral drugs should be provided for PEP following an initial risk assessment. While there may be concerns about frequent PEP use, an HIV prevention strategy that includes periodic/frequent PEP is effective and safe, *provided the person is using PEP as recommended.* Counsel the client on other prevention options such as PrEP.

Key points

PEP is recommended if:

- A person has been exposed to blood, semen or vaginal, secretions, breastmilk or other infectious bodily fluids of a person living with HIV or of unknown HIV status

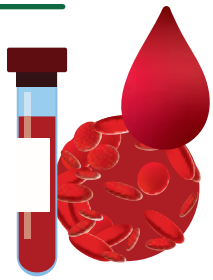
PEP is not required if:

- The exposed individual is already living with HIV
- The exposed person is using PrEP as per instructions
- The exposure does not pose a significant risk, including tears, non-blood-stained saliva, urine, sweat, sputum and diarrhoea/faeces
- The source is established to be HIV-negative, or if the exposure was sexual and the source has an undetectable viral load.

INFECTIOUS FLUIDS FOR HIV, HBV, AND HCV

Blood

Blood and any bloodstained fluid, tissue, or material

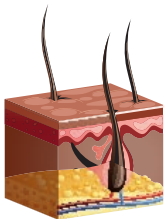


Intimate fluids

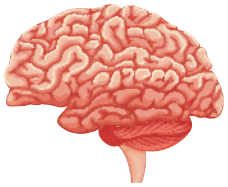
Sexual fluids, vaginal secretions, penile pre-ejaculate, semen, and rectal fluid

Other fluids

Tissue and wound fluids

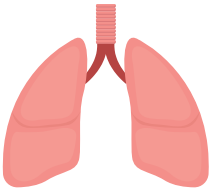


Cerebro-spinal fluids

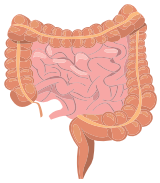


Synovial fluid

Pleural fluid

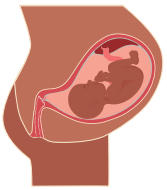


Peritoneal fluid



Pericardial fluid

Amniotic fluid



Breastmilk

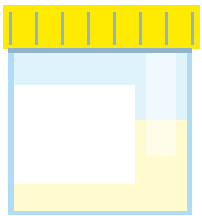
NON-INFECTIOUS FLUIDS

Tears

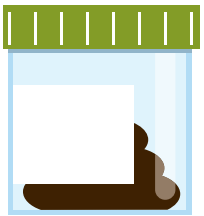
Saliva (non-bloodstained)

Sweat

Urine



Stool



3. PEP INITIATION AND FOLLOW-UP VISITS

PEP should be provided as per the following clinical algorithm in Figure 1 (Also see *Job Aid 1*.)

Clinical Algorithm

JOB AID 1

for Initiation of **HIV Post Exposure Prophylaxis (PEP)** for HIV prevention

Did potential exposure to HIV occur in the past 72 hours?

YES within 72 hours → **Immediately provide PEP STAT dose.**

Conduct HIV test

- If HIV-positive → **Initiate ART**
- If HIV-negative

NO more than 72 hours → **PEP not required**

Confirm if the person was exposed to HIV through:

- Unprotected sex (including no condom, condom slippage/breakage, sexual assault)
- Shared needles (including drug use)
- Contact with blood, semen, or vaginal fluids
- Contact with contaminated medical waste
- Human bites involving blood

NO to any/all of these

NB **Clients with abrasions, cuts, or bites should be asked about their tetanus immunisation status, and offer immunisation if appropriate.**

YES to any of the above

For **ALL** exposed persons, offer the following if indicated

- Provide SRH services as required (contraception, condoms & STI management)
- Referral for sexual assault, GBV and IPV support services
- Risk-reduction counselling and education, including evaluation for PrEP
- Referral for HBV and/or HCV management
- Referral for substance use or mental health services

Continue 28-day PEP — **DO NOT WAIT FOR LABORATORY BLOOD TEST RESULTS**

PEP Drug Regimen

Adults and children ≥10 years

If weight is ≥30kg:
TDF 300mg +
3TC 300mg +
DTG 50mg,
once daily as TLD

(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)

Tests for source person

Baseline tests

HIV rapid test

- If negative → **DISCONTINUE PEP** for exposed individual
- If positive → **CONTINUE PEP** for exposed individual

Other baseline tests if available or required as per guidelines

- Hepatitis B sAg
- Hepatitis C Ab
- Syphilis
- STI screening

Tests for exposed person

Tests	Base-line	4 weeks	12 weeks
HIV rapid test	X	X	X
Other tests if available or required as per guidelines			
Creatinine (eGFR) if TDF is used			
Full blood count, if AZT is used			
Pregnancy screening/test			
Hepatitis B sAg/Ab			
Hepatitis C Ab			
Syphilis			
STI screening			

TDF - tenofovir | DTG - dolutegravir | AZT - zidovudine | TLD - tenofovir disoproxil, lamivudine & dolutegravir | 3TC - lamivudine

Follow-up arrangements

Contact the exposed individual within 48 hours to assess medication tolerance, adherence and assist with adverse effect management, as indicated.

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Figure 1: Job Aid: Clinical Algorithm for initiation of HIV PEP for HIV prevention

3.1 PEP algorithm: additional points to note

Initiation

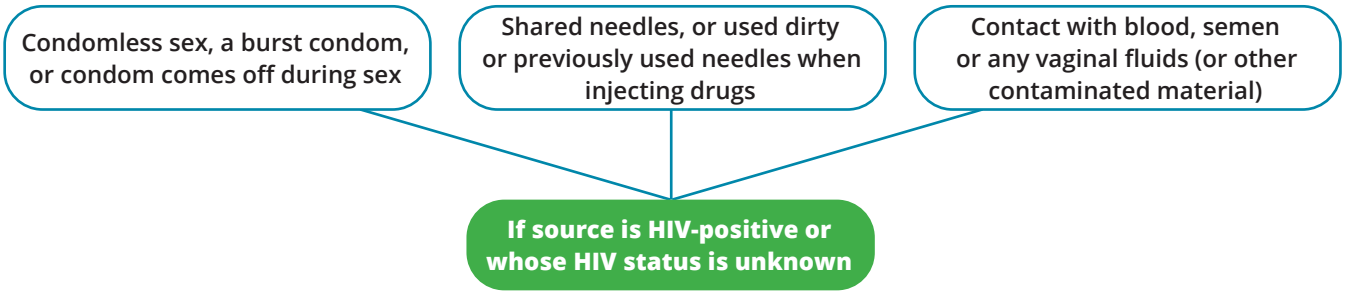
Assess for eligibility
- All individuals presenting with a possible exposure to HIV must be attended to as an emergency
- Confirm exposure took place within 72 hours
- If exposure occurred within 72 hours, the individual is eligible for the PEP STAT dose
- If more than 72 hours have passed since exposure, the individual is not eligible for PEP
- If the client is already on PrEP and using their PrEP method as per instructions, then PEP is not required.

PEP STAT dose
- PEP is most effective if taken as soon as possible after the exposure to HIV
- Confirm that the client is willing to take PEP and then provide them with a PEP stat dose
- This should be done before any assessments are conducted, including an HIV test.

Assess for immediate first aid and support
- Assess for any immediate treatment for any cuts, bruises, abrasions and other injuries
- First line support and referral for GBV.

HIV testing
- Using the national HIV testing guidelines algorithm, conduct an HIV test
- If the HIV test is non-reactive (negative), confirm nature of the exposure to HIV
- If HIV tests are unavailable but the person is suspected to have been exposed to HIV, confirm nature of the exposure to HIV
- If the HIV test is reactive, the person should follow national guidelines for confirmatory testing and referral for ART initiation.

Confirm exposure to HIV
- Check if the client has had potential exposure to HIV
- Assess if the client is using PrEP and has been sufficiently adherent to provide protection against HIV acquisition
- If the client has experienced any of the following (and not on PrEP), then they may benefit from PEP, *providing it is within 72 hours*. Exposures are described in detail in *Section* 2 and *Figure 2*, and include:



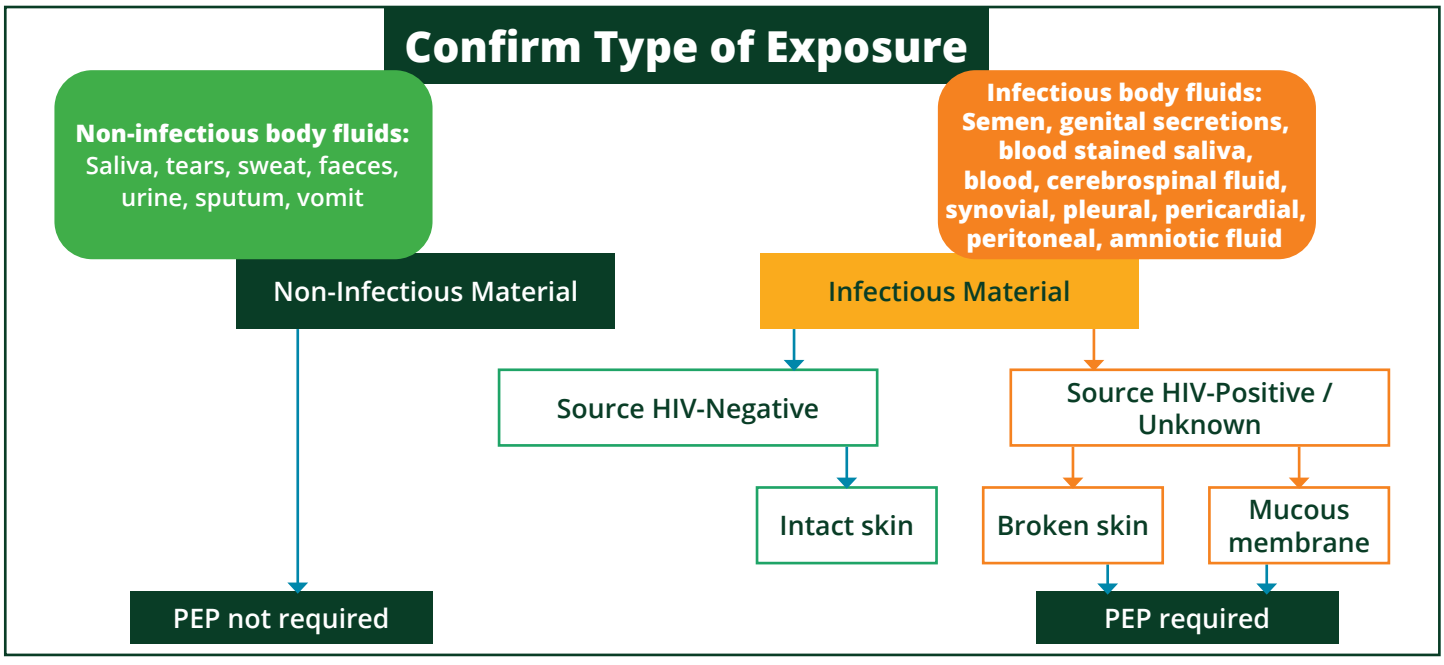


Figure 2: Confirming exposure to HIV

Once exposure has been confirmed, provide the following as required:

☑ **Tests for source person - where feasible:**

- Where possible, several tests may be conducted on the source person based on the clinical history provided by the exposed client. The results provide additional information to assist with the clinical management of the exposed client. Tests include:
  - HIV rapid test
  - If HIV-negative: discontinue PEP for exposed individual
- If HIV-positive: continue PEP for exposed individual
- Where indicated:
  - Hepatitis B Surface antigen
  - Hepatitis C antibody tests
  - Syphilis testing using the RPR/TP antibody test
- Screening for STIs in the event of sexual exposure

Note:

Where exposure is suspected, provision of PEP should not be delayed by trying to identify or find out the HIV status or test results of the source of exposure.

3.2 PEP provision and baseline investigations at the first assessment

Once eligibility has been confirmed, further assessments are summarised in Table 1.

Table 1: Providing PEP - baseline investigations and services at the first assessment

Provide the remaining 28 days of PEP, together with the following:	
Counselling on PEP use	• Counselling on the importance of: - Daily use for 28 days - Protection from STIs and pregnancy when taking PEP - Considerations when finished PEP (prevention options) - Follow-up visit and importance of HIV testing, and/or self-testing if available. See Section 6 and Job Aid 2 and 4
Counselling and management of side effects	Provide information about possible side effects, provide reassurance about the safety of PEP, and encouragement to come to the clinic for support and medication for symptom. See Sections 5.1 and 6
Additional tests, as indicated	The following baseline investigations should be conducted on the exposed client, as indicated, after the initial HIV test - as per national guidelines: • Hepatitis B surface antibody if the client is unvaccinated or their immunity to Hepatitis B is not known • Hepatitis C antibody testing where the source is known with Hepatitis C or with an unknown Hepatitis status • Serum creatinine is taken for clients on a TDF-based regimen • A full blood count and differential is taken for those on an AZT-based regimen • Syphilis testing with RPR or TP antibody test is taken if the source is a known syphilis positive.
Tetanus check	• Assess any injuries which indicate the need for tetanus immunisation. See Section 5.5
SRH services	• Provide SRH services as required - contraception, STI and GBV screening • In terms of exposure and lack of appropriate protection, provide emergency contraception, presumptive STI treatment, pregnancy testing and counselling - as per national guidelines.
Response to GBV and sexual assault	• First line support and appropriate referral for sexual assault, gender-based violence and intimate partner violence support services.
HIV prevention options	• Counselling and information on ways to prevent future exposure to HIV, including PrEP options.
Substance abuse/ mental health	• Discuss if this will impede daily use of PEP; referral for support for substance abuse and mental health support.

Key points to remember:

- Healthcare providers may be in doubt about the risk posed by the source of exposure. In such cases, the rule of thumb is: if in doubt, immediately start PEP and then get advice/ investigate further.
- All PEP must be initiated as early as possible following exposure (to HIV, hepatitis, pregnancy, or tetanus).
- Do not delay initiating PEP while awaiting confirmatory test results on the source patient and exposed individual.
- Any prescription of PEP should follow counselling and consent.
- Always assess for underlying comorbidities and potential drug-drug interactions before prescribing.

See Section 5.2

3.3. Follow up arrangements

The following should be done to prepare the client for their return visits and to provide support after the consultation:

☑ **Next visit**
- Request that the client returns in 28 days (4 weeks) when the 28 day course is completed, and again at 12 weeks.

☑ **Provide support**
- Where possible, contact the client within 48 hours to assess medication tolerance, adherence and assist with any management of side effects.
- Encourage client to continue for the 28 day course and to return if they have any concerns.

☑ **HIV testing schedule**
- After a person completes the 28-day PEP course, a follow up HIV test should be done at week 4 and then week 12.
- This can be done with a rapid test or an HIV self-test, as per national HIV testing guidelines.
  - If the client indicates a preference for doing a self-test, ensure a self-test kit is given (if available) together with instructions on use.

Table 2 summarises the schedule of tests required at 4 and 12 weeks and **Table 3** describes follow up investigations required at 4 and 12 weeks.

☑ **For all clients testing HIV-negative**
- Provide counselling on ways to reduce exposure to HIV
- Educate on available HIV prevention methods
- Determine if continued exposures to HIV is likely, and if so, provide information about PrEP, and if they agree, initiate and mange as per national guidelines
  - If YES, client could be a candidate for PrEP
- At 4 weeks provide date for next appointment for 12 weeks
- At 12 weeks, encourage client to continue to prevent HIV and to have regular HIV testing.

☑ **For all clients who are HIV-positive:**
- Initiate or refer for ART.

Table 2: Follow-up schedule - HIV testing for exposed person

Tests	Baseline	4 weeks	12 weeks
HIV rapid test	☑	☑	☑
Other tests - if available or required by respective guidelines	• Creatinine (eGFR) if TDF is used • Full blood count, if AZT is used • Pregnancy screening/test • Hepatitis B sAg/Ab • Hepatitis C Ab • Syphilis • STI screening		

Table 3: Follow-up investigations (if required) at 4 weeks and at 12 weeks

Investigations	4 weeks after PEP initiation	12 weeks after PEP initiation
HBV		*HBsAb-1-2 months after full vaccination
HCV	HCV PCR	
Renal function	Repeat if baseline results were abnormal or if adverse effects are reported	
FBC	Repeat if baseline results were abnormal of if adverse effects are reported	
Syphilis		RPR or TB antibody
Pregnancy test	Repeat if menstrual period did not occur within 4 weeks of sexual exposure	

* The HBV vaccination schedule is usually month 0, month 1 and 4-6 months later. HBsAb to be tested only after all three vaccination doses administered

Note: For the management of HEP B and C, and STIs and the provision of contraception, including emergency contraception, refer to national guidelines.

Table 4: Summary of key points to note when providing PEP

Key points to note when providing PEP are summarised in Table 4.

Use PEP correctly

- PEP must be taken within 72 hours after exposure, but the sooner the better
- PEP works best if it is taken at the same time every day and the course is completed
- If a dose is missed, the client must take it as soon as they remember
- Must be taken for 28 days

Sexual and reproductive health, an essential part of PEP service provision

- PEP only prevents HIV – prevention of pregnancy and STIs requires contraception and condom use
- Sexual assault requires emergency contraception (if required) and STI presumptive treatment

Pregnant women

- PEP is safe for pregnant women and will not hurt the unborn baby; PEP can be taken during pregnancy and breastfeeding

PEP safety

- PEP is safe to use

Possible side effects

- Most common side effects include nausea, diarrhea and headaches
- Reassure that side effects do not happen to everyone who takes PEP, and that PEP is safe
- Provide information about the management of side effects and encouragement to come to the clinic for assistance

Adherence counselling

- Important to emphasise the importance of adherence to the full 28-day PEP course and explore strategies to support adherence
- This can also include discussion of the importance of adherence, side effect management, and strategies to help a client remember to take the pill every day
- Other strategies used to increase adherence can include baseline individual needs assessments, counseling and education, and follow-up calls or texts by providers or peers

Combination prevention

- PEP does not prevent pregnancy or sexually transmitted infections (STIs) and clients should be counselled according
- During PEP use, HIV acquisition and transmission can be complemented by other HIV prevention strategies, such as condom and condom-compatible lubricant use; harm reduction and treatment for drug use; and effective antiretroviral treatment (ART) for partners living with HIV, as needed
- After PEP completion, counsel client on HIV prevention needs and strategies, including the option to transition immediately from PEP to PrEP if HIV test is negative after 28 days

GBV, sexual assault, and IPV support services

- Provide appropriate first-line support- such as creating a safety plan, medico-legal information, and offering referral where necessary, especially in relation to adherence and completing the 28 day course LIVESS (Listen, Inquire, Validate, Enhance safety, and Support) tools for support can be useful - see Annexure 3

Follow-up HIV testing

- The importance of a follow-up HIV test at 4 weeks on completion of 28 days of PEP and at 12 weeks (three months) following potential HIV exposure
- Where available and appropriate -HIV self-testing can be used for follow-up HIV tests

Acute HIV infection

- Provide information to clients about symptoms of acute HIV infection and what to do if they develop
- Persons experiencing skin rash or flu-like symptoms while on or after taking PEP should be advised to return to a PEP site for an urgent review to exclude an HIV seroconversion

Age appropriate services

- Always bear in mind age-specific considerations for children and adolescents

4. PEP REGIMENS FOR ADULTS AND CHILDREN

≥10 years and weight ≥30kg

Provide PEP as per the algorithm provided in Figure 1 (Job Aid 1)

Drugs and dosage used for PEP

A 28-day prescription is given. The preferred PEP regimen for healthy adults and adolescents ≥10 years if weight is ≥30kg is as follows:

- Tenofovir disoproxil fumarate (TDF) 300 mg + Lamivudine (3TC) 300 mg + Dolutegravir (DTG) 50 mg once daily
- The drugs are given as once-a-day TLD tablet (TDF, 3TC and DTG)
- If on TB or any other enzyme-inducing treatment, add additional DTG 50mg, 12 hourly.

Alternative PEP regimens

Special considerations for determining PEP drug regimen should be made on the following basis:

- Kidney function
- Co-morbidity (on tuberculosis drugs or on carbamazepine or has hepatitis)
- Source person is HIV-positive and is on ART
- Counselling of women of childbearing age on dolutegravir (See Section 5.2)
- Age and weight of the child (10 years and older and weighing 30kg or more)
- Absolute contraindications to any of the PEP drugs
- Stopping TDF on completion of PEP should be discussed with an expert if the client is HBsAg positive (has active hepatitis).

Table 5 and **Job Aid 2** provide alternative drug regimens for adults and children > 10 years and weight is ≥30kg. Drug interactions with dolutegravir are summarised in **Section 5.2.**

Table 5: Alternative PEP drug regimens for adults and children ≥10 years if weight is ≥30kg

Special considerations	Alternative regimen
TB drugs/Carbamazepine	Additional 50mg dose of DTG given 12 hours after the initial dose
DTG contraindicated/ not tolerated	TDF (300mg) + FTC (200mg) + ATV/r (300/100mg) as daily dose or
	TDF (300mg) + FTC (200mg) + LPV/r (200/50mg) two tablets twice daily
Compromised kidney function	**eGFR 10-50mls/min:** AZT 300mg bd + 3TC 150mg daily + DTG 50mg daily
	eGFR <10mls/min: AZT 300mg daily + 3TC 50mg daily + DTG 50mg daily
Source person failing second line ART (TDF based regimen)	AZT/3TC (300/150mg) bd + DTG 50mg daily
Source person failing AZT-based ART regimen	TDF (300mg) + 3TC (200mg) + DTG 50mg daily (TLD)
Source patient failing LPV/r-based ART regimen	Consult with virologist/infectious disease specialist

**Consult specialist about stopping TDF on completion of PEP with HBsAg positive clients (i.e., client with confirmed hepatitis*

Please note: PEP for children weighing <30kg is currently being developed and will be provided in a separate supplement.

5. ADDITIONAL CLINICAL INFORMATION

5.1 PEP and the management of side effects

PEP is generally well tolerated. Side effects may occur, and these are often mild and resolve after a few days. It is important to alert the PEP user about possible side effects and how to manage them. Where possible, prescribe medication that will help to manage common side effects, e.g. anti-emetics and analgesics.

Side effects when taking PEP may include:
- diarrhoea
- headaches
- nausea
- vomiting
- fatigue.

Side effects are generally mild but may require support and management of symptoms:
- Counseling on side effects:
  - Clients need to be informed about possible side effects and encouraged to return to the clinic for assistance, if necessary.
  - Emphasise the point that not everyone experiences side effects, and that PEP is safe.
  - Discuss the importance of adherence to the full 28-day PEP course and motivate the client to complete the course for PEP to be effective, even if side effects occur.
  - Discuss with the client possible individuals who may be of support to them in terms of adherence - for example: friends, parents, guardians, or partners.
- Side effects can be managed as per standard of care. *Table 6* summarises common side effects associated with PEP ARVs.
- Clients using PEP after a traumatic event may require additional counselling and support – taking the pill daily may be a reminder of the traumatic event, and symptoms may be caused by stress as a result of the trauma.
- It is important when using these medications that clients are monitored for side effects and adverse events.
- Adverse events are uncommon.

Table 6: Common side effects of PEP ARVs

Drug	Side Effect
Tenofovir (TDF)	• Well tolerated • Headache, Nephrotoxicity (avoid in individuals with pre-existing renal disease)
Lamivudine (3TC)	• Well tolerated
Dolutegravir (DTG)	• Well tolerated • Headache, GIT upset • Occasional insomnia (to be taken at night)

A note on adverse drug reactions

Surveillance of all adverse drug reactions (ADRs) is fundamental. Healthcare providers are urged to report any ADRs to the SAHPRA pharmacovigilance office using one of the following reporting methods:
1. Form requests and submissions via e-mail: adr@sahpra.org.za
2. Online e-reporting portal: https://primaryreporting.who-umc.org/ZA
3. Med Safety smartphone application: search for "Medsafety" on apple store or google play store and install the app on your mobile device. Select South Africa and you are ready to go. Information on the Med Safety App: https://medsafety.sahpra.org.za/

More information available from:
- The SAHPRA pharmacovigilance office - Tel: 012 501 0311
- SAHPRA's Health Products Vigilance link: https://www.sahpra.org.za/health-products-vigilance/
- Information on AEFIs, including COVID-19 vaccines: https://aefi-reporting.sahpra.org.za/

5.2 PEP and drug interactions

Key points concerning drug interactions with PEP:
- TDF/FTC or TDF/3TC in combination with DTG may interact with several drugs, including some used in the management of common conditions such as diabetes, TB, and seizure disorders. Many of these drug interactions change the efficacy of DTG. In such cases, providers should use clinical judgement to determine whether to increase the dosage of DTG depending on other drugs the client is using simultaneously over the 28-day course of PEP by a client and given existing comorbidities.
- PEP is safe to be used concurrently with emergency contraceptives or any other type of contraception.
- There are no known interactions between PEP medications and alcohol or recreational drugs. However, if a client or potential client thinks that their use of alcohol or other substances is interfering or may interfere with them taking PEP as directed, their provider should provide support and referrals and, where needed, offer additional prevention options.
- Drug interactions with dolutegravir are summarised in *Table 7*.

Table 7: Drug interactions with dolutegravir[1]

Interacting Drug	Effect of Co-Administration	Recommendation
Rifampicin	↓ Dolutegravir	Increase DTG dose to 50mg 12-hourly. If on TLD FDC, add DTG 50mg 12 hours after TLD dose.
Polyvalent cations (Mg^{2+}, Fe^{2+}, Ca^{2+}, Al^{3+}, Zn^{2+}) e.g. antacids, sucralfate, multivitamin and nutritional supplements*	↓ Dolutegravir	Calcium supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and calcium supplements can be taken at the same time if taken with food. It is safe to dissolve the DTG dispersible tablets in breast milk. Iron supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and iron supplements can be taken at the same time if taken with food. However, calcium and iron supplements must be taken at least 4 hours apart. Magnesium/aluminium containing antacids decrease DTG concentrations regardless of food intake and should be taken a minimum of 2 hours after or 6 hours before DTG.
	*Many over the counter (OTC) medications contain polyvalent cations. Clinicians should regularly ask clients about OTC medication use and advise about possible interactions.	
Anticonvulsants • Carbamazepine • Phenobarbital • Phenytoin	↓ Dolutegravir	Avoid co-administration if possible. Alternative agents that do not interact with DTG include valproate, lamotrigine, levetiracetam, and topiramate. Remember that valproate is contra-indicated during pregnancy. Double DTG dose to 50mg 12-hourly for carbamazepine, phenytoin, or phenobarbital if an alternative anticonvulsant cannot be used.
Metformin/DTG	↑ Metformin	DTG increases metformin concentrations. Maximum metformin dose 500mg 12-hourly.

Note: This table includes some of the most important drug interactions with DTG. For more information, please see www.hiv-druginteractions.org/checker

5.3 PEP and pregnancy

Pregnancy is not a contraindication for PEP. Evidence suggests that the recommended regimen for PEP is safe to take while pregnant or breastfeeding (*Table 8).*

Table 8: Safety and dolutegravir in pregnant women[2]

Dolutegravir can be safely given to pregnant women	
Evidence of benefit:	**Evidence of harm:**
• DTG supress HIV more rapidly when compared to EFV. • DTG has higher barrier to resistance when compared to EFV.	• There is no difference in the risk of neural tube defects in women who were given DTG at conception when compared to EFV. • In one RCT, the average weight gain during pregnancy was similar amongst women taking DTG/TDF/FTC or EFV/TDF/FTC regimens.

1 NDOH: 2023 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates June 2023 Version 4 National Department of Health South Africa
2 NDoH Circular: Dolutegravir in pregnancy, Reference: 2021/06/29/EDP/01

5.4 PEP and PrEP: linking ARV-based HIV prevention - transitioning from PEP to PrEP and PrEP to PEP

Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention option that involves the use of ARV medication before, during and after a potential exposure to reduce the risk of HIV acquisition. WHO recommends HIV PrEP for people at substantial risk of HIV. PrEP comes in various forms - oral PrEP using two of the drugs also recommended for PEP – TDF/FTC or TDF/3TC.

Note: This section only deals with PrEP products included in the South African Standard Treatment Guidelines and Essential Medicines List[3] and will be amended as new methods are included.

Linking PEP and PrEP can maximise their combined effectiveness and reduce missed opportunities for sustained HIV prevention

Transitioning from PEP to PrEP

- Healthcare providers should engage people presenting for PEP in a discussion about whether they may benefit from and be interested in transitioning to PrEP after completing their PEP course.
- The use of PEP offers an important opportunity to raise awareness of PrEP, facilitate access, and encourage its uptake.
- PrEP is one of several combination HIV prevention options and individuals should be offered PrEP as a possible option.
- Immediate transition from PEP to PrEP is preferable for individuals with foreseeable ongoing exposure to HIV.
- People who complete the 28-day PEP regimen and wish to use PrEP can start PrEP without a gap if they have a negative HIV test result on completion of PEP and do not have any contraindications to the chosen PrEP product.
- PrEP initiation:
  - Initiate PrEP on the same day of the 4-week or 12-week follow-up visit.
  - PrEP initiation should follow the respective national PrEP guidelines.
  - Client PrEP follow-up appointment at 1-month post-PrEP initiation.
  - Manage client as per the national PrEP guidelines.

Transitioning from PrEP to PEP

People using PrEP as directed would not usually need PEP. However, if PrEP is not used as directed or is stopped, there may be a risk of acquiring HIV if exposure occurs. PEP can be an important HIV prevention strategy during these periods.

PEP providers should consider:
- PrEP product used
- Type of exposure to HIV (that is, anal sex, vaginal sex or parenteral/injecting)
- Person's sexual and/or drug-use networks
- Time since PrEP was last used
- Individual characteristics that may affect PrEP efficacy, for example, their ability/willingness to adhere to the 28-day regimen.

Table 9 summarises PEP for individuals who have either not taken their PrEP correctly of have stopped PrEP.

Table 9: PEP for people using PrEP

PrEP Product	Doses taken before exposure	Route of exposure	Initiate PEP?
Oral PrEP	4-5 (men[a]) 6-7 (women)	Sexual exposure Any exposure	No, continue oral PrEP
	0-3 (men) 0-5 (women)	Sexual exposure Any exposure	Yes
	2+1+1 (men)		No

In this table "men" refers to individuals assigned male at birth who are not taking gender-affirming hormones.

3 Standard Treatment Guidelines and Essential Medicines List for South Africa Primary Healthcare Level 2020 Edition

5.5 Tetanus prophylaxis

A summary of tetanus prophylaxis, and the process for assessing and providing tetanus prophylaxis is provided in *Table 10 and Figure 3.*

Table 10: Tetanus prophylaxis

Immunisation status	Clean, minor wound		All other wounds*	
	TT, IM 0,5mL	TIG ǂ	TT, IM 0,5mL	TIG ǂ
Not immunized in the last 5 years	YES	NO	YES	YES
Immunised in the last 5 years	NO	NO	NO	NO

Abbreviations: TT= Tetanus toxoid vaccine TIG= Tetanus immune globulin

* Such as, but not limited to, wounds contaminated with dirt, faeces, soil, and saliva; puncture wounds; avulsions and wounds resulting from missiles, crushing, burns, and frostbite.

ǂ People with HIV infection or severe immunodeficiency who have contaminated wounds (including minor wounds) should also receive TIG, regardless of their history of tetanus immunisations.

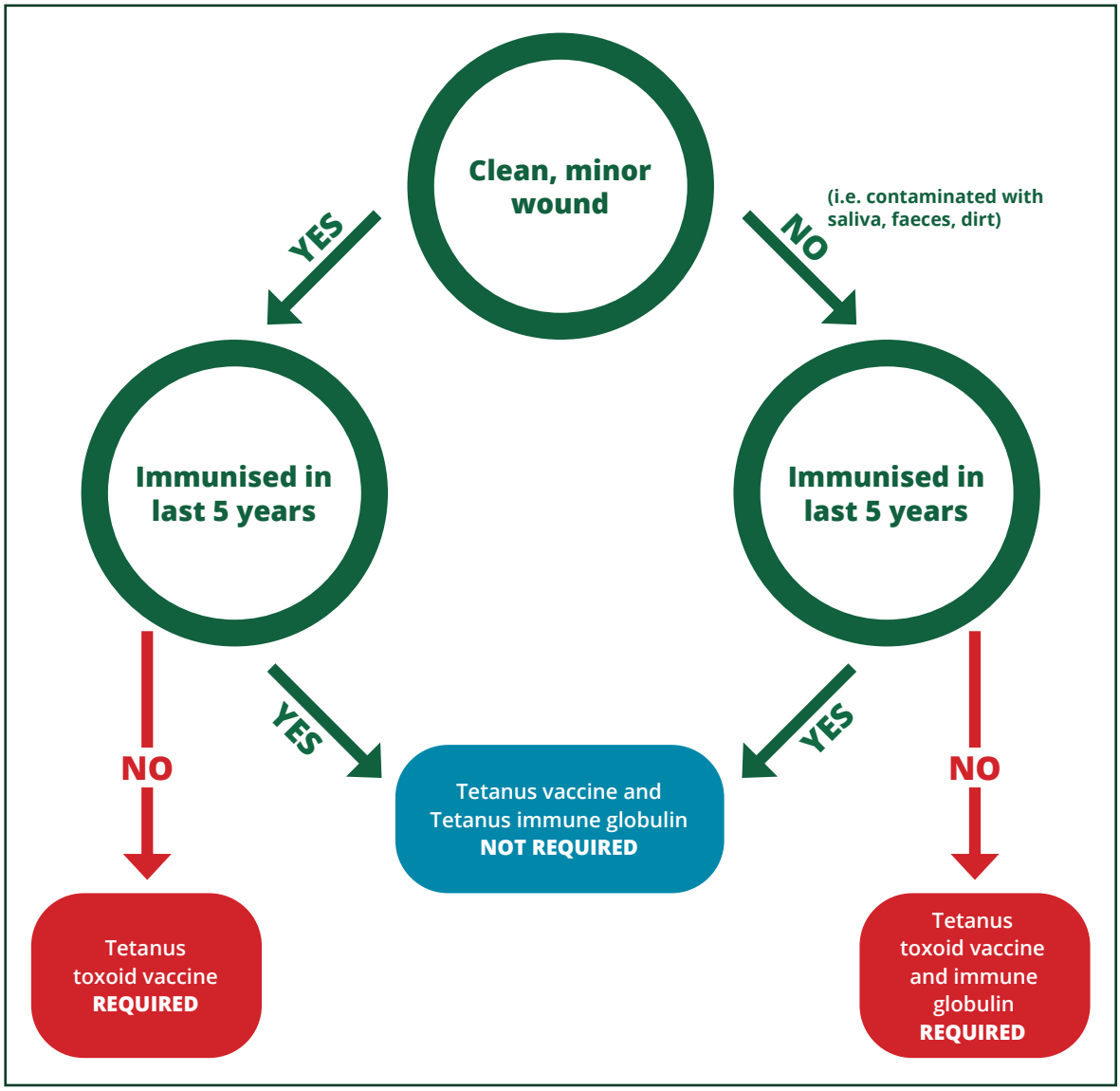


Figure 3: Tetanus prophylaxis assessment and management

6. COUNSELLING AND SUPPORT

Counselling and communication are critical components of PEP provision. This includes providing clear and accurate information, answering questions, addressing client concerns, obtaining informed consent, and ensuring clients understand how PEP works. Counselling also involves offering support for potential side effects and promoting adherence to the full course of treatment to ensure optimal protection.

Importantly, there is often a psychosocial dimension to consider, particularly when the HIV exposure is associated with trauma. In such cases, counselling should incorporate first-line emotional support, crisis intervention, and referral to appropriate psychosocial or mental health services as needed.

PEP counselling should also serve as an entry point to broader sexual and reproductive health and HIV prevention services, including risk reduction counselling, PrEP, STI screening, and contraception. Counselling is not limited to the initial visit, it should be provided at each follow-up visit and as needed throughout the PEP course to support clients holistically.

Key counselling messages are summarised in Table 11; also refer to Job Aid 2.

Table 11: Key counselling messages for healthcare providers to discuss with clients

☑ **What is Post Exposure Prophylaxis (PEP)?** • PEP is an emergency treatment that is given to a person exposed to HIV to prevent HIV • PEP is using ARV medication to prevent HIV • PEP must be started within 72 hours of exposure to HIV, but earlier, the better • PEP can only be taken by HIV-negative individuals • PEP is taken for 28 days after exposure to HIV to prevent HIV.
☑ **Who should take PEP?** • Anyone who may have been exposed to HIV • It is only recommended for people who are HIV-negative or do not know their status.
☑ **Is PEP safe?** • It is safe to take PEP to prevent you from getting HIV. • PEP can be taken when pregnant and breast-feeding and will not hurt you or your baby.
☑ **How are ARVs used differently for HIV prevention and treatment?** • ARVs used to prevent HIV: - Pre-Exposure Prophylaxis (PrEP): ARVs taken before someone is exposed to HIV to protect them from HIV - Post exposure prophylaxis (PEP): ARVs taken within 72 hours after exposure to HIV to prevent HIV • Antiretroviral treatment (ART): ARVs used to treat HIV-positive people to reduce the levels of HIV in the body.
☑ **How to take PEP?** • PEP must be taken for 28 days • Try to take PEP at the same time every day • If you miss a dose, take the next dose as soon as you remember: Do not take a double dose - contact the clinic if you are concerned • Continue to protect yourself while you are on PEP for STIs and pregnancy - use condoms and contraception • Some people that take PEP may experience side effects. For some these are minimal or none; for others these may be severe. Side effects may include feeling tired, nauseous, having diarrhoea or headaches. If you experience any of these do not stop taking PEP, be reassured PEP is safe and is working inside your body to protect you, and please visit the clinic for further help managing side effects (see Section 5.1).
☑ **When do you need to come back to the clinic?** • You will return after 4 weeks and again in 12 weeks for an HIV test or any other tests that may be needed • The clinic will give an appointment for when you need to return. These tests are important to make sure that the PEP has worked and that you have not become HIV-positive (If self-testing kits are available, counsel accordingly).
☑ **Protect yourself from HIV** • If you are worried that you may be exposed to HIV again discuss available options, for example, taking PrEP and condoms use (and lubricants if appropriate).
☑ **Responding to and supporting gender-based, intimate partner and sexual violence** • Immediate care and support should be provided, together with appropriate referral. • All persons subjected to sexual assault should receive PEP as part of a broader package of care. This package should follow facility/district standard operating procedures, including first-line counselling and support, emergency contraception, obtaining forensic specimens, prophylaxis for STIs, and psychological interventions. Refer the person to other services that may be required.

7. MONITORING AND REPORTING

New data elements have been introduced to enable consistent monitoring of PEP program performance. Updates have been made to include PEP data elements into the national health information systems (e.g., DHIS2).

These include:

- Person exposed to HIV who tested negative and was issued with post-exposure prophylaxis
- New sexual assault case, HIV-negative, was issued with post-exposure prophylaxis

Clinical stationery has been developed to facilitate standardised reporting on post-exposure prophylaxis (Annexure 1).

Job Aid 1: Clinical Algorithm for initiation of HIV post-exposure prophylaxis (PEP)

Clinical Algorithm

JOB AID 1

for Initiation of **HIV Post Exposure Prophylaxis (PEP)** for HIV prevention

Did potential exposure to HIV occur in the past 72 hours?

YES within 72 hours → **Immediately provide PEP STAT dose.**

Conduct HIV test

- If HIV-positive → **Initiate ART**
- If HIV-negative

Confirm if the person was exposed to HIV through:

- Unprotected sex (including no condom, condom slippage/breakage, sexual assault)
- Shared needles (including drug use)
- Contact with blood, semen, or vaginal fluids
- Contact with contaminated medical waste
- Human bites involving blood

NO more than 72 hours → **PEP not required**

NO to any/all of these → **PEP not required**

NB: **Clients with abrasions, cuts, or bites should be asked about their tetanus immunisation status, and offer immunisation if appropriate.**

YES to any of the above

For ALL exposed persons, offer the following if indicated

- Provide SRH services as required (contraception, condoms & STI management)
- Referral for sexual assault, GBV and IPV support services
- Risk-reduction counselling and education, including evaluation for PrEP
- Referral for HBV and/or HCV management
- Referral for substance use or mental health services

Continue 28-day PEP — **DO NOT WAIT FOR LABORATORY BLOOD TEST RESULTS**

PEP Drug Regimen

Adults and children ≥10 years

If weight is ≥30kg:
TDF 300mg +
3TC 300mg +
DTG 50mg,
once daily as TLD

(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)

Tests for source person

Baseline tests

HIV rapid test

- If negative → **DISCONTINUE PEP** for exposed individual
- If positive → **CONTINUE PEP** for exposed individual

Other baseline tests if available or required as per guidelines

- Hepatitis B sAg
- Hepatitis C Ab
- Syphilis
- STI screening

Tests for exposed person

Tests	Base-line	4 weeks	12 weeks
HIV rapid test	X	X	X
Other tests if available or required as per guidelines			
Creatinine (eGFR) if TDF is used			
Full blood count, if AZT is used			
Pregnancy screening/test			
Hepatitis B sAg/Ab			
Hepatitis C Ab			
Syphilis			
STI screening			

TDF - tenofovir | DTG - dolutegravir | AZT - zidovudine | TLD - tenofovir disoproxil, lamivudine & dolutegravir | 3TC - lamivudine

Follow-up arrangements

Contact the exposed individual within 48 hours to assess medication tolerance, adherence and assist with adverse effect management, as indicated.

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PEP Alternative Regimens

Consult with virologist/infectious disease specialist.

REASON for alternative to preferred regimen	ALTERNATIVE REGIMEN
AGE ≥ 10YRS AND ≥30KG	
DTG contra-indicated or intolerable	TDF (300mg) + FTC 200mg) daily **PLUS** ATV/r (300/100mg) daily OR LPV/r (200/50mg) 2 tablets twice daily
Source patient failing TDF based regimen **Consult with virologist/ infectious disease specialist**	AZT/3TC (300/150mg) bd + DTG 50mg daily
TDF contra-indicated- eGFR 10-50mls/min	AZT 300mg bd + 3TC 150mg daily + DTG 50mg daily
TDF contra-indicated- eGFR <10mls/min	AZT 300mg daily + 3TC 50mg daily + DTG 50mg daily
Source patient failing AZT based regimen	TDF (300mg) + 3TC (200mg) + DTG 50mg daily (TLD)
Source patient failing LPV/r regimen	**Consult with virologist/ infectious disease specialist**

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PEP

GUIDE TO OFFERING PEP

HIV Post Exposure Prophylaxis

PEP is an emergency treatment

A person seeking PEP or exposed to HIV should be attended to immediately.

PEP must be offered to all persons that have been potentially exposed to HIV.

Make sure that you take the time to listen to the clients concerns and address these during your counselling.

When an individual reports exposure to HIV:

1. Confirm that exposure to HIV occurred within the past 72 hours

NB **Assess PrEP use:** confirm if client is using a PrEP method and the regularity of PrEP use. Clients who are on PrEP with consistent and correct use, may not require PEP, depending on the PrEP method used and the type of exposure.

2. Explain to the client:

- PEP is ARV medication given to an HIV-negative person within 72 hours after exposure to HIV to prevent them from being infected with HIV.
- PEP should only be taken by HIV-negative individuals.
- It is most effective if taken as soon as possible after the exposure to HIV.
- Confirm that the client is agreeable to take the stat dose.

PEP Drug Regimen
Adults and children ≥10 years
If weight is ≥30kg: TDF 300mg + 3TC 300mg + DTG 50mg, once daily as TLD *(add additional DTG 50mg, 12 hourly if on TB treatment or any other enzyme-inducing treatment)*

3. Administer the first PEP dose immediately

4. Conduct HIV (rapid) test

- Provide pre-test information:
  - Administer the HIV test
  - Provide the test result and post-test counselling
- If test result is HIV-positive refer for or initiate ART.
- If test result is HIV-negative.

MOVE TO POINT 5 ON THE BACK OF THIS GUIDE TO CONFIRM THE EXPOSURE:

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5. Confirm the exposure

GUIDE TO OFFERING PEP

Use the following questions to confirm the type of exposure to assess their level of risk and eligibility to continue PEP.

In the last 72 hours did you:

a. have unprotected sex (sex with no condom or burst condom) with someone who is HIV-positive/whose HIV status is unknown?

b. have any contact with blood, semen, vaginal fluids (or other contaminated material)?

c. share needles when you injected drugs?

If the client responds 'yes' to any of these questions, inform them that they may have been exposed to HIV and may benefit from PEP.

The type of exposure, HIV status of source persons and the material the person was exposed to, will determine the level of risk. Refer to the table below to assess the level of risk.

	LOW RISK (PEP MAY NOT BE REQUIRED)	HIGH RISK (PEP RECOMMENDED)
Type of exposure	Intact skin Human bites - no blood	• Mucus membrane/non-intact skin • Percutaneous injury
Source	HIV-negative	• HIV-positive/status unknown; clinically well/unwell
Material	Saliva, tears, sweat, faeces, urine, sputum, vomit	• Semen, vaginal secretions, synovial, pleural, pericardial, peritoneal, amniotic fluids • Blood and bloody bodily fluids; cerebrospinal fluid, viral cultures in labs • Breastmilk from an HIV-positive woman

6. Explain to the client what PEP is, the benefits of taking it, and how it needs to be taken

- PEP is ARV treatment given to HIV-negative individuals after possible exposure to HIV, to prevent HIV infection.
- PEP medication is taken daily for the full 28 days.
- PEP works best if it is taken at the same time every day.
- If a dose is missed, the client must take it as soon as they remember.
- PEP is safe, but some people may experience side effects, the most common being nausea, diarrhoea, and headaches.
- If there are side effects, the client should not stop taking PEP but should come back to the clinic.
- PEP can be taken during pregnancy and breastfeeding.
- PEP is safe for pregnant women and will not hurt the unborn baby.
- Emphasise ongoing regular use of condoms while the client is on PEP.

After providing the above information check with the client that they want to continue taking PEP?

7. Provide the client with a prescription for collection of 28 days of PEP

Provide information about other tests and treatments that will be conducted:

Follow-up for PEP

- Inform the client that they will require a repeat HIV test at 4 and 12 weeks.
- Explain to the client the reason for conducting a repeat HIV test is to make sure that they are not HIV-positive.

Other assessments

- If a client was exposed to HIV through sexual contact the client may also require screening and testing for:
  - Pregnancy + STIs + Hepatitis B and C also needed if client was exposed to contaminated blood
- Clients with abrasions, cuts, or bites should be asked about their tetanus immunisation status, and offer immunisation if appropriate.
- Ask the client about current contraceptive use and offer emergency contraception if needed.
- Identify any other issues (especially mental health, substance abuse, sexual assault) and provide the necessary support, guidance and referral.
- Conduct risk-reduction counselling and discuss with the client future HIV prevention options:
  - Condom use
  - PrEP
- Screen for TB and COVID.

8. Provide the date for the next visit

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HIV Post Exposure Prophylaxis (PEP) FACT SHEET

What is PEP?

Post Exposure Prophylaxis or PEP is an emergency treatment that is given to a person exposed to HIV to prevent HIV.

- The sooner PEP is started after a possible exposure, the more effective it is.
- PEP is using ARV medication to prevent HIV.
- PEP must be started within 72 hours of possible exposure to HIV.
- PEP can only be taken by HIV-negative individuals.
- PEP is taken for 28 days after possible exposure to HIV to prevent an HIV infection.

Who should take PEP?

- Anyone who may have been exposed to HIV through contact with blood, body fluids, during sex or through their work.
- It's only recommended for people who are HIV negative or don't know their status.

Is PEP safe?

It is safe to take PEP to prevent you from getting HIV.

PEP can be taken when pregnant and breast-feeding, and will not hurt you or your baby.

How are ARVs used differently for HIV prevention and treatment?

ARVs can be used to prevent HIV:

- **PrEP:** When ARVs are taken before someone is exposed to HIV to protect them from HIV it is called Pre-Exposure Prophylaxis (PrEP).
- **PEP:** When ARVs are taken within 72 hours after exposure to HIV to prevent HIV it is called PEP.

ARVs can be used as treatment:

- **ART:** ARV are used to treat HIV-positive people to reduce the levels of HIV in the body, this is called ART.

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Getting started on PEP:

FACT SHEET

1. Visit your clinic as soon as possible if you had unprotected sex or came into contact or other body fluids.
2. Tell the clinic staff that you need to be seen to immediately.
3. PEP can only be given to you if you were exposed to HIV in the past 72 hours.
4. If you report within 72 hours you will be given your first dose of PEP.
5. You will be tested for HIV to check that you are HIV negative.
6. If you test HIV negative the nurse will check if you require PEP.
7. The nurse will give you a prescription for PEP for 28 days.

If you test positive, the nurse will start you on treatment.

How to take PEP:

- PEP must be taken for 28 days.
- Try to take PEP at the same time every day.
- If you miss a dose, take the next dose as soon as you remember.
- Do not take a double dose.
- Continue to use of condoms while you are on PEP.
- Some people that take PEP may feel nauseous or have diarrhoea or headaches.
- If you do experience any of these do not stop taking PEP, visit the clinic for further help.

When do you need to come back to the clinic?

- You will return after 4 weeks and again in 12 weeks for an HIV test or any other tests that may be needed.
- The clinic will give an appointment for when you need to return.
- These tests are important to make sure that the PEP has worked and that you have not become HIV-positive.
- If you require help or more information, visit your clinic.

Protect yourself from HIV

- If you are worried that you may be exposed to HIV again talk to the nurse about taking PrEP and using condoms.

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Annexures

Annexure1: HIV Post-exposure Prophylaxis (PEP) Reporting Form

HIV POST-EXPOSURE PROPHYLAXIS REPORTING FORM

First name		Folder #	
Surname		Phone #	
DOB	dd / mm / yy M / F / Other:_____	Address	
ID Number			

Instructions: Please use the form to capture the details of individuals who may have been exposed to HIV and request PEP within 72 hours of possible HIV exposure. All available fields must be completed as much as possible with the relevant information available at the time of reporting.

TYPE OF EXPOSURE

Date of exposure dd / mm / yy **Time of exposure** H H M M am / pm

Type of exposure: ☐ Occupational ☐ Non-occupational/Sexual ☐ Sexual assault ☐ Other, specify: _____

BASELINE AND FOLLOW-UP INVESTIGATIONS

Source individual (Exposure)

Investigations		Baseline
HIV	*Rapid HIV test*	+ / -
Other tests if available or required:		
Hepatitis B	*Surface antigen*	+ / -
Hepatitis C	*HCV antibody*	+ / -
Syphilis	*RPR/TP antibody*	+ / -
Other STIs	*Screening*	+ / -
TB/COVID	*Screening*	+ / -

Exposed individual: Adult, adolescent or child

Investigations		Baseline	4 weeks	12 weeks
HIV	*Rapid HIV test*	+ / -	+ / -	+ / -
Other tests if available or required:				
Creatinine (eGFR)	If TDF is used for PEP	eGFR		
Full blood count	If AZT is used for PEP	FBC		
†Hepatitis B	*HBV sAg/Ab*	sAg/sAb		
†Hepatitis C	*HCV Ab*	Ab	PCR	
Syphilis	*RPR/TP Ab*	+ / -		
Other STIs	*Screening*	+ / -	+ / -	+ / -
¥Pregnancy test	*Beta hCG*	+ / -		+ / -
TB/COVID	*Screening*	+ / -	+ / -	+ / -

*ELISA if available
†For HBV and HCV post-exposure management, refer to the National Guidelines for the Management of Viral Hepatitis.
¥If not pregnant, offer emergency contraception. If pregnant refer accordingly.

PEP ELIGIBILITY

Is PEP recommended? ☐ YES ☐ NO
If NO, provide further details:

Did the client commence on PEP? ☐ YES ☐ NO
If NO, provide further details: _____

PEP DRUG REGIMEN

PEP STAT dose received: **Date:** dd / mm / yyyy **Time:** H M M H am / pm

Details of PEP drugs prescribed, dose and frequency:

	Drugs	Dosing frequency	☑ Regimen	Comments:
*Adults	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD	☐	
*Children (≥10yrs; ≥30kg)	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD	☐	
Children (<10yrs; <20kg)	AZT/3TC + LPV/r (see paediatric dosing charts)	Twice a day	☐	
Children (<10yrs; ≥20kg)	AZT/ 3TC+ DTG 50mg (see paediatric dosing charts)	Once a day	☐	

*Add additional DTG 50mg 12 hourly if on TB treatment

Note: Contact the exposed individual within 48 hours to assess medication tolerance and assist with adverse effect management.

CONSIDERATIONS FOR SEXUAL EXPOSURE:

Was emergency contraception offered/discussed? ☐ YES ☐ NO ☐ Currently on contraception ☐ NA

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral: _____

FOLLOW-UP ASSESSMENTS (4 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: dd / mm / yyyy

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral:

FOLLOW-UP ASSESSMENTS (12 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: dd / mm / yyyy

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.

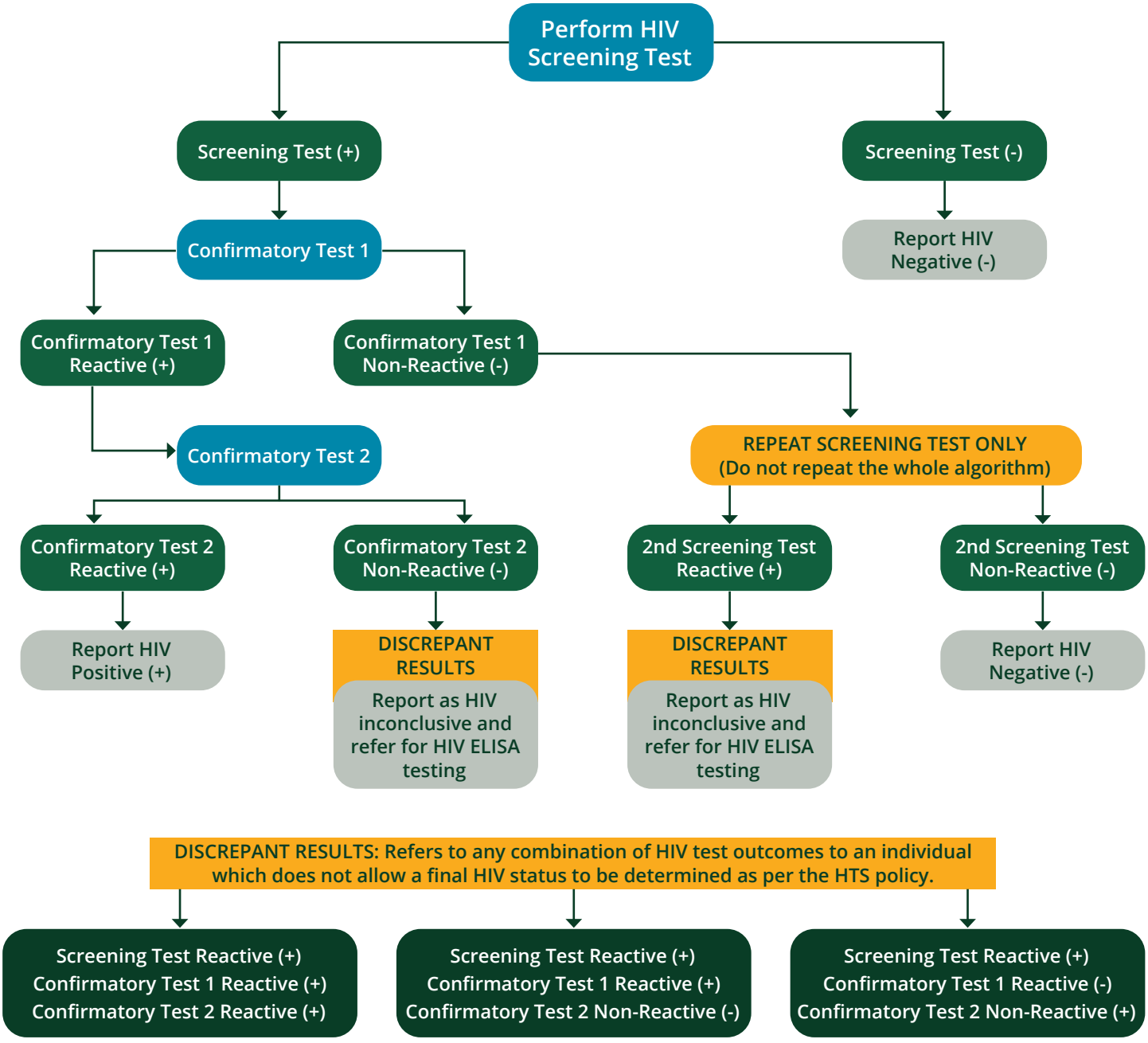
Was the patient referred for other services? ☐ YES ☐ NO

Details of referral:

NOTES: Document side effects/adherence support /medical history / hospitalisations. Please affix all relevant clinical records.

Print name: **Signature:** **Date of consultation** dd / mm / yyyy **Time of consultation:** H M M H am /pm

Annexure 2: National HIV testing algorithm



Note:

- All individuals are tested with the screening test. Anyone with a non-reactive test result (screening test−) is reported HIV-negative.
- Individuals who are reactive on the screening test should then be tested on a separate and distinct confirmatory test 1.
- Individuals who are reactive on both the screening test and confirmatory test 1 should then be tested on a separate and distinct confirmatory test 2.
- Report HIV-positive if confirmatory test 2 is reactive (screening test+; confirmatory test 1+; confirmatory test 2+).
- Report HIV-inconclusive if confirmatory test 2 is non-reactive (screening test+; confirmatory test 1+; confirmatory test 2−). The individual should be referred for an HIV ELISA test.
- Individuals who are reactive on the screening test, but non-reactive on confirmatory test 1 (screening test+; confirmatory test 1−) should be repeated on the screening test.
- If the repeat screening test is non-reactive (screening test+; confirmatory test 1−; repeat screening test−), the status should be reported as HIV-negative.
- If the repeat screening test is reactive (screening test+; confirmatory test 1−; repeat screening test+), the status should be reported as HIV inconclusive, and the individual should be referred for an HIV ELISA test.

References:

- World Health Organization: Guidelines for HIV post-exposure prophylaxis. Geneva: World Health Organization; 2024. Licence: CC BY-NC- SA 3.0 IGO
- MOSAIC Template Guidelines for Post-Exposure Prophylaxis December 2024
- NDOH PEP Training for Health care Providers 2023
- NDOH National PEP Implementation Guidelines -a supplement to National Clinical Guidelines of Post Exposure Prophylaxis (PEP) in Occupational and Non-Occupational Exposures 2020. NDOH, Pretoria.

National Department of Health Guidelines

- National Sexual Assault Policy (2005)
- Comprehensive STI Clinical Management Guidelines 2021-2025
- National Contraception Clinical Guidelines (2020)
- National Guidelines for the Management of Viral Hepatitis 2020
- National HIV Testing Services Policy (2022)
- Updated Guidelines for the provision of Oral Pre-Exposure Prophylaxis (PrEP) to Persons at Substantial Risk of Infection (Dec 2021)
- National Dapivirine Vaginal Ring Implementation Guidelines (4 November 2022)
- National Implementation Guidelines for Long-acting Injectable Cabotegravir (CAB-LA) Nov 2023
- ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates (June 2023 Version 4)
- Guideline for the Prevention of Vertical Transmission of Communicable Infections (HIV, Hepatitis, Listeriosis, Malaria, Syphilis and TB) (2023)
- Standard Treatment Guidelines and Essential Medicines List for South Africa Primary Healthcare Level 2020 Edition

World Health Organization

- Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.
- Guidelines for HIV post-exposure prophylaxis. Geneva: World Health Organization; 2024. Licence: CC BY-NCSA 3.0 IGO.