No. T-11020/52/2007-NACO (ART)
Government of India
Ministry of Health and Family Welfare
National AIDS Control Organisation

9th Floor, Chandralok Building,
36 Janpath, New Delhi – 110001.
Dated: 2nd December, 2014

Office Memorandum

Subject: Revised Guidelines for Post Exposure Prophylaxis (PEP) for HIV.

In supersession to the existing guidelines on Post Exposure Prophylaxis (PEP), it has been decided to revise the guidelines regarding recommendations and regimen used for Post Exposure Prophylaxis.

The revised guidelines are as follows

1. PEP recommendations
   a. Occupational Exposure

<table>
<thead>
<tr>
<th>Exposure Codes</th>
<th>HIV Source Code</th>
<th>PEP Recommendations</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Not warranted</td>
<td>28 days</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>Recommended</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1 or 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3</td>
<td>Unknown</td>
<td>Consider PEP, if HIV prevalence is high in the given population &amp; risk categorisation</td>
<td></td>
</tr>
</tbody>
</table>

*Details of Exposure codes at Annexure 1
**Details of HIV Source Code at Annexure 2

b. In case of Sexual Assault: PEP should be provided to exposed person in case of sexual assault as a part of overall package of post sexual assault care.

2. PEP regimen

a. Wherever PEP is indicated and source is ART naive or unknown: recommended regimen is Tenofovir 300 mg + Lamivudine 300 mg + Efavirenz 600 mg once daily for 28 days. Wherever available, single pill containing these formulations should be used. Dual drug regimen should not be used any longer in any situation for PEP.

b. The first dose of PEP regular should be administered as soon as possible, preferably within 2 hours of exposure and the subsequently dose should be given at bed time with clear instruction to take it 2-3 hours after dinner & to avoid fatty food in dinner.

c. In case of intolerance to Efavirenz, regimen containing Tenofovir + Lamivudine + PI (ATV/r or LPV/r) can be used after expert consultation by an experienced physician.
d. In case of exposure where source is on ART, Tenofovir 300 mg + Lamivudine 300 mg + Efavirenz 600 mg should be started immediately. And an expert opinion should be sought urgently by phone/e-mail from CoE/ART Plus centre.

e. Appropriate and adequate counselling must be provided regarding possible side effects, adherence and follow up protocol.

Dr A.S. Rathore
DDG, CST

To:
The Project Director, All SACS

Copy to:
JD(CST)/ Officer In Charge (CST)
All Regional Coordinators
Nodal Officer, All ART Centres
Programme Directors of CoE / PCoE

Copy for Information to:
PPS to AS, MoHFW
PS to JS, NACO
DS (A&P)
Annexure 1: HIV Exposure Code

Is the Source material is blood, bloody fluid or Other Potentially Infected Material (OPIM) or an instrument contaminated with one of these substances?

- **YES**
  - Type of HIV Exposure
    - Mucous Membrane or Skin integrity compromised
      - Volume
        - Small volume-few drops / short duration
          - EC 1
        - Large volume-major splash / long duration
          - EC 2
    - Intact Skin only
      - No PEP Required
    - Percutaneous exposure
      - Severity
        - Less severe-Solid needle, superficial scratch
          - EC 2
        - More severe-Hollow bore, Deep injury
          - EC 3

- **NO**
  - No PEP Required

- **No PEP Required**

Annexure 2: HIV Source Code

HIV status of exposure source

- HIV Negative
  - No PEP Required

- HIV Positive

- Status / Source unknown
  - HIV SC unknown

  - Low titer exposure, Asymptomatic, High CD4
    - HIV SC 1
  - High titer exposure Advanced disease, Low CD4
    - HIV SC 2