

## **SUPPLEMENT**



# **GUIDELINES**

ON POST-EXPOSURE PROPHYLAXIS FOR HIV AND THE USE OF CO-TRIMOXAZOLE PROPHYLAXIS FOR HIV-RELATED INFECTIONS AMONG ADULTS, ADOLESCENTS AND CHILDREN: RECOMMENDATIONS FOR A PUBLIC HEALTH APPROACH

DECEMBER 2014 SUPPLEMENT TO THE 2013 CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION



## **SUPPLEMENT**

## **GUIDELINES**

ON POST-EXPOSURE PROPHYLAXIS FOR
HIV AND THE USE OF CO-TRIMOXAZOLE
PROPHYLAXIS FOR HIV-RELATED INFECTIONS
AMONG ADULTS, ADOLESCENTS AND CHILDREN:
RECOMMENDATIONS FOR A PUBLIC HEALTH
APPROACH

DECEMBER 2014 SUPPLEMENT TO THE 2013 CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION

WHO Library Cataloguing-in-Publication Data:

Guidelines on post-exposure prophylaxis for HIV and the use of co-trimoxazole prophylaxis for HIV-related infections among adults, adolescents and children: recommendations for a public health approach: December 2014 supplement to the 2013 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.

1.HIV Infections - prevention and control. 2.Post-Exposure Prophylaxis. 3.Chemoprevention. 4.Anti-Infective Agents – therapeutic use. 5.Vulnerable Populations. 6.Guideline. I.World Health Organization.

ISBN 978 92 4 150819 3 (NLM classification: WC 503.6)

#### © World Health Organization 2014

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications —whether for sale or for non-commercial distribution—should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright\_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Switzerland

# CONTENTS

Abbreviations and acronyms Definitions	3
Acknowledgements	3 4
Executive summary	6
Summary of new recommendations	7
1. Introduction	10
2. Methods	12
3. Guiding principles	15
4. Post-exposure prophylaxis for HIV	16
Supplementary section to Chapter 5 — HIV diagnosis and ARV drugs for HIV prevention	
4.1 New recommendations on post-exposure prophylaxis for HIV	17
4.2 Eligibility for post-exposure prophylaxis	18
4.3 Number of ARV drugs prescribed for post-exposure prophylaxis	19
$4.4\ Post\text{-}exposure\ prophylaxis\ ARV\ regimens-adults\ and\ adolescents$	19
4.5 Post-exposure prophylaxis ARV regimens — children ( $\leq$ 10 years old)	21
4.6 Prescribing frequency	23
4.7 Adherence strategies	24
4.8 Management of possible exposure to other conditions	24
4.9 Follow-up	25
4.10 Prevention	25
4.11 Considerations for specific populations	25
4.12 Research gaps	26
4.13 Guidance for programme managers: implementing the key recommendations	27
4.14 Monitoring and evaluation	27
5. The use of co-trimoxazole prophylaxis for HIV-related infections among adults, adolescents and children	28
Supplementary sections to Chapter $8-$ prevention, screening and management of common coinfections	
5.1 Background	28
5.2 Co-trimoxazole prophylaxis for adults	28
5.3 Co-trimoxazole prophylaxis for infants, children and adolescents	30
5.4 Co-trimoxazole prophylaxis for HIV-exposed infants	31
5.5 Implementation considerations	32
5.6 Research	32
6. Dissemination of the guidelines	35
References	36

## ABBREVIATIONS AND ACRONYMS

3TC lamivudine

ABC abacavir

ART antiretroviral therapy

ARV antiretroviral

ATV/r atazanavir/ritonavir

AZT zidovudine

CI confidence interval DRV/r darunavir/ritonavir

EFV efavirenz

FTC emtricitabine

GRADE Grading of Recommendations, Assessment, Development and Evaluation

HBV hepatitis B virus
HCV hepatitis C virus

HIV human immunodeficiency virus

HR hazard ratio

ILO International Labour Organization

LPV/r lopinavir/ritonavir

NNRTI non-nucleoside reverse-transcriptase inhibitor
NRTI nucleoside reverse-transcriptase inhibitor

NVP nevirapine
OR odds ratio

PI protease inhibitor

PICO population, intervention, comparison and outcomes

RAL raltegravir
RR relative risk
TB tuberculosis

TDF tenofovir disoproxil fumarate

UNAIDS Joint United Nations Programme on HIV/AIDS

USAID United States Agency for International Development

## **DEFINITIONS**

#### **GENERAL**

HIV refers to human immunodeficiency virus. There are two types of HIV: HIV-1 and HIV-2.

**HIV-1** is responsible for the vast majority of HIV infections globally. Within these guidelines, HIV refers to both HIV-1 and HIV-2 unless otherwise specified.

#### AGE GROUPS AND POPULATIONS

The following definitions for adults, adolescents, children and infants are used to ensure consistency within these consolidated guidelines, as well as with other WHO guidelines. It is recognized that other agencies may use different definitions.

An adult is a person older than 19 years of age unless national law defines a person as being an adult at an earlier age.

An **adolescent** is a person aged 10 to 19 years inclusive.

A **child** is a person 19 years or younger unless national law defines a person to be an adult at an earlier age. However, in these quidelines when a person falls into the 10 to 19 age category they are referred to as an adolescent (see adolescent definition).

An **infant** is a child younger than one year of age.

#### **HEALTH CARE SERVICES**

**Continuum of HIV care** refers to a comprehensive package of HIV prevention, diagnostic, treatment and support services provided for people living with HIV and their families ranging across: initial HIV diagnosis and linkage to care; management of opportunistic infections and other comorbid conditions; initiating, maintaining and monitoring ART; switching to third-line ART; and palliative care.

A public health approach addresses the health needs of a population or the collective health status of the people rather than just individuals. A public health approach involves a collaborative effort by all parts of the health sector, working to ensure the well-being of society through comprehensive prevention, treatment, care and support. For HIV, this involves: simplified limited formularies; large-scale use of fixed-dose combinations for first-line treatment for adults and children; care and drugs given free at the point of service delivery; decentralization; and integration of services, including task shifting and simplified clinical and toxicity monitoring.

#### **HIV TESTING AND PREVENTION**

**Voluntary counselling and testing** (also referred to as client-initiated testing and counselling) describes a process initiated by an individual who wants to learn his or her HIV status. Since there are now many different community approaches to providing HIV testing and counselling and people often have mixed motivations for seeking testing (both recommended by a provider and sought by a client), WHO prefers to use the term HIV testing and counselling. All forms of HIV testing and counselling should be voluntary and adhere to the five C's: consent, confidentiality, counselling, correct test results and connections to care, treatment and prevention services. Quality assurance of both testing and counselling is essential in all approaches to HIV testing and counselling.

**Combination prevention** refers to a combination of behavioural, biomedical and structural approaches to HIV prevention to achieve maximum impact on reducing HIV transmission and acquisition.

#### ART (ANTIRETROVIRAL THERAPY)

**ARV** (antiretroviral) drugs refer to the medicines themselves and not to their use.

**ART** refers to the use of a combination of three or more ARV drugs to achieve viral suppression. This generally refers to lifelong treatment. Synonyms are combination ART and highly active ART.

**ART for prevention** is used to describe the HIV prevention benefits of ART.

**Eligible for ART** refers to people living with HIV for whom ART is indicated according to the definitions of clinical and immunological eligibility in WHO treatment guidelines. The term is often used interchangeably with "needing treatment", although this implies an immediate risk or an obligation to initiate treatment.

# **ACKNOWLEDGEMENTS**

### Post-exposure prophylaxis for HIV

**Guideline Development Group** 

Chair: Kenneth Mayer (Fenway Institute, USA)

GRADE methodologist: Nandi Siegfried (Independent

Consultant, South Africa)

Ferenc Bagyinszky (European AIDS Treatment Group, Belgium), Linda Barlow (Makerere University, John Hopkins University Research Collaboration, Uganda), Alexandra Calmy (Geneva University Hospital, Switzerland), Esther Casas (Médecins Sans Frontières, Netherlands), Mohamed Chakroun (Teaching Hospital, Faculty of Medicine, University of Monastir, Tunisia), Kenneth Dominguez (United States Centers for Disease Control and Prevention), Kimberley Green (FHI 360 Ghana), Jonathan Kaplan (United States Centers for Disease Control and Prevention), Cristiane Rapparini (Riscobiologico.org Network, Brazil), Htin Aung Saw (Specialist Hospital Mingalardone, Myanmar), Francois Venter (WITS Reproductive Health and HIV Institute, South Africa), Zhao Yan (National Centre for AIDS/STD Prevention and Control, China Center for Disease Control and Prevention).

#### **External Review Group**

Elaine Abrams (ICAP Mailman School of Public Health, USA), Charlene Brown (USAID, USA), Helen Bygrave (Médecins Sans Frontières, South Africa), Mark Cotton (Stellenbosch University, South Africa), Marcelo Araujo de Freitas (Ministry of Health, Brazil), Alice Fay (Save the Children, United Kingdom), David Kuhar (United States Centers for Disease Control and Prevention), Rangsima Lolekha (GAP Thailand/Asia Regional Office, United States Centers for Disease Control and Prevention Southeast Asia Regional Office, Thailand), Redempta Mbatia (Tanzania Health Promotion Support (TUPS), United Republic of Tanzania), Lyle Mckinnon (CAPRISA, South Africa), Bharat Rewari (WHO Country Office in India), Mauro Schechter (Universidade Federal de Rio de Janiero, Brazil), Omar Sued (Fundacion Huesped Argentina) Darrell Tan (St. Michaels Hospital

Vitoria (Department of HIV/AIDS).

Acknowledgement is also given to Silvia Bertagnolio (Department of HIV/AIDS), Eyerusalem Kebede Negussie (Department of HIV/AIDS), Boniface Dongmo Nguimfack (Department of HIV/AIDS) and Amitabh Suthar (Consultant, Department of HIV/AIDS) for their contributions.

Nathan Ford (Department of HIV/AIDS) coordinated the guideline development process with support from Rachel Beanland (Consultant, Department of HIV/AIDS) and Cadi Irvine (Consultant, Department of HIV/AIDS).

Special thanks to **Afrah Al-Doori**, who provided administrative support.

#### **Funding**

The Bill & Melinda Gates Foundation provided funding for this quideline.

# The use of co-trimoxazole prophylaxis for HIV-related infections among adults, adolescents and children

**Guideline Development Group** 

Co-chairs: Dorothy Mbori-Ngacha (UNICEF, Kenya) and Omar Sued (Fundacion Hespede, Argentina)

**Methodologist: Nandi Siegfried** (South African Cochrane Centre, South Africa)

Eihab alli Hassan Abbas (Sudanese People Living with HIV Federal Association, Sudan), Xavier Anglaret (University of Bordeaux, France), Rosa Bologna (Hospital Garrahan, Argentina), Ana Coutsoudis (University of KwaZulu-Natal, South Africa), Charles Gilks (University of Queensland, Australia), John Idoko (National Agency for the Control of AIDS, Nigeria), John Kaplan (United States Centers for Disease Control and Prevention), Elise Klement (ALTERSANTÉ

Accociation Eranca\ Magalingacuaran Vumaracamu

预览已结束, 完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 27667



