



HIV / AIDS نامرد و تبقار میاهلمعلار و تستسهمج

## HIV / AIDS ایبلغشریغ ههجاومتیریدملمعلار و تستد 5.

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The Fourth Strategy of the Islamic Republic of Iran



Under the Committee of Specialized Care





**Booklet in the Strategic Program:** This Guide to the Right Nile 26 The Eleventh Strategy is a Strategic Program, and the Seventh Strategy includes the necessary infrastructure to achieve the goals.

Attendance by the group of specialized care therapists and with the goal of determining the standards of care for the sick. HIV Preparation and in the history of the month of Mardad 1396 Through the Committee for the Care and Approval of Specialized Care and Treatment, a network of specialists and physicians has been app

\* : S11O26 A comprehensive package of care and treatment services for HIV patients will be screened once every two years.



Title	Page number
Introduction .....	4
Text Editing Method: .....	5
Abbreviations .....	6
Educational Objectives This guide: .....	7
The most important changes in this guide are related to the previous edition: .....	7
1- Definition of non-occupational interactions with 8 .....	HIV
2- Stages 8 .....	PEP
1-2- Treatment site: .....	7
2-2- Register: .....	8
3-2- Evaluation of Risk Level Interchange: .....	9
4-2- Evaluated individual respondents: .....	11
5-2- Evaluating Resource Interface: .....	13
1-5-2- When the source of the interface is specified: .....	12
2-5-2- The time when the source of the disease is not specified: .....	14
6-2- Interface Management: .....	15
1-6-2- Managing intercourse in sexual intercourse: .....	15
2-6-2- Presentation PEP In the interface with 18 .....	HIV
3-6-2- Choices: .....	19
4-6-2- Prophylaxis after contact HIV In pregnancy: .....	21
5-6-2- Prophylaxis during lactation: .....	21
6-6-2- Prophylaxis after contact HIV In children: .....	21
7-6-2- Consultation after the encounter 21 .....	HIV
8-6-2- Management of Hepatitis Viruses B And 22 .....	C
7-2- Following: .....	23
3- Pre-contact: .....	25
Sources: .....	30



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### ***Writers Group Responsible Review Manual of Non-Occupational Management HIV / AIDS Alphabetically:***

Dr. Azar Haddadi	Member of the Academic Board of Medical Sciences and Medical Services of Tehran University
Dr. Sayed Ali Dehqan	Secretary of the Board of Medical Sciences and Medical Services of the University of Tehran
Dr. Laden Abbasiyan	Member of the Scientific Board of the University of Medical Sciences and Medical Services in Tehran
Dr. Ilad Alavi	Infectious Diseases Specialist, Fellowship Infectious Diseases in Immune Deficiency and Transplantation
Dr. Masood Mardani	Member of the Academic Board of Medical Sciences and Medical Services Martyr Beheshti

### ***List of members of the Scientific Care and Treatment Committee HIV In alphabetical order***

Dr. Shahnaz Armin	Member of the Scientific Board of the University of Medical Sciences and Medical
Dr. Mahbooba Haj Abdul Baqi	Member of the Academic Board of the University of Medical Sciences and Medical
Services of Tehran Dr. Azar Haddadi	Services Martyr Beheshti Member of the Scientific Committee of the University of Medical Sciences and Medical Services of Tehran
Dr. Mehrnaz Rasooli Nejad	Member of the Scientific Board of the University of Medical Sciences and Medical Services in Tehran
Dr. Sherwin Shokohi	Academic Member of the University of Medical Sciences and Medical Services Martyr Beheshti
Dr. Parveen Afsar Kazruni	Director of AIDS Control Department, Ministry of Health, Medicine and Medical
Education	Fellowship HIV And Focal Point University of Medical Sciences and Medical Services Isfahan
Dr. Payam Tabarsi	Member of the Academic Board of Medical Sciences and Medical Services Martyr Beheshti
Dr. Laden Abbasiyan	Member of the Medical Council of the University of Medical Sciences and Medical Services of
Dr. Hamid Emadi Small	Member of the Scientific Board of the University of Medical Sciences and Medical
Services of Tehran Dr. Behnam Farhadi	Medical Council Member of the Independent Islamic University of Tehran - Unit of Medical Sciences Tehran
Dr. Roxana is convinced	Member of the Academic Board of Medical Sciences and Medical Services Martyr Beheshti
Dr. Mohammad Mehdi Goya	Member of the Scientific Board of the University of Iran Medical Sciences and Medical Services, Director of the
Dr. Menu Mehrz	Member of the Scientific Board of the University of Medical Sciences and Medical Services in Tehran
Dr. Masood Mardani	Center for Management of Diseases Members of the Medical Council of the University of Medical Sciences and Medical Services
Dr.Daud Yadgarinia	Member of the Academic Board of Medical Sciences and Medical Services Martyr Beheshti

### ***Group of advisors in alphabetical order***

Dr. Mohammad Saraf	Infectious and tropical diseases specialist, Fellowship HIV / AIDS Balini Fellowship HIV Member of the Academic
Dr. Sayed Alireza Mousavi	Board of Medical Sciences and Medical Services Yazd Fellowship HIV And a member of the Academic Board of
Dr. Saeed Kalantari	the University of Medical Sciences and Medical Services Iran Focal Point of Care and Treatment HIV Pediatric
Dr. Kiqbad Qadiri	University of Medical Sciences and Health Services Therapeutic Kermanshah Responsible Responsible
Dr. Hangama Namdari Tabar	Evaluation Programs HIV Ministry of Health, Medicine and Medical Education



راتسارپو

Zahra Rajabpour

Care and Treatment Specialist, AIDS Ministry of Health, Medicine and Medical Education



## Introduction

Frequent service delivery centers for people due to non-occupational interactions HIV They came face to face. Treatment centers need to have the right management capabilities to address these issues. This is a guideline for improving the delivery of services to people who are facing these types of issues.

In this regard, it is necessary to remind the staff to deal with Balini HIV There must be a diverse spectrum of human-to-human contact with the virus. This type of spectrum includes human-before-contact, then-after-and-after-contagion with the virus in a variety of spectrum, until it dies. Therefore, various packages of services along with the necessary guidelines should cover this spectrum. This guideline is part of a set of guidelines for the provision of clinical care, treatment, advancement and support services at the level of these services to patients. HIV And the people in the exhibition have been compiled to get to this important point. Each manual has more than the number of hours of cooperation that they have provided. The Centers for Disease Control and Prevention (CDC) is doing its job, and we would like to express our gratitude to all of them. It is hoped that these guidelines will help to improve the level of service and help control the overall situation.

## Text editing method:

This version is the fourth version of the preface after the non-personal contact. HIV Hard. The first Virashdarsakhkhal 1387 , In the second year 1389 And third edition in the year 1393 Published. For the preparation of the current protocol, a group of members of the Scientific Care and Treatment Committee HIV The role of the distortionist in caring for and treating patients with the disease and in the development of the protocol as well as the role of the disfigurement, was mainly due to the role of the distorted text. The group reviewed the previous text and reviewed the final important protocols of treatment or articles and reviewed the Iranian context and reviewed the final text for the final survey with the participation of other members of the Scientific Committee. The final round of reviewing the manuals, with the discovery of comments and suggestions of other finalists.



## Abbreviations

Lamivudine	3TC
Abacavir	ABC
Acquired Immune Deficiency Syndrome	AIDS
Alanine Aminotransferase	ALT
Asparate Aminotransferase	AST
Antiretroviral (medicines)	ARVs
Antiretroviral Therapy	ART
Zidovudine (also known as ZDV)	AZT
twice daily	BID
Blood Urea Nitrogen	BUN
Cluster of Differentiation 4	CD4
Creatine Kinase	CK
Stavudine	d4T
Didanosine	Ddi
Efavirenz	EFV
Enzyme-Linked Immunosorbent Assay	ELISA
Hepatitis B Surface Antigen	HBsAg
Hepatitis B Virus	HBV
Health-Care Personal or Provider	HCP
Hepatitis C Virus	HCV
High-Density Lipoprotein	HDL
Human Immune Deficiency Virus	HIV
Indinavir	IDV
Immunoglobulin G	IgG
International Labor Organization	ILO
Injection Drug Use (r)	IDU
Liver Function Test	LFT
Lopinavir	LPV
Non-Nucleoside Reverse Transcriptase Inhibitor	NRTI
Nucleoside Reverse Transcriptase Inhibitor	NNRTI
Non-Occupational Post Exposure Prophylaxis	nOPEP
Post Exposure Prophylaxis	PEP
Polymerase Chain Reaction	PCR
Protease Inhibitor	PI
People Living With HIV / AIDS	PLHIV
low dose ritonavir (for boosted PI)	/r
Ritonavir	RTV
Tenofovir	TDF
three times daily	TID
World Health Organization	WHO
Viral Load	VL
Zidovudine (also know as AZT)	ZDV



## A. Educational Objectives:

This collection is provided by Infectious Diseases Specialists, Occupational Physicians at the Centers for Disease Control and Other

Physicians. The purpose of this guide is to help readers:

- Risk levels in non-occupational confrontations with HIV Evaluate Advance after contact
- HIV Manage interpersonal interactions;

## B) The most important changes in this guide to the previous version:

- Changing the selective drug regimen in prophylaxis
- Shortening the time period and simplifying how to follow the confrontation
- Possible pre-treatment treatment before contact (in individuals at risk of infection) ) HIV





## 1- Definition of non-occupational interactions with : HIV

Non-occupational interactions include direct mucous contact, penetration through the skin (percutaneous) or gas intake through humans or intravenous contact with potentially infectious fluids. HIV , In cases where there is no need for contact or prenatal contact.

The types of non-occupational interventions can be categorized into:

1. Non-occupational contact with blood and other fluids can potentially be contagious, such as semen, vaginal secretions, etc. HIV

Accompany : Includes contact without condoms, contact with condoms, injections with common devices, accidentally moving contaminated head (such as moving needles and paraphernalia and parasites), catching human gas and contact with contaminated liquids with the virus

2. Non-occupational interactions in the medical environment that can include contacting sick patients HIV In

It is time to act aggressively and also make the wrong use of the patient's means HIV Be sick of others.

## 2- Stages PEP

Stages PEP Includes treatment site configuration, recording and reporting, risk assessment, resource response assessment, individual response assessment, infection prevention, follow-up and counseling. An explanation of each of these steps is provided in the following sections.

### 1-2- Treatment site:

- The first step is to reduce the time of contact with the body fluids of the individual source, to purify and clean the contaminant to reduce the risk of infection.
- In case of skin attack with scalp or sharp object:
  - 1) Immediately wash the affected area with soap and water.



2) Enter the object and keep it under water until the bleeding stops.

3) If running water is not available, distinguish the site with solvents or gels.

4) Do not use strong solutions such as liquid bleach.

5) Get rid of stress.

- In case of spills of blood or body fluids on mucous membranes or unhealthy skin:

1) Immediately wash the place with running water or normal saline.

2) Avoid dressings. Spray

- In the face:

1) Immediately wash the affected eyes with running water or normal saline. The face of the body is the shape of the face

Sit the winner in a chair, bend your head backwards, draw your eyes out of the water or normal saline, and pull the eyelids up and down.

2) If you have lenses in your eyes, remove them and cover them normally.

3) Do not use soap or disinfectant on the eyes.

- In Spread the face:

1) Immediately pour the liquid out of the mouth

2) Complete the saline solution with water or saline solution and take it out and repeat it several times. Do not use soap or disinfectant in your mouth.

## 2-2- Record interface:

How to interact and prophylaxis after intercourse) (nPEP Must be recorded in the medical case of the person being interviewed.

Confidentiality is the best syntax. Record the following in the case of an individual:



- **Record the results of the evaluation of the syntax:**
  - o Type of intercourse (exposure of the body to the skin, contact of the mucous membranes or unhealthy skin with secretions, contact)
    - Or use a common tunnel
  - o The location of the encounter
  - o Face to face encounters (in the park, sexual assault, common, contactless sex)
  - o Repeat interactions with HIV
  - o The time of the encounter
  - o Interview intensity:
    - Interactions with branded instruments: deep ferroftan means, body specifications (suzann tuper or tukhali, blade, etc.), blood flow visible on the surface of objects, place of ferroftan suzan (inside skin or vein)
    - In the interface with secretions: type of secretions, clear existence of blood in secretions, volume of secretions, in case of contact with skin
    - In sexual encounters: the type of sexual intercourse, the place of penetration, being forced or optional, the occurrence of any trauma during it, the number of sexual participants, the presence of genital warts or other infectious infections in the individual encountered or the source, the near regularity, Octopus cervix
- **Record the evaluation results of the person interviewed:** Refer to the section 2-4
- **Record Result Evaluation Source Interface:** Refer to the section 2-5
- **Recorded steps taken:** Refer to the section 2-6



### 3-2- Evaluation of Risk Level Interaction:

The risk of infection is higher in the following interfaces:

- Contagious with most blood or other infectious fluids
- Conflict with infected body fluids or fluids is a source of advanced disease HIV Or deep-seated acute lesions
- through the skin
- Hepatitis B infected with the same source C In the face of infectious blood
- transfusions in each person source or face
- Sexual assault is the most common cause of mucus lesions, the number of invaders, or the approximate traumatic age of an

individual. HIV In each turn of the configuration, in order to inject blood, the use of the common needle in the users of the injectable

substance, being in a mixture of anal and nasal surgeries, is observed in the skin. 1). Balance of transmission risk HIV In each of the

forms of sexual contact without the use of condoms is estimated (Table 1). Using a condom, risks any sexual encounter 20 Equals less.

Eating Disorders Removed by Removing Inflammatory Burns through the Skin in Public Environment (such as parks, buses) HIV It

happens. No infection HIV However, these disorders have not been proven and need prophylaxis HIV In these cases there is no But if

Suzanne's head is fresh with the bloodstream. The harms of not catching gas from other possible routes of transmission HIV Rarely

reported. Suffering from gas HIV The skin is exposed to blood clots and contact with the mucous membranes of the mouth. Gas seizures

by individual sufferers HIV The skin of the deformed deer is exposed. The risk of contact with non-contaminated blood was insignificant

and not negligible. There is a greater risk of transmission of contaminated blood.

**Table 1: Estimation of transmission risk HIV In all kinds of interactions with HIV •**

Way to face	Transmission risk (%)
Blood transfusion	92.5
Combination in the use of injectable anal substances	0.63
Furfurten Susan in the skin	1.38
Anal sex	0.23
The active participle of murder	0.08
Oral compound	0.11
Mouthwashing agent	0.04
	Less than 0.0001
	Less than 0.0001

- Danger of transmission through gas capture without bleeding) (Biting , Partab Ab Dahan) (Spitting , Scattering of body secretions such as semen and vaginal secretions) (Throwing And share sex objects) (Sharing sex toys It was insignificant and unforgivable.

#### 4-2- Evaluated individual encountered:

Effective presentation nPEP After exposure to dangerously transmitted infections HIV Also, an immediate assessment is needed to

address the individual's concerns and focus on pharmacological, psychological, and behavioral interventions. This assessment should include:

- Determining status HIV , HBV Or HCV In the individual encountered:

The evaluation of the individual respondent should only be done within a few hours after the contact, depending on the type of contact. In these cases, a basic test is recommended HIV According to the country protocol, the diagnosis is made with the consent of the individual and the consultation is done. If early trials are not available and prophylaxis is indicated, you may begin pre-treatment and follow up with further investigations or cut back on the decision. Done HBs Ag , HBs Ab , HBcAb And HCV Ab Should be considered.

- Determining the status of previous infections HIV , HBV Or HCV And other diseases, sexual behaviors and previous consumption of materials, as well as basic laboratory evaluations based on the table. 5 Assess the accompanying conditions, e.g.



Pregnancy, lactation, or the use of other medications that may be optional PEP To be effective, there are cases of need.

- Hepatitis Vaccination Status B And respond to vaccines

## 5-2- Evaluation of Resource Interface:

### 1-5-2- When the source of the interface is specified:

- **The person suffering from the source HIV , HBV And HCV Is:**

If the person suffers from the source HIV Basically, the stage of the disease, the number of cells CD4 , History of antiretroviral therapy, duration of treatment, success or failure of treatment, type of drug and adherence and, if available, information on resistance to antiretroviral drugs. For this purpose, the patient was contacted by the trustee care center and in case of previous drug resistance, the selection of antidepressants was reconsidered.

- **Infection situation HIV , HBV And HCV The source is unknown:**

It is recommended to have a basic test HIV According to the country protocol, the diagnosis is made with the consent of the individual and the consultation is done. Note the following points:

- Emphasis is placed on the use of quick diagnostic methods that have a combination of anti-gene and anti-air. If quick diagnostic tests are performed HIV It is not possible, from the trial of Alzheimer's HIV Be used. However, in the event of an individual in danger of being injected with injections, prophylaxis may begin anytime soon and the response should not be awaited.
- HIV Positive allergens or a quick positive test, suggesting prophylaxis initiated in case of rheumatoid arthritis contact with potentially infectious fluids.



- Perform molecular diagnostic tests HIV Routine resource interaction is not recommended for migration But the strongest suspicion is that the infection spreads quickly HIV In the source) (Early HIV Infection) It exists.
- Source of view HBS Ag And HCV Ab Also tested.
- In the event that the source of the vehicle is not contaminated with a bloody pathogen, all basic tests are not needed in the individual vehicle or the next follow-up. But I can test HIV Or other tests suggested to the individual after evaluation.
- Pay attention to the results of trials when requesting privacy tests.
- In case of any reason for not being able to carry out the required tests for the source of the interaction, look at the signs and symptoms of previous behaviors at risk. Risk sources include:
  - o Consumers of injectable drugs
  - o Individuals with a previous prison term or rehab
  - o Individuals with previous sexual behaviors are at risk. These people are included sex-worker Yes  
 Freedom of sexual intercourse can be found in money or goods), individuals (Men who have MSM  
 Sex with Men) And individuals Transsexual And Bisexual They are.
  - o Spouses each of the above groups

In these cases the onset of prophylaxis should not be delayed until the test response is ready.



Table number 2: Likely to be infected HIV In different groups in Iran

**Likely to be positive HIV Different groups in the Islamic Republic of Iran:**

- عویش HIV In Iran, the general population is still low. عویش HIV Injectable users in the range 13.8% Blood donors are among the blood donors 2008
- To 2013 In Iran, it is declining 2.8 Thousands of people have arrived in each district. This scale is more than the first siren of the donors.
- 
- In the last few years, hockey has shown signs of increasing sexual transmission HIV In Iran, however, the number of cases of sexually transmitted infections has steadily increased. Measuring the speed of life in women's body sales per year 1393 1394 - , HIV Outbreak% 2/1 The disease was prevalent in women selling body parts in various studies 3-2.5% Has been reported. The prevalence of HIV among individuals studied by the mobile team was higher than ( % 3/3) At the same time, addiction to addiction increases in this group of women.
- عویش HIV Injectable sex users in participants % 1 Has been. عویش HIV In the prisoner's life-measurement year-round 1395 Equal to % 0/8 ( Different types of
- prisons % 6-0 Was) was. Studying the speed of children in the street every year 1388 , In serological and behavioral examination 1000 Baby 10 To 18 Year in
- the city of Tehran, Shiwa HIV Total sample limits 4 To % 5 Was. In children who consume materials, this amount will be % 9 Has arrived. It is obvious that the results of this study could not be generalized to the whole country.

**2-5-2- Time that source Interface Not specified:**

1. Possibility of confrontation with transmissible factors, given the prevalence of these pathogens in a group of individuals.

Evaluate from the crowd.

2. Removal tests for bloody pathogens are prohibited.

**6-2- Interface Management:****1-6-2- Managing intercourse in sexual intercourse:**

For all individuals interviewed services are considered:

- Syphilis is treated individually in the individual (Table Tables) 5)

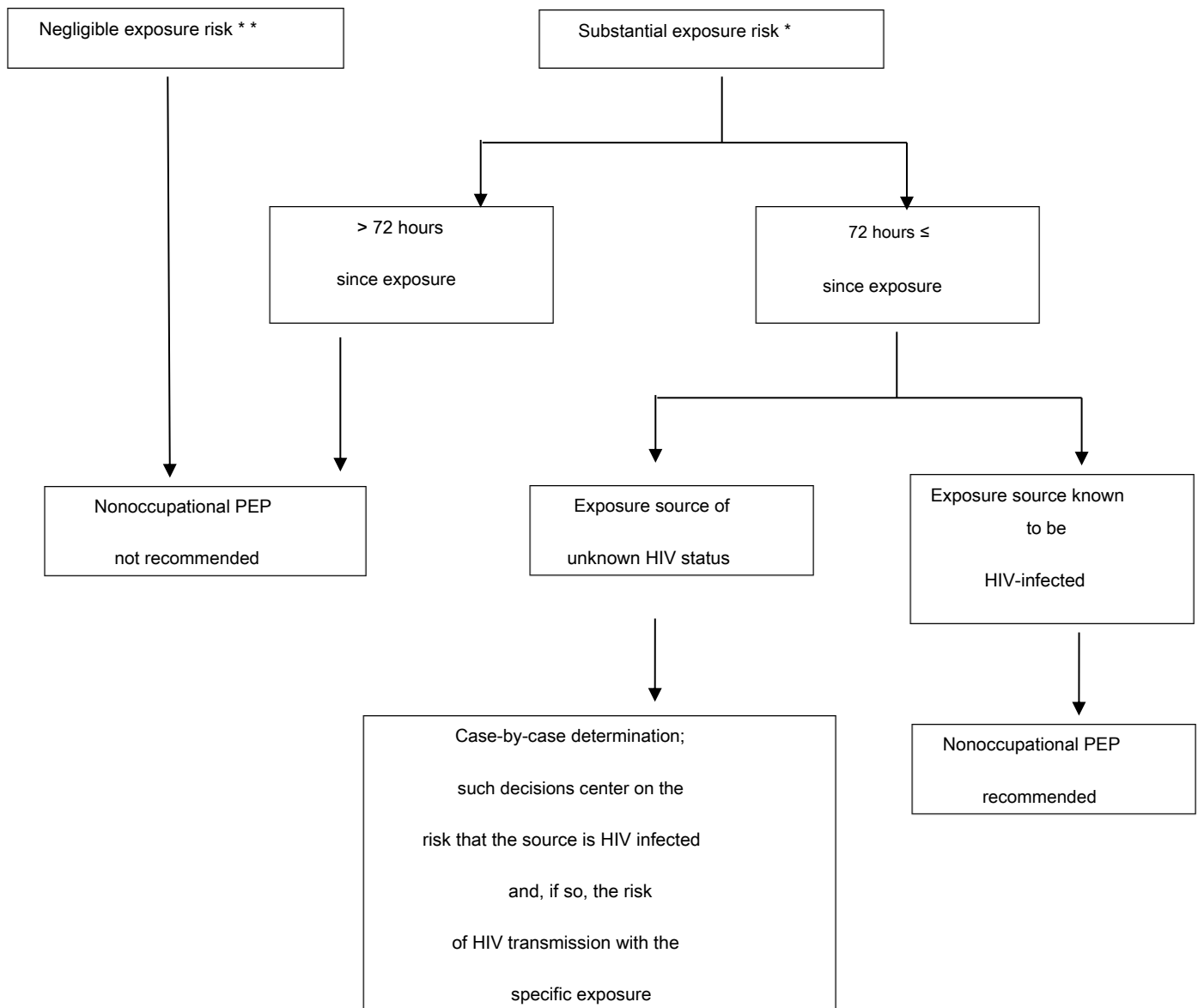




- Evaluation of Balini in terms of other infectious infections as well as in the individual according to the country's management guidelines STI Done.
  - Assess women in terms of probability of pregnancy. In the event of a pregnancy, however much faster than the container
- 120 Hourly prescribes hormonal antidepressants in one of the following ways:
- Lovonorgestrel tablets, two tablets at the first opportunity LD , Four numbers at
  - the first opportunity and four numbers 1 hour later
  - 3 phasic tablets, 1 white pill at the first opportunity and 4 white pills 1 hour later
  - It is better to take half an hour before taking anti-inflammatory drugs, to get sick 10 Milli is a hot methyclopromide.
- In case of voluntary sexual encounters, provide necessary counseling on the risks involved and the need for vaccination.
  - Satisfaction with the individual is essential to being confidential.
  - In case of sexual assault, consider the following:
    - Prophylaxis STI In all sexual matters, it is recommended:
      - Gonorrhea: Softrixon 250mg Muscle strain + azithromycin 1g Takduz
      - Chlamydia: azithromycin takdoz or doxycycline twice daily 7 Day
      - Trichomonas: Metronidazole double hot or double tenidazole
    - Provide the necessary psychological counseling to the sick.



- O In case of patient consent, report the matter to the Administrative Forces (nearest Clinical). In the event of a patient's dissatisfaction, it is possible to seek the advice of a free legal counsel from the Central Government, as well as the Judicial and Non-Violent Judicial Offices of the Judicial and Anti-Judicial Units. In the case of a casualty, a woman or a child, in addition to the above cases, you can also use the legal offices set up by the Office for the Protection of the Rights of Women and Children in judicial centers throughout the country.
- O In view of the patient's tendency to complain, be careful when submitting services, collect samples and comments, and take care of the patient and note down the signs and symptoms of trauma.
- O Individuals who have been sexually assaulted, regardless of their specificity, must be considered under prophylaxis.
- O Sexual abuse report should not be a condition of discovery of prophylaxis.

**Shape 1. Evaluate and treat potential non-occupational interactions with HIV**

\* Contact vaginas, rectum, eyelids, mouth or other mucous membranes, unhealthy skin or skin lesions with blood, sexual secretions (semen, vaginal, anal), breast milk or any other fluid that is clearly bleeding when the case occurs HIV Is.

\*\* Contact vasodilators, rectum, springs, mouth or other mucous membranes, unhealthy skin or skin lesions with urine, secretions, mucus, saliva, vomiting, diarrhea, tears; Don't be temporarily bloody Without paying attention to the source HIV

#### 2-6-2- Presentation PEP In the interface with : HIV

##### A) Cases that PEP No indications:

2) Interventions that do not address the right conditions for advanced treatment:

- es that PEP Indicates:

And

And

And



4. The source of the infection is infected HIV Is or is part of the group at risk ( *Dangerous groups in Iran*

*2-5-2 Is mentioned)*

### 3-6-2 Selective drugs

According to the latest guidelines, a three-pronged regime is considered the preferred regime in all types of interactions. Although bipolar regimes are also very effective. It is recommended that you deal with non-occupational resources HIV On the positive side, a three-pronged regimen and, in other cases, a two-pronged regimen are prescribed. In the event that the recipient is unable to tolerate the three-drug regimen, the two-drug regime will continue. Preference and placement regimes in the table of numbers 3 Submitted:

Table number 3– Predictive anti-retroviral regimens

Elective regime	Drugs
Two-Drug Regime	Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd (Truvada)
Preferred Two-Drug Regimes	Tenofovir 300 mg Po qd + Lamivudine 150 mg PO BID <b>or</b> Zidovudine 300 mg PO BID + Lamivudine 150 mg PO BID
The three-drug regime is preferred	Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd + Atazanavir / r 300/100 PO qd
Three Medicinal Regimes	Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd + Lopinavir / r (Kaletra) 400/100 PO BID <b>or</b> Tenofovir 300 mg Po qd + Lamivudine 150 mg PO BID + Atazanavir / r 300/100 PO qd <b>or</b> Zidovudine 300 mg PO BID + Lamivudine 150 mg PO BID + Atazanavir / r 300/100 PO qd <b>or</b> Tenofovir 300 mg Po qd + Lamivudine 150 mg PO BID + Lopinavir / r (Kaletra) 400/100 PO BID <b>or</b> Zidovudine 300 mg PO BID + Lamivudine 150 mg PO BID + Lopinavir / r (Kaletra) 400/100 PO BID



Consumption of novarapine, abacavir and didanosine was included, at their suggestion. PEP Must be selfish. Consumption of aphrodisiacs is not well tolerated and often causes the patient to accept the treatment. Therefore, this drug has been removed from the pre-treatment regimen.

Treatment period 28 It's a day. However, at the beginning of treatment, the condition HIV The source was unknown and the test result was negative. After the report was completed, the treatment was not completed and the treatment was discontinued.

Considering the prevalence of over-the-counter medications, in addition to explaining the above-mentioned medications, patients are also prescribed anti-allergy drugs in the first week after the visit, if the patient is symptomatic.

Although the regime PEP Infectious diseases should be considered by a specialist focal point It will continue, but it should not start at this point PEP Delay. Thus the prophylactic regimen prescribed by Medicare, container 48 Hour after start with focal point Consult.

#### ***4-6-2- Prophylaxis after contact HIV Carrying:***

If the person being confronted is pregnant, the risk assessment method is needed PEP Like everyone else, you have to deal with it HIV Is. Pre-treatment regimens recommended in these guidelines do not prohibit consumption during pregnancy.

#### ***5-6-2- Prophylaxis during lactation:***

If the person is exposed, the mother is breastfed, the method of assessing the risk of infection and need PEP Like everyone else, you have to deal with it HIV Is. Pre-treatment regimens recommended in these guidelines do not prohibit consumption during breastfeeding. If the recipient is a breastfeeding mother, breastfeeding should be discontinued during the period of breastfeeding.



#### ***6-6-2- Prophylaxis after contact HIV In children:***

There are very few studies on prophylaxis after contact with children. However, prophylaxis, after contact with children, has the same principle as adults. Refer to the children's instructions for execution.

#### ***7-6-2- Consultation after the encounter : HIV***

Non-occupational interventions are usually accompanied by an abundance of supervision. You should consult the individual in this regard. Probably the risk of transmission HIV There is very little in the way of non-occupation. With this in mind, pay attention to the importance of this infection, in the case where it started PEP It is important to emphasize that importance. The individual must have the necessary information in this regard to be able to make the right decision.

The recipient should be advised to donate blood, plasma, organs, semen and milk during the follow-up period. The nearest key to the condom should be a condom and use the condom properly. It is also desirable to use other precautionary measures to avoid carrying a condom. Participate in injecting and other devices, such as razor blades and toothbrushes.

Symptoms of acute retroviral syndrome can be traced back to the individual who was exposed to the symptoms.

If the patient needs to be referred to a psychiatrist for legal advice, he or she should be referred for legal advice.

#### ***8-6-2 Management of Hepatitis Viruses B And : C***

Hepatitis virus management and non-occupational interventions B And C A similar procedure can be followed.



## 7-2- Following:

Follow the instructions : HIV

- In all encounters, the test HIV Ag / Ab In the fourth week to the sixth and the third month after the encounter. In case of contact with the source of the infection at the same time HIV And HCV It is recommended to test HIV

Ab Repeat six months after the encounter.
- In the case of acute retrovirus syndrome, the test is performed HIV PCR You can be a helper. In order to do so, health care providers should quickly identify the first person they meet on a special visit to the symptoms, especially in the form of fever, and emphasize that such symptoms may be considered for further examination. If the person's symptoms are confirmed after examination, they are immediately referred to a specialist without interruption or change in treatment.
- In case of prescription PEP The individual must be sustainable in view of his or her sympathy. CBC , Creatinine and testosterone enzymes (ALT, AST) The drug should be applied before starting and after the completion of the prophylaxis period. During the period of discovery of prophylaxis based on individual signs and status of the individual, make more decisions in relation to the results of the tests.
- In case of vaccination against hepatitis B , Perform serological tests 1 To 2 A month after the completion of the vaccination period to ensure safety.
- In case of prescription PEP It is recommended that in the first week after the start of prophylaxis, the person will be considered for adherence to treatment and pharmacological side effects. Consultation on the importance of adherence and possible side effects and syntax to a minimum. At the end of the fourth week, cut off treatment and follow-up tests according to the table. 4 , Apply.





Table number 4 - Trials

6 months after Contact	3 months after Contact	4 to 6 weeks later From contact	Foot	Trial
2 ●	●	●	●	<sup>1</sup> HIV Ag / Ab testing
4 ●	●	●	3 ●	HBs Ag, HBs Ab, HBc Ab
5 ●	●	●	●	<sup>b</sup> HCV A
●	●	●	●	<sup>6</sup> CBC
●	●	●	●	Serum Cr
●	—	●	●	ALT & AST
●	●	●	●	RPR or VDRL
●	●	●	7 ●	Pregnancy

1) Each test positive or indeterminate) (Indeterminate Must be verified with complementary tests

2) Hepatitis C infection is transmitted only from the source of the infection; Or an infected person, infected with hepatitis

It is. Because hepatitis C infection occurs at the same time, it is possible to delay the appearance of antibodies HIV دوش.

3) If the individual encounters HBsAg Be positive

Probably a factor as to why they're doing so poorly flare The enzyme must 6 The month after the cut PEP Monthly psoriasis and enzymes are checked. It is better to consult a specialist.

4) If the person is infected, during the interaction, he is more likely to be infected with hepatitis. B Is.

5) Hepatitis B infection if the person is infected C Is.

6) This can only be done if the drug is prescribed by Zidane. In this case, the base is two weeks

Then and at the end of the prophylaxis period.



7) This is done only in the face of the possibility of pregnancy

All applicants should seek prophylaxis if they have previously been vaccinated against hepatitis. B Hepatitis B vaccine is not available

## B Find out

Balini's sexual encounters and, if possible, a laboratory test based on the country's guidelines. STI Done.

In case of access to vaccine HPV Vaccination against it is recommended for women 1-2 years and for men 3-4 years and for gay men up

to 5 years. The vaccine is recommended for three doses in the first period, one to two months later and six months after the first dose.

## 3- Pre-contact) : (PrEP

Pre-contact means daily consumption of synthetic tablets Tenofovir and Amtrasitabin. (Truvada By the non-suffering individual HIV To prevent transfers HIV It is an emergency that is possible in the face of adversity HIV Decides. This method can help in transmitting the virus from one person to another in order to keep the person healthy. This means that as long as the person is at risk, the treatment will continue. In systematic review reviews of meta-analyzes using content regimes TDF In contact before the risk of infection HIV It was effective in protecting the skin, age, sex, type of diet and the way of transmission HIV There is no commitment, but there is a strong commitment to the scale. In the study, the level of adherence was low (ie 40% Or less), the prediction did not infect before contact.



In studies % 51 Causal infection HIV With prEP Reported. Also studies show that use prEP Due to the need to use condoms or increase the number of sexual partners, the effect on hormonal fertility drugs did not increase and did not increase the risk of pregnancy in those who were pregnant and used the drug.

PrEP There is no precedent for any other interventions HIV Such as the use of condoms and vulnerabilities ( ) harm reduction دوش.

Provider prEP There is an opportunity to increase access to other health services such as social support, hepatitis vaccination B , Fertility services, Fetal health services, Sexually transmitted infections management, Psychological health services and primary care services. While present PrEP In the context of the country, we recommend only the following:

- Men MSM There are multiple sexual partners without sexual contact. Men, of course MSM That sexual contact with only one sexual partner HIV Positively controlled with drugs (uncountable virus load) and continued use of condoms, content found PrEP Can't be
- Heterogeneous men and women who share sexually transmitted infections HIV Is ( ) discordant - HIV Do not use anti-retroviral drugs or carry high levels of the virus and do not use condoms.
- Women sex-worker Multiple contacts are not protected.

#### Executive Notes:

- The preferred regime for PrEP Consume one tablet daily Truvada That contains 300 Milli Garm Tanofowir and 200 Milli is a hot amtrisitabin. Also known as the two-drug tanofovir and lamivudine regimens



It can be considered. There is currently no other anti-retroviral drug regimen PrEP Except in the cases mentioned, it is not recommended. Regime PrEP In the form of periods 1 The moon is chosen individually.

- Before starting the contact, the following points should be considered:
  - Must be thoroughly evaluated and tested for infection HIV The individual inquirer is rejected.
  - The function should be normal. In the case of those who are not clerical 60 Is, PrEP It shouldn't start.
  - Hepatitis C infection B Or hepatitis vaccination B Be specific. He is suffering from hepatitis B , Decision in relation to start PrEP The individual should be diagnosed with hepatitis B after examination. Consult with relevant experts in these circumstances.
  - Satisfaction is achieved by adhering to the individual's treatment.
- People who come in contact with the regime beforehand should be properly prosecuted. They must visit once every three months and consider each visit:
  - Satisfaction with drug consumption and
  - adherence to proper assessment of disadvantages
  - Repeated tests for possible signs of
  - infection HIV
  - Evaluation of kidney function including creatinine serum evaluation STI In the first visit three
  - months and thereafter once every six months assessment is considered
  -



o Assessing speed behaviors and, in the case of existence, speed change counseling

- 5-7 Day PrEP To reach the maximum protection before contacting anal and 20 A day of maximum protection is required before

contact. If the individual is safe before arrival PrEP In contact with the source HIV

The affirmative is definite, prophylaxis should be started after the confrontation and after 4 Weekly discovery of prophylaxis

with a two-drug regimen PrEP Changed. Need to create a time gap between these two protocols PEP And PrEP Is not.

- If the other person is not at risk of acquiring the infection and the interaction does not continue, so is prophylaxis after the interaction.

PrEP You can 28 The day after the last contact with potentially contaminated liquids HIV He continued and then cut off.

- It is necessary to find the individual PrEP Continuity of the pre-contact assessment is required each year. However, the most

important advice in advance of transfers is to use condoms properly and consistently.



## Resources :

5. Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, States, 2016, Centers for Disease Control and Prevention, US Department of Injection Drug Use, or Other Nonoccupational Exposure to HIV — United Health and Human Services preventing HIV infection: recommendations for a public health approach - 2nd 6. Consolidated guidelines on the use of antiretroviral drugs for treating and ed. World Health Organization 2016
7. Binta Sultan B, Benn P and Waters L, *Current perspectives in HIV post-exposure Prophylaxis. HIV / AIDS – Research and Palliative Care 2014: 6 147–158*
8. *HIV PROPHYLAXIS FOLLOWING NON-OCCUPATIONAL EXPOSURE N*  
[www.hivguidelines.org](http://www.hivguidelines.org) HIV PROPHYLAXIS FOLLOWING -OCCUPATIONAL October 2014  
 Updateew York State Department of Health AIDS Institute: \_\_\_\_\_  
*EXPOSURE ..October 2014, New York State Department of Health AIDS*  
*Institute: [www.hivguidelines.org](http://www.hivguidelines.org)*
9. Alberta Guidelines for Non-Occupational, Occupational and Mandatory Testing and Disclosure Act Post-Exposure Management and Prophylaxis: February . 2015
11. National guidelines for post-exposure prophylaxis after non-occupational and New York State Department of Health AIDS Institute: [www.hivguidelines.org](http://www.hivguidelines.org) 10. Benn et al. UK guideline for the use of PEP for HIV following sexual exposure occupational exposure to HIV, ASHM 2013
12. consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, WHO, July 2014
13. Post-exposure prophylaxis to prevent HIV infection: joint WHO / ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection .World Health Organization, 2007.



14. Askarian M, Malekmakan L, McLaws ML, Zare N, Patterson MM. Prevalence of Needlestick Injuries Among Medical Students at a University in

Prophylaxis Against Human Immunodeficiency Virus. American Family 15. MICHAEL A. TOLLE, and HEIDI L. SCHWARZWALD. Postexposure Iran. Infection control hospital epidemiology, 2006; 27: 99-100.

2010 Update. New York State Department of Health AIDS Institute. Accessed 16. HIV PROPHYLAXIS FOLLOWING OCCUPATIONAL EXPOSURE, May Physician 2010 Volume 82 (2): 161-166. Accessed at: [www.aafp.org/afp](http://www.aafp.org/afp).

at: [www.hivguidelines.org](http://www.hivguidelines.org).

17. Raphael J. Landovitz, and Judith S. Currier. Postexposure Prophylaxis for HIV

Infection. n engl j med 2009, 361: 1768-1775

Donations in Iran, 2008-2013. Arch Iran Med. 2017 Mar; 20 (3): 135-140. doi: Epidemiology of Human Immunodeficiency Virus in Voluntary Blood 18. Zadsar M, Pourfathollah AA, Rasouli M, Karimi G. Trends in Sero -

Exposure to HIV — United States, 2016, Centers for Disease Control and Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational 0172003 / AIM.00418. Updated Guidelines for Antiretroviral Postexposure

Prevention, US Department of Health and Human Services.

19. Report of the Islamic Republic of Iran on the Sustainability of the Declaration of Commitment to the Special Session of the United Nations General A

In the field of HIV / AIDS, Ministry of Health, Medicine and Medical Education, 1392.

20. Code of Conduct 1 Comprehensive plan for resolving the issue

21. Guidelines for Pregnancy Procedures in the Islamic Republic of Iran, First Revival, 1388. Ministry

Health, treatment and medical education, community health office, family schools, family organization and community organization.

