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MINISTRY OF HEALTH-ETHIOPIA

# Health Center/Clinic / Hospital Post Exposure To HIV Prophylaxis (PEP) Followup Register

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Region

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Zone/Subcity/Woreda

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Health Facility Name

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Begin Date

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End Date



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# INSTRUCTION FOR PEP REGISTER

Register (HC/Clinic/Hospital- PEPReg) kept in ARTroom /KP Clinic, and completed by the ART data clerk, based on PEP facility record forms and tally sheets.

Location information to be completed at front of register:

Write month and year (EC) at top of page.	
Region	Write the region where the ART center with PEP Service is located
Woreda / Sub-City	Write the woreda/sub-city where the ART center with PEP Service is located
Name of Health Facility	Write the name of the health facility where the ART center with PEP Service is located

SN	Datum	Comments
1	Serial number	A sequential No assigned to patients up on registration (Example- 1, 2, and 3) fore letter Identification.
2	Reporting Date	Use Ethiopian Calendar and a format of DD/MM/YYYY to register when patient enrolled in PEP service.
3	Exposed Person MRN	Unique individual identifier used for medical information folder, for HC and Hospital and for the other sites it is card number.
4	Age	Write the clients Age in year
5	Sex	M=Male, F=Female
6	Occupation	Enter the code given for the current occupation of the exposed person 1. Physician 2. Health officers 3. Nurse 4. Health assistance 5. Laboratory professionals 6. Cleaner 7. Sanitarian 8. Other (specify).
7	Department(Case Team)	Enter the cod given here for the department or case team in which the client works (1. Labor ward 2. Emergency 3. Regular OPD 4. Inpatient 5. Operation room 6. Other (specify) for occupational exposures.
Exposure (8-11)		
8	Exposure Duration	Write the time from time of exposer to the time the exposed person appeared for the PEP service in hours.
9	Exposure Type	Entere the code given for the different types of exposure 1. Occupational 2. Sexual assault (Rape) 3. Other non Occupational (Specify).
10	Source of Exposure	Write the codes given 1. Needle stick Injury 2. Skin injury with Sharps 3. Blood and products splash 4. Potentially infectious body fluids 5. Rape 6. Other (specify).
11	Exposure Code	Write the exposure code type among the lists provided : EC1. Mucous membrane & small drops EC2. Mucous membrane& Large volume(several drops) OR percutaneous exposure and less severe( Eg.Solid nneedle,Superficial ) EC3. Percutaneous exposure and more severe
Baseline HIV Status(12-13)		
12	Source person	Write the HIV status of source person : "P" for reactive or "N "for Non-reactive depending or "UK "for unknown status (not tested).
13	Exposed Person	Write the HIV status of Exposed Person: "P" for reactive or "N "for Non-reactive depending or "UK "for unknown status (not tested).
PEP Provision(14-16)		
14	Eligible	If the client is Eligible for PEP write Y to say Yes , if the client is not Eligible for PEP write N indicating NO.
15	Time b/n Exposure and PEP (in hours)	Write the spent from time of exposure to the initiation of the ARV regimen in hours.
16	PEP Regimen	Write the PEP drug regimen code: 1.(AZT)TDF+3TC+DTG (TLD) 2.(AZT)TDF+3TC+EFV (TLE) 3.(AZT) TDF+3TC+LPV/r 4. (AZT)TDF+3TC+ATV/r
Exposed Person Followup (17-22)		
17	Adherence (17-18)	Write adherence at 2wks and 4 wks ; write "G" for a person with good adherence "F" for faire and "P" for Poor.
19	Side effect	Write a side effect of ARV drugs the exposed person may develops in words.
20-22	Final HIV Status	Write Final Post PEP HIV status of exposed person: Write "P" for reactive or "N" for Non-reactive depending or "UK "for unknown status (if not tested). For result at 6 weeks, 3 months and 6 months.
23	Remark	Use the remark column to document Events like lost, stopped, linkage to HIV care and other findings as applicable.



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Occupation : (6)	Department : (7)		Count	Exposure Type : (9)	Source of Exposure : (10)	Exposure Code : (11)	PE Regimen: (16)
1. Physician 2. Health officers	1. Labor ward 2. Emergency	Occupational		1. Occupational	1. Needle stick Injury 2. Skin injury with Sharps 3. Blood and products splash 4. Potentially infectious body fluids 5. Rape 6. Other (specify).	EC1. Mucous membrane & small drops EC2. Mucous membrane & Large volume (- several drops) OR percutaneous exposure and less severe (Eg. Solid needle, Superficial) EC3. Percutaneous exposure and more severe	1. (AZT)TDF+3TC+DTG (TLD) 2. (AZT)TD-F+3TC+EFV (TLE) 3. (AZT)TDF+3TC+LPV/r 4. (AZT)TDF+3TC+ATV/r
3. Nurse 4. Health assistance	3. Regular OPD 4. Inpatient	Sexual violence		2. Sexual Violence			
5. Laboratory professionals 6. Cleaner 7. Sanitarian 8. Other (specify).	5. Operation room 6. Other (specify)	Other Non-occupational		3. Other Non- occupational			