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▶ PEP in the Care
of the Sexual
Assault Patient




Sexual Assault

The Office on Violence Against Women, (OVW) defines the term “sexual assault” as any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent. (OVW, 2018)



Sexual Assault


- Some of the forms of sexual assault include, but are not limited to :
 - Rape (attempted and completed)
 - Fondling
 - Forced oral acts
 - Forced penetration of the perpetrator
- Laws and regulations differ on definitions of terms associated with sexual assault.



Sexual Assault National Statistics

- 1 in 5 women experience rape in a lifetime.
- More than one third of women (37.1%) reported unwanted sexual contact at some point in their lifetime.
- 24.8% of men in the US have reported experiencing some form of contact sexual violence at some point in their lifetime.
 - Rape- 2.6%
 - Forced to penetrate- 7.1%
 - Unwanted sexual contact- 17.9%

(CDC, 2015)



Sexual Assault National Statistics

- From 2009-2013 Child Protection Service Agencies were able to substantiate evidence to indicate that 63,000 children a year were victims of sexual abuse. (RAINN, 2018)



Forensic Examination

- The National Protocols for Sexual Assault Forensic Medical Examinations recommend that all patients be offered that opportunity to have an exam by persons that has received specialized training specific to this patient population. (OVW, 2013; OVW 2016)
 - Sexual Assault Forensic Examiner (SAFE)
 - Sexual Assault Nurse Examiner (SANE)




Forensic Examination

- SAFE/SANEs works collaboratively with other medical personal to assure that the patient receives the appropriate medical care for their acute and long term needs.
- Part of these medical needs may include the need for the administration of prophylaxis for possible sexually transmitted diseases or infections as well as any labs and/or additional testing . (STI/STD)
- SAFE/SANEs will be providing an exam with a understanding of the different aspects of how this patient maybe experiencing and exhibiting trauma related to their assault.



HIV PEP

- Non-occupational HIV Post-exposure Prophylaxis (PEP) consist of the set of services provided to prevent the transmission of the bloodborne pathogen and to manage the specific aspects of the exposure to the Human Immunodeficiency Virus in non-occupational situations. These services may include counseling, HIV testing, risk of exposure assessment, and a regimen of antiviral medications with appropriate follow-up. (WHO,2007)



HIV PEP with the Sexual Assault Patients

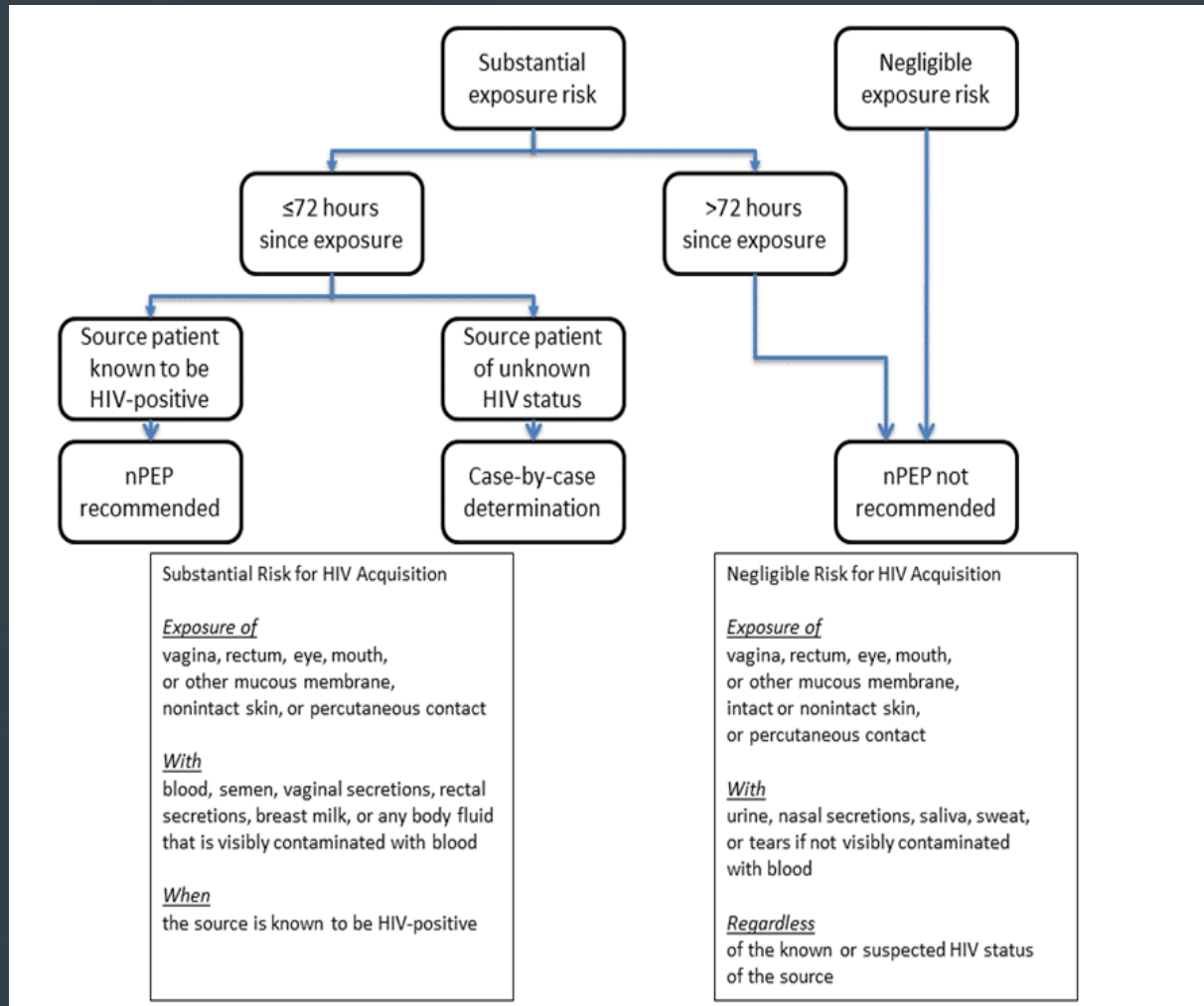
- In other situations where HIV PEP is initiated, one of the key factors is the HIV status of the exposing party. That is not always possible for those that have experienced sexual assault.
- SAFE/SANE will assess the situation and the level of risk for exposure.
- Patients may not have the thought process of understanding the potential risk of transference without PEP in high risk situations.
- Situations where the perpetrator is know to have a positive HIV status.

Initiation of HIV PEP with the Sexual Assault Patient

- Determine if the HIV status of the perpetrator is known.
- Determine the patient's HIV status- if possible utilize the rapid combined Ab/Ag, or antibody blood test.
- Determine the amount of time that has surpassed since assault, as PEP should be offered as soon as possible- up to 72 hours post exposure.
- Assess the events of the assault.
- Assess the findings of the Forensic Examination.

(CDC,2009; CDC, 2015; WHO, 2007; WHO, 2015)

Initiation of HIV PEP with the Sexual Assault Patient



Source: CDC.

[Antiretroviral post exposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States.](#) MMWR Recomm Rep 2005;54(No. RR-09):1-9.

Initiation of HIV PEP with the Sexual Assault Patient

- If it is determined that PEP is to started
 - Have a discussion with the patient and allow them the choice
 - Allow for access with a HIV specialist for consulting
 - If possible-preform baseline blood testing for CBC and serum chemistry
 - Administer PEP

(CDC, 2015)

Initiation of HIV PEP with the Sexual Assault Patient

- Center for Disease Control and Prevention's (CDC) preferred and recommend an antiviral dosing regimen consisting of 3-drugs:
 - tenofovir disoproxil fumarate (tenofovir DF or TDF) (300 mg) with emtricitabine (200 mg) once daily plus raltegravir (RAL) 400 mg twice daily or dolutegravir (DTG) 50 mg daily.
- An alternate CDC recommendation is:
 - tenofovir DF (300 mg) with emtricitabine (FTC) (200 mg) once daily plus darunavir (DRV) (800 mg) and ritonavira (RTV) (100 mg) once daily.
 - The CDC has additional regimen preferences for children, those with decrease renal functions, and pregnant women.

<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

(CDC, 2016)

Initiation of HIV PEP with the Sexual Assault Patient

- HIV PEP is *not* contraindicated in pregnant women. It has been shown that pregnancy increases the susceptibility to sexual HIV acquisition. PEP can be vitally important for pregnant women at the time of exposure.

(CDC, 2016)

Initiation of HIV PEP with the Sexual Assault Patient

- The recommendation for a 3-drug regimen is based on research demonstrating that the greatest suppression of viral replication occurs among persons with HIV infection when combination antiretroviral therapy with ≥ 3 drugs is provided. Also, the likelihood of protection against acquiring resistant virus would be greater with a 3-drug regimen compared with a 2-drug regimen. Recommending a 3-drug regimen for all patients who receive nPEP will increase the likelihood of successful prophylaxis in light of potential exposure to virus with resistance mutation(s) and will provide consistency across PEP guidelines. Additionally, if infection occurs despite nPEP, a 3-drug regimen will more likely limit emergence of resistance than a 2-drug regimen. (CDC, 2016)

Initiation of HIV PEP with the Sexual Assault Patient

- Follow the established policies and/or protocol for HIV PEP administration for your individual facility, here are some commonly used:
 - Initial dose with script for 3-7 days and a follow-up appt
 - Evaluation of labs and adverse symptoms reviewed
 - Initial dose with a script for 28 days and a follow-up appt
 - Initial dose, starter pack- 3-7 days of PEP with a follow-up appt
 - May be with or without a 28 day script

Challenges Associated to Providing HIV PEP to the Patient of Sexual Assault

- Cost of the medications associated with the recommended regimen.
- Medical providers showing reluctance to prescribe the full dose of the PEP for fear that the patient will not show up for follow-up labs and reassessment
- Access to the medications
- Specialty Care follow-up/ Collaboration of medical professionals
- Traumatization of the patient



Conclusion

- HIV PEP is a standard of care and best practice being recommended by the CDC and World Health Organization in the care of the patient that has been sexually assaulted, when appropriate criteria is met in the assessment of the patient. There are challenges and barriers that often arise, but firm collaboration of care from all medical personnel that play a role in providing the appropriate continuum of care can make this a smooth flowing constant.



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