

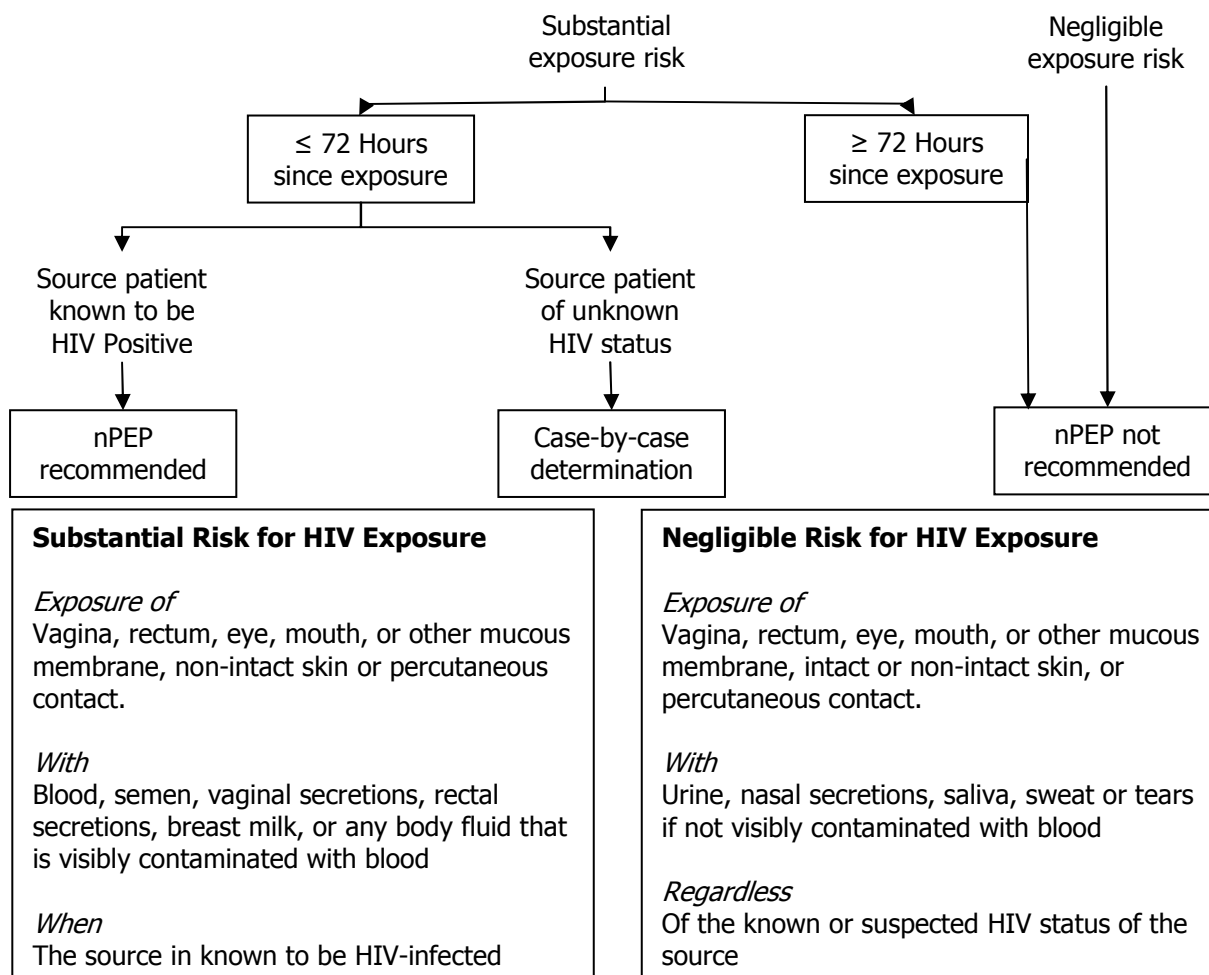
HIV Postexposure Prophylaxis after Sexual Assault

The possibility of HIV exposure from a sexual assault should be assessed at the time of the post assault exam. The possible benefit of nonoccupational postexposure prophylaxis (nPEP) in preventing HIV infection should also be discussed with the assault survivor if risk exists for HIV exposure from the assault.

Antiretroviral therapy initiated as soon as possible within 72 hours of sexual assault and continued for 28 days might reduce the likelihood of HIV transmission in high risk exposure situations. Specialist consultation on nPEP regimens is recommended if HIV exposure during the assault was possible and nPEP is being considered. If nPEP is judged to be warranted, the survivor should be offered a 3-5 day supply of nPEP with a follow-up visit scheduled for additional counseling.

The U.S. Department of Health and Human Services recommends prompt initiation of nPEP when persons seek care **< 72 hours** after exposure and the source is **known** to be HIV infected. When the HIV status of the assailant is unknown, and the sexual assault victim seeks care < 72 hours after exposure, a case by case determination for nPEP should be made. If the victim seeks care > 72 hours after as sexual assault, nPEP is not recommended.

Algorithm for evaluations and treatment of possible non-occupational HIV exposures.



Resource: Centers for Disease Control and Prevention. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. MMWR 2005; 54(No. RR-2) page 8.

Determination of assailant's HIV status at the time of the assault examination will usually be impossible. Therefore, the healthcare provider should assess:

1. Known HIV-infected; or
2. Men who have sex with men (MSM) of unknown HIV status; or
3. Injection drug user (IDU) of unknown HIV status; or
4. Stranger; or
5. Known but with unknown HIV status and risk factor history.

When assailant's HIV status is unknown the following factors should be considered in determining whether an increased risk for HIV transmission exists:

1. Whether vaginal or anal penetration occurred
2. Whether ejaculation occurred on mucous membranes
3. Whether multiple assailants were involved
4. Whether mucosal lesions are present in the assailant or survivor
5. Other characteristics of the assault, survivor or assailant that might increase risk for HIV transmission.

If nPEP is offered the following information should be discussed with the patient:

1. The unproven benefit and known toxicities of antiretrovirals.
2. The close follow-up that will be necessary.
3. The benefit of adherence to recommended dosing
4. The necessity of early initiation of nPEP to optimize potential benefits. Providers should emphasize that nPEP appears to be well-tolerated and that severe adverse reactions are rare.

Estimated per-act risk for acquisition of HIV, by exposure route*

Exposure route	Risk per 10,000 exposures to an infected source
Blood Transfusion	9,000
Needle-sharing injection-drug use	67
Receptive anal intercourse	50
Percutaneous needle stick	30
Receptive penile-vaginal intercourse	10
Insertive anal intercourse	6.5
Insertive penile-vaginal intercourse	5
Receptive oral intercourse [†]	1
Insertive oral intercourse [†]	0.5

* Estimates of risk for transmission from sexual exposures assume no condom use.

[†]Refers to oral intercourse performed on a man.

Resource: Centers for Disease Control and Prevention. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. MMWR 2005;54(No. RR-2) page 7.

HIV nPEP should be initiated in consultation.

Assistance with postexposure prophylaxis decisions can be obtained by **first** calling the National Clinician's Post-Exposure Prophylaxis Hotline (PEPLine), telephone: 888-448-4911

If additional consultation is needed, contact the OHSU Infectious Disease Department through the OHSU Consult Service, telephone: 503 494-4567 or toll free 800-245-OHSU (6478) 24 hours a day, 7 days a week

Resources:

Centers for Disease Control and Prevention. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. MMWR 2005;54(No. RR-2):[1-20].

Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2006. MMWR 2006;55(No. RR-11):[1-94].