HIV PEP Guidelines after Sexual Assault

Harborview Medical Center
Harborview Center for Sexual Assault and Traumatic Stress March 2007

Initial risk assessment and discussion with patient about risk and PEP is by clinician who does exam (SANE, Ob-Gyn resident, pediatrics resident.)

ED Medicine attending meets with all patients in "Higher risk" category, and with any patient in other risk categories who wishes to talk about or consider HIV PEP.

Follow-up: All patients who start PEP will have follow-up through Madison Clinic. HCSATS (SAC) PCC will help to coordinate with Madison Clinic PCC.

Medication: Patient needs 5 days of medication in hand when leaving ED. One dose may be dispensed from the Pyxis: the remainder should be ordered from pharmacy and given to patient in ED to take until followup appointment.

	Lower risk	**Average risk**	**Higher risk**
Risk factors of assailant	Prior recent unprotected sexual contact (e.g. intimate partner)	Unknown risk factors	Assailant is: Man who has sex with men Man known or suspected HIV positive Known IV drug use
Contact	No semen to mucosal	Semen to mucosal	Semen to open wound Semen to rectum Blood to mucosa Blood to open wound
Time since contact		PEP, if used, must be initiated within 7 days of exposure – most studies indicate within 72 hours, with decrease in effectiveness after that time	
Patient education	Very low risk of HIV	Very low risk of HIV PEP may be prescribed if patient wishes after full discussion of risk/benefit	Low-moderate risk of HIV Option of PEP should be discussed with patient
HIV PEP Regimen	PEP not indicated	Basic regimen Truvada x 5 days 1 tab po qd Full course is 28 days Reevaluate at Madison Clinic. Follow-up	Expanded regimen Truvada x 5 days 1 tab po qd + Kaletra 5 days 2 tab po bid Full course is 28 days Reevaluate at Madison Clinic follow-up
Patient Ed	Use "Information about HIV for Patients" attached Use condoms for consensual relations for 6 months		
Discussion with patient	Advise: HIV serology may be obtained at f/u medical, 2 months, 4 and 6 mo	ED medicine attending meets patient to discuss PEP **if** patient is interested	ED medicine attending should meet all patients in this risk category to discuss HIV PEP

Kaletra (lopinavir + ritonavir) Truvada (emtricitabine + tenofovir)

If patient is appropriate candidate for medication, discuss:

- □ 28 days medication course needed.
- □ 5 days of medication will be provided in ED.
- □ Must come to Madison Clinic appointment within 4 days for evaluation of medication and decision to complete course (see below for how to arrange appt)
- □ Costs: Crime Victims Compensation may cover cost medication, but only if patient applies for CVC (to qualify pt must cooperate with law enforcement, assault must have occurred in Washington state.). Patient may qualify for charity care, or insurance may cover costs. Med should be obtained at HMC unless pt has insurance.

Baseline labs if patient starts PEP

- □ Pregnancy test – if positive, Truvada and Kaletra are safe in pregnancy. Weigh the risks and benefits
- □ HIV serology
- □ CBC platelets
- □ Creatinine
- □ Liver function panel (Hepatic panel A)
- □ RPR

Medications

Prescribe usual post-exposure medications: Azithromycin 1 gm, Cefpodoxime 400 mg, Plan B 2 tabs at once, and Hepatitis B vaccine if not previously fully immunized. Levonorgestrel emergency contraception as indicated.

Basic regimen: Truvada 1 tablet daily (tenofovir 300 mg + emtricitabine 200 mg)

- □ Generally well-tolerated
- □ May cause nausea, vomiting, diarrhea, flatulence, headache, renal impairment
- □ Rare but serious lactic acidosis and hepatic steatosis
- ✓ Safe in pregnancy

Expanded regimen: add Kaletra 2 tablets bid (lopinavir 400 mg + ritonavir 100 mg bid)

- □ Don't use with midazolam, triazolam, ergots, cisapride, or pimozide.
- □ There are potential significant interactions with rifampin, lovastatin, simvastatin, fluticasone, anticonvulsants, St. John's wort, and garlic (not a comprehensive list)
- □ If using oral contraceptives, use back-up barrier birth control till 2 weeks after stopping Kaletra
- □ Does not affect Plan B.
- □ May cause elevated triglycerides
- □ May cause diarrhea
- ✓ Safe in pregnancy

Consult with infectious disease specialist to choose alternate meds if Kaletra is contraindicated or if source patient is taking antiretroviral.

Providing initial doses

- ☐ Provide initial dose from Pyxis in ED
- ☐ Prescribe enough med for 5 days total trial of medication (patient often cannot make it to follow-up for several days, it is hazardous to miss doses)
- ☐ Fax prescription to outpatient pharmacy 24/7 – x 5945
- ☐ Medication will be tubed to ED

Follow-up

For sexual assault patients only:

- ☐ HCSATS PCC will coordinate Madison and HCSATS follow-up visits
- ☐ Medical follow-up will be at Madison (initially in 2-4 days, and then 2, 6, 12, and 24 weeks)
- ☐ All patients will get social work outreach call from HCSATS
- ☐ Counseling follow-up will be at HCSATS (if patient wishes)

Resources on drug interactions: Harborview Madison Clinic Pharmacy (206-731-5151) http://depts.washington.edu/madclin/pharmacy/drugs/index.html, and http://www.hiv-druginteractions.org/

This guideline developed and approved by:

Naomi Sugar MD Medical Director, Harborview Center for Sexual Assault and Traumatic Stress

Shireesha Dhanireddy MD Attending physician Madison Clinic Harborview Medical Center Acting Instructor, Allergy & Infectious Diseases, University of Washington

Amy Baernstein MD Attending physician Emergency Department Harborview Medical Center Assistant Professor, Medicine/General Internal Medicine University of Washington

Information for Providers

Risk of Transmision

Do not over-prescribe HIV PEP

Do not prescribe PEP if blood contacted only intact skin.

Do not prescribe PEP for exposures to:

- Saliva (unless visibly bloody)
- Tears
- Feces
- Nasal secretions
- Sweat
- Vomit
- Urine

…even if these contacted mucous membrane or non-intact skin.

Do not prescribe PEP for bites, unless source person's mouth was bloody AND exposed person's skin was visibly broken.

Estimated per-act for acquisition of HIV from HIV + source, by exposure route [1]

Action	Predicted conversions per 10,000 acts
Blood transfusion	9000
Needle sharing	67
Receptive anal intercourse	50
Needle stick	30
Receptive penile- vaginal intercourse	10
Blood to mucous membranes	9
Insertive anal intercourse	6.5
Insertive penile vaginal intercourse	5*
Receptive oral intercourse	1*
Man receiving oral sex	0.5

*Source refers to oral intercourse performed on a man

Risk that source patient is HIV+ (for King County)

- General population: unknown
- Incarcerated sex offenders: 0.9%
- IDU: 2.4%
- Men who have sex with men: 10%
- MSM and IDU: 14%
- MSM and IV meth: 47%

References

1. CDC Antiretroviral Postexposure Prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States. MMWR Reports and recommendations 2005; 54 (No. RR-2).
2. CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures
3. to HIV and Recommendations for Postexposure Prophylaxis 2005 ; Vol. 54 (No. RR-9)
4. Garcia MT, Figueriredo RM, Moretti ML, Resende MR, Bedoni AJ, Papaiordanou. Postexposure prophylaxis after sexual assaults: a prospective cohort study. Sex Transm Dis. 2005 Apr; 32(4):214-9.
5. Wiebe ER, Comay SE, McGregor M, Ducceschi S. Offering HIV prophylaxis to people who have been sexually assaulted: 16 months' experience in a sexual assault service. CMAJ. 2000 Mar 7;162(5):641-5.

INFORMATION ABOUT HIV FOR PATIENTS

HIV (human immunodeficiency virus) is the virus which can cause AIDS. Getting HIV is often a fear that people have after a sexual assault. For most individuals the risk of getting HIV from a sexual assault in Washington State is extremely low.

- **For women** the risk is less than 1 in 1000.
- An assailant must be infected with HIV in order to transmit it. If the assailant were HIV-infected, it is estimated that there is a less than 3% chance of transmitting it during sexual assault.
- In the Pacific Northwest, the rate of HIV infection in the male population is about 1 to 2 %. Most men who have HIV are homosexually active. The rate of HIV infection in injection drug users is 3-4%.
- Medicines are available which can decrease the risk of acquiring HIV. The medicines must be started within 72 hours of the exposure and taken for 28 days month in order to be effective. These medications can cause mild gastrointestinal symptoms (nausea, diarrhea, fatigue, and muscle aches) and are not recommended in very low risk situations.
- **For men** who have been sexually assaulted by men there is a higher, although still small chance of getting HIV. About 1 in 6 gay men in Seattle are HIV+, but the risk of HIV transmission, even without condoms is around 1%. Under these circumstances, the risks and benefits of preventive medicine should be discussed with a health care provider.

The risk of HIV infection is quite low. But this was not a risk that you choose to take.

If you wish, you can get blood testing for HIV at your follow-up appointment. A repeat test is performed 6 weeks and 3 months later in order to know for certain that you have not been infected, and a final test can be done 6 months after the assault. During this time, it is important to use condoms for all voluntary sexual relations.