

## **BC WOMEN'S SEXUAL ASSAULT SERVICE (SAS)** **Guidelines for Offering HIV Post Exposure Prophylaxis (PEP)** **Following a Sexual Assault** **RISK ASSESSMENT GUIDE**

**Significant Risk:** May be indicated by what is known about the source or what is known about the setting in which the sexual assault took place.

<p><b>SOURCE</b>  <u>Known</u> HIV positive source <b>or</b>  <u>Known</u> high-risk source [e.g., injection drug user (IDU) or man who has sexual contact with men (MSM)] <b>or</b>  <u>Known</u> multiple assailants</p>	<p><b>PLUS</b></p>	<p><b>TYPE OF EXPOSURE</b>          Non-consensual:          Unknown exposure <b>or</b>          Anal penetration <b>or</b>          Vaginal penetration</p>	<p><b>RECOMMENDATIONS</b>          Recommend five-day HIV PEP starter kit initiated <b>within 72 hours of sexual assault, AND baseline HIV bloodwork drawn</b></p>
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<p><b>SETTING</b>          Sexual assault occurs in a setting considered high risk for HIV (e.g., Vancouver's Downtown Eastside, drug paraphernalia at scene, etc)</p>	<p><b>PLUS</b></p>	<p><b>TYPE OF EXPOSURE</b>          Non-consensual:          Unknown exposure <b>or</b>          Anal penetration <b>or</b>          Vaginal penetration</p>	<p><b>RECOMMENDATIONS</b>          Recommend five-day HIV PEP starter kit initiated <b>within 72 hours of sexual assault, AND baseline HIV bloodwork drawn</b></p> <p><b>See Important Notes below.</b></p>
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### **Negligible Risk:**

<p>Vaginal/anal penetration occurred but the <b>source</b> is known to be HIV negative (or there is no reason to believe the source is HIV positive or in a high risk group (IDU or MSM)) <b>AND</b> the <b>setting</b> in which the assault took place is not considered high risk for HIV. Oral exposure alone is considered to be negligible risk regardless of HIV status of source.</p>	<p><b>RECOMMENDATION</b>  <b>Do not offer PEP to patients in this category.</b> Provide counselling and education to reduce anxiety. Recommend HIV testing at one and three months post sexual assault</p>
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## IMPORTANT NOTES REGARDING INITIATING PEP:

- HIV PEP is not offered after 72 hours from a possible exposure and is most effective if initiated within 2 hours of exposure. Delays should be avoided. If a patient meets the criteria for significant risk and PEP is indicated, but patient is unsure about taking PEP, suggest that the patient begin the starter kit immediately and review the decision later, rather than delay prophylaxis.
- For “multiple assailants” to be considered a significant risk factor, more than one assailant must be known to have potentially exposed the patient through vaginal penetration, anal penetration or unknown exposure.
- “Unknown exposure” refers to when the patient was unconscious at the time of the sexual assault or has no memory of the assault but other circumstances indicate a sexual assault took place.
- For patients sexually assaulted by a regular partner, where the partner is known to be HIV positive, dispense PEP if the patient is in the “significant-risk” category.

**Medications may interact significantly with HIV PEP and should be used with caution. PEP may also need to be modified if the patient has significant kidney or liver disease. A careful medication history (including prescription and non-prescription medications, supplements and alternative therapy) should be obtained from the patient.**

**If are uncertain about whether to initiate HIV PEP, need more information, or if the patient is taking any medications (prescription and non-prescription) consult one of the following available 24/7:**

- **St. Paul’s Hospital Outpatient Pharmacy at 1-888-511- 6222.**
- **The Physician’s Hotline for the BC Centre for Excellence in HIV/AIDS at 1-800-665-7677**

## MEDICATION DOSAGE

PEP is taken for a total of 28 days. The first five days of medication is dispensed in the Emergency Department.

The PEP starter kit consists of a 5 day supply of:

- Tenofovir one tablet (300 mg) once a day
- Lamivudine one tablet (150 mg) twice a day
- Raltegravir one tablet (400 mg) twice a day

IF PATIENT’S WEIGHT <40 kg, call St. Paul’s Hospital Outpatient pharmacist for dosage adjustment at 1-888-511-6222.

## COMMON SIDE EFFECTS

- **Tenofovir:** Tenofovir is usually well tolerated and side effects are generally mild. They may include nausea, diarrhea and gas. Rarely, patients have had kidney changes when taking tenofovir and appropriate lab testing should be done. Close monitoring is advised in patients with a history of kidney disease, risk factors for kidney disease (e.g. diabetes, hypertension), or who are receiving concomitant medications with nephrotoxic potential (e.g. high dose non-steroidal anti-inflammatory drugs [NSAIDS]).  
(BC Centre for Excellence in HIV/AIDS, 2017).
- **Lamivudine:** Lamivudine is usually well tolerated in short-term therapy and side effects are rare. A reversible decrease in white blood cell count is the most common side effect but is very rare. Tingling of the hands and feet (peripheral neuropathy) is very unlikely to occur with one month of treatment.  
(BC Centre for Excellence in HIV/AIDS, 2017).
- **Raltegravir:** Raltegravir is generally well tolerated. Side effects are uncommon and can include headache, insomnia, fatigue, dizziness, mild abdominal pain, vomiting, and diarrhea.  
(BC Centre for Excellence in HIV/AIDS, 2017).

## HIV PEP CONTRAINDICATIONS

- A BC Centre for Excellence in HIV/AIDS physician may recommend modification of the regimen in the following situations:
  - Significant toxicity or intolerance
  - Source on antiretroviral therapy and/or has history of known or suspected resistance to any agents in the PEP regimen
  - If the patient has significant kidney or liver disease
  - If the exposed person is pregnant, contact the BC-CfE pharmacy (1-888-511- 6222) for advice. However, in a significant exposure, the existing kit should be given as soon as possible.
- Avoid or use with extreme caution in persons with chronic renal insufficiency (estimated glomerular filtration rate [eGFR] <50 mL/min). Specific cases should be discussed with a BC-CfE physician or pharmacist.

## HIV TESTING PRIOR TO PEP ADMINISTRATION

- With patient consent, an HIV Ag/Ab baseline blood test, CBC and differential, creatinine and eGFR should be done on all patients who are going to be dispensed PEP.
- Inform patients that the HIV test is checking their HIV status from before the assault and not assessing potential HIV from the assault itself. Inform the patient that you are doing the test to ensure it is safe for them to take PEP.

- As with all of care, patients can decline a HIV test. If that should happen, be sure to document that on the patient's hospital chart.

## **SPECIFIC TO WOMEN'S HEALTH**

- Tenofovir, lamivudine, and raltegravir are recommended antiretroviral agents both for treatment of HIV during pregnancy and for PEP in pregnant women. (BC-CfE PEP Guidelines May 2017)
- Tenofovir is a Pregnancy Category B drug. When pregnancy is confirmed or suspected, consultation with St. Paul's Outpatient Pharmacy at 1-888-511-6222 and BC Women's Hospital Oak Tree Clinic at 604-875-2212 is highly recommended. On weekends or after office hours, the patient may begin the regular five-day PEP starter kit and contact the Oak Tree Clinic at 604-875-2212 the next business day.
- Breastfeeding should be discontinued if suspicion of HIV infection is high enough to initiate PEP. An infant born to an HIV positive mother has a 14% higher chance of HIV infection if she is breastfed by her mother (Dunn, Newell, Ades, and Peckham, 1992). Additionally, the PEP medication can pass into the breast milk causing side effects for the infant. For these reasons it is strongly recommended that the patient discontinues breastfeeding immediately and switch to using infant formula (and pumping and discarding her breast milk). Possible resumption of breast-feeding can be discussed in follow-up if HIV risk is reassessed as insignificant or repeat HIV tests are negative. BC Women's Hospital Oak Tree Clinic at 604-875-2212 is available for consultation for breastfeeding mothers taking PEP.

## **PATIENT TEACHING**

- Give the PEP starter kit. Review and be sure the patient understands how to take the medication and is aware of the possible side effects.
- Review and ensure patient understands the education handouts titled, *Taking HIV Post Exposure Prophylaxis? What To Do After You Leave Emergency and Take This To Your Doctor. These patient handouts can be found on the BC Women's Sexual Assault Service website under resources.*
- Discuss protecting others from possible exposure. Consider the following recommendations until patient receives a negative HIV test result 3 months after exposure.
  - Abstain from vaginal and anal intercourse or use a latex condom with a water-based lubricant.
  - Do not donate blood, plasma, organs, tissue or sperm
  - Do not become pregnant
  - Do not share toothbrushes, razors, needles or other items which may be contaminated with blood/body fluids.
  - Do not breastfeed

