

Methodist Sexual Assault Nurse Examiner Program HIV Counseling Risk, Testing and Treatment with Sexual Assault

What are the chances of getting HIV from a sexual assault?

The chances of becoming infected with HIV during a sexual assault are very small. If the person who committed the assault is not infected with HIV, it is impossible to become infected. If the person who committed the assault is HIV positive the chance of being infected is unknown, but estimated to be low. There is very little information available regarding the risk of getting HIV after a sexual assault, but the U.S. Center for Disease Control and Prevention (CDC) estimates the chance of contracting HIV from a known HIV positive person at 1 in 500 to 1 in 1,000 (0.1 to 0.2 percent) following a single episode of consensual vaginal penetration; and 1 in 1,000 to 3 in 100 after consensual rectal penetration (0.1-3 percent)

Why are the chances small?

Public health departments and the CDC have been collecting information about AIDS since 1981. It is impossible to know the exact numbers of persons living in the United States with AIDS or HIV for many reasons. The CDC estimates the numbers to be between 650,000 and 900,000 or about 3% of the population.

What type of assault might be considered high risk?

An assault may be considered high risk if the attacker is known to be HIV positive or if the attacker is known to be an IV drug user. A person is much more likely to become infected with repeated sexual exposures. Rectal penetration is the greatest risk; vaginal penetration less risky; oral penetration has the smallest risk. The risk is greatest if any breaks in the skin or the mucous membranes occur during the assault and the attacker's blood or semen gets into the injured area. The risk is also higher if there is a concurrent (same time) sexually transmitted disease infection in either the victim or the attacker.

How will I know if I was infected?

You will not know right away if you were infected during the assault. The test used to detect HIV in your blood looks for antibodies that you produce to fight the infection. Most people will develop these antibodies within 3 months after the exposure, but occasionally it can take up to 6 months. We recommend that you get tested at 6 weeks, 3 months and 6 months after the assault.

Where can I go to get tested?

If you have a primary care provider, you can start there. If you do not have a primary care provider or clinic, or if you prefer anonymous testing, please refer to the take home instruction packet for services in the Omaha area.

If you choose to begin postexposure prophylaxis (medications that may decrease the chance of becoming infected), it will be necessary to follow-up with a designated medical care provider. If you do not have a primary care provider, before leaving the emergency department, you will be provided with the telephone number of a medical care provider who is willing to provide post sexual assault follow-up care. You should call on the next business day to make an initial appointment for baseline HIV testing if this was not done in the emergency department.

Is there any way to prevent infection after exposure to HIV?

There is no sure method of preventing HIV. There is some evidence that certain medications may reduce a person's risk of getting HIV in certain circumstances. This evidence is based on information from occupational (work-related) exposure to blood and body fluids and on animal studies as well as other related information.

What are the benefits and risks of this treatment?

Possible Benefits

The major potential benefit of this treatment is that it may reduce the risk of getting HIV after the assault. The actual benefits of this treatment are not known because there is very little information available about sexual assaults and the risk of getting HIV. However, once HIV has been contracted there is no cure, although significant strides have been made in treatment.

Possible Risks

The length of this treatment is 28 days. It requires monitoring by a health care provider who is knowledgeable about HIV and the treatments used. There is an increased risk of acquiring a strain of HIV that is resistant to the medications if you stop taking the medication (s) before treatment is finished. However, if a significant exposure has occurred, it may be better to begin the medication and then discontinue it than not begin

treatment at all. There is no cure available for AIDS. Some of the possible side effects of the medication(s) used include those listed below.

- ◆ Most common side effects: nausea, diarrhea, vague feeling of discomfort, headache, muscle aches, insomnia, restlessness and fatigue.
- ◆ Less common side effects: decreased appetite, taste changes, depression, dizziness, joint pain, abdominal pain, vomiting, itching, decreased white blood count, liver problems and damage, and anemia.
- ◆ Rare side effects: feelings of numbness or tingling, bluish discoloration of the skin, fever, and cough.
- ◆ Other: Other severe and even potentially fatal side effects can occur, as with use of any medications.

This treatment is not a substitute for practicing safe sex. The exact benefits of the treatment are as yet unknown. If you increase the frequency of risky behaviors, as in having unprotected sex or sharing needles, you increase your risk of getting HIV.

What is the cost of the treatment?

In 2003, the estimated cost of a 28-day course of medication is approximately \$1,200. (Priced at local pharmacies in October 2003). The cost may vary depending on the pharmacy used, your particular insurance drug benefits and the type and strengths of medications prescribed. It is possible that some of the cost may be paid by one of the victim's crime funds available, but it is unlikely that it would be paid in full or up-front. You will need to check with your insurance company regarding medical coverage. You may be eligible for low cost medications if your income level is such that you could qualify for a Medical Assistance Program offered by some pharmaceutical companies.

What are the current recommendations about this treatment?

There are differing opinions about the use of this therapy for HIV exposure after a sexual assault. The CDC cannot make blanket recommendations for or against this therapy because of the limited knowledge. Each case must be assessed on an individual basis for the appropriate treatment recommendation dependent upon the severity of the exposure or possible exposure. The CDC does recommend that if this therapy is attempted you must be made aware of the lack of information in this area, the need for on-going monitoring, and the need to continue safer sexual behaviors.

If you decide to use this treatment, the medication(s) should be started as soon as possible after the event. It is not used after 72-hours. Combivir 1 tablet twice each day for 28 days and Crixivan 2 tablets three times each day are the current postexposure prophylaxis medications of choice. In cases where the assailant is known to be HIV positive, a consultation with an HIV specialist is needed to obtain further treatment. If you are

pregnant, a consultation with an HIV specialist is also required prior to beginning treatment.

Why do I need to practice safer sex?

Because you will not know the final results of your HIV status until after the 6 month HIV test, practicing safer sex will help to protect both you and your partner. Always use a condom during sexual activity for the next 6 months. Do not use oil based lubricants as they may cause the condom to leak or break. Don't have sex when you have been drinking or using other chemicals since you may forget about using a condom. Multiple sex partners will increase your risk of exposure to HIV. Condoms do not guarantee protection against HIV. Also, do not engage in oral sex without condom use.

What other precautions do I need to take?

Until you have had a negative test result at 6 months, you should not donate blood, plasma, semen, tissue or organs. Women should not become pregnant or breastfeed during this time.

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Bamberger JD, Waldo CR, Gerberding JL, Katz MH
Postexposure Prophylaxis for Human Immunodeficiency Virus (HIV) Infection
Following Sexual Assault. Vol 106.pp 323-326, 1999.