HIV Prophylaxis For Adults After Sexual Assault

Recommendations for Health Care Providers

Developed by:
Oregon Attorney General's Sexual Assault Task Force and
Oregon Health Authority HIV Prevention Program

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Diana Antoniskis
McKynzie Bynum
Shaunda Haines
Ruth Helsley
Cessa Karson-Whitethorn
Patti Kenyon
Kentucky Council on Domestic Violence and Sexual Assault
Todd Korthuis
Oregon Attorney General's Sexual Assault Task Force
Sean Schafer
Warren Scott
Cindy Smith
Mary Ann Ware
Sara West

Contents

Introduction

Contracting Human Immunodeficiency Virus (HIV) as a result of sexual violence is an overwhelming fear for many patients. This document presents a concise plan of action for health care providers to address this fear and reduce the risk of HIV infection after sexual assault. Non-occupational post exposure prophylaxis (nPEP) involves the provision of antiretroviral medications to prevent HIV transmission. The risk of HIV transmission with some non-occupational exposures may be similar or of higher risk than with occupational exposures. These recommendations provide guidance to health care providers managing potential HIV exposures that occur as a result of sexual assault. The focus is on:

- Deciding whether to offer nPEP based upon the details of the exposure.
- Initiating nPEP provisionally as soon as possible after the assault if nPEP is likely to be indicated.
- Providing the assault patient with a four-day "starter pack" of nPEP medicines before s/he leaves the health care facility.
- Ensuring a follow-up visit with a licensed healthcare provider within four days to make a decision about completion of full 28-day course of nPEP and provide additional medicine.

If healthcare providers have additional questions regarding provision of nPEP, health care providers should contact the PEPline (National Clinicians' Post-Exposure Prophylaxis Hotline) at 888-448-4911. The PEPline provides round-the-clock expert guidance. Callers receive immediate post-exposure prophylaxis recommendations. Copies of this document may be obtained from the Oregon Public Health Division website: http://public.health.oregon.gov/PreventionWellness/SafeLiving/HIVPrevention/Pages/index.aspx or by calling 971-673-0153.

Frequently Used Terms

Advocate: individual (either paid or volunteer) who has been trained in advocating for victim's of sexual assault

Assailant: perpetrator of assault

Mucous membrane: eye, oral, nasal, or genital mucosa

Non-occupational exposure: any direct mucosal, percutaneous or intravenous contact with potentially infectious body fluids that occurs outside perinatal or occupational situations

Non-intact skin: punctured, cut, or substantially abraded skin

Non-occupational Post-exposure Prophylaxis (nPEP): the provision of medications or treatment to prevent the transmission of a disease or illness following any direct mucosal, percutaneous or intravenous contact with potentially infectious body fluids that occurs outside perinatal or occupational situations

Patient: victim of sexual assault

PEPline: National Clinicians' Post Exposure Prophylaxis Hotline

Potentially infectious body fluid: blood or blood products, genital secretions, peritoneal, pleural or cerebrospinal fluids but NOT saliva, tears, urine or sweat

SANE: Sexual Assault Nurse Examiner

Clinical Recommendations

Table 1. Estimated risk of HIV infection after sexual assault if assailant infected, by type of exposure.*

Exposure Type Risk	Risk per Exposure
Exposure to contaminated needle or injection drug equipment with skin puncture	0.7%
Receptive anal intercourse	0.5%
Receptive penile-vaginal intercourse	0.1%
Insertive penile-vaginal intercourse	<0.01%
Receptive oral intercourse	<0.01%
Insertive oral intercourse	<0.01%

*Other factors such as trauma, genital ulcer disease or cervical ectopy can increase risk of HIV transmission after exposure.

Non-occupational post exposure prophylaxis should be considered for all sexual assault patients presenting within 72 hours of a potential exposure to HIV. The health care provider should help the patient to realistically assess her/his risk of acquiring HIV infection, manage emotional reactions, and make an informed decision about taking nPEP. Assessing the likelihood of HIV infection and following exposure includes two factors:

1. Did a potentially infectious body fluid from the assailant come into contact with the patient's mucous membrane or non-intact skin?

-AND-

2. Does the assailant have HIV infection or is the assailant at risk of having HIV infection?

Assessing the Risk of the Exposure

If a potentially infectious body fluid was in contact with a mucous membrane or non-intact skin, infection is possible and consideration of nPEP is warranted.

Assessing the Likelihood that the Assailant is HIV-Infected

In **all cases** of sexual assault, nPEP should be considered. It is reasonable to offer nPEP to individuals following sexual assault by an unknown assailant or assailants. It is also reasonable to offer nPEP to individuals sexually assaulted by someone known to them, but whose HIV status is in doubt, or sexual and injection drug use history is not known with confidence. Local HIV epidemiology can be taken into consideration in circumstances where the patient and health care provider wish to make a finer estimate of assailant's risk of infection; however, this consideration is most likely to be appropriate at the time of follow-up with another health care provider within 4 days to make a determination about completion of nPEP initiated at the time of initial evaluation.

Assailant Plasma Viral Load

If an assailant is known to be HIV-infected, an undetected or low plasma HIV RNA level or plasma viral load does not ensure that genital secretions are not infectious.

Assailant HIV Testing

If an assailant of unknown HIV status is available, then HIV testing of the assailant should be encouraged, using a rapid or standard HIV antibody test. If a rapid test is negative or nonreactive, nPEP should be deferred unless one strongly suspects that the assailant may be in the seronegative window period of infection. The seronegative window is on average from 3–6 months following time of exposure. If a confirmatory test of the assailant is subsequently completed and found to be negative, nPEP can be discontinued when the results come back, with the same caveat.

Multiple Exposures

Individuals might present for nPEP following a series of exposures, some of which are within, and others outside, the 72-hour cut-off. The health care provider should determine whether to offer nPEP in such circumstances. It is not unreasonable to offer nPEP, however, the reduced likelihood of being able to prevent HIV infection because of the earlier exposures should be explained to the patient.

Assessing HIV Status

All individuals presenting for nPEP should be evaluated for the likelihood of pre-existing HIV infection. A baseline HIV test should be obtained, though this test can reasonably be postponed until follow-up with another health care provider, preferably within 4 days.

Initiation of nPEP should not be delayed while awaiting collection of a baseline specimen for HIV testing of the patient or the results.

Who Should Not be Offered nPEP?

Non-occupational post exposure prophylaxis is not indicated for perceived exposures of negligible or no conceivable risk (e.g., kissing, oral-anal contact, mutual masturbation without skin breakdown, bites not involving blood, cunnilingus not involving blood exposure, unprotected receptive oral intercourse without ejaculation unless the patient has evidence of oral pathology, unprotected insertive oral sex, etc.). Though a low threshold for provisional initiation of nPEP is strongly encouraged, clinicians should be willing to decline requests for nPEP and provide supportive counseling and referrals in situations where the risk is clearly negligible. In some situations, the risk is simply not known; in these situations, provisional initiation of nPEP is encouraged with the expectation that a final decision on completion will be made at the time of follow-up consultation with a health care provider within 4 days.

Children and Adolescents

These guidelines do not specifically address the special needs of children and adolescents under the age of 15. Refer to local policy, or consult a pediatric infectious disease specialist. The PEPline may be able to assist (888-448-4911).

Pregnancy Testing and Pregnancy

All women of childbearing potential should be tested for pregnancy. Pregnant women can receive nPEP but should not be given Efavirenz or didasnosine plus stavudine. These medications are not among the standard recommended nPEP medications. If needed, consultation can be obtained at any hour from the National PEPline (888-448-4911).

Pregnant women can receive nPEP. Health care providers should attempt to obtain expert consultation when making determination about nPEP for pregnant women, but nPEP initiation should not be delayed while awaiting consultation. Treatment with Efavirenz (EFV) should be avoided in pregnant women and women of child bearing potential. The PEPline may be able to assist (888-448-4911).

Preferred medications

Truvada®
(tenofovir, 300 mg and emitricitabine, 200 mg)
1 tablet daily

+

Kaletra®
(lopinavir, 200 mg and ritonavir, 50 mg)
4 tablets once daily

Obtain consultation for alternative medications or regimens by calling the PEPline (National Clinicians' Post-Exposure Prophylaxis Hotline) at 888-448-4911. First doses should be given as early as possible after the assault if nPEP is being seriously considered. If decision later made to suspend nPEP before completion, risk of adverse events is low.

If the assailant is known to be infected and medication history accessible, obtain expert antiretroviral resistance consultation immediately by calling the PEPline (National Clinicians' Post-Exposure Prophylaxis Hotline) at 888-448-4911.

Provide the assault patient an nPEP "starter pack" consisting of enough nPEP medication to complete at least four days of therapy at the time of the initial determination to initiate nPEP.

A complete nPEP regimen requires 28 consecutive days of medication beginning as early as possible after the exposure. For several valid reasons [including urgency of initiating nPEP quickly, limited information about the assault or assailant, and emotional state of the patient] health care providers and assault patients often choose to initiate nPEP, only to make a subsequent informed decision to discontinue before completion.

HIV testing for the patient

Sexual assault patients should be tested for HIV at the time of the assault (Testing can be postponed until follow-up within one week. Initiation of nPEP should not be delayed while awaiting HIV testing or results.), and at six weeks, three months and six months. In some instances the patient might refuse HIV testing or the health care provider might judge the patient to be too distraught to make an informed decision about HIV testing. In these situations, nPEP should not be withheld while awaiting HIV testing. Alternatively, HIV testing can be done within 4 days at the time of follow-up. Repeat testing should be encouraged at six weeks, three, and six months following the exposure

Unrelated to the sexual assault, the patient may be already at risk for HIV. In this setting it is reasonable to defer nPEP when a rapid HIV test is positive. However, even if a rapid test is positive, patients should be given the option of nPEP pending the results of the confirmatory test.

HIV testing for the assailant

HIV testing of the assailant should be encouraged. If an assailant tests HIV-negative or nonreactive, nPEP should be deferred or discontinued unless there is a very high likelihood of acute HIV infection in the assailant.

Other testing and interventions

Consult other sources for information about other testing, immunizations and treatment likely to be indicated after sexual assault such as screening and treatment for other sexually transmitted infections and viral hepatitis, post-assault contraception and other baseline tests or treatments indicated by the assault circumstances. Please note that it is important not to delay the provision of emergency contraception.

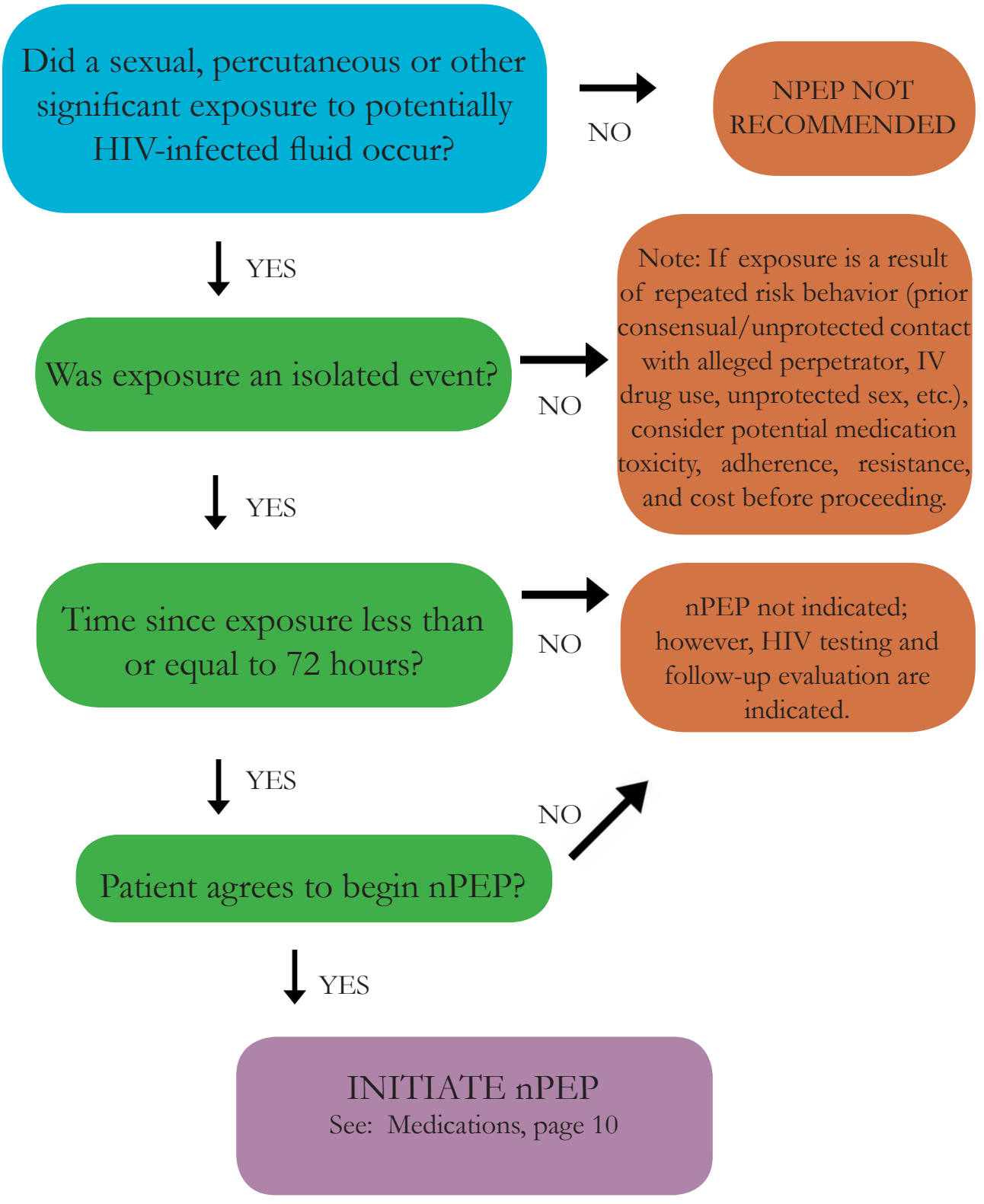
Follow-up

All patients who initiate nPEP must be seen in follow-up by a licensed health care provider within 4 days, and before exhaustion of the initial supply of nPEP medications provided at the initial examination. Final determinations about completion or discontinuation of nPEP should be made by the patient and follow-up provider in addition to arrangements for supervision of therapy and additional tests or treatment needed.

Medication adherence

Adherence to medication should be strongly encouraged. Advise patients about the importance of taking all of the recommended medication on the recommended schedule. Patients should take a missed dose if it is recognized within approximately 12 hours of when the dose was scheduled for a once a day medication. If three or more days are missed consecutively, the patient should discontinue nPEP medication course.

NPEP Decision Algorithm



Supplementary Notes to nPEP Decision Algorithm

Assault Exposures That Do Not Warrant nPEP	Assault Exposures That Prompt Consideration of nPEP
•Kissing or other mouth to mouth contact without mucosal damage	•Assailant's penis to patient's vagina or anus
•Bites without skin penetration	•Bites with skin penetration or visible blood
•Mouth to anus contact without visible blood exposure	•Mouth to anus contact with visible blood
•Penis to mouth contact with condom, or without condom and without ejaculation, unless evidence of patient oral pathology	•Penis to mouth contact without condom and with ejaculation; or without ejaculation in presence of patient oral pathology
•Mouth to patient's vagina contact without blood exposure	•Mouth to vagina with blood exposure
•Exposure of intact skin to saliva, tears,sweat, or urine	•Exposure of mucosal surface or non-intact skin to blood or genital secretion from a assailant not known to be free of HIV infection
•Masturbation without contact between potentially infectious body fluids and non-intact skin or mucous membranes	•Needle sharing with assailant known to be HIV-infected or at risk for HIV infection

Assailant characteristics that may indicate increased likelihood ("at-risk") of HIV infection:
History of multiple sex partners
History of sexually transmitted disease
Man known to have sex with men
Injection drug use history
History of trading sex for money and/or drugs

Medications

Give the first dose as early as possible after the assault if nPEP is being seriously considered. If a decision is later made to suspend nPEP before completion, the risk of adverse events is low. NPEP is most effective when initiated as early as possible after the exposure.

Preferred medications are:

Truvada®
(tenofovir, 300 mg and emitricitabine, 200 mg)
1 tablet daily

+

Kaletra®
(lopinavir, 200 mg and ritonavir, 50 mg)
4 tablets once daily

- If alternative medications are being considered obtain consultation by calling the PEPline at 888-448-4911.

- Before s/he leaves the facility, provide the patient an nPEP "starter pack" consisting of enough nPEP medication to complete at least four days of therapy at the time of the initial determination to initiate nPEP.

- Document decision to initiate nPEP and patient's understanding/assent

- Document explanation of the need for baseline HIV testing, adherence to medication and follow-up with another health care provider within 4 days to address completion of 28-day nPEP treatment with medical supervision.

Labs

If feasible, collect specimens for the following diagnostic tests (if the patient is too distraught or other circumstances intervene, these tests can be postponed until follow-up within 4 days):

- Complete blood count with differential
- Serum liver enzymes
- Blood urea nitrogen/creatinine
- Urinalysis
- Pregnancy test

Consult

If circumstances necessitate consultation with a specialist, one can be obtained at any hour from the National PEPline (888-448-4911). If for any reason consultation is not immediately available, nPEP should not be delayed; changes can be made as needed after nPEP has been initiated.

Managing Side Effects, Including Medication Changes

Patients should be given information regarding getting medical assistance in the case of side effects. Common side effects seen with Kaletra are rash, diarrhea, nausea and vomiting, and headache. Common side effects seen with Truvada are drowsiness or light-headedness, or reduced ability to think clearly, headache, diarrhea, nausea or vomiting and changes in the color of skin. Taking the pills with food reduces nausea. Anti-emetics and analgesics can be prescribed as indicated. In some cases nPEP regimen may be modified due to adverse effects based on expert consultation.

Emergency Contraception

When emergency contraception has been offered the contraceptive should be delayed at least one hour after the initial dose of nPEP. Pre-medicating with an anti-emetic is an option.

Routine Testing for Drug Toxicity

Routine baseline and follow-up laboratory studies to assess for toxicity are not indicated unless there is a specific clinical concern based upon medical history and/or signs or symptoms.

Evaluation of Acute or Primary Infection

Patients with signs or symptoms of acute HIV infection should be referred for expert assessment when nPEP is provided. Signs and symptoms can include: low- or high-grade fever, pharyngitis, oral candidiasis, oral or genital ulcers, lymphadenopathy, a macular rash, diarrhea, abdominal pain, myalgias, arthralgias, headache, stiff neck, or photophobia starting more than three days after a potential exposure to HIV. Note that many of these signs and symptoms are nonspecific. Laboratory findings often seen in acute HIV infection include lymphocytopenia, mild-to-moderate thrombocytopenia, and mild elevation of serum transaminases.

Sexually Transmitted Infection and Hepatitis Screening, Treatment, and Vaccination

When possible, patients presenting after sexual assault should be screened for urethral, rectal and pharyngeal gonorrhea, and Chlamydia based upon their sexual history, as well as for syphilis. When possible, they should also be screened for hepatitis A, B and C, and referrals for vaccination, should be provided as indicated. Patients testing positive for hepatitis C antibodies or hepatitis B surface antigen should be referred for primary care.

Follow up/Referral

Preferably your facility will stock standard 4 day starter packs with the preferred regimen and will be provided at time of initial evaluation. If starter packs are not available at your facility, arrangements should be made with an on or off-site pharmacy to provide the patient with sufficient nPEP medications to last 4 days before s/he leaves the facility. If necessary, nPEP regimens can be revised at follow-up if appropriate based on assailant antiretroviral resistance (if available), efficacy data, toxicity, pill burden/ease of dosing, potential drug interactions, cost, and pregnancy.

No nPEP patient should leave the evaluating facility without explicit arrangements for follow-up within 4 days and before the initially provided supply of nPEP medications is expected to be exhausted.

Some suggestions for follow-up arrangements follow:

If the patient has a regular health care provider, has means of payment, and feels confident that s/he will be able to arrange sufficient follow-up within 4 days, s/he can be discharged with instructions to arrange follow-up with that provider. Assurance of follow up is strongly encouraged by contacting the follow up provider.

When no satisfactory alternative follow-up is available, the initial evaluating facility or health care provider may ask the patient to return to the same facility or provider for follow up treatment. For nPEP patients who don't have a regular health care provider, explicit arrangements should be made for follow up within 4 days of being seen.

Recommendations on nPEP Advance Planning Considerations for Health Care Staff

Each facility or sexual assault examination provider should identify local health care provider groups, preferably primary care practices, local health departments, or federally funded community health centers and determine whether they will be willing to provide nPEP follow-up for sexual assault patients referred from the facility. Standard operating procedures for making and confirming follow-up with willing providers should be established in order to ensure that all nPEP patients receive adequate follow-up. Follow-up providers should be selected from among those who indicate that capacity and willingness to seek consult when necessary with an infectious disease specialist who is knowledgeable about HIV treatment and nPEP. The referral facility should be aware of the billing procedures and have the capacity for diagnostic laboratory testing. The referral facility needs to have the ability to receive patients within 4 days of the initial exam and referral.

Pharmacies

Determine which local pharmacies have the recommended medications in-stock or can order them quickly. Develop a relationship with these pharmacies. Talk with them about nPEP treatment, the need for response to patients who have experienced sexual violence, and the billing process. Take sample forms to the pharmacist so that they will recognize the documents and respond appropriately when a patient comes for nPEP medication. Provide the pharmacist with contact information for the Crime Victims' Compensation Program (503-378-5348) and for your office. Provide pharmacist with the National PEPLine number (888-448-4911).

Pharmacists with specific questions regarding nPEP therapy can contact the National PEPline (888-448-4911). Pharmacists will play a role in the dispensing of nPEP as well as in providing counseling regarding use of the medication and adverse effects. Pharmacists are expected to serve as a medication information resource to patients on nPEP throughout the 28-day course of therapy. Pharmacists will advise patients of the particular importance of completing the entire 28-day course of nPEP treatment without missing doses.

All nPEP medications should be taken concurrently. No medications should be dispensed as part of an nPEP regimen if all medications are not available at the same time. Certain antiretroviral medications may interact with other prescription medications either rendering the nPEP medications ineffective or potentially interacting in a fashion that increases drug toxicity. When nPEP is prescribed to a patient receiving other prescription and non-prescription medications, a complete drug profile review should be conducted to assess for any drug-drug interactions. Information regarding drug-to-drug interactions between antiretrovirals and other medications are available from the National PEPLine (888-448-4911).

Pharmacists without immediate access to any medications prescribed as part of an nPEP regimen should be prepared to obtain the medications immediately from another provider. Patients should never be asked to leave the evaluating facility to pick up initial medications. All nPEP patients should receive a 4 day supply of nPEP medications and have taken their first dose before leaving the facility. Pharmacists should be cognizant of the urgency of nPEP regimens and must prioritize the dispensing of nPEP regimens. This may especially be an issue in areas where antiretroviral medications are less commonly filled.

Billing

Due to the urgency of nPEP regimens, dispensing of these drugs must not be delayed due to billing issues. Coverage for nPEP may be provided by the Crime Victims' Compensation Program as outlined on page 15 of this document.

Working with the Doctor

Determine which physicians and other licensed health care providers in your area are willing and able to accept referrals for nPEP follow-up. Develop relationships with these providers. Follow-up with the billing service/staff to ensure understanding of the process. Provide examples of any forms used by the evaluating facilities and copies of these guidelines. Provide information about billing the Crime Victims' Compensation Program. Provide contact information for the National PEPline.

Working with the Emergency Room Staff

Meet with nurse managers or other management in the facilities that are likely to evaluate sexual assault patients to review and discuss this protocol. Build a relationship with nurse manager and/or other staff to facilitate response to patients, awareness of nPEP protocol, and improved communication regarding nPEP and other treatment for a patient who has been sexually assaulted.

Information Sheet

Create a patient information sheet that has contact information for the local health care providers who can provide nPEP follow-up, pharmacies that have the medications or can get them quickly, and for the Rape Crisis Center. PROVIDE THIS TO PATIENTS AS APPROPRIATE, AS PART OF THE ADVOCACY PROCESS. Information on pages 15-16 can be used in your patient information sheet.

Model Information Sheet

NPEP Basics

What is nPEP and prophylaxis? nPEP is Non-Occupational Post Exposure Prophylaxis. Prophylaxis is preventive treatment for a possible exposure – in this case, specific to exposure to HIV. Depending upon multiple factors, the patient may have been exposed to HIV. Although, the risk of actual infection is low (< 1% chance of contracting HIV – see table on page 17), preventive treatment via nPEP may be appropriate. Clients who are HIV-positive prior to the assault should ordinarily not receive nPEP. If a patient is given nPEP and the baseline HIV test is positive, the patient will be advised to stop nPEP. nPEP is most effective when provided immediately following the exposure. Effectiveness decreases significantly with the passing of each hour and is considered ineffective after more than 72 hours have elapsed since exposure. Recommended nPEP treatment includes 28 consecutive days of 2 medications Truvada® (tenofovir, 300 mg, and emtricitabine, 200 mg), 1 tablet daily; and Kaletra® (lopinavir, 200 mg, and ritonavir, 50 mg), 4 tablets once daily. Other drugs are sometimes used for nPEP and may be prescribed at the discretion of medical personnel. nPEP drugs do have side effects, most commonly diarrhea, nausea and vomiting. Licensed medical providers can prescribe medication to counteract nausea.

Patients will need to visit a licensed health care provider, probably a primary care physician or infectious disease specialist for additional nPEP medication and ongoing testing to insure that the medication isn't harming them and to get a prescription for more medicine to complete recommended 28 days of preventive treatment.. This will need to be done within 4 days of the assault, and then regularly as directed by the health care provider. Emergency departments are encouraged to conduct follow-up calls with patients to remind them of the need to be seen by a health care provider and to offer help making an appointment. Patients should also have additional HIV testing at 1 month, 3 months, and 6 months after exposure. This should be noted on the information sheet provided to the patient. Payment for nPEP is often available from the Crime Vicitms' Compensation Program. The patient will need to submit a form to determine eligibility for compensation. This form can be found at http://www.doj.state.or.us/victims/compensation.shtml, along with other information regarding CVCB.

What is the risk of acquiring HIV infection after sexual assault?

If the assailant is not HIV-infected, there is no risk of HIV infection after sexual assault. However, HIV status of the assailant is rarely known with certainty. If the assailant is HIV-infected, the risk of the patient acquiring HIV after an assault is generally low, usually less than 1% based upon a single exposure.

Table 1. Estimated risk of HIV infection after sexual assault if assailant infected, by type of exposure.*

Exposure Type Risk	Risk per Exposure
Exposure to contaminated needle or injection drug equipment with skin puncture	0.7%
Receptive anal intercourse	0.5%
Receptive penile-vaginal intercourse	0.1%
Insertive penile-vaginal intercourse	<.01%
Receptive oral intercourse	<.01%
Insertive oral intercourse	<.01%

*Other factors such as trauma, genital ulcer disease or cervical ectopy can increase risk of HIV transmission after exposure.

Why was prophylaxis not offered?

Effectiveness is limited to a 72-hour time frame following exposure. This treatment is not appropriate for patients who are already HIV positive whether or not they are currently taking medication. In most circumstances, medical providers will do a baseline test for HIV status.

Medical personnel will assess the appropriateness of nPEP for the individual based upon how much time has passed since the exposure (assault), the patient's expressed interest or willingness to complete the entire 28 day treatment, and/or the patient's current HIV status.

What if a patient doesn't want nPEP?

Patients may decline nPEP just as they may decline any other recommended medical treatment.

What are the side effects?

The recommended nPEP treatment includes 2 medications: Truvada® (tenofovir, 300 mg, and emtricitabine, 200 mg, both nucleoside analogues), 1 tablet daily; and Kaletra® (lopinavir, 200 mg, and ritonavir, 50 mg, both protease inhibitors), 4 tablets once daily. The most common side effects of these drugs include nausea/vomiting, diarrhea, trouble sleeping, headache, tiredness, dizziness. Medical personnel can prescribe additional medication to help offset some

of these side effects. It is important to support patients in determining for themselves whether or not the benefit of taking the full course of medication is greater than the suffering side effects may cause.

What can advocates do to help the patient with this process?

Educate yourself regarding this protocol so that you may advocate for the best response for your patient. As always, provide support and information for your patient so that he/she may make the best decision for him/herself. And, as mentioned before, it is very important for the program to have some preliminary community work done to create the most responsive environment for a patient.

Clinician Training Resources

The National AIDS Education and Training Centers (AETC) Program authorized by the Ryan White CARE Act supports eleven regional centers that conduct multidisciplinary education and training programs for health care providers treating persons with HIV/AIDS. AETC programs are administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau. AETC's focus is on training clinicians in Ryan White Part C funded clinics, such as physicians, advanced practice nurses, nurses, physician assistants, dental professionals and pharmacists. Training activities are based upon assessment. Emphasis is placed on interactive, hands-on training and clinical consultation. The link to the AETC website for Oregon is: http://depts.washington.edu/nwaetc/offices/oregon.html. The Center is available for training about nPEP as well as other HIV-related topics.

SAMPLE PATIENT DISCHARGE INSTRUCTIONS

Sample forms and/or policies are provided by way of example only and are not intended to replace or supplant hospital policy or guidance from the hospital legal team.

A number of specimens were collected from you today as evidence in the event criminal charges are initiated. Your exam was completed by:_____

Please review and make your primary doctor aware of the following, if necessary
The following tests were conducted:

Urine Pregnancy Test - Results: . Positive . Negative
Urine Dip OR Urinalysis
Blood Testing
Oregon Sexual Assault Forensic Evidence Kit
Syphilis
HIV Test
CBC and Comp (if given HIV medications)
Hepatitis Panel
Other_____
Other_____
Other_____
Other_____

Medications given or sent home with the patient:

Treatment for Gonorrhea

Ceftriaxone (Rocephin) 250 mg IM x 1 dose **OR** (Other) _____
_____

Treatment for Chlamydia

Azithromycin (Zithromax) 1 gram PO x 1 dose **OR** Doxycycline 100mg PO twice a day for 7 days prescription

Treatment for Trichomoniasis

Metronidazole (Flagyl) 2 grams PO x 1 dose

Post Coital Contraception

Levonorgestrel (Plan B) 0.75 mg tablets: 1 tablet now and 1 tablet in 12 hours at_____

Other)_____

Treatment for Tetanus

Tdap (ADACEL) 0.5ml IM x 1 dose **OR** Tetanus Toxoid 0.5 ml IM x 1 dose

Hepatitis Prevention

Hepatitis B vaccination (Recombivax HB) 0.5 ml IM x 1 dose - Series #1
Series #2 due_____(1 month)
Series #3 due_____(6 months)
Hepatitis B vaccination (Other schedule) _____

Anti nausea medicine

Promethazine (Phenergan) 25 mg PO x 1 dose
Other)_____

HIV Prophylaxis

You were given enough medication to last ___days. To complete the full HIV prophylaxis you will need to follow-up with a health care provider as soon as possible and before your medication runs out to receive counseling, blood tests and the remainder of the medication necessary to complete 28 days of treatment.

You were given the following medications:

Truvada® (tenofovir, 300 mg, and emtricitabine, 200 mg) and Kaletra® (lopinavir, 200 mg, and ritonavir, 50 mg). You should have taken one Truvada® tablet and 4 Kaletra® tablets before leaving the medical facility where you were examined. Beginning the next day, you should take 1 Truvada® tablet and 4 Kaletra® tablets once each day until you have a follow-up visit with another health care provider before your medication runs out and within 3–5 days. You should refrain from alcohol during the next 48 hours

(Alternative nPEP medications.) You were given the following medications:

_____
_____
_____
_____
_____

You should take these as follows:

_____

_____

_____

_____

_____

Check mark only the following that apply:

☐ I understand when I have a follow-up examination (with my clinic/doctor of choice), I should bring this sheet, so that my health care provider will know what treatment I received and can perform tests to be sure that the medications are working.

☐ I understand that I should not drink alcohol in the next 48 hours because of the medications that were given to me.

☐ I understand that if I need to be vaccinated for Hepatitis B, it is given in a series of 3 injections and it is important that all shots in the series get completed to protect me.

☐ I understand that it is strongly recommended that I have a gynecological exam in 1 week with my clinic/doctor of choice and a repeat urine pregnancy test in 1 week.

☐ I understand that it is strongly recommended that I receive follow-up care of any genital/anal/oral injury every week until healed at my clinic/doctor of choice.

☐ I understand I should also report to my health care provider any unusual bleeding, vaginal or rectal discharge and/or pelvic pain and any other symptoms that may be related to my assault.

☐ I understand that if at any time in the next 2-3 days I experience severe pain, ongoing nausea or vomiting or any other unusual medical complaints that I have been advised to see my primary care physician or to go to the nearest Emergency Department.

☐ I understand that it is strongly recommended that I receive follow-up care of any human bite mark injury every week until healed at my clinic/doctor of choice.

It is very important that you take these pills exactly as instructed. You may experience some nausea, vomiting, diarrhea, fatigue, headache, or breast tenderness. This is normal and will go away without treatment in 8-12 hours. Women may also experience spotting, early/late period, or heavy/lighter period. It may take as long as 2 weeks for your period to start. You are to have a repeat urine pregnancy test in 1 week. If you do not start your period, or if you suspect that you are pregnant, you should go to your doctor immediately. If you have difficulty breathing, closing of your throat, swelling of your lips, tongue or face, or severe stomach tenderness, go to the nearest Emergency Department immediately or call 911.

Performed at_____.

Phone #_____

Sexual Assault Patient Follow-Up Care

Date: _____/_____/_____
[MM] [DD] [YYYY]

Facility of SA Examination:_____
_____
_____

Address: _____
_____

Telephone: ( ) _____ - _____

Exposure and HIV Information

Date of Exposure: _____/_____/_____
[MM] [DD] [YYYY]
Time of Exposure: _____ [AM / PM]

Hours Between Exposure & nPEP initiation:
_____

County and State Where Exposure Occurred:
_____

Exposure Description (including injury):
_____
_____
_____
_____

Previous HIV testing:_____/_____/_____
[MM] [DD] [YYYY]

Result of last HIV test:
__Positive __Negative __Unsure __No Prior Testing

Hepatitis status: A_____ B_____

Name: _____
Pt. Acct. #:_____
DOB: _____/_____/_____
[MM] [DD] [YYYY]
Gender: __[M] __[F]

Medical History

Pertinent Past Medical History:
_____
_____
_____
_____

Drug Allergies: _____
_____

Current Meds:_____
_____
_____

Assessment and Plan

Labs Completed:
Pregnancy Test: __Positive __Negative

___CBC ___Liver enzymes ___BUN/Cr.
___Rapid HIV ___Hepatitis serology

__Reviewed with patient: drug information, adverse events, emergency phone numbers, medication adherence, use of alcohol.

__Medication given: _____
_____
__Follow up appointment established with:
_____
_____
for _____/_____/_____
[MM] [DD] [YYYY]

___Referral and lab results faxed