

**S.A.N.E. 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 sexual assault and HIV, 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 following a single episode of consensual vaginal penetration and 1 in 50 after consensual rectal penetration.

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. The information available from the Minnesota Department of Health indicates that Minnesota has a relatively low incidence of HIV/AIDS in comparison with other regions in the U.S. Based on current statistics it is unlikely that an attacker is HIV positive, however any unprotected sexual encounter carries with it a potential risk.

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 or has multiple partners. 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 greater if any breaks in the skin or mucous membranes occur during the assault and the attacker's blood or semen gets into the injured area.

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 look for antibodies that your body produces to fight the infection. Most people will develop these antibodies within 3 months of the exposure, but occasionally it can take up to 6 months. We recommend that you get tested 3 months and 6 months after the assault.

Where can I go to get tested?

If you have a primary physician it is best if you start there. If you do not have a primary physician or clinic you can go to:

1. Nucleus Clinic 763-755-5300
1323 Coon Rapids Blvd. NW
Coon Rapids, MN 55433

May be utilized for information, counseling, referral, and confidential or anonymous testing. Diagnosis and treatment of other sexually transmitted diseases is also available. Certain days or evenings an appointment is not needed, but hours of operation vary. Call for hours of operation or an appointment.

2. Red Door Clinic 612-348-6363
525 Portland Ave.
Minneapolis, MN 55415

May be utilized for information, counseling, referral, and confidential testing. Diagnosis and treatment of other sexually transmitted diseases is also available. An appointment is needed.

3. Room 111 Clinic 651-266-1352
St Paul Public Health Center
555 Cedar Street
St Paul, MN

May be utilized for information, counseling, referral, and confidential testing. Diagnosis and treatment of other sexually transmitted diseases is also available. Certain days or evenings an appointment is not needed. Call for hours of operation.

If you chose to begin postexposure prophylaxis it will be necessary to follow-up with a designated medical care provider. If you do not have a primary care physician you will be provide with the telephone number of medical provider who is willing to provide follow-up care post sexual assault before leaving the emergency department. You should call on the next business day to make an initial appointment for baseline HIV testing.

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

There is no sure method of preventing HIV after exposure. There is some evidence that certain medications may reduce a person's risk for getting HIV in certain circumstances.

More recent studies involving people with sexual and injecting-drug-use exposures have indicated there may be some benefit obtained from post-exposure prophylaxis.

What are the benefits and the risks of this treatment?

Possible Benefits

The major potential benefit of this treatment is that it may reduce the risk for 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 physician 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 that are currently used to slow this disease if you stop taking the medication(s) before treatment is finished. However, if a significant exposure has occurred, it is better to begin the medication and then discontinue it than to not begin treatment at all. There is no cure available for AIDS. The possible side effects of the medication(s) used include:

- 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, and anemia.
- Rare side effects: feelings of numbness or tingling, bluish discoloration of the skin, fever, and cough.

This treatment is not a substitute for practicing safe sex. 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?

The estimated cost of a 28-day course of medication is approximately \$600 depending on the medication(s) used. In most cases this medication is covered by insurance in the normal manner. The copay is the patient responsibility. It is possible that some of the cost may be paid by one of the crime victim's funds available, but it is unlikely that it would be paid in full. .

What are the current recommendations about this treatment?

Doctors have 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 possible side effects and toxicity of the medication(s) given, the necessity of close medical monitoring, and the need to continue safer sexual behaviors. If you decide to try this treatment, the medication(s) should be started as soon as possible. Combivir 1 tab BID for 28 days is the current postexposure prophylaxis regime of choice if treatment is recommended or offered. In cases where the assailant is known to be positive or the exposure is deemed very high risk due to other factors, a consultation with an Infectious Disease Specialist is needed to obtain further treatment. If you are pregnant a consultation with an Infectious Disease Specialist is required prior to beginning treatment.

Why do I need to practice safer sex?

Because you will not know the 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 bases lubricants as they may cause the condom to leak or break. Don't have sex when you have been drinking or using other chemicals as you may forget about using a condom. Multiple sex partners will increase your risk of exposing others to HIV if your test turns out to be positive. Multiple sex partners will also increase your risk of exposure to HIV if your test turns out to be negative. Condoms do not guarantee protection against HIV.

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Sources:

AIDS 101: Guide to Basics, December 15, 1999

CDC-NHCHSTP-Divisions of HIV/AIDS Prevention, Statistical Projections/Trends,2005

HIV Prophylaxis Following Sexual Assault, Recommendations for the State of California. August 7, 2000; Unpublished.

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