Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

Quick Fact Sheet for Community Agencies

HIV PEP FOLLOWING SEXUAL ASSAULT

This document will provide information on a NEW program offering post-assault HIV prevention care.

WHO Sexual assault victims/survivors

WHAT Universal offering of HIV Post-Exposure Prophylaxis (HIV PEP) medications

WHERE Across Ontario at Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs)

WHY *Program* to help prevent HIV, funded by the Ministry of Health and Long-Term Care

Universal HIV PEP Program at a Glance

- ✓ All patients presenting to an Ontario SA/DVTC to receive counselling about potential HIV risks
- ✓ All patients at any risk of HIV infection (known or unknown) to be offered HIV PEP
- ✓ HIV PEP to begin within 72-hours[1] of exposure (as early post-assault as possible)
- ✓ HIV PEP to be prescribed for a period of 28-days[1]
- ✓ Intensive follow-up care to monitor drug therapy & assist patients who accept HIV PEP
- ✓ HIV PEP to be provided at no cost to patients

Program Rationale: Why Offer HIV PEP?

- HIV PEP is recommended to prevent transmission of HIV following occupational and non-occupational exposures such as unprotected sexual activities and injection drug use[1]
- Ontario Ministry of Health and Long-Term Care endorses this program & fully funds HIV PEP medications through your local Sexual Assault/Domestic Violence Treatment Centre (SA/DVTC)
- At the end of 2008, an estimated 65,000 Canadians were living with HIV. Women account for 22% of the national total at an estimated 14,300.[2]
- In 2009, there were 1,013 positive HIV tests in Ontario, accounting for 44% of the national total. Ontario has the highest incidence and prevalence of HIV in Canada.[3]
- For 2008, heterosexual transmission was responsible for 36% of newly infected cases. Given that an assault involving a male assailant and female survivor is the most common scenario seen by SA/DVTC staff, these demographics have important implications for the SA/DVTC client population.[3]
- Women are twice as likely as men to contract HIV during (vaginal) intercourse[3]
- 39% of Canadian women experience at least one incident of sexual assault since the age of 16[4]
- HIV transmission following sexual assault may be greater (than consensual sex) due to genital/rectal trauma and bleeding, exposure to multiple assailants, exposure through multiple receptive sites, and/or presence of sexually transmitted infections (in the assailant or victim)
- Fear of HIV infection is common among sexual assault victims/survivors, post-assault
- Access to HIV PEP following sexual assault has been inconsistent in Ontario

Evidence to Support HIV PEP

- HIV PEP is widely used in occupational exposure & mother-to-child transmission settings[1,5,6]
- Efficacy studied in occupational exposure – taking HIV PEP reduced odds of HIV infection by 81%[7]
- Difficult to study in non-occupational setting – ethical concerns regarding study design and sample sizes; heterogeneity of exposures
- Animal studies – early initiation of HIV PEP is more effective in preventing HIV infection [1,6,8,9]
- Guidelines for the provision of HIV PEP following sexual assault have been developed and implemented in multiple North American and European jurisdictions[6,10,11,12,13,14]
- High HIV PEP uptake & completion rates captured in an evaluation of Ontario's universal HIV PEP program (2003-2005) indicate a clear demand for this program

Assessing HIV Risk

- Ascertaining assailant HIV status and/or HIV high-risk factors is very difficult in the short time available for initiating HIV PEP, *especially* in the case of an unknown assailant
- When the risk of transmission is unknown, it cannot be assumed as zero
- Per incident probabilities of HIV transmission via unprotected sexual exposures can help clients understand risk. *Anal Intercourse*: receptive (0.5%) vs. insertive (0.065%); *Vaginal Intercourse:* receptive (0.1%) vs. insertive (0.05%); *Oral Intercourse:* receptive (0.01%) vs. insertive (0.005%)
- Considerations in estimating the probability that an assailant is HIV-positive: local HIV seroprevalence; potential to belong to high-risk group (e.g., IVDU, MSM, ex-inmate, from country with high rates of HIV)
- 'Universal' Offering = HIV PEP is accessible to all patients <u>at any risk</u> of HIV

Drug Information: Truvada® and Kaletra®

- 28-day Regimen
- Truvada® and Kaletra® are antiretrovirals commonly used for treating patients infected with HIV
- Common side effects include: headache, nausea, abdominal pain, diarrhea, insomnia, abnormal dreams and/or fatigue. These can be managed with common over-the-counter remedies.

Your Role in HIV PEP Care

- You are key in making information on the HIV PEP program available those accessing your service
- You can help sexual assault victims/survivors address their HIV concerns by providing them with information about:
  - The HIV PEP program
  - The local Sexual Assault/Domestic Violence Treatment Centre

- More information on the HIV PEP program is available at www.womensresearch.ca/programs/HIVPEP.php
- Contact Sheila Macdonald, Provincial Coordinator of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
  - sheila.macdonald@wchospital.ca
  - 416.323.6400 ext. 4472
- *Pamphlets about the HIV PEP program are available for your clients! Contact your local SA/DVTC (contact info here).*

[1] CDC. 2005. Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Non-occupational Exposure to HIV in the United States: Recommendations from the U.S. Department of Health and Human Services. *MMWR*. 54(RR-2): 1-20.

[2] Public Health Agency of Canada. 2009. *HIV and AIDS in Canada: Surveillance Report to December 31, 2009*. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control

[3] European Study Group. 1992. Comparison of female to male and male to female transmission of HIV in 563 stable couples. *BMJ*. 304: 809-13.

[4] Federal/Provincial/Territorial Ministers Responsible for the Status of Women. 2002. Assessing Violence Against Women: A Statistical Profile.

[5] Grulich AE. 2003. Epidemiologically targeted post-exposure prophylaxis against HIV: An under-utilized prevention technology. *HIV Medicine*. 4: 193-4.

[6] European Project on Non-Occupational Post Exposure Prophylaxis. 2002. Management of non-occupational post exposure prophylaxis to HIV: Sexual, injection drug user or other exposures.

[7] Cardo DM, Culver DH, Ciesielski CA, Srivastava PU, Marcus R, Abiteboul D, Heptonstall J, Ippolito G, Lot F, McKibben PS, Bell DM. 1997. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *New England Journal of Medicine*. 337(21): 1485-90.

[8] Tsai CC, Emau P, Follis KE, Beck TW, Benveniste RE, Bischofeberger N, Lifson JD, Morton WR. 1998. Effectiveness of postinoculation (R)-9-(2-phosphonylmethoxypropyl) adenine treatment for prevention of persistent simian immunodeficiency virus SIVmne infection depends critically on timing of initiation and duration of treatment. *Journal of Virology*. 72: 4265–73.

[9] Otten RA, Smith DK, Adams DR, Pullium JK, Jackson E, Kim CN, Jaffe H, Janssen R, Butera S, Folks TM. 2000. Efficacy of postexposure prophylaxis after intravaginal exposure of pig-tailed macaques to a human-derived retrovirus (human immunodeficiency virus type 2). *Journal of Virology*. 74: 9771–5.

[10] Wiebe ER, Comay SE, McGregor M, Ducceschi S. 2000. Offering HIV prophylaxis to people who have been sexually assaulted: 16 months' experience in a sexual assault service. *Canadian Medical Association Journal*. 162(5): 641-5.

[11] Non-occupational HIV PEP Task Force, Brown University AIDS Program, and the Rhode Island Department of Health. 2002. Non-occupational human immunodeficiency virus post-exposure prophylaxis guidelines for Rhode Island healthcare practitioners.

[12] New York State Department of Health AIDS Institute. 2004. HIV Prophylaxis Following Non-Occupational Exposure Including Sexual Assault.

[13] Myles JE, Bamberger J. 2001. Offering HIV Prophylaxis Following Sexual Assault: Recommendations for the State of California. Prepared for the Housing and Urban Health of the San Francisco Department of Public Health and The California HIV PEP after Sexual Assault Task Force in conjunction with The California State Office of AIDS.

[14] Massachusetts Department of Public Health. 2005. HIV Prophylaxis Following Non-Occupational Exposures Recommended Protocol Components.

For more information, visit:

www.sadvtreatmentcentres.net/en/hivpep.php