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

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**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
- 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.
- 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.
- 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.
- Women are twice as likely as men to contract HIV during (vaginal) intercourse
- 39% of Canadian women experience at least one incident of sexual assault since the age of 16
- 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

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Evidence to Support HIV PEP

- HIV PEP is widely used in occupational exposure & mother-to-child transmission settings\textsuperscript{1,5,6}
- Efficacy studied in occupational exposure – taking HIV PEP reduced odds of HIV infection by 81%\textsuperscript{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 \textsuperscript{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\textsuperscript{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 at any risk of HIV

Drug Information: Truvada\textsuperscript{®} and Kaletra\textsuperscript{®}

- 28-day Regimen
- Truvada\textsuperscript{®} and Kaletra\textsuperscript{®} 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
  \url{www.womensresearch.ca/programs/HIVPEP.php}
- Contact Sheila Macdonald, Provincial Coordinator of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
  → \url{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).
For more information, visit: www.sadvtreatmentcentres.net/en/hivpep.php