

4. EXPOSURE INVOLVING SEXUAL ASSAULT

A woman reports being sexually assaulted (vaginal penetration) approximately twenty-four hours previously by a male acquaintance that is HIV-infected. Physical examination reveals perineal bruising and a shallow vaginal laceration. What recommendations should be made regarding HIV PEP?

This sexual assault, involving traumatic vaginal penetration by an HIV-infected source, involves a risk of HIV transmission comparable to (and perhaps higher than) that of a needlestick exposure. Hence, many expert HIV clinicians as well as recently published CDC guidelines¹ would endorse initiation of an expanded PEP regimen in this scenario. As with an occupational exposure, the exposed patient should be offered counselling and psychological support as well as baseline and follow-up HIV testing. Other concerns such as the potential for pregnancy, prophylaxis against other sexually transmitted infections (STIs), and collection of evidence for possible legal action should also be addressed. If she initiates PEP, monitoring for antiretroviral toxicity should be performed.

¹ Smith DK, Grohskopf LA, Black RJ, et al. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. *MMWR* [serial on the Internet] 2005;54(RR02):1-20. Available at <http://www.aidsinfo.nih.gov/Guidelines>

² Ibid.

³ Ibid.