

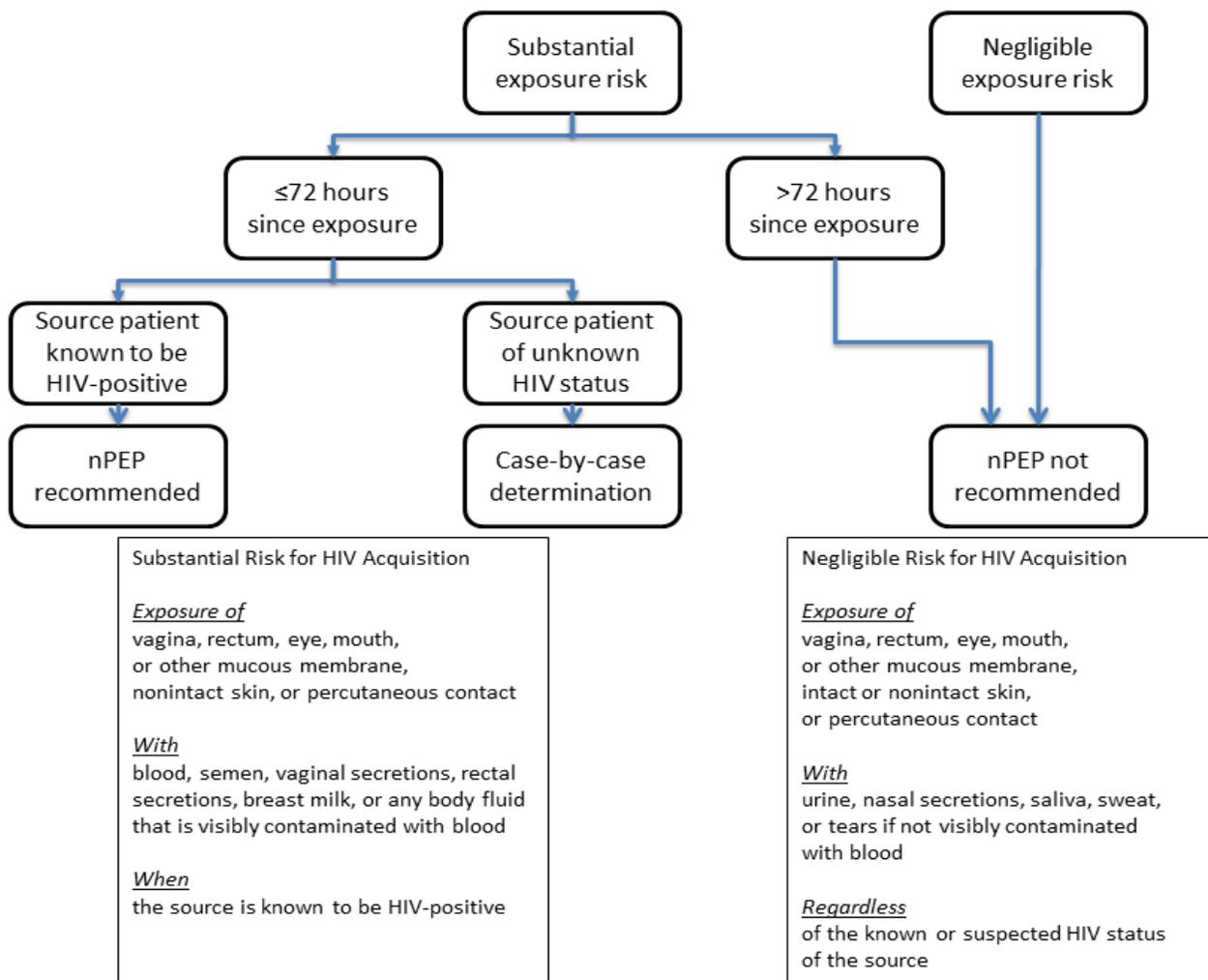
CDC Recommended Treatment for Sexually Assaulted Patients

1. **Empiric antimicrobial regimen** for chlamydia, gonorrhea, trichomonas

Ceftriaxone 250mg IM in a single dose
PLUS
Azithromycin 1G orally in a single dose
PLUS
Metronidazole 2G orally in a single dose*
OR
Tinidazole 2G orally in a single dose*

**If alcohol has been recently ingested or emergency contraception provided, metronidazole or tinidazole can be taken by the survivor at home to minimize side effects*

2. **Emergency contraception** should be considered when the assault could result in pregnancy. Baseline pregnancy test should be performed during initial treatment prior to administration for negative baseline test.
3. **Hep B post exposure** (without HBIG) if the survivor is unvaccinated and assailant status is unknown. If the survivor is unvaccinated and the assailant is known to be HBsAg positive, the survivor should receive Hep B vaccine and HBIG. If indicated, these should be administered at the time of initial examination and follow up vaccine doses at 1-2 months and 4-6 months after first dose. For vaccinated survivors that did not receive post vaccine testing, a single vaccine booster dose is recommended.
4. **HPV vaccination** is recommended for females 9-26 and males 9-21. MSM can be vaccinated through age 26. The vaccine should be given at the time of initial exam and follow up doses at 1-2 months and 6 months after initial dose.
5. **HIV post exposure:** *Baseline HIV testing should be performed during initial medical treatment based on chart below. HIV seroconversion has occurred with sexual assault. In consensual sex, the risk is 0.1%-0.2% for vaginal sex and 0.5%-3% for receptive rectal intercourse per act. The risk from oral sex is substantially lower. Specific assault circumstances such as bleeding from trauma might increase this risk. Other considerations are exposure to ejaculate, viral load in ejaculate, and the presence of other STD's or genital lesions which could increase risk. When making consideration for HIV PEP, factors discussed could include potential benefits, compliance, side effects and any known high risk behavior of the assailant such as MSM and IV drug use.*



If any of the above treatments are unavailable at your facility, emphasis should be placed on urgent outpatient follow up.

Patients unable to afford HIV PEP should complete a Truvada medication patient assistance form DURING treatment at the facility to be signed by the patient and provider and placed in the patient’s chart. COPY must be given to patient to submit to Truvada.

