COUNTY BOARD OF HEALTH
2024
NURSE GUIDELINES FOR
SEXUAL ASSAULT IN ADULTS AND ADOLESCENTS

DEFINITION

This guideline is primarily limited to the identification, prophylaxis, and treatment of sexually transmitted infections and conditions commonly identified in the management of such infections. **The documentation of findings and collection of non-microbiologic specimens for forensic purposes and the management of physical and psychological trauma is beyond the scope of this guideline.** Management of pregnancy prevention is included in the Emergency Contraceptive Pills (ECP) protocol.

Among sexually active adults, the identification of sexually transmitted infections (STIs) after an assault is usually more important for the psychological and medical management of the patient than for legal purposes, because the infection could have been acquired before the assault.

Chlamydia, gonorrhea, bacterial vaginosis and trichomoniasis are the most frequently diagnosed infections among women who have been sexually assaulted. Such conditions are prevalent in the population, and their detection after an assault does not necessarily imply acquisition during the assault. Chlamydial and gonococcal infections in women are of concern because of the possibility of ascending infection. In addition, HBV infection can be prevented, within a certain timeframe, through post-exposure vaccination. Because female survivors also are at risk for acquiring HPV infection and the efficacy of the HPV vaccine is high, HPV vaccination is also recommended for females, 9 through 26 years of age.

ETIOLOGY

Adults and adolescents requesting identification and treatment of sexually transmitted infections and preventative therapy after an alleged sexual assault.

Survivors should be strongly encouraged to have initial exam with forensic personnel such as a sexual assault nurse examiner if within 5 days of the sexual assault. Once an STD exam is conducted, a forensic exam cannot be done as the STD exam would compromise any evidence.

Assist the survivor in contacting the nearest rape crisis center for the closest location a forensic exam can be done for collecting physical evidence. Typically, prophylactic treatment (1 GM Azithromycin- PO and 250 MG Rocephin- IM) is also given as part of the forensic exam. If the forensic exam is done within the 4-5-day range, the survivor may have been offered ECP as well.

If a survivor insists they do not desire a forensic exam, the initial exam and prophylactic treatment may be completed at the health department after the 5-day waiting period is up. If the initial exam is done with health department personnel, a

follow-up visit is still recommended in 6-8 weeks as stated later in the section entitled "Follow Up".

DIAGNOSTIC Based on findings from history and physical examination

ASSESSMENT Based on findings from history and physical examination

PLAN

DIAGNOSTIC STUDIES

1. Tests for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* and *Trichomonas vaginalis* from specimens collected from any/all sites of penetration or attempted penetration

2. Wet mount examination for candida, bacterial vaginosis and *Trichomonas vaginalis*

3. Collection of a serum sample for evaluation for HIV, hepatitis B and C, and syphilis (rapid testing not recommended, use conventional methods of testing)

THERAPEUTIC

Pharmacologic

1. Treat any identified sexually transmitted infections

2. The following prophylactic regimen is suggested as preventative therapy for previously untreated survivors:

    a. Post-Exposure hepatitis B vaccination should adequately protect against HBV (if given within 14 days) if the hepatitis status of the assailant is unknown, and the survivor **has not** been previously vaccinated. Vaccination should be started at the time of initial exam. Follow up doses of vaccine should be administered 1-2 and 4-6 months after the first dose. *

    b. HPV vaccine (for survivors aged 9-26 YO). Follow up doses of vaccine should be administered 2 and 6 months after the first dose.

    c. Recommendations for HIV PEP are individualized according to risk **

    d. An empiric antimicrobial regimen for chlamydia, gonorrhea, and trichomonas should be administered.

RECOMMENDED REGIMEN for Adolescent and Adult Female Sexual Assault Survivors

- Ceftriaxone, 500 mg*** IM in a single dose PLUS
- Doxycycline, 100 mg 2 times/day orally for 7 days PLUS
- Metronidazole, 500 mg 2 times/day orally for 7 days

RECOMMENDED REGIMEN for Adolescent and Adult Male Sexual Assault Survivors

- Ceftriaxone, 500 mg*** IM in a single dose PLUS
- Doxycycline, 100 mg 2 times/day orally for 7 days

Please Note: For patients requiring alternative treatment, see STI protocols

*If the assailant is known to be HBsAg-positive, unvaccinated survivors should receive both hepatitis B vaccine and HBIG. Any survivor needing the combination of hepatitis B vaccine and HBIG would need to be referred for treatment.

**If recommend HIV PEP, survivor must be referred for treatment

***For persons weighing >150 kg, 1 g of ceftriaxone should be administered.

Please Note: The efficacy of these regimens in preventing infections after sexual assault has not been evaluated. Clinicians should counsel persons regarding the possible benefits and toxicities associated with these treatment regimens: gastrointestinal side effects can occur with this combination.

3. If assault occurred within the last 5 days, a pregnancy test is negative and the client is at risk for pregnancy, discuss emergency contraception. See Emergency Contraception Protocol.

CLIENT EDUCATION / COUNSELING

(Reinforce pertinent information with handouts)

1. The name of any identified infections and significance

2. Symptoms of sexually transmitted infections and the need for immediate examination if symptoms occur

3. Information on how to protect consensual sex partners against the possibility of infection

4. Abstain from sexual intercourse of any kind until prophylactic treatment is completed or for 7 days after taking any treatment

5. Directions for taking medication, potential effects and what to do concerning them

6. Encourage contact with the nearest rape crisis center for emotional support counseling. Give client phone number and discuss the center's services: individual and group support, referrals for legal counseling, psychological help and to other organizations that may meet their need

7. Discuss reporting sexual assault to the police. Reporting does not mean prosecuting, and a decision can be made later to prosecute.

FOLLOW-UP

1. Although it is often difficult for persons to comply with follow-up examinations weeks after an assault, such examinations are essential.

   A) To detect new infections acquired during or after the assault

   B) To completed hepatitis B immunization, if indicated, And

   C) To complete counseling and treatment for other STIs

   For these reasons, it is recommended that sexual assault survivors be re-evaluated at follow-up examinations.

2. If initial tests, whether done at the health department or as part of a forensic exam, are negative and prophylactic treatment was NOT provided, examination for STIs can be repeated within 1-2 weeks of the assault. Repeat testing detects infectious organisms that might not have reached sufficient concentrations to produce positive test results at the time of initial examination.

3. For survivors who are treated during the initial visit, regardless of whether testing was performed, post-treatment testing should only be conducted if the survivor reports having symptoms. If symptoms, a follow-up can be scheduled as indicated.

4. If initial test results were negative and infection in the assailant cannot be ruled out, serologic tests for syphilis can be repeated at 6 weeks and 3 months; HIV testing can be repeated at 6 weeks and at 3 and 6 months using methods to identify acute HIV infection.

CONSULTATION / REFERRAL

1. To other agencies based on client's needs (e.g., mental health, rape crisis center, law enforcement, hospital ER)

REFERENCES

1. Centers for Disease Control and Prevention. (2021). 2021 Sexually Transmitted Diseases Treatment Guidelines: Sexual Assault and Abuse and STDs. Retrieved from https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf

2. Centers for Disease Control and Prevention. (2021). 2021 Sexually Transmitted Diseases Treatment Guidelines: Viral Hepatitis. Retrieved from https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf

3. National Institute of Justice. (2017, August 8). National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/250384.pdf

4. Northeastern Judicial Circuit Sexual Assault Protocol, Protocol Committee of the Northeastern Judicial Circuit, February 2024.