

GUIDELINES FOR THE PATIENT

In the case of sexual assault

When you have been sexually assaulted, it is natural to experience feelings of fear, pain, anger, shame, and confusion. In addition, you may ask yourself questions such as:

- What are the chances that I was exposed to sexually transmitted diseases?
- What are the chances that I was exposed to HIV?
- And if you are a woman, what are the chances that I will become pregnant?

All these concerns are legitimate, and the United Nations attending physician will help you to address these issues. In order to recommend the best course of action, it is important that you make the physician aware of any chronic/acute medical condition(s) you may have, and of any treatment you are taking at the time of the initial evaluation.

Pregnancy is almost always a possibility in premenopausal women but this can be addressed by taking the so-called “morning-after” pill. One (1) tablet is given within seventy-two (72) hours of the assault, and a second tablet, twelve (12) hours after the first. This medication is likely to cause nausea.

Becoming infected with a sexually transmitted disease is also a possibility. However, most of these diseases are easy to diagnose and to treat. Your attending physician, whether at the site to which you are evacuated or locally, will explain this to you further and carry out the necessary follow-up. This will include assessment for possible infection with either Hepatitis B or C virus.

We do not know the exact risk of HIV infection following a sexual assault, but it is estimated to be low and is probably less than 1%. However, the chances of being exposed to HIV increase:

- If more than one man sexually assaulted you;
- If you have any torn or damaged skin;
- If the type of assault was an anal assault;
- If you know that the person who assaulted you is HIV-positive; or
- If you know that the person who assaulted you is an injecting drug user.

If you do not know the HIV status of the assailant, assume they are HIV-positive.

In the case of sexual assault or occupational accident

If you were exposed to HIV, it may be possible to reduce the chance of becoming infected by taking four (4) weeks of combination antiretroviral medication. The medication consists of Zidovudine and Lamivudine (supplied in combination as Combivir) and Indinavir.

This drug regimen (also referred to as **post-exposure prophylaxis (PEP)**) should ideally be started within **2–24 hours** and **no later than 48–72 hours** after exposure, and **must** continue for four (4) weeks. Medical evacuation may be necessary because of the potential side-effects of these medications, and because a doctor experienced in HIV treatments should administer the follow-up treatment and care.

There is no absolute medical proof that this drug regimen works, but there is evidence that it *may* help.

If you decide to take the PEP regimen:

- You will be medically evacuated;
- The United Nations physician will ask you to sign the consent form indicating your acceptance of the PEP regimen;
- You will be given enough medication to cover treatment for the first five (5) days; and
- You will need to continue treatment for a total of 28 days.

The medication itself is taken as follows:

- **Zidovudine** (300mg) and **Lamivudine** (150mg) – one combination tablet twice a day taken on an empty stomach.
- **Indinavir** (400mg) – two tablets every eight (8) hours. Take this medication on an empty stomach with plenty of water.

If you miss a dose of *either* of these medications, take it as soon as you remember *and* take the next dose at its regular scheduled time. However if you remember only at the time of the next dose, you should *not* take a double dose. A doctor must be consulted before taking any other medications, including over-the-counter medications and herbal medicines.

In the case of intolerance to these medications they can be taken with a low-fat snack (such as juice, or skimmed milk) 1 hour before or two hours after a meal. It is recommended that you avoid alcohol or use it in moderation only during the PEP regimen as this will reduce the risk of gastric intolerance.

These medications can be taken with the “morning-after” pill. However, you must be aware that the combination of these medications is likely to cause severe nausea.

Once you have arrived at your evacuation site, your attending physician will continue your evaluation and treatment, will monitor your progress until completion of the PEP regimen, and will order laboratory tests as necessary. There will be a need to perform an HIV test at six (6) weeks, twelve (12) weeks, twenty-four (24) weeks, and one year after the exposure.

Unless you indicate otherwise, you will be referred to a psychologist or psychiatrist to address the psychological trauma you have suffered.

Drug	Dosage	Contraindications	Side-effects	Recommendations
<p>Zidovudine 300mg (AZT)</p> <p>Lamivudine 150mg (3TC)</p> <p>Supplied in combination as Combivir</p>	<p>One tablet, two times per day. Should be taken on an empty stomach (1 hour before or 2 hours after meals) if tolerated. In the case of GI intolerance, the medication can be taken with a low-fat snack 1 hour before or 2 hours after a meal.</p>	<p>Chronic renal insufficiency, hepatic insufficiency, bone marrow insufficiency, and for patients treated with myelosuppressive, haemotoxic or nephrotoxic drugs within two weeks of starting AZT.</p> <p>History of pancreatitis, peripheral neuropathy,</p> <p>Pregnancy.</p>	<p>Diarrhoea, fever, dizziness, headaches, fatigue, insomnia, vomiting, loss of appetite, nausea, inflammation of the liver, muscle pains.</p> <p>Diarrhoea, insomnia, stomach pains, fatigue, mild muscle pains, nausea, headache.</p>	<p>Breastfeeding not recommended.</p> <p>Approved for use after the 14th week of pregnancy.</p> <p>Not to be taken whilst breastfeeding.</p>
<p>Indinavir 400mg</p>	<p>Two tablets every 8 hours on an empty stomach (1 hour before or 2 hours after meals) if tolerated. In the case of GI intolerance, the medication can be taken with a low-fat snack 1 hour before or 2 hours after a meal. Drink plenty of water (at least 8 glasses per day).</p>	<p>Active hepatitis, cirrhosis/liver disease, renal disease. In combination with certain medications: cisapride (propulsid), ergotamine, astemizole (hismanal), terfenadine (seldane), pimozone (orap), midazolam (versed), triazolam (halcion). Other medications can affect blood levels and should therefore be used with caution: idex, nizoral, cholesterol-lowering medications, "statins", St John's wort and Echinacea.</p>	<p>Side-effects are common with Indinavir. Any of the following may occur: headache, stomach pain, rash, back pain, pain in the side, blood in the urine (kidney stones), muscle pain, diarrhoea, loss of appetite, vomiting, general malaise, nausea, fever, jaundice.</p> <p>Also itching, dark-coloured urine and stools and yellowing of the skin or eyes, raised blood sugar – increased thirst, frequent urination, weakness, dizziness and headache, haemolytic anaemia.</p>	<p>No information is available on safety in pregnancy or during breastfeeding.</p>