

## **Team Manager On-Call Procedure regarding Management of HIV Contacts following a Sexual Assault and Post-Exposure Prophylaxis**

### **Background:**

- Healthy Sexuality and Harm Reduction (HSHR) is a unit in Population and Public Health that promotes healthy sexuality and harm reduction to reduce the transmission of sexually transmitted and blood borne infections (STBBI) including HIV, hepatitis C, gonorrhea, chlamydia and syphilis. Public health nurses ensure that people who have tested positive for STBBIs are appropriately treated and referred, and that their sexual partners (and in some cases contacts to blood) are confidentially notified of exposure.
- HSHR is not involved in assessing the need for Post Exposure Prophylaxis (PEP) or for providing it. PEP assessment and management is performed by Urgent Care and/or emergency departments in hospitals. There have been infrequent situations when a victim of sexual assault is HIV positive, that the emergency/urgent care health care practitioners requested that public health nurses locate and notify the alleged assailant that they have been a contact to HIV, and encourage them to come to the emergency department to be assessed for PEP. This has occurred on a weekend when the HSHR team was not available, thus a general program weekend public health nurse was requested to do an urgent home visit for contact notification.
- Notifying a person that they have been a contact to HIV is a delicate process and maintaining the confidentiality of the informant (victim of sexual assault) is paramount. In the case of sexual assault where the assailant may have come in contact with HIV from the victim it is important to weigh the potential harms/benefits to one client against the potential harms/benefits to the other. Notifying a person that they have been a contact to HIV within the last 72 hours will likely breach the confidentiality of the informant/victim, so this approach must be considered with extreme caution.
- The related harms/benefits include a very high likelihood of breaching the confidentiality of the HIV positive victim by way of exposing their HIV status, versus not offering a potentially effective prophylactic treatment to an individual (ie, the assailant) to further reduce the spread of HIV. Follow up in these situations is also informed by the nature of the exposure, including factors such as condom use, exposure to sexual fluids and/or blood, single or multiple exposures, and the viral load of the victim (if known).

- Given the complexity of these discussions and the fact that follow up for STBBI is required in a timely way, but generally measured in days and not hours, the recommendation is to not call in Public Health Nurses on standby to respond to these referrals. The referral will be followed up the first regular business day after the situation occurs by a Public Health Nurse from the HSHR team.

**Procedure:**

- With the 72-hour window for PEP there is usually no urgency to notify an HIV contact over the weekend. Given the low risk of transmission from a one-time exposure, the high risk of breaching confidentiality, the health and safety risks of sending a weekend public health nurse to track down an alleged sexual assault assailant, the likelihood that the general public health nurse will have less resources and expertise to deal with these complex situations and the high cost of deploying “on call” public health resources for this purpose, **such requests should be referred to the WRHA Healthy Sexuality and Harm Reduction (HSHR) team first thing next working day. Phone: (204) 250-8504 and Fax: (204) 940-2007.**
- **As Team Manager on Call you may want to review this procedure with the hospital personnel that are requesting a weekend public health nurse be deployed for this purpose.**
- **This process has been reviewed and approved by the Sexual Assault Nursing Examination (SANE) team at Health Sciences Centre.**

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