Updated Guidelines for Post-Assault Testing and Treatment

Ann S. Botash, MD
Professor of Pediatrics
October 5, 2016

Disclosure Statement

Ann S. Botash, MD, has no financial relationships with any commercial interests.

Objectives

- Recognize the changes in guidelines for post-assault testing and treatment
- Describe when to do testing and treatment in sexual assault cases
- Analyze differences between pubertal and prepubertal testing and treatment
Why Updates?

- Changes due to new and improved testing methods
- New literature supporting newer testing
- Treatment updates

Sexual Assault and Sexually Transmitted Infections in Adults, Adolescents, and Children

Archer C. Davis, Rebecca K. Hal, Mary Kay Catlett, Rebecca E. Girard, Tracy W. Christman, Judith Lindner

Section on Global Health and Infectious Diseases, Department of Pediatrics, University of North Carolina at Chapel Hill; Division of STD Prevention, Bureau of Direct Services, Massachusetts Department of Public Health, Jamaica Plain; Division of STD/AIDS Prevention, Department of Health and Human Services, Massachusetts Department of Public Health, Boston; Division of STD/AIDS Prevention, Department of Health and Human Services, Florida Department of Health, Tallahassee; Division of STD/AIDS Prevention, Department of Health and Human Services, New York Department of Health, Albany; Division of STD/AIDS Prevention, Department of Health and Human Services, Washington Department of Health, Olympia; Division of STD/AIDS Prevention, Department of Health and Human Services, New Mexico Department of Health, Santa Fe; Division of STD/AIDS Prevention, Department of Health and Human Services, State University of New York Downstate Medical Center, Brooklyn

CID 2015:61 (Suppl 8)

A National Protocol for Sexual Abuse Medical Forensic Examinations Pediatric

U.S. Department of Justice
Office on Violence Against Women

April 2016

Participating Federal Agencies: In addition to DOJ, the following federal agencies and departments also support the national protocol:

US Department of Health and Human Services
Office of the Surgeon General
Office of Minority Health
Office of Public Health
Office of Women's Health
Office of Health Reform
Office of Rural Health Policy
National Institutes of Health
National Institute of Child Health and Human Development
National Institute of Mental Health
National Institute on Drug Abuse
National Institute on Alcohol Abuse and Alcoholism
National Institute of Justice

Department of Health and Human Services
Indian Health Service

R abide Bull
Deborah Decker
Darma Gifford
Jennifer Marco
Jennifer Martin
Kristen Putman
Deborah Bull
Indian Health Service
Background

- The goal of the Testing and Treatment guideline is to provide an efficient resource for providers in the acute care setting who examine and treat children who are suspected of being sexually abused.

- Every child deserves an examination when abuse is suspected
- The exam provides an opportunity to support healing
- Health care providers can avoid retraumatization of children
Case #1

- A 17 year old adolescent presents with a complaint of soreness in her vaginal area.
- Went to a hotel party at 10 pm, had “two shots and liquor out of a bottle…next thing I remember is I was in the emergency room.”
- She is now in the emergency department, 12 hours later, and does not remember what happened to her.

Next Steps

- Exam
- HIV testing and treatment
- Forensic Evidence Collection
- Pregnancy testing and prevention
- STI testing
- STI treatment
- Drug Facilitated Sexual Assault (DFSA) kit collection
The Guide Assumes

- The provider is trained and able to provide an appropriate evaluation, including a history and physical examination.
- The provider has reported the situation to appropriate local authorities based on a suspicion of sexual abuse.
- The patient is in a stable, non-critical and non-life-threatening condition.

Other Expectations

- No child should be forced to undergo an examination.
- Providers should ensure immediate and ongoing safety for the child through appropriate social services consultations, referrals, and reports to investigative authorities.
- Resources for post-exam needs should be available in the community (victim services, mental health counseling and crime victims compensation programs).

Determining Initial Steps: Triage

- The signs and symptoms of abuse should guide the provider to a determination of whether the patient needs to be evaluated emergently, urgently or at some point in the future.
- For more information on triage to determine if the situation requires an emergency evaluation, see: http://childabusemd.com/triage/triage-level-care.shtml.
Timing of Testing and Treatment

- Less than 36 hours?
- Less than 72 hours?
- Less than 120 hours?
- Pubertal vs. prepubertal?

Children and Adolescents

- Children and adolescents who present for care in an emergency pediatric clinical setting need assessment and treatment, regardless of the level of their triage assessment.
- We are developing an app to provide an algorithm, based on time since the suspected incident of abuse, to assist with determining tests and treatment.
Next Steps

- Exam
- HIV testing and nPEP
- STI testing and treatment
- Forensic Evidence Collected
- Drug Facilitated Sexual Assault kit collection
- Pregnancy prevention
- Follow-up

HIV

- Less than 36 hours?
- Risks?
- Follow-up?
- On-going high risk?
Sexual Abuse Testing and Treatment

Next Steps

- Exam
- HIV testing and nPEP
- STI testing and treatment
- Forensic Evidence Collected
- Drug Facilitated Sexual Assault kit collection
- Pregnancy prevention
- Follow-up

STI Testing

- For adolescents—screening recommended even with a normal exam.
- If tests are performed for K. gonorrhoeae, C. Trachomatis, and/or T. vaginalis, then serum tests including a HBV panel, HIV, and syphilis testing are also recommended.
- Other tests might include herpes simplex virus (HSV), human papillomavirus (HPV depending on signs).
- Testing may be warranted for all areas (oral, rectal, and genital) even when the disclosure is unclear or incomplete.
- Note that STI’s, including T. vaginalis, may be asymptomatic in prepubertal and pubertal patients.
NAATs?

- Nucleic acid amplification tests (NAATs) are highly sensitive and specific for *N. gonorrhoeae* and *C. trachomatis*, and are more sensitive than a culture.
- NAATs performed on urine may be used for detecting genito-urinary infection in prepubertal and pubertal girls.
- Current recommendations are for a culture testing of throat and anus.
- NAATs are sensitive and may result in a positive finding due to perpetrator secretions on the child's body and not necessarily infection.

Which Tests For Our Patient?

- NAAT testing OR a traditional culture
- If there are vaginal secretions: Test vaginal secretions for *Trichomonas vaginalis*, Candida species, and bacterial vaginosis. NAATs are recommended for detection of *T. vaginalis* from a urine or vaginal specimen in pubertal patients.
- A serum sample for baseline evaluation of HIV, hepatitis B, and syphilis infections.
- If there are vesicles or condyloma, a herpes simplex virus (HSV) or human papilloma virus (HPV) test.

STI Treatment

- Empirical treatment for pubertal victims (*N. gonorrhoeae, C. Trachomatis, and T. vaginalis*)
- If not previously vaccinated, HPV vaccination should be provided for 9-26 year olds following sexual assault.
Follow-up

- Positive Results - confirmatory testing
- Negative Results - repeat tests within one to two weeks

Next Steps

- Exam
- HIV testing and nPEP
- STI testing and treatment
- Forensic Evidence Collected - Newer methods of testing
- Drug Facilitated Sexual Assault kit collection - see #7
- Pregnancy prevention
- Follow-up

Next Steps

- Exam
- STI testing and treatment
- HIV testing and nPEP
- Forensic Evidence Collected
- Drug Facilitated Sexual Assault kit collection
- Pregnancy prevention - best within 12 hours
- Follow-up
Our Patient

- Exam
- Presumptive treatment for STIs
- HIV testing and nPEP
- DFSA and Forensic Evidence
- Pregnancy testing and Plan B
- Follow-up

---

Follow-up

- Exam scheduled at 2 weeks
- Re-assessment for STIs (serum HIV, Hep B, RPR)
- Reassess for pregnancy (and future prevention)
- Reassure about healing
- Complete Hep B and HPV
- Follow-up for HIV testing and adherence to treatment
- Assessment for genital warts

---

Case #2

- An 8 year old girl presents with bumps on her genitalia
- They are painful and have turned into blisters
- Parent used 1% hydrocortisone cream on lesions
- She was seen in a local ED and diagnosed with herpes
- History of eczema; history of “blister on finger”
- No disclosures of abuse, no behavioral concerns
Suspicion of Abuse in a Prepubertal Child

- What are the next steps for this child?
- Report abuse?
- Work-up for suspicion of abuse?
- What do you tell the parents?

Decision to Test for STI (#5 on T&T Guide)

- The child has experienced penetration of the genitalia or anus, based on history/physical.
- The child has been abused by a stranger.
- The child has been abused by a person known to be infected with an STI or at high risk.
- A sibling or other relative in the household has an STI.
- The prevalence of STIs is high in the community where the child lives.
- The child has signs of an STI such as a vaginal discharge.
- The child has previously been diagnosed with an STI.

Report of penetration is evidence of acute or healed penetrative trauma to genitalia, anus, or oropharynx.

Child has been abused by a stranger, person known to be infected with an STI or at high risk for STI.

Other person in household is known or has STI.

High prevalence of STIs in the community.

Signs and symptoms of STI.

Diagnosis with or without lab.
Testing and Treatment for Prepubertal Victims

- N. gonorrhoeae and C. trachomatis, NAAT testing of urine; traditional culture of oral and rectal areas
- Testing vaginal secretions for Trichomonas vaginalis, Candida species, and bacterial vaginosis. For prepubertal children, NAATs are not currently recommended (NOT RECOMMENDED IN OUR PATIENT)
- A serum sample for baseline evaluation of HIV, hepatitis B, and syphilis infections (ON HOLD IN OUR PATIENT)
- A herpes simplex virus (HSV) DUE TO VESICLES
Testing for Herpes

- HSV PCR assay and cell culture are preferred tests for genital or other mucocutaneous lesions consistent with genital herpes.
- Sensitivity for culture is low, especially for recurrent lesions.
- Sensitivity declines as lesion begin to heal.
- HSV DNA are more sensitive.
- VIRAL SHEDDING IS INTERMITTENT.

Treatment

- Acyclovir
- Famciclovir
- Valacyclovir
Tests Performed on Our Patient

- HSV PCR assay and cell culture
- Urine NAAT for GC and Chlamydia
- Rectal culture for GC and Chlamydia
- Oral GC
- Serum tests - on hold until HSV typing available

Outcome

- HSV Type 1
- Other STI tests negative
- No disclosures; no behaviors; no other GU symptoms; no risk factors
- Assessment: The patient’s examination is normal with resolving Herpes Type 1 labialis. No history of sexual abuse. Type 1 association with eczema; most likely secondary recurrence and self-inoculation.
- Parent advised not to use hydrocortisone on lesions if they recur in the future.

Summary

- Updated Guide may be used for pubertal & prepubertal children.
- Offers a single resource for testing and treatment
- Guidelines assist with triage
- New science will require ongoing updates
- SACA App is in production and will complement this guide.