





**What is my risk of being infected with HIV**  
**What can I do about it**



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## Introduction

The risk of getting HIV from a sexual assault is relatively low. That doesn't mean it doesn't happen. If you have been assaulted, you probably feel anxious, scared, angry, or confused – all natural reactions. Concern about HIV may be part of these emotions. It's important to accept these feelings, and then do your best to think about what you can do to protect your health and well-being.

You may be asking yourself the following questions:

- What are the chances that I have been exposed to HIV
- How do I find out?
- If I have been exposed, what can I do?

This pamphlet helps answer these questions. If you may have been exposed to HIV, it can help you decide what to do.

## What is HIV?

HIV – Human Immunodeficiency Virus – is a retrovirus. It is the virus that causes AIDS. A healthy body makes cells that fight infection. HIV attacks and damages those cells. When HIV has damaged these cells so badly that a person can't fight infection, the disease is called AIDS (Acquired Immune Deficiency Syndrome). A person infected with the virus is called "HIV-positive", even if they don't have any symptoms.

Without treatment, a person usually develops AIDS within 10 years of infection. There is no cure, but drug treatments can slow down the virus, so that an HIV-positive person stays healthy. These drugs are called antiretrovirals. They may also prevent infection, if taken right after a person is exposed.

AIDS develops slowly, but the HIV virus works fast. If you want to take drugs to prevent infection, you need to make this decision quickly.

## **How do I find out if I've been infected with HIV?**

There is a blood test for HIV, but the test can't detect infection immediately.

We recommend that you take an HIV test right away to make sure you weren't HIV positive before the assault. Many people are HIV-positive but don't know it. If you are already infected, you will need a different treatment plan. Ask your Health Care Provider to explain the different options for testing available to you.

The first test to check if you have been infected through the assault can be done in about a month. Doctors recommend you test several times in the next year to make sure you aren't HIV-positive. There is more information about follow-up testing at the back of this pamphlet.

## Assessing Your HIV Risk

### Will I get infected?

No one can give you a definite answer to that question. We do know that some assaults have little or no risk. Other assaults have a higher risk. This pamphlet will help you think about the risk of what happened to you.



**You can only be infected with HIV if your attacker was HIV-positive.** Even if that is true, the risks are fairly small. We think of HIV as a sexually-transmitted infection, but even if your assailant was HIV-positive you would not necessarily be infected. In sexual situations, anal sex is the highest risk. However, the risk of getting infected from unprotected anal penetration by an HIV-positive person is only 1 in 200.

If your attacker was HIV-positive, there is a risk if:

- Blood or semen (cum) entered your vagina, anus or mouth. Even if your attacker did not cum, pre-ejaculatory fluid (pre-cum) can carry the HIV virus.
- The attacker's blood or semen got into your body in another way:
  - Through a cut
  - Splashing in your eyes
  - On mucous membranes (like inside your nose)

# How do I know if my attacker was HIV-positive?

Unless your attacker told you, you can't know. However, if the person who assaulted you was not a stranger, you may know things about them that can help estimate the risk.

The risk is higher if your attacker:




- Has Hepatitis C;
- Uses needles to inject drugs;
- Is a man who has sex with men;
- Is from a country that has a high rate of HIV in the population (for example, some countries in sub-Saharan Africa);
- Has many sexual partners;
- Has a sexually transmitted infection or open sores on genitals (such as syphilis or herpes);
- Works in prostitution or trades sex for money or drugs;
- Has sex with known or suspected HIV-positive people;
- Has ever been convicted of sexual assault; and/or
- Has been in prison (for any crime).

## Countries with HIV infection rates higher than 5%:



Botswana	Malawi
Cameroon	Mozambique
Central African Republic	Namibia
Congo	South Africa
Cote D'Ivoire	Swaziland
Gabon	Tanzania
Kenya	Uganda
Lesotho	Zambia
	Zimbabwe

# The Odds: HIV Risk of Different Types of Sexual Contact with an HIV-positive Person

			(percentage)
Transmission Rate	 Anal sex	Receptive*	1 in 200 (0.5%)
		Insertive**	1 in 1,538 (0.065%)
	 Vaginal sex	Receptive*	1 in 1,000 (0.1%)
		Insertive**	1 in 2,000 (0.05%)
	 Oral sex	Receptive*	1 in 10,000 (0.01%)
		Insertive**	1 in 20,000 (0.005%)

\* Receptive means being penetrated by a penis  
\*\* Insertive means penetrating someone with your penis

These are all possible risks, but they are not equal. This chart above lists some statistics about different risks. The risk of getting HIV from oral-vaginal contact is tiny, unless there is blood present and/or injuries to the mouth or vagina. (Information from the Centres for Disease Control, January, 2005)

Here are things that might have happened during the assault that could increase your risk if your attacker was HIV-positive:

- you were or think you may have been anally penetrated by a penis (versus finger or object)
- you were or think you may have been vaginally penetrated by a penis (versus finger or object)
- you have injuries and/or blood in your mouth, vagina or anus and were penetrated by a penis
- you were penetrated by more than one person; and/or
- there was more than one type of penetration (anal, vaginal and/or oral).

Your risk is also higher if you had a sexually transmitted infection at the time of the assault.

The risk of getting HIV is lower when:

- you were penetrated by a penis orally but not vaginally or anally
- the only way your attacker's blood or semen (cum) might have entered your body was through broken skin, a mucous membrane (such as your mouth or nose), or a bite
- there was no ejaculation; and/or
- a condom was used.

You cannot be infected if you were not exposed to the attacker's blood or semen (cum). If you were not penetrated by a penis (anally, vaginally or orally) and did not get blood or semen on a cut or mucous membrane (like your eyes or nose), there is no risk of getting HIV. This is true even if the person who assaulted you has HIV.

### **What if I don't remember what happened?**

If you were drugged or unconscious, you might not know if penetration occurred. You should consider yourself at risk.

## Taking Medications to Prevent HIV Infection

If you are worried after talking with the counsellor about your HIV risk, there is an option. ***HIV Post-Exposure Prophylaxis (HIV PEP)*** is the name for drugs taken to reduce the risk of HIV infection.

**Post** = after

**Exposure** = coming into contact with HIV

**Prophylaxis** = a treatment to stop an infection from happening

In Ontario these drugs are available free to anyone who has been sexually assaulted. You don't need OHIP coverage. Ontario's Sexual Assault/Domestic Violence Treatment Centres (SATCs) have a special agreement with the Ministry of Health.

### What exactly is HIV PEP?

The drugs offered through this program are a combination of four anti-HIV drugs.

These drugs attack retroviruses like HIV.

The first two (zidovudine and lamivudine, called 3TC®) are combined into one tablet

called Combivir®. Kaletra® (lopinavir/ritonavir) is taken separately.

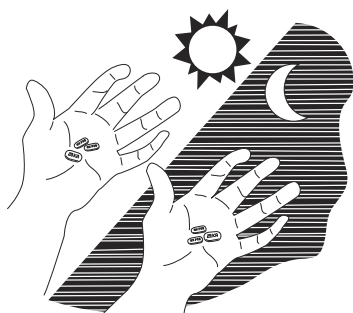
If taken properly, they may reduce your risk of HIV infection by more than 80%.



## How many tablets would I have to take?

You take 1 Combivir® tablet and 2 Kaletra® tablets (a total of 3 tablets).

Take these drugs **2 times a day for 28 days.**



## How soon should I start?

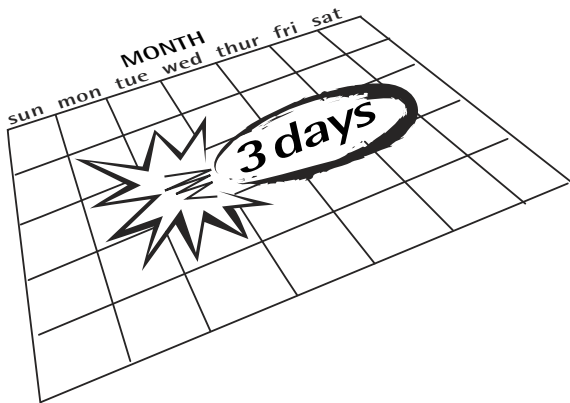
HIV begins spreading as soon as it enters the body. To increase the chances that HIV PEP will work, begin treatment as soon as possible.

***The earlier you start HIV PEP, the more likely it will work.***

At the latest, the drugs must be started within

**72 hours (3 days)**

of the assault. Drugs taken after 72 hours are not likely to work.



## How do I get started?

If you think you are interested in HIV PEP, the nurse or doctor will ask some questions about your health. They will ask you:

- If you are taking any drugs (including prescriptions, over-the-counter, natural medicines and street drugs);

- If you have any illness (or think you do);
- If you are pregnant (your Health Care Provider may do a test to see);
- If you are breastfeeding.

Based on your answers, the nurse or doctor can tell you if HIV PEP is safe for you. Together you can talk about your concerns and your HIV risk. HIV PEP involves 28 days of medication. You can talk about how you will manage this and about coping with any side effects. Together you can decide if taking HIV PEP is the right decision for you.

### **What if I don't want to take the HIV PEP medication?**

It's your decision! We can help answer your questions but the decision is yours. If you don't want to take the medication, you don't have to. But you should decide quickly, because the drugs won't work if you wait too long before starting.

### **What happens if I decide to take the medications?**

The nurse or doctor will give you one dose of each drug right away. This gives you the best possible chance of avoiding infection. You will need to come back for several follow-up visits to talk with your Health Care Provider and to get your next batch of medication. This lets us watch you for any signs of a bad reaction. It also gives you a chance to ask questions you may think of later. If you have side effects we can suggest ways to cope. We will do blood tests to make sure everything is OK. Giving the medication out in small batches also means they won't be wasted if you decide to stop. They will be available for someone else who needs them.

## **What if I change my mind after I start?**

### **What happens if I don't finish the treatment?**

That's OK. You can always decide to stop. Some people start the treatment and stop after a few days, after they have had time more to think about their HIV risk. Other people find the drug schedule or side effects difficult. The nurse or doctor will help you stick with the program if you want to, but no one will force you to continue.

It is important to take these drugs at regular times, following the schedule explained by your Health Care Provider. If you can't do that it is better to stop, rather than take the medicines less often. If you did become infected, taking the drugs off and on might let the virus become resistant. It is not likely that you will become infected, but if you did you would have fewer options for treatment.

If you are having trouble with the medications, please talk to us. Your Health Care Provider may have ideas to help you cope. If you decide to stop taking the drugs, it is also a good idea to come in and talk about it first.

### **What if I decide not to take the drugs now and then change my mind?**

It depends on how quickly you decide. These drugs only have a chance of working if they are started within 72 hours (3 days) of the assault – and the sooner the better. After 72 hours, we don't offer HIV PEP because there is so little chance that it will work. As a part of this process, we will ask you questions to find out about any serious health risks. If there are no problems, we

recommend that ***instead of going home to think it over, take the first dose offered at the hospital.*** Then think about it. You don't need to take another dose for 12 hours if you decide you want to. This will give you time to think it over, before it's too late to change your mind. You'll have the starter kit with more drugs at your home if you do want to continue. Even if your blood work shows health problems that mean you can't take all 28 days of drugs, there is no risk in taking one dose.

## **Are there side effects?**

Yes. The most common ones are headache, nausea, stomach ache, and diarrhea. You may also feel tired. Some people have a hard time with these symptoms. About half of the people who take them will need to take some time off work or school. Over-the-counter drugs can usually help you manage. Changes to your diet and lifestyle, like getting extra rest, may also help. If you do need to take time off, we can provide documents for your job or school that don't tell everyone what happened to you.



More serious side effects do happen, especially when people take these drugs for a long time. They are not likely in a 28 day period, but we will do blood tests and watch you for any signs of these problems. Here are some of the possible serious side effects.

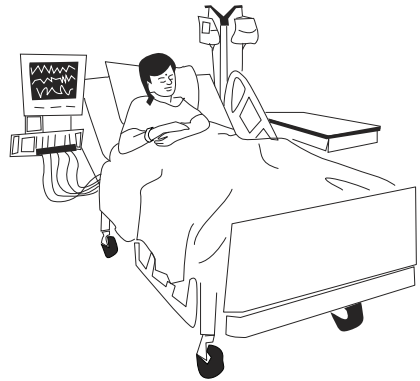
Zidovudine (one of the drugs in Combivir®) can:

- Damage your blood cells. The loss of red blood cells is called anemia. This can make you feel tired, dizzy and short of breath. The loss of white blood cells is called leukopenia. This can make it hard for you to fight infections.
- Cause muscle pain and weakness (called myopathy); and/or
- Cause numbness or tingling of hands and feet (called peripheral neuropathy).

Kaletra® can temporarily increase your blood sugar and the amount of fat (cholesterol and triglycerides) in your blood.

### **Is there any risk of severe and/or long-term side effects?**

People living with HIV who take these drugs take them for a long time. A small number eventually have long-term side effects. The chance of serious side effects in 28 days is very small. We will monitor you carefully. Your side effects should disappear when you stop the drugs.

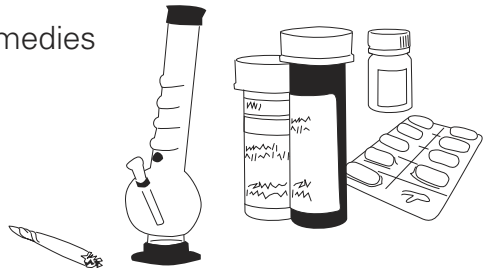


There have been cases of life-threatening problems. These include swelling of the pancreas or liver, sudden and serious damage to your blood cells, or a severe allergic reaction. These must be treated quickly, so it is important that you go to all of your appointments while taking the drugs.

## Will HIV PEP react badly with other medications?

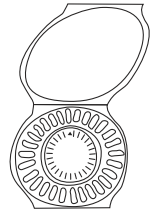
Yes, HIV PEP can interact with other drugs. Tell your Health Care Provider about ALL other drugs you are taking before you start HIV PEP. Also, check with your doctor before starting any new medications while you are taking HIV PEP. This includes:

- Prescription drugs
- Over-the-counter medications (including anti-histamines)
- Herbals and other natural remedies
- Vitamins
- Street drugs



## What about birth control pills?

You can take birth control pills while taking HIV PEP but they won't work as well. Kaletra<sup>®</sup> reduces their effectiveness. If you are on the pill, keep taking it, but also use other pregnancy protection (like contraceptive foam, a diaphragm with contraceptive gel, and/or condoms). You will need to do this for the 28 days you are taking HIV PEP and for 2 months afterwards.



Kaletra<sup>®</sup> does not affect emergency contraceptives like Plan B<sup>®</sup> or Ovral<sup>®</sup>.

## What if I'm already pregnant or breastfeeding?

During the first three months of pregnancy, doctors usually tell their patients to avoid taking medication as much as possible to reduce the risk of birth defects. HIV PEP drugs have not been shown to increase the risks of birth defects but we don't know for sure that they are totally safe during the first trimester of pregnancy.



If you are at a high risk of HIV infection, the chance of infection usually outweighs the risk of possible birth defects. Also, when a person is first infected, virus levels in the blood are very high. Right after infection is the time when it would be most likely for an fetus to become infected. That means that if you are at high risk of getting HIV, your baby is too.

If you are more than three months pregnant, there is no risk of birth defects from the medications.

Your doctor or nurse can help you decide if you want to take HIV PEP. If necessary, they can consult with an expert who specializes in HIV in pregnancy.

The drugs used in HIV PEP pass into the breast milk. Therefore, if you are breastfeeding and decide to start HIV PEP, you may want to stop breastfeeding during this time.

If you decide not to take HIV PEP, you may still want to stop breastfeeding. When a person is first infected, virus levels in the blood are very high. If you did become HIV-positive, there is about a 1 in 4 chance that your baby could be infected through breast milk.

# Follow-up testing

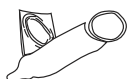
- Testing for HIV is voluntary. You don't have to take the test. Like all medical care, it is also confidential. However if you want to make sure no one knows, you can choose anonymous testing.
- Anonymous testing means a number or code is used to identify your laboratory tests instead of your name. There are 33 anonymous testing sites in Ontario. To get the phone numbers and locations of anonymous test sites in your area, you can call the Ontario AIDS and Sexual Health Information Line at the numbers below. You do not have to give your name when you call.
- Testing can also be done at your doctor's office or at a clinic – but you need to use your name and OHIP info. If you test positive for HIV at your doctor's office or at a clinic, the doctor is required by law to report your name, address, date of birth and other personal information to public health authorities.

## You should have follow-up HIV testing 3 times in the next year:

<input type="checkbox"/>	1 month after first visit	Date:	<input type="text"/>
<input type="checkbox"/>	3 months after first visit	Date:	<input type="text"/>
<input type="checkbox"/>	6 months after first visit	Date:	<input type="text"/>

Until you are sure that you are not HIV-positive, you can protect other people by:

- Using a latex condom with water based lubricant or not having sex
- NOT donating blood, plasma, organs, tissue or sperm
- NOT sharing toothbrushes, razors, needles or other implements, which may have blood/body fluids on them.



do use a condom

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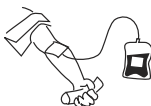
do not share toothbrush

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do not share razor

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do not give blood

**To find out more about HIV PEP and what to do if you decide to take the medication, see our Guide to Taking HIV PEP.**

This material is adapted from documentation developed for the Ontario HIV PEP Study (2003-2005), funded by the Ontario Women's Health Council. Revisions to the HIV PEP program materials have been funded by a Knowledge Transfer grant from the Canadian Institutes of Health Research. The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres acknowledges the contributions of the Women's College Research Institute, the KTA project Advisory Committee, and each regional SATC that assisted in refining HIV PEP program materials.

# Referral Information

**Provincial resources:**

**Ontario AIDS and Sexual Health Information Line**

1-800-668-2437 (English + 15 other languages)

1-800-267-7432 (French)

**Assaulted Women’s Help Line**

1-866-863-0511

**S.O.S. Femmes** (French speaking)

1-800-387-8603

**Kid’s Help Line**

1-800-668-6868

**Canadian AIDS Treatment Information Exchange**

1-416-203-7122

**Local resources:**

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## Notes

