







Guideline created March 2019, revised Feb 2024, May 2025. Next revision due: May 2027

Post Exposure Prophylaxis (PEP) for HIV in child sexual abuse

In most cases of child sexual abuse the risk of HIV transmission is low and it is rare for children to need Post-Exposure Prophylaxis (PEP), as the risk of side-effects would outweigh any benefits. The decision about whether to give PEP should be based on national guidance, including the British Association for Sexual Health and HIV ((BASHH) guideline) and the Children's HIV Association (CHIVA) guidelines. The guidelines should be consulted in all cases, but particularly where there is a history of possible unprotected penetration of the anus. CHIVA guidelines are accepted nationally as the authority for the prescription of PEP.

Timing

PEP should be initiated as soon as possible after exposure to HIV, preferably within 24 hours. PEP should not be initiated beyond 72 hours after exposure. It is important to ascertain all the medication a child may be taking and consider drug interactions with PEP medicines.

Investigations

HIV serology (HIV-1/2 Ag/Ab, HIV RNA PCR) should be obtained before starting PEP. Results are not needed before initiating treatment. FBC, U&Es, and LFTs should also be requested as baseline and there must be close monitoring for toxicity and compliance whilst the child is on therapy. Children at high risk of HIV exposure will also be at high risk of other sexually transmitted infections (STIs). Serology for HBV, HCV and syphilis should be requested with HIV serology, and testing for chlamydia and gonococcus should also ideally be requested at baseline. Full STI testing is carried out two weeks after sexual assault, with follow up tests according to The Royal College of Paediatrics and Child Health (RCPCH) <u>Purple book</u> and <u>BASHH</u> guidelines

Referral to Paediatric Infectious Diseases team

Once PEP has been initiated, the paediatric infectious diseases team at UHS must be contacted **as soon as possible** within working hours. Their contact number is 07824417993. They will arrange a follow up appointment for the child, ideally within 24-72 hours. The result of HIV serology and the other blood tests should be passed to them.

A note about hepatitis B

Following exposure to blood-borne viruses, it should be remembered that the risk of transmission is highest for Hepatitis B, then Hepatitis C and then HIV. Prophylactic hepatitis B vaccination is more likely to be of value in unvaccinated patients after a single episode of assault and is most effective if given within 24 hours and useful up to a week following exposure. Routine hepatitis B vaccination was introduced into primary vaccination schedule in August 2017.

- 1. Consider an accelerated course (either 0, 7 and 21 days or 0, 1 and 2 months) of active hepatitis B vaccination for all patients who have not previously been vaccinated who present within 6 weeks of last possible episode of penile-anal or penile-vaginal penetration.
- 2. HBIG should also be considered if the reported abuser is known to have acute or newly diagnosed chronic Hepatitis B

Medical assessment and management of children at risk of HIV infection

The arrangements for the medical assessment of suspected child sexual abuse (CSA) are outlined in HIPS procedures: <u>Guide to medical examinations in suspected child sexual abuse'</u>. The paediatrician or Sexual Offence Examiner leading on the CSA assessment will arrange the first dose of PEP. **Please** see the flow chart below for PEP management children and young people at high risk of HIV exposure following sexual assault.

A CSA paediatrician to assess risk of HIV transmission and may take advice from GU doctors. The decision about whether to give PEP is based on CHIVA and BASHH guidance.

Last possible exposure < 72 hrs previously.

If PEP is indicated, child to be seen by a paediatrician as soon as possible

Last possible exposure >72 hours previously. PEP not indicated.

Serology may be requested.

8.30am -5pm weekdays: CSA paediatricians will see child and will contact their organisation's pharmacy to obtain PEP (IOW hospital paediatrician may be asked to prescribe PEP for child if this would avoid delay in receiving medication)

9am-6pm weekends and bank holidays: HIOW Healthcare on-call paediatrician will see child and will contact the HIOW Healthcare on-call pharmacist (or PHUT pharmacist). The pharmacist should respond within 30 mins. (IOW paediatrician may be asked to prescribe PEP for child if this would avoid delay in receiving medication)

6pm-9am: The local hospital paediatricians will see children in their catchment areas and will contact their out of hours pharmacist to obtain PEP. They can liaise with the SARC overnight if needed (0300 123 6616) and they should contact the paediatricians responsible for CSA examinations via local routes or SARC single point of access (0300 123 6616) as soon as possible the next day to ensure that the child will be seen for forensic examination.

Whilst pharmacist obtains and labels the medication following receipt of the prescription, the paediatrician arranges blood tests: HIV serology (to be obtained before PEP given, but don't need to wait for result before giving PEP. PEP may be stopped if baseline HIV serology is positive), also serology for HBV, HCV and syphilis plus FBC, U+E and LFT. Advise lab that HIV serology result is needed as soon as possible. This result must be passed on to the UHS paediatric infectious diseases team as soon as it comes in (see below)

The prescriber should obtain accurate height and weight for the child. PEP is prescribed according to current guidance. PEP drugs should be kept in stock as tablets and liquids in hospital and HIOW HC NHS FT pharmacies). The first dose is given as soon as possible. A 5-day supply is prescribed, but parents are warned that treatment is for at least 28 days (current guidance) and should not be stopped without medical advice. A further supply will be given at the specialist assessment (see below). Provide the <u>BASHH leaflet on HIV PEP</u>.

Children over the age of 10 years and over 40kg an adult PEP pack may be prescribed. This should be kept in stock at the SARC, Emergency Departments and in the pharmacies

The Paediatric Infectious Diseases team at UHS to be contacted **as soon as possible** within working hours. Their contact number is 07824417993. They will arrange a follow up appointment for the child, ideally within 24-72 hours. The result of HIV serology and the other blood tests should be passed to them.

Before patient leaves, please ensure they have emergency contact numbers in case of concerns about any aspect of the PEP, clear instructions about follow up with the Paediatric Infectious Diseases Team, and a letter for their GP. Reinforce the need to complete a 28-day course of PEP despite having only 5 days prescribed.

Where possible all agencies are asked to assist in collecting as much information as possible about the alleged perpetrator/s. The Paediatric Infectious Diseases team would find it helpful to know details of HIV status, any antiretroviral medication they are taking or have taken in the past, and any known resistance patterns. Police, social care and paediatricians may need to liaise to get consent for access to this part of the alleged perpetrators medical records.