Updated Guidelines for Post-Assault Testing and Treatment

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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

SUPPLEMENT ARTICLE

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

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A National Protocol for Sexual Abuse Medical Forensic Examinations Pediatric

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

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Participating Federal Agencies (in addition to OVW)
U.S. Department of Justice (DOJ) Agencies
Criminal Division
Civil Rights Division
Federal Bureau of Investigation
Executive Office for U.S. Attorneys
Office of Justice Programs
- Office of the Assistant Attorney General
- Office for Victims of Crime
- Office of Juvenile Justice and Delinquency Prevention
- Office for Civil Rights
- National Institute of Justice

Federal partners outside the DOJ
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Department of Health and Human Services, Indian Health Service

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MMWR
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Sexually Transmitted Diseases Treatment Guidelines, 2015

J Pediatr Adolesc Gynecol. 2016 Apr;29(2):81-7. doi: 10.1016/j.jpag.2015.01.007. Epub 2015 Feb 12.

Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused.

Adams JA[1], Kellogg ND[2], Farst KJ[3], Harper NS[4], Palusci VJ[5], Frasier LD[6], Levitt CJ[7], Shapiro RA[8], Moles RL[9], Starling SP[10].

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Abstract

The medical evaluation is an important part of the clinical and legal process when child sexual abuse is suspected. Practitioners who examine children need to be up to date on current recommendations regarding when, how, and by whom these evaluations should be conducted, as well as how the medical findings should be interpreted. A previously published article on guidelines for medical care for sexually abused children has been widely used by physicians, nurses, and nurse practitioners to inform practice guidelines in this field. Since 2007, when the article was published, new research has suggested changes in some of the guidelines and in the table that lists medical and laboratory findings in children evaluated for suspected sexual abuse and suggests how these findings should be interpreted with respect to sexual abuse. A group of specialists in child abuse pediatrics met in person and via online communication from 2011 through 2014 to review published research as well as recommendations from the Centers for Disease Control and Prevention and the American Academy of Pediatrics and to reach consensus on if and how the guidelines and approach to interpretation table should be updated. The revisions are based, when possible, on data from well-designed, unbiased studies published in high-ranking, peer-reviewed, scientific journals that were reviewed and vetted by the authors. When such studies were not available, recommendations were based on expert consensus.

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Background

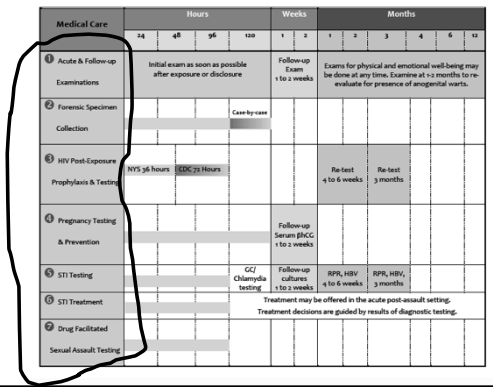
- The goal of the Testing and Treatment guideline is to provide an efficient resource for providers in the acute care setting who examine and treat children who are suspected of being sexually abused.
  - Every child deserves an examination when abuse is suspected
  - The exam provides an opportunity 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

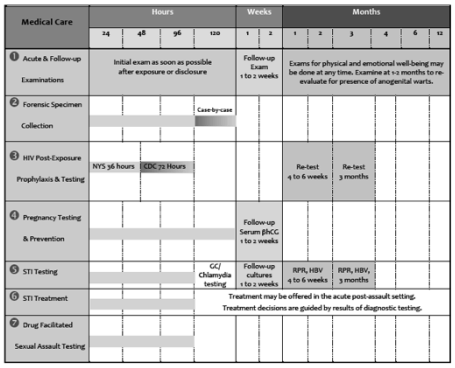
- No child should be forced to undergo an examination.
- Providers should ensure immediate and ongoing safety for the child through appropriate social services consultations, referrals, and reports to investigative authorities.
- Resources for post-exam needs should be available in the community (victim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

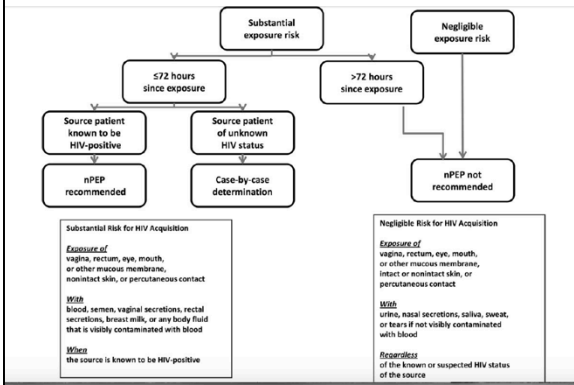
- Children and adolescents who present for care in an emergency pediatric clinical setting need assessment and treatment, regardless of the level of their triage assessment.
- We are developing an app to provide an algorithm, based on time since the suspected incident of abuse, to assist with determining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



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Sexual Abuse Testing and Treatment

Shuhong Luo, EdD, MSN, RN

Next Steps

- Exam
- HIV testing and 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 *N. 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)* http://www.cdc.gov/std/tg2015/sexual-assault.htm .
- 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.

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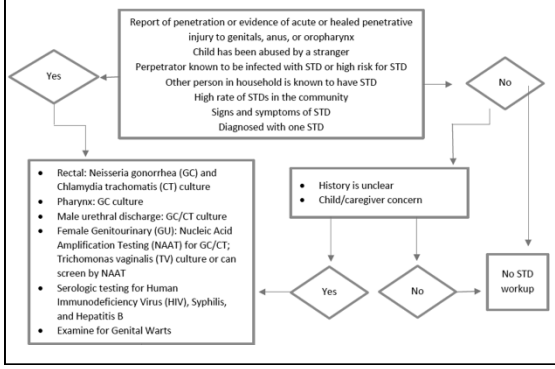
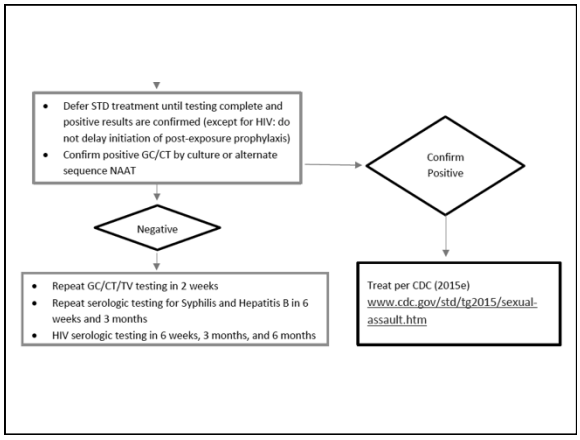
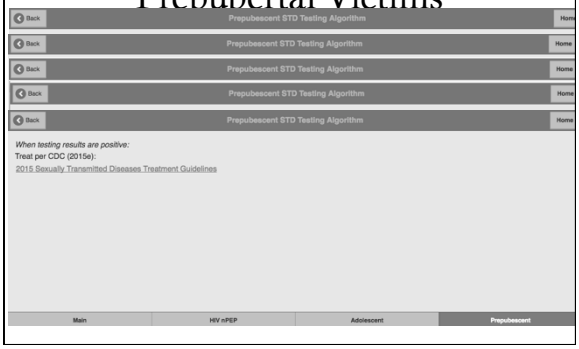




Testing and Treatment for Prepubertal Victims



STI Tests in Prepubertal Girl

- *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

CLINICAL REPORT

The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected

abstract

This clinical report updates a 2005 report from the American Academy of Pediatrics on the evaluation of sexual abuse in children. The medical assessment of suspected child sexual abuse should include obtaining a history, performing a physical examination, and obtaining appropriate laboratory tests. The role of the physician includes determining the need to report suspected sexual abuse; assessing the physical, emotional, and behavioral consequences of sexual abuse; providing information to parents about how to support their child; and coordinating with other professionals to provide comprehensive treatment and follow-up of children exposed to child sexual abuse. *Pediatrics* 2013;132:e558–e567

Carole Jenny, MD, MBA, James E. Crawford-Jakubiak, MD, and COMMITTEE ON CHILD ABUSE AND NEGLECT

KEY WORD
sexual abuse

ABBREVIATIONS
AAP—American Academy of Pediatrics
HIV—human immunodeficiency virus
NAAT—nucleic acid amplification test
STI—sexually transmitted infection

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

INTRODUCTION

Sexual abuse of children and adolescents is a common problem that is potentially damaging to their long-term physical and psychological

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 INTERMMITTENT.

Treatment

- Acyclovir
- Famcicyclovir
- 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.