

Prophylactic Treatment of Sexually Transmitted Infections (STI)

SART Listserv

October 2006

States are listed as a point of reference and do not necessarily represent a statewide perspective

Issue: A medical director believes that in addition to treating prophylactically for STIs, forensic medical examiners should collect baseline RPR, GC and Chlamydia swabs. Do other Forensic Examiners collect baseline swabs even if you treat prophylactically?

Military Facility

- Baseline testing of STIs/STDs is essential....not just from the healthcare management point (and CDC does highly recommend testing), but to rule out any preexisting infection that could be a result of part of the findings.
<http://www.cdc.gov/STD/treatment/2006/rr5511.pdf>
- My opinion as an experienced clinician over 15 years....test for STI's, and rule out any presence of infection. It is relative to the case, and the courtroom needs the information.
- If the perineum is red on initial exam, you should investigate an explanation for it. Is there bacterial vaginosis? Is there Trich? Is there Candida? STI's and other infections are crucial to rule out. In 95% of cases, STI's in sexual assault victims are negative. Some people say this is not cost effective to test but I disagree
- If presented in a courtroom that the STI was negative, and the perineum, the vagina and/or the cervix were red and swollen....doesn't that show that possibly something else (ie: force, trauma....) caused the redness and swelling?
- The jury and the Judge should be the ones to decide what is valid or not. If an examiner is doing an exam, to include the genitalia....ALL of the evidence needs to be presented.
- We treat prophylactically.
- We also have patients back in 2 weeks for retesting because some STIs are resistant to medication, and/or the patient may vomit up medications and not tell the clinician.
- Retesting allows for re-treatment as necessary.

Ohio (Cleveland)

- At our program we do not routinely do baseline testing.
- The baseline testing of STI's will not change our care of providing prophylactic medication.
- If a patient should test positive for an STI at the time of a medical forensic exam, he/she was exposed prior to their assault and we would still be providing medication (The same prophylactic medications, most likely)

- If a patient is symptomatic or would request testing we would contact our physician and get the order.
- We encourage our patients to see their physician for baseline testing of Hepatitis and HIV. If the patient does not have one, then a physician's name and number is provided for follow up care
- We also supply information on free and private testing centers.
- We had a patient who stated that the person who violated them was a known to have HIV. In that case we contacted our infectious disease specialist for a consult and assisted in scheduling medical appointment with that physician for follow up testing and care.

Oklahoma

- In Oklahoma City we do not do baseline tests, except pregnancy (due to medications given). Testing does not contribute to the care of the victim and would cost extra money.
- If the tests come back positive, that could help the defense.
- We advise victims to have a baseline HIV test at a 2 week follow-up.
- We treat for GC/CT and advise a RPR- at their 2 week follow-up as well.