Pregnancy/STI/HIV spiels: From Janet's mouth.

Pregnancy:

"If you are concerned about pregnancy, we do have a pill called Ella you can take that is 95+% being effective of preventing pregnancy. The pill can be given 5 days (120 hours) after an assault. We do need to document a negative pregnancy test, however we are told that it will not interfere with an already implanted pregnancy. This pill can have side effects. Side effects can include: nausea, vomiting, abdominal cramping, breakthrough menstrual bleeding, etc. Nausea and vomiting are the most common and we would give you a nausea medication prior giving you Ella to help with that. This decision is completely up to you."

**note A child reaching puberty can get pregnant several months before their first period/menses.

Gonorrhea/Chlamydia/Trich:

Adults & Previously Sexually Active Adolescents: ". Say I had sex with Fred today and he gave me gonorrhea, chlamydia or trich today- those diseases take approximately two weeks to show up in my system. This means you have two options, and this is completely up to you.

1. You can be treated today with antibiotics so that if you were exposed to gonorrhea, chlamydia or trich, you would be treated against it. You would need to swallow several pills and get a shot. Regardless if you take the antibiotics today, you will still need to be tested in 2-3 weeks to make sure the medications were effective.
2. Another option is to get tested in 2-3 weeks and if you pop positive at that time, you can be treated with the antibiotics needed at that time. If you test negative in 2-3 weeks, you would not need any antibiotics."

Non-sexually active & prepubescent adolescents/kids should not be given the prophylaxis for gonorrhea/chlamydia/trich as this would confirm sexual acts did occur. These diseases would be treated if positive at that time.

Other Sexually Transmitted Infections:

Genital Herpes: Unfortunately, herpes is a virus and we cannot do anything to prevent the transmission if you were exposed to it. Herpes is like the cold sores you get on your mouth, but these are the kind that show up on your genitals. It is an odd virus, meaning some people will have "outbreaks" and others may not. Usually, an outbreak will show up approximately 2-5 days after exposure (FYI which is the incubation period). Herpes sores usually start as a very painful pimple that eventually pops and scabs over- folks will usually have numerous pimples that will break open and scab. If you do develop those, you can get medication to lessen the time that you have an outbreak/sores."

HPV: "Do you know if you ever received your HPV vaccines? That is the vaccine to help prevent some genital warts that can cause cancer. You should have received a series of them. We can make arrangements for you to get your first dose if you need it, however you will still need additional doses from your regular doctor or at Planned Parenthood."

***We only carry this vaccine in the out-patient pharmacy so it is not available after hours unless they are given a prescription or it is called into Centerra pharmacy. They can usually get from their regular doctor as well. It can be started a few days after exposure too.

Hepatitis B: "Say I was exposed TODAY to Hepatitis B or C, it would take 6 months to how up in my system. Hepatitis B is a disease that affects the liver. Do you know if you received your Hep B Vaccines? Most people got them when they were little- it was routinely started back in 1987. Usually healthcare folks get it for their jobs. If you don't believe you received it or are concerned about it, we can do a blood test to see if you have enough immunity against it. If you didn't get the vaccine or you don't have immunity against it, we can start the vaccine series or give you a booster shot if needed."

Hepatitis C: "Again, it take approximately 6 months to show up in my system if I was exposed today to it. Hepatitis C is a disease that affects the liver. Unfortunately, there is no vaccine for this. It is very important that you get tested 6 months from now to see if you have it. There are treatment options if you do get it."

HIV:

"Let's talk about HIV. HIV is the disease that can turn into AIDS. While it is a big disease- science and research has come a long ways. It used to be that if you got HIV, it would turn into AIDS and kill you- however with proper treatment, folks with HIV can live long normal lives. The good news is that in our area, it is a rare disease, meaning not many have it; and those that do have it, want to live long lives so they take medicines to decrease the amount of virus in their system. Believe it or not, science has come so far that we have spouses/partners that are married and have healthy sex lives and do not pass HIV to their partners. Meaning, the medicines they take, decrease the amount of virus so it is undetectable. Our Infectious Disease doctors and the CDC data tells us approximately 1,300-1,500 people in NH have HIV and approximately just under 1,000 people in VT that have it and know it- meaning those folks want to live a long time so they are on the medicines- we don't worry about those folks. We worry about the approximate 300 people living in each state (VT and NH) that have it and don't know it, which means the amount of virus in their systems is high and it's easy to transmit to another person. We do have medications that we can give you so that if you were exposed to HIV, it would prevent you from getting HIV- it is approximately just over 80% effective. So say I was to have sex with Fred and he has HIV, I could be exposed to HIV- the CDC states that if a penis goes into a mouth, there is no need to take the medicines because the risk is so small to no risk at all. If a penis goes in a vagina, the vagina is stretchy, slippery, slimy and that's what the vagina is made for, so the risk of getting HIV with one encounter is less than 0.08%. If a penis goes into a butt, the risk is a little higher because the anus is not stretchy, slippery or slimy and is not made for that, so the risk is approximately 1.4%. Of course, if you have breaks in skin, those numbers do go up. Ultimately, the risk is low, but it is not zero. If you were to take the medicine, it must be taken for 28 full days. Some people do experience side effects from the medicine, such as nausea/vomiting, diarrhea, belly pain, fever, a rash. If I, as a nurse, were to get stuck

with a dirty needle, I would go on the same medicines and it is reported that approximately 25% of those healthcare workers do not go to work because of the side effects. If you were to get side effects, we can help manage those, such as if you were to get nausea/vomiting, we could give you nausea medicine for example. If you did go on these medicines, we would want to take your blood today to see baseline testing and your kidney function. We would give you the first 7 days of medicine and you would need to follow up with our infectious disease clinic to get the remainder of the 28 day supply. This is a you decision, not a me decision. Say this was to happen to the doctors kid, one doctor I would bring in here would say, no way is my kid getting those medicines; on the other hand if I was to bring in another doctor with the same scenario, he would say 'My kid is getting that medicine'. This is a you decision."

Sexual activities

Estimate the HIV Risk displays the number 138 for the risk of getting HIV from receptive anal sex. This represents that the risk for getting HIV from receptive anal sex (without condoms, PrEP, or ART) is about 138 per 10,000 sex acts. So, on average for an HIV-negative receptive partner, there is about a 1 in 72 chance of getting HIV for every act of receptive anal sex with an HIV-positive insertive partner. In the anal sex message of the HIV Risk Reduction Tool, the risk is displayed as 1 in 72.

This table outlines how the risk numbers for the other activities in *Estimate the HIV Risk* are displayed with the messages of the HIV Risk Reduction Tool.

Activity	Risk Displayed in *Know the HIV Risk*	Risk Displayed in the HIV Risk Reduction Tool Messages
Receptive Anal Sex	138	1 in 72 (1.4%)
Insertive Anal Sex	11	1 in 909
Receptive Vaginal Sex	8	1 in 1250 (0.08%)
Insertive Vaginal Sex	4	1 in 2500

Patel, P., Borkowf, C. B., Brooks, J. T., Lasry, A., Lansky, A., & Mermin, J. (2014). Estimating per-act HIV transmission risk: a systematic review. *AIDS, 28*(10), 1509-1519. doi: 10.1097/QAD.0000000000000298

https://hivrisk.cdc.gov/about-the-data/

NH/VT Data Reference: *HIV Surveillance Supplemental Report* 2019;25