

# NHS Lothian Interim Guidance

## Management of Drug-assisted Sexual Violence and Blood Borne Virus Exposure via 'Needle spiking' Sharps injuries

### 1 Overview

- There has been a recent increase in people contacting services including Emergency Departments, GPs and sexual health services who report that they have been, or may have been subjected to injection of a sedative; 'spiking'. These cases sometimes involve drug assisted sexual assault.
- Previously the majority of reports related to spiking of a drink, typically with more alcohol, illegal drugs, Flunitrazepam (Rohypnol) or GammaHydroxyButyrate.
- For BBV risk assessment, cases should be treated as suspected community needlestick exposures. The overall risk of BBV transmission is low as in many cases:
  - It is not known if the patient was actually injected
  - If injected, it is not clear that that same needle had been used previously by the perpetrator
  - BloodBorne Viruses rapidly lose viability outside of the bloodstream, and transmissibility decreases rapidly the longer they are outside the body.
- Source testing will not be possible.

### 2 Assessment & Management

Manage patients reporting symptoms of 'spiking' (Drowsiness, period of amnesia) as follows:

Evidence of Needlestick injury	Evidence/report of nonconsensual sex	Recommended action
None	No	Provide support and advice Recommend BBV testing at 3 months.
Present	No	Provide support and advice Initiate Hepatitis B vaccination as below Recommend BBV testing at 3 months
None	Reports; no physical trauma present	Provide support and advice and sexual assault follow up Initiate Hepatitis B vaccination as below Recommend BBV and STI testing at 3 months.
Present	Reports; physical trauma present	Provide support and advice and sexual assault follow up Initiate Hepatitis B vaccination as below Recommend BBV testing at baseline Recommend BBV and STI testing at 3 months. Discuss with GUM Medical hub/ID registrar re PEPSE (NB: not indicated in the majority of cases) Consider emergency contraception if indicated.

- **Routine toxicology testing should not be performed.**
- **HIV PEP should not be administered** (unless indicated after sexual assault)

Recommended BBV testing:

- Baseline (If indicated) : U+E, LFT, HIV Ag/Ab, HCV Ab, HBsAg, HBcAb,
- 3 months: HIV Ag/Ab, HCV Ab, HBsAg

Please note; If the patient is vaccinated, you can also check baseline HBsAb: if >10, they are immune and no follow up testing for HBV is indicated. Continue to test for HIV/HCV

For pregnant patients there is no difference in terms of assessment/management.

If follow up testing is initiated, the information leaflet [Testing for Blood Borne viruses](#) can be given to patients prior to testing; this contains basic information on BBVs and issues to consider prior to being tested.

### 3 HBV vaccination

What HBV PEP is recommended depends on the vaccination status of the patient. Those with previous HBV infection cannot be reinfected, and require no prophylaxis.

HBV Status of injured party	Recommended treatment
Unvaccinated	Initiate HBV vaccination (give at 0, 7 & 21 days with a 12-month booster)
Partially vaccinated	1 dose HBV vaccine now Complete course
Fully vaccinated	Booster dose of HBV vaccine if last dose >1 year ago
Known vaccine nonresponder (HBsAb <10 mIU/ml 1-2 months postimmunisation)	Booster dose of HBV vaccine

### 4 Getting Advice

Adults	<ul style="list-style-type: none"><li>For cases involving sexual assault – Chalmers Medical hub 0131 536 1085 08.30–16.30 Mon-Fri</li><li>Refer for sexual assault follow up (further doses of Hepatitis vaccination, STI testing at 14 days) by sending patient details and contact number to <a href="mailto:Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk">Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk</a></li><li>The ID Registrar is available 0900–2100 7 days. ID consultants are available 24-hrs, and can assist with complex cases.</li></ul>
Children	<ul style="list-style-type: none"><li>Children receiving HBV vaccinations or follow up testing should be referred to the paediatric ID consultant at RHCYP. The referral letter should be sent to 'Paediatric ID Consultant, c/o RHCYP'.</li><li>Expert advice can be obtained (at any time) from the paediatric ID physician via switchboard (0131 536 0000). If they cannot be contacted out-of-hours then contact the Paediatric Infectious Disease on-call consultant in Glasgow (0141 201 0000)</li></ul>
Police	<ul style="list-style-type: none"><li>If the patient has not contacted the police to report the assault; give details to enable them to do so through local Public Protection Unit (PPU). They may not wish to contact the police and <b>no pressure should be put on them to do so</b> if this is the case. Discuss the need for any forensic medical examination to take place within 7 days of the assault and prior to any NHS genital examination.</li><li>101 - ask for your local Public Protection Unit. Direct numbers for:<ul style="list-style-type: none"><li>PPU (City of Edinburgh) is 0131 535 6247</li><li>West Lothian PPU – 01506 833835</li><li>East Lothian/Midlothian PPU – 0131 654 5528</li></ul></li></ul>

#### Useful Links

- [www.survivorscotland.org.uk](http://www.survivorscotland.org.uk)
- [Rape & Sexual Assault pack](#)
- [NHS Lothian Guidelines for PEP following Sexual Exposure to BBV](#)