



Adults



Post-Rape Care Checklist for Women & Men

Clinical management of rape survivors includes the following:

1. Explain process to survivor, emphasizing confidentiality and need for consent.
2. Take detailed history with compassion.
3. Perform physical and genital examination; record all findings.
4. Treat wounds and give tetanus immunization if indicated.
5. Collect forensic evidence as relevant.
6. Offer prophylaxis and treatment:
 - a Prevention and Treatment of Sexually Transmitted Infections (STIs).
 - b Post-Exposure Prophylaxis (PEP) of HIV Infection.
 - c Offer Emergency Contraception (EC) for women if rape occurred within last 5 days.
Dispense oral contraceptive pills or IUD insertion.
6. Explain Voluntary Counseling & Testing (VCT) options.
7. Give first dose of Hepatitis B vaccine if available.
8. Refer to available psychosocial and protection services.
9. Schedule follow-up visit and give medical certificate to survivor. If pregnancy occurs, discuss termination options.



Prevention and treatment of STIs in adults

Note: These are examples of treatments for STIs. There may be other treatment options. Adapt to local protocols once situation stabilizes.

STI	Treatment
Gonorrhoea	cefixime 400 mg orally, single dose or ceftriaxone 125 mg intramuscularly, single dose
Chlamydial infection	azithromycin 1 g orally, in a single dose. This antibiotic is also active against incubating syphilis (within 30 days of exposure). or doxycycline 100 mg orally, twice daily for 7 days (contraindicated in pregnancy)
Chlamydial infection in pregnant woman	azithromycin 1 g orally, in a single dose. This antibiotic is also active against incubating syphilis (within 30 days of exposure). or erythromycin 500 mg orally, 4 times daily for 7 days or amoxicillin 500 mg orally, 3 times daily for 7 days
Syphilis	benzathine benzylpenicillin* 2.4 million IU, intramuscularly, once only (give as two injections in separate sites) or azithromycin 2 g orally as a single dose for treatment of primary, secondary, and early latent syphilis of < 2 years duration. (This antibiotic is also active against chlamydial infections.)
Syphilis, patient allergic to penicillin	azithromycin 2 g orally as a single dose for treatment of primary, secondary, and early latent syphilis of < 2 years duration or doxycycline 100 mg orally twice daily for 14 days (contraindicated in pregnancy). Both azithromycin and doxycycline are also active against chlamydial infections.
Syphilis in pregnant women allergic to penicillin	azithromycin 2 g orally as a single dose (for treatment of primary, secondary, and early latent syphilis of < 2 years duration) or erythromycin** 500 mg orally, 4 times daily for 14 days. Both azithromycin and erythromycin are also active against chlamydial infections.
Trichomoniasis	metronidazole 2 g orally as a single dose or tinidazole 2 g orally as a single dose or metronidazole 400 or 500 mg orally, 2 times daily for 7 days Avoid metronidazole and tinidazole in the first trimester of pregnancy.

* Note: benzathine benzylpenicillin may be omitted if the presumptive treatment regimen includes azithromycin, which is effective against incubating syphilis, unless resistance has been documented in the setting.

Give the easiest-to-take, shortest treatment possible with available drugs.

If Trichomoniasis is prevalent in your area, include in treatment.

Example:

Presumptive treatment for gonorrhoea, syphilis, and chlamydial infection for a woman who is not pregnant and not allergic to penicillin:

cefixime 400 mg orally + **azithromycin** 1 g orally

or

ciprofloxacin 500 mg orally + **benzathine benzylpenicillin** 2.4 million IU intramuscularly +
doxycycline 100 mg orally, twice daily for 7 days.



Post-Exposure Prophylaxis (PEP) of HIV Infection

Must be initiated within 72 hours post rape.

For adolescents > 40 kg and adults, including pregnant and lactating women.

Treatment	Prescribe	28 Days Supply
Combined tablet containing Zidovudine (300 mg) and Lamuvudine (150 mg)	1 tablet twice/day	60 tablets
or	or	or
Zidovudine (ZDV/AZT) 300 mg tablet	1 tablet twice/day	60 tablets
plus	plus	plus
Lamuvudine (3TC) 150 mg tablet	1 tablet twice/day	60 tablets



Emergency Contraception (EC)

EC can be safely used by any woman or girl, even when pregnancy status is unclear.

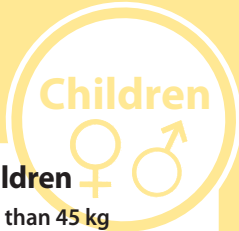
Two doses of emergency contraceptive pills (ECPs) must be taken within **5 days** of unwanted intercourse. There are two emergency contraceptive pill regimens that can be used:

- levonorgestrel-only regimen:** 1.5 mg of levonorgestrel in a single dose (this is the recommended regimen; it is more effective and has fewer side-effects),
- or
- combined **estrogen-progestogen** regimen (Yuzpe): two doses of 100 mg ethinylestradiol plus 0.5 mg of levonorgestrel taken 12 hours apart.

Regimen	Pill Composition	Common Brand Names	First Dose Number of Tablets	Second Dose 12 hours later Number of Tablets
Levonorgestrel only	750 µg	Levonelle, NorLevo, Plan B, Postinor-2, Vikela	2	0
	30 µg	Microlut, Microval, Norgeston	50	0
	37.5 µg	Ovrette	40	0
Combined	EE 50 µg + LNG 250 µg OR EE 50 µg + NG 500 µg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, Tetragynon/PC-4, Preven, E-Gen-C, Neo-Primovlar 4	2	2
	EE 30 µg + LNG 150 µg OR EE 30 µg + NG 300 µg	Lo/Femenal, Microgynon, Nordete, Ovral L, Rigevidon	4	4

Adapted by PATH from WHO/UNHCR recommendations in *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, Revised Ed. 2004.

For more detailed guidance, please refer to *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*, 2010. Inter-agency Working Group on Reproductive Health in Crises.



Post Rape Care Checklist for Children

Younger than 12 years old or weighing less than 45 kg

Clinical management of rape survivors includes the following:

- 1 The examination room must be private, well-lit, clean, and a same-sex provider must be present. Explain process to survivor, emphasizing confidentiality & need for permission.
- 2 Take detailed history with compassion.
- 3 Perform physical and genital examination; record all findings.
- 4 Collect forensic evidence as relevant.
- 5 Offer prophylaxis and treatment:
 - a Prevention and Treatment of Sexually Transmitted Infections (STIs). Treat wounds and give tetanus immunization if indicated.
 - b Post-Exposure Prophylaxis of HIV Infection (PEP).
 - c Offer Emergency Contraception (EC) for girls if rape occurred within last 5 days.
- 6 Explain Voluntary Counseling & Testing (VCT) options.
- 7 Give first dose of Hepatitis B vaccine if available.
- 8 Provide or refer to available psychosocial and protection services.
- 9 Schedule follow-up visit and give medical certificate to survivor.

Prevention and treatment of STIs in children

WHO-recommended STI treatments for children and adolescents
(may also be used for presumptive treatment).

STI	Weight or Age	Treatment
Gonorrhoea	< 45 kg	ceftriaxone 125 mg intramuscularly, single dose or spectinomycin 40 mg/kg of body weight, intramuscularly (up to a maximum of 2 g), single dose or (if > 6 months) cefixime 8mg/kg of body weight orally, single dose
	< 45 kg	Treat according to adult protocol.
Chlamydial infection	< 45 kg	azithromycin 20 mg/kg orally, single dose or erythromycin 50 mg/kg of body weight daily, orally (up to a maximum of 2 g), divided into 4 doses, for 7 days
	> 12 years	Treat according to adult protocol.
	< 45 kg but < 12 years old	erythromycin 500 mg orally, 4 times daily for 7 days or azithromycin 1 g orally, single dose
Syphilis		*benzathine penicillin 50 000 IU/kg IM (up to a maximum of 2.4 million IU), single dose
Syphilis, patient allergic to penicillin	> 12 years	erythromycin 50 mg/kg of body weight daily, orally (up to a maximum of 2 g), divided into 4 doses, for 14 days
Trichomoniasis	> 12 years	metronidazole 5 mg/kg of body weight orally, 3 times daily for 7 days
	> 12 years	Treat according to adult protocol.

* Note: benzathine benzylpenicillin may be omitted if the presumptive treatment regimen includes azithromycin, which is effective against incubating syphilis, unless resistance has been documented in the setting.

b

Post-Exposure Prophylaxis (PEP) of HIV Infection

Must be initiated within 72 hours post rape.

Weight or Age	Treatment	Prescribe	28 Days Supply
< 2 years or 5-9 kg	Zidovudine (ZDV/AZT) syrup* 10 mg/ml plus Lamivudine (3 TC) syrup 10 mg/ml	7.5 ml twice a day plus 2.5 ml twice a day	= 420 ml (i.e. 5 bottles of 100 ml or 3 bottles of 200 ml) plus = 140 ml (i.e. 2 bottles of 100 ml or 1 bottle of 200 ml)
10 – 19 kg	Zidovudine (ZDV/AZT) 100 mg capsule plus Lamivudine (3 TC) 150 mg tablet	1 capsule three times a day plus ½ tablet twice a day	90 capsules plus 30 tablets
20 – 39 kg	Zidovudine (ZDV/AZT) 100 mg capsule plus Lamivudine (3 TC) 150 mg tablet	2 capsule three times a day plus 1 tablet twice a day	120 capsules plus 60 tablets

* Discard a bottle of syrup 15 days after opening.

c

Emergency Contraception (EC)

Note: It is possible for girls approaching menarche to ovulate before their first period. They and girls who menstrate should be given emergency contraception. Refer to Adult EC protocol.

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For more detailed guidance, please refer to *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*, 2010. Inter-agency Working Group on Reproductive Health in Crises.