Detection of Sexually Transmitted Infections Following Sexual Assault and Rape in Ireland

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Background:

Patients who have experienced sexual assault and rape can avail of medical care and forensic examination at a network of six Sexual Assault Treatment Units (SATUs) across the Republic of Ireland. Sexually Transmitted Infection (STI) testing is now an integral part of that care and has become embedded in all units over time (3 units in 2009 and 2010, 5 in 2011 and all from 2012). Patients presenting acutely, that is, within 7 days of sexual assault, are offered forensic examination and prophylaxis against chlamydia, Hepatitis B virus and HIV where appropriate. STI screening is not usually performed at this initial presentation but is scheduled for 2-4 weeks later. Some patients will present non-acutely and are offered a “Health Check” including STI screening at first visit. Aspects of SATU care are audited and published annually.

Method:

A retrospective review of the annual National SATU Reports 2009-2016 was performed with collation of data pertaining to STI screening from each SATU location.

Results:

In the 8-year period, 5,263 patients were seen at SATUs of whom 2,507 (48%) had STI screening. Follow-up attendance rates varied geographically and over time (from 45% in 2009 to 64% in 2016). Use of azithromycin chlamydia prophylaxis has increased from 23.4% of those attending in 2009 to 63% in 2016. Infections detected are as follows, however, details of prior known infection were not always included:

STI	Cases	Pre-existing
Chlamydia	69	
Hepatitis C	26	2
Genital Warts	8	
Syphilis	5	3
HIV	4	3
Gonorrhoea	3	
Hepatitis B	3	2
Trichomoniasis	3	
Herpes genitalis	3

Discussion:

Low rates of STIs are detected in this population who may receive prophylaxis for chlamydia and HIV. Cases of chlamydia have fallen from 23 (9.7% of those screened) in 2009 to 6 (1.8%) in 2016. This may reflect increased use of azithromycin prophylaxis.

Infections can predate sexual assault or rape. It is not possible to ascertain the prevalence of STI following assault in patients who have been previously sexually active. Hepatitis C was the most common blood-borne virus detected and data is not available as to the most likely route of transmission in our patients.

Follow-up attendance rates improved as STI services in all six SATUs became fully embedded. This is a direct benefit of our ability to offer more comprehensive patient care.

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