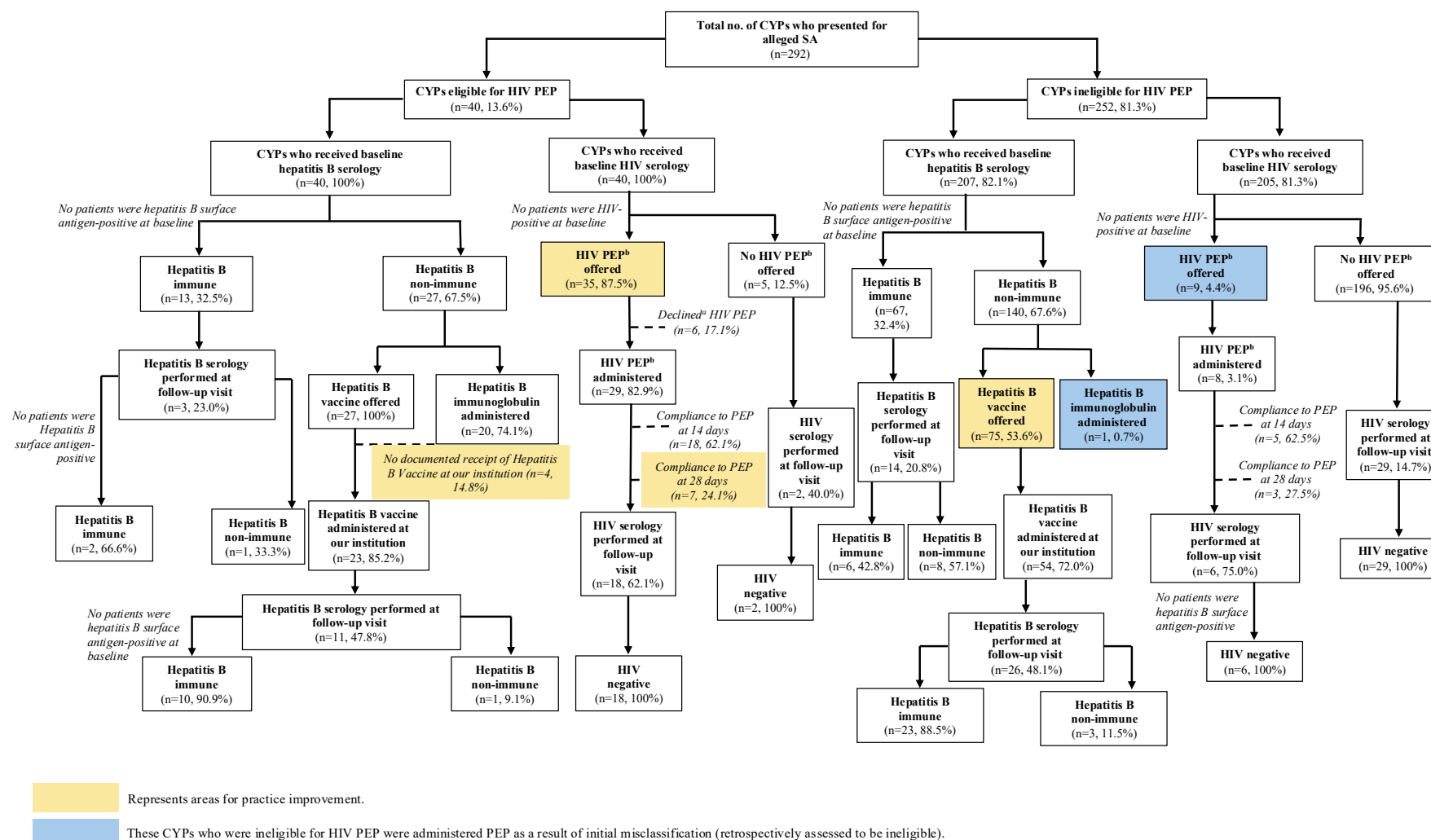


Fig. 1. Hepatitis B and HIV baseline testing, post-exposure prophylaxis and follow-up serologies for children and young persons presenting to children's emergency for sexual assault.



CYPs: children and young persons; HIV: human immunodeficiency virus; PEP: post-exposure prophylaxis; SA: sexual assault

^a Reasons for declining HIV PEP included parental perception that perpetrator was low-risk or financial costs of HIV PEP.

^b All CYPs received oral dolutegravir and oral emtricitabine and tenofovir combination (Truvada; Gilead Sciences, Foster City, CA, US).

CYPs eligible for HIV PEP were defined as CYPs presenting within 72 hours since exposure with a penetrating sexual assault encounter (genital-genital, genital-anal, genital-oral) presenting within 72 hours, and fulfilling the following: (1) known HIV-positive assailant; (2) unknown HIV-status assailant and aged >18 years old; (3) assailant with multiple partners or multiple assailants; (4) assailant who is a known intravenous drug user; or (5) male assailant who has sex with male. This was adapted from guidelines on PEP by the Centres for Disease Control and Prevention and World Health Organization. Immunity to hepatitis B denotes a negative hepatitis B surface antigen, and hepatitis B surface antibody level >10 mIU/mL.

Serologies were repeated at varying time points at any follow-up, with a minimum duration of 1 month post-SA.