



This study aimed to describe the post-exposure management and outcome in health care workers following exposure to hepatitis B, hepatitis C, or human immunodeficiency virus (HIV) during needlestick injury or mucosal contact” Sin et al (2016).

Abstract:

INTRODUCTION: Needlestick injury or mucosal contact with blood or body fluids is well recognised in the health care setting. This study aimed to describe the post-exposure management and outcome in health care workers following exposure to hepatitis B, hepatitis C, or human immunodeficiency virus (HIV) during needlestick injury or mucosal contact.

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METHODS: This case series study was conducted in a public clinic in Hong Kong. All health care workers with a needlestick injury or mucosal contact with blood or body fluids who were referred to the Therapeutic Prevention Clinic of Department of Health from 1999 to 2013 were included.

RESULTS: A total of 1525 health care workers were referred to the Therapeutic Prevention Clinic following occupational exposure. Most sustained a percutaneous injury (89%), in

particular during post-procedure cleaning or tidying up. Gloves were worn in 62.7% of instances. The source patient could be identified in 83.7% of cases, but the infection status was usually unknown, with baseline positivity rates of hepatitis B, hepatitis C, and HIV of all identified sources, as reported by the injured, being 7.4%, 1.6%, and 3.3%, respectively. Post-exposure prophylaxis of HIV was prescribed to 48 health care workers, of whom 14 (38.9%) had been exposed to known HIV-infected blood or body fluids. The majority (89.6%) received HIV post-exposure prophylaxis within 24 hours of exposure. Drug-related adverse events were encountered by 88.6%. The completion rate of post-exposure prophylaxis was 73.1%. After a follow-up period of 6 months (or 1 year for those who had taken HIV post-exposure prophylaxis), no hepatitis B, hepatitis C, or HIV seroconversions were detected.

CONCLUSIONS: Percutaneous injury in the health care setting is not uncommon but post-exposure prophylaxis of HIV is infrequently indicated. There was no hepatitis B, hepatitis C, and HIV transmission via sharps or mucosal injury in this cohort of health care workers.

Reference:

Sin, W.W., Lin, A.W., Chan, K.C. and Wong, K.H. (2016) Management of health care workers following occupational exposure to hepatitis B, hepatitis C, and human immunodeficiency virus. Hong Kong Medical Journal. August 26th. .

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