Needlestick injuries are ubiquitous among interventional radiologists and are often not reported" Deipolyi et al (2017).

Abstract:

Purpose: To determine the prevalence of and risk factors for needlesticks in interventional radiology physicians, as well as the attitudes, behaviors, and conditions that promote or interfere with reporting of these injuries.

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Materials and Methods: A total of 3889 interventional radiologists from academic and private practice in the United States were surveyed by emailing all interventional radiologist members of the Society of Interventional Radiology, including attending-level physicians and trainees (April-August 2016). The institutional review board waived the need for consent. Questions inquired about the nature, frequency, and type of needlestick and sharps injuries and whether and to whom these incidents were reported. Stepwise regression was used to determine variables predicting whether injuries were reported.

Results: In total, 908 (23%) interventional radiologists completed at least a portion of the survey. Eight hundred fourteen (91%) of 895 respondents reported a prior needlestick injury,

583 (35%) of 895 reported at least one injury while treating an HIV-positive patient, and 626 (71%) of 884 reported prior training regarding needlestick injury. There was, on average, one needlestick for every 5 years of practice. Most needlestick or sharps injuries were self inflicted (711 [87%] of 817) and involved a hollow-bore device (464 [56%] of 824). Only 566 (66%) of 850 injuries were reported. The most common reasons for not reporting included perceived lack of utility of reporting (79 [28%] of 282), perceived low risk for injury (56 [20%] of 282), noncontaminated needle (53 [19%] of 282), too-lengthy reporting process (37 [13%] of 282), and associated stigma (23 [8%] of 282). Only 156 (25%) of 624 respondents informed their significant other. Stepwise regression assessing variables affecting the likelihood of reporting showed that male sex ($P = .009$), low-risk patient ($P < .0001$), self injury ($P = .010$), trainee status ($P < .0001$), and the total number of prior injuries ($P = .019$) were independent predictors of not reporting.

Conclusion: Needlestick injuries are ubiquitous among interventional radiologists and are often not reported.

Reference:

Deipolyi, A.R., Prabhakar, A.M., Naidu, S. and Oklu, R. (2017) Needlestick Injuries in Interventional Radiology Are Common and Underreported. Radiology. June 19th. .

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