THOMPSON RIVERS UNIVERSITY | Risk & Safety Services

Post-Exposure Information Sheet

Following an exposure to human blood, blood products, tissues, or contaminated equipment

The purpose of this document is to provide information to assist you in making decisions with your doctor on the best management of your exposure incident. Please review the information below and direct your questions to your physician so you are comfortable with your treatment.

HEPATITUS B VIRUS (HBV): HBV is transmitted via blood exposure. Many individuals have received the three vaccine series for protection against it. Vaccine Responders are well protected by this vaccine; non-responders and those not vaccinated remain susceptible. Following an exposure, your immunity will be checked with a blood test. You will be notified within time to receive the vaccine if it is necessary.

HEPATITIS C VIRUS (HCV): HCV may be transmitted by needle stick or other blood exposure. There is currently no vaccine available to immunize against this disease. According to the CDC, the risk of acquiring infection following an exposure to HCV-containing blood after a needle stick or cut exposure is 1.8%. However, infection through this route has been observed to be as high as 10% in some situations. This range may be reflective of the depth of injury and the variety of possible known and unknown routes of infection available to this virus via blood exposure. Your physician will attempt to determine if the source of your exposure is infected with Hepatitis-C. If the source is found to be infected with HCV, you will be advised to have special testing done between 3 to 10 weeks post exposure, at the discretion of your physician, to determine if you became infected. If the virus is detected in your blood, you will be referred to a physician who specializes in treating Hepatitis C virus infection, often a Hepatologist or Infectious Disease Physician.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): The risk of acquiring HIV infection following an exposure to HIV-infected blood of body fluids is low; about 0.3% for a needle stick and about 0.1% for a splash of blood onto intact skin. Various factors may increase or decrease the chance of acquiring HIV after an exposure. Among these factors are whether the source fluid actually contained HIV, the amount of HIV in the fluid, the amount of fluid involved, and the manner in which the exposure occurred.

Even without treatment after exposure, (Post Exposure Prophylaxis, or PEP), the risk of acquiring HIV is small. Whether taking HIV-PEP will prevent you from acquiring HIV or not is unknown. However, studies seem to indicate that taking PEP reduces the risk of infection substantially. The Center for Disease Control (CDC) suggests that HIV-PEP has little to no effect in preventing infection if started more than 72 hours after exposure. Therefore, it is imperative that PEP initiation be initiated soon as possible following a suspected exposure event.

HIV-PEP medications are taken for 4 weeks and often have significant side effects. You should communicate any adverse side effects to your treating physician promptly; also notify him/her immediately if you stop taking your medications.

A few special precautions are recommended (until your 6-month HIV, Hepatitis B, Hepatitis C blood results are negative, or unless otherwise advised by your treating physician):

- You should not donate blood, organs, or semen;
- You should not breastfeed your child;
- You should use barrier protection when engaging in sexual intercourse, i.e., use of latex condoms.