Needlestick History + Management

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Confirms nature of the problem	1
Gathers details When this occurred How it occurred – clean needle/dirty needle Bite? Was it blood or other fluids? First aid measures Wound sustained	
Enquires about source patient HIV status, viral load Hep B status, surface antigen status Hep C status, viral load If unknown what is known that would increase risk (Sub-Saharan, African, MSM, IVDU, Sex worker) Enqures if source patient has given consent for bloods to be taken	
PMH of victim	
DH of victim	
Vaccination history - Full course of HBV vaccination or non responder?	
Makes Risk assessment for HIV – risk of needlestick transmission is 0.3% Hep B – up to 30% [if HBeAg+Ve] Hep C – 0.5-1.8%	
If decides risk of HIV is high will give PEP for 28 days Truvada 1 BD, and Kaletra 2 tabs BD	
Counsels about PEP 28 day coutse Diarrhoea, Nausea, Vomiting, Headache, Rash [CI pregnancy, anaemia]	
Explains suggests Hep B vaccination or booster, and accelerated course, depending on vaccination status	
If not vaccinated against Hep B and high risk [HBsAg +ve] givens HB Immunoglobulin	
Explains needs to take blood sample for serum save, explains this will not be tested.	

Explains will need to attend occupational health the next day	
Counsels on safe sex until given all clear	

Tom Bircher 2019

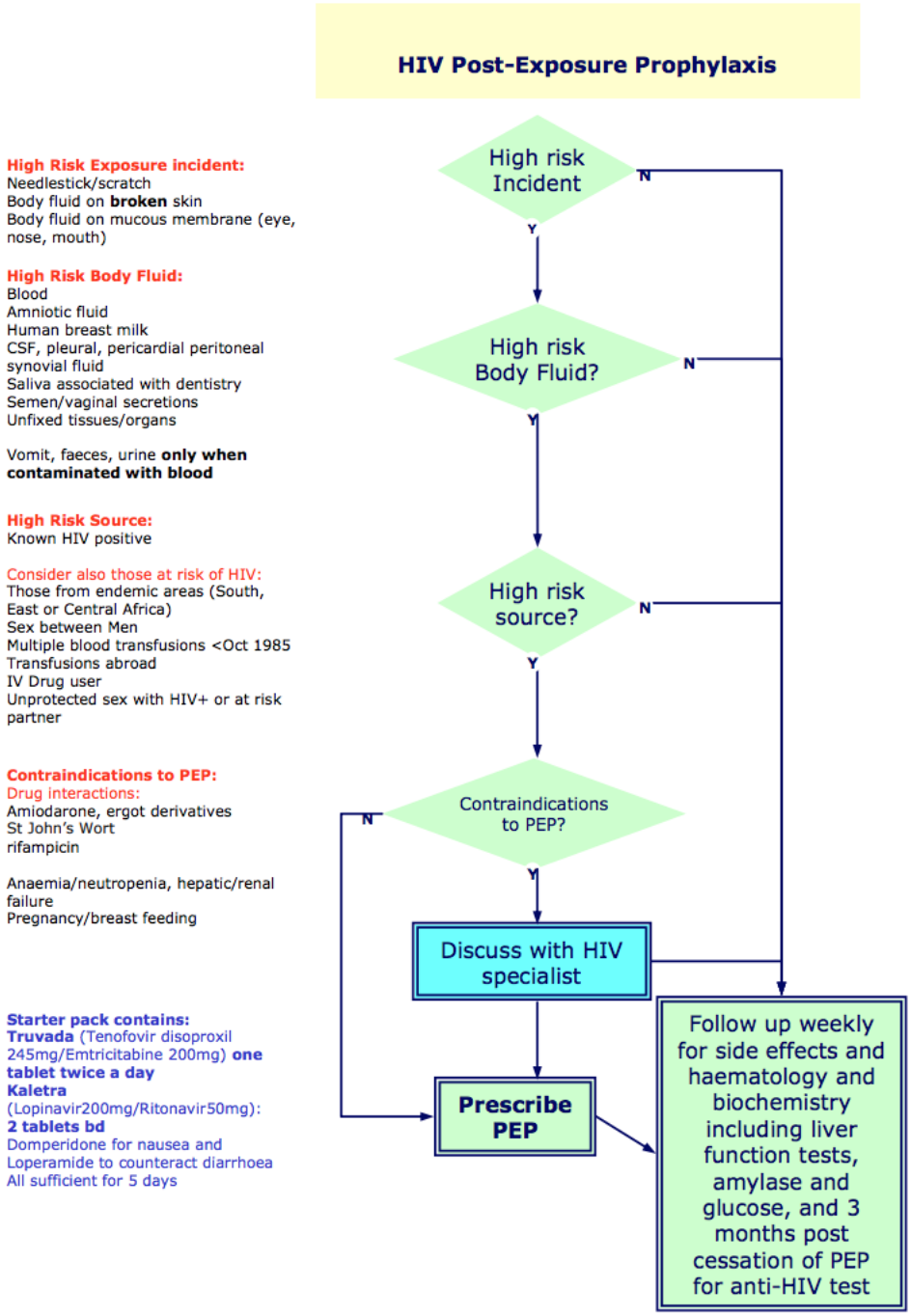
Table 2: HBV prophylaxis for reported exposure incident [15]

	Significant exposure			Non-significant exposure	
HBV status of person exposed	**HBsAg positive source**	**Unknown source**	**HBsAg negative source**	**Continued risk**	**No further risk**
≤ 1 dose HB vaccine pre-exposure	Accelerated course of HB vaccine* HBIG × 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis. Reassure
≥ 2 doses HB vaccine pre-exposure (anti-HBs not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis. Reassure
Known responder to HB vaccine (anti-HBs > 10mIU/ml)	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure
Known non-responder to HB vaccine (anti-HBs < 10mIU/ml 2–4 months post-immunisation)	HBIG × 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	HBIG × 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No prophylaxis. Reassure

*An accelerated course of vaccine consists of doses spaced at zero, one and two months.
A booster dose may be given at 12 months to those at continuing risk of exposure to HBV.
Source: PHLS Hepatitis Subcommittee (1992).

[15] *Immunisation against infectious disease*, (2011), Department of Health, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_125113.pdf

Figure 2: Management of HIV Exposures



	UK Population Prevalence*	Prevalence in UK IVDUs *	Average seroconversion risk after percutaneous exposure to known infected source
HIV	0.08%	London 3% Elsewhere 0.5%	0.3%
HCV	0.4-0.5%	41%	0.5-1.8% (if detectable RNA)
HBV	0.5% HBsAg carriers	22%	30% (non-immune individual exposed to HBeAg positive source)

*Source: HPA