Blood Borne Virus possible exposure Non-occupational (eg non-staff)

For Occupational exposures see 1st aid + PEP
For Sexual exposures see PEPSE

**IS EXPOSURE SIGNIFICANT?**

**Significant:**
Percutaneous exposure (needle / bite)
Mucotaneous exposure (broken skin, mucous membrane, eye) involving infective body fluid (box1), including human bites (who will potentially also need antibiotic prophylaxis)

**Non-Significant:**
Mucotaneous exposure involving non-infective body fluid (see box1)
Exposure to intact skin (no skin integrity loss)

1) Determine PEP requirement

- Dry/stale body fluid? (e.g. the needle in park)
  - N
  - Y

  Occurred >72 hours ago
  - N
  - Y

  Calculate HIV risk (box 3)

  - High
  - Low

  PEP

  d/w on-call ID Dr to confirm PEP required and arrange follow up

  Seven Salient points:
  - Exclude pregnancy
  - Start immediately
  - Finish 4 week course
  - Beware medication interactions
  - Unlicensed
  - Practice safe sex
  - Warn re: side effects

  See Post exposure prophylaxis for prescribing advice

*If either victim or source are known HIV positive then d/w Infectious Diseases

Continue with risk assessment...

2) Hep B risk assessment

- Is victim known Hep B +ve?
  - N
  - Y

  Source unknown or not Hep B +ve

  Source Hep B +ve

  - Y
  - N

  Check victim Hep B immunisation status

  - Known non-responder
    - d/w Microbiology
  - Known responder
    - Unvaccinated (Or only 1 dose of Hep B vaccine)
      - Give accelerated course of Hep B vaccine
    - 2 or more Hep B vaccine doses but unknown response
      - Give 1 dose of Hep B vaccine
      - Consider booster (box2)

3) DISCHARGE FOLLOW UP

Ensure patient has had baseline bloods (Serum Save, UE, LFT, FBC)
Practice safe sex
Complete proforma GP letter (see page 3) for:
- Testing at 3 months for Hep C, B and HIV
- Needs six week Hep C RNA testing if high Hep C risk (source known/suspected IVDU or Hep C +ve)
- +/- Completion of Hep B Vaccination

Box 1

INFECTIVE BODY FLUIDS LIKELY TO BE FOUND IN THE COMMUNITY:

- Blood or any blood stained bodily fluid
- Human bites: potential for exposure both as victim and assailant
- Amniotic fluid
- Breast milk
- Fluid from burns / skin lesions / wounds
- Peritoneal or pleural fluid
- Semen
- Vaginal secretions

Box 2

BOOSTER / VACCINATION NEED

Consider need for booster / vaccination if there is thought to be continued risk of exposure to Hep B (see BNF for full list)

Box 3

Definitions

- Hep B +ve = Known HBsAg and/or HBV DNA positive
- Accelerated course = vaccine dose @ 0, 1, 2 + 12 months
- Victim = the patient in front of you
- Source = the source that the blood came from – this often will be unknown in the community

Microbiology and Infectious Disease doctors can be accessed via switchboard.

Incidence of HIV in Nottingham City = 2/1000 population (County lower)

No case of HIV transmission from ‘needle in the park’ is documented

Hepatitis C remains biggest risk from needle stick injury (~49% of IVDUs have Hep C)

See information box below for HIV risk of transmission
GP letter proforma

A&E STAFF: copy and paste this into pre-printed GP letter, delete* as appropriate

Dear GP

This patient has attended A+E after having been potentially exposed to a blood borne virus

After assessment his exposure was deemed *SIGNIFICANT / NON-SIGNIFICANT

HIV risk was calculated as *LOW / HIGH

Post exposure HIV prophylaxis was *STARTED / NOT REQUIRED

Hepatitis B risk assessment resulted in:
*IMMUNOGLOBULIN
*BOOSTER
*ACCELERATED COURSE
*NO EMERGENCY ACTION

Baseline bloods including a serum save have been taken

Specific GP instructions:

*NO FOLLOW UP REQUIRED

*ARRANGE FOR 3 MONTHS FROM NOW TESTING FOR HIV, HEP C & B

*ARRANGE 6 WEEK TESTING FOR HEP C RNA (SOURCE KNOWN / SUSPECTED HIGH RISK)

*ARRANGE FOR COMPLETION OF HEP B VACCINATION