



GUIDE TO FOLLOW UP TESTING FOR BLOOD OR BODY FLUID EXPOSURES AND NEEDLESTICK INJURIES

Hepatitis B, Hepatitis C and HIV may be contracted through exposure to any body fluid, particularly blood. Follow up testing of exposed people is important to determine whether infection has been transmitted and to enable early treatment where this is appropriate. Any person that has positive serology on follow up testing for blood or body fluid exposure should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician.

Exposure from unknown source

The risk of infection with Hepatitis B, Hepatitis C or HIV following a blood or body fluid exposure from an unknown source is usually low. A risk assessment should be performed at the time of the injury by a doctor and if necessary, should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician. If the risk is deemed to be low, post exposure prophylaxis will not be given. The exposed person should have serology for Hepatitis B, Hepatitis C and HIV performed at 6 weeks, 3 months and 6 months after the exposure. They should be informed to seek medical attention if they develop jaundice or an infectious mononucleosis syndrome in the six months after their exposure.

Time post exposure	Tests required
Six weeks	HBsAg, and HBsAb, HCVAb, HIV Ag/Ab,
Three months	HBsAg, and HBsAb, HCVAb, HIV Ag/Ab
Six months	HBsAg, and HBsAb, HCVAb, HIV Ag/Ab

Exposure from source infected with Hepatitis C

The risk of infection following a blood or body fluid exposure where the source patient is infected with Hepatitis C is around 1.8%. This risk may change depending on the circumstances of the exposure. There is no effective post-exposure prophylaxis or vaccination for Hepatitis C. It is recommended to perform follow up testing at 6 weeks, 3 months and 6 months after the exposure. The exposed person should be informed to seek medical attention if they develop nausea, abdominal pain or jaundice in the six months after their exposure.



Exposure from source infected with HIV

The risk of infection following a blood or body fluid exposure where the source patient is infected with HIV depends on the circumstances of the exposure, but is estimated at $< 1\%$ in most situations. A risk assessment should be performed at the time of the injury and this should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician. In many cases, HIV post-exposure prophylaxis will have been offered to the exposed person and follow up should have been arranged with the Infectious Diseases service at CCDHB. If the risk of transmission was deemed very low, post-exposure prophylaxis may not be given. In either situation, it is recommended to perform follow up testing with HIV Ag/Ab at 6 weeks, 3 months and 6 months after the exposure. The exposed person should be informed to seek medical attention if they develop fever, rash or an infectious mononucleosis syndrome in the three months following their exposure.

Exposure from a source with Hepatitis B

The risk of infection with Hepatitis B following a blood or body fluid exposure where the source is infected with Hepatitis B depends on the nature of the exposure, on the infectivity of the source (HBeAg positivity) and the immunity of the exposed person (vaccination status). Transmission may be as high as 30% in a non-immune recipient where the source person is HBeAg positive, or approximately 6% if the source person is HBsAg positive but HBeAg negative. A risk assessment should be performed at the time of the injury and this should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician.

- If the exposed person has been vaccinated and is known to have HBsAb >10 IU/mL documented at any time following vaccination, there is no need for HBV PEP. No follow up testing is required.
- If the exposed person does not have HBsAb > 10 IU/mL demonstrated at any time following vaccination, Hepatitis B Immunoglobulin and a booster dose of Hepatitis B vaccination should have been given within 72 hours of exposure. Follow up testing is outlined in the table below (HBsAb ≤ 10 IU/mL column).
- If the exposed person has not been vaccinated, Hepatitis B Immunoglobulin and the first dose of Hepatitis B vaccination should have been given within 72 hours of exposure. Two further doses should be given at four weekly intervals. Follow testing is outlined in the table below.

Time post exposure	Source HBV +, Recipient HBsAb \leq 10 IU/mL	Source HBV +, Recipient never immunised
Four weeks	-	2 nd dose HBV vaccine
Six weeks	HBsAg, HBsAb	-
Eight weeks	-	3 rd dose HBV vaccine
Three months	HBsAg, HBsAb	HBsAg, HBsAb
Six months	HBsAg, HBsAb	-

- For persons given single booster of Hepatitis B vaccine:
If HBsAb at three months still \leq 10 IU/mL, give two further doses of Hepatitis B vaccine each four weeks apart.
- For persons given three doses of Hepatitis B vaccine:
If HBsAb at three months still \leq 10 IU/mL, repeat complete course (3 doses) of Hepatitis B vaccine. For further information see Immunisation Handbook (MOH, www.moh.gov.nz)

EXPOSED PERSON
NEEDLESTICK INJURY, BLOOD/BODY FLUID
EXPOSURE TEST *REQUEST FORM*
FOLLOW UP BLOOD TEST FORM

6 WEEKS POST NEEDLESTICK EXPOSURE

1. EXPOSED PERSON DETAILS

First Name _____ Last Name _____ NHI No. (if known): _____

DOB _____ Workplace _____ Gender (circle one) Male/Female

Address _____

Date of Exposure _____

2. CONTACT PERSON AND GP DETAILS

Name of person managing results (e.g. GP, workplace occupational health or infection control person, manager)

_____ Position/Title _____

Contact Daytime Phone no: _____ After Hours Phone No: _____

Cell phone No: _____

If the above is not your GP, do you want a copy of your results to be sent to them?: Yes / No (circle)

If Yes:

Name of Dr _____ Location of Dr's Medical Centre _____

3. Collect a 5ml Yellow SST tube (however alternatively – EDTA, Heparin ,sodium citrate, ACD, CPD tube may be used if SST is unable to be obtained). Label Specimen CORRECTLY.

4. INFORMED CONSENT BY *EXPOSED PERSON* FOR BLOOD TESTS AND PROPHYLAXIS:

I understand the risk of infection following accidental blood/body fluids exposure and am aware of the treatment options. I agree to having the following blood tests performed. Tests for Hepatitis B,C and HIV will be performed unless excluded (please cross out to exclude):

Hepatitis BSAg (Diagnosis) Hepatitis SBAb (Immunity) Hepatitis C Antibody HIV Antibody/Antigen

Exposed Person Signature _____

Date _____

INSTRUCTIONS TO AOTEA PATHOLOGY SPECIMEN RECEPTION STAFF

Enter request for **ENS** (Exposed Person Needle Stick) profile

If this is a Dental Needlestick Enter as "Industrial" I bill type.



EXPOSED PERSON
NEEDLESTICK INJURY, BLOOD/BODY FLUID
EXPOSURE TEST *REQUEST FORM*
FOLLOW UP BLOOD TEST FORM

3 MONTH POST NEEDLESTICK EXPOSURE

1. EXPOSED PERSON DETAILS

First Name _____ Last Name _____ NHI No. (if known): _____

DOB _____ Workplace _____ Gender (circle one) Male/Female

Address _____

Date of Exposure _____

2. CONTACT PERSON AND GP DETAILS

Name of person managing results (e.g. GP, workplace occupational health or infection control person, manager)

_____ Position/Title _____

Contact Daytime Phone no: _____ After Hours Phone No: _____

Cell phone No: _____

If the above is not your GP, do you want a copy of your results to be sent to them?: Yes / No (circle)

If Yes:

Name of Dr _____ Location of Dr's Medical Centre _____

3. Collect a 5ml Yellow SST tube (however alternatively – EDTA, Heparin ,sodium citrate, ACD, CPD tube may be used if SST is unable to be obtained). Label Specimen CORRECTLY.

4. INFORMED CONSENT BY *EXPOSED PERSON* FOR BLOOD TESTS AND PROPHYLAXIS:

I understand the risk of infection following accidental blood/body fluids exposure and am aware of the treatment options. I agree to having the following blood tests performed. Tests for Hepatitis B,C and HIV will be performed unless excluded (please cross out to exclude):

Hepatitis BSAg (Diagnosis) Hepatitis SBAb (Immunity) Hepatitis C Antibody HIV Antibody/Antigen

Exposed Person Signature _____

Date _____

INSTRUCTIONS TO AOTEA PATHOLOGY SPECIMEN RECEPTION STAFF

Enter request for **ENS** (Exposed Person Needle Stick) profile

If this is a Dental Needlestick Enter as "Industrial" I bill type.



EXPOSED PERSON
NEEDLESTICK INJURY, BLOOD/BODY FLUID
EXPOSURE TEST *REQUEST FORM*
FOLLOW UP BLOOD TEST FORM
6 MONTH POST NEEDLESTICK EXPOSURE

1. EXPOSED PERSON DETAILS

First Name _____ Last Name _____ NHI No. (if known): _____

DOB _____ Workplace _____ Gender (circle one) Male/Female

Address _____

Date of Exposure _____

2. CONTACT PERSON AND GP DETAILS

Name of person managing results (e.g. GP, workplace occupational health or infection control person, manager)

_____ Position/Title _____

Contact Daytime Phone no: _____ After Hours Phone No: _____

Cell phone No: _____

If the above is not your GP, do you want a copy of your results to be sent to them?: Yes / No (circle)

If Yes:

Name of Dr _____ Location of Dr's Medical Centre _____

3. Collect a 5ml Yellow SST tube (however alternatively – EDTA, Heparin ,sodium citrate, ACD, CPD tube may be used if SST is unable to be obtained). Label Specimen CORRECTLY.

4. INFORMED CONSENT BY *EXPOSED PERSON* FOR BLOOD TESTS AND PROPHYLAXIS:

I understand the risk of infection following accidental blood/body fluids exposure and am aware of the treatment options. I agree to having the following blood tests performed. Tests for Hepatitis B,C and HIV will be performed unless excluded (please cross out to exclude):

Hepatitis BSAg (Diagnosis) Hepatitis SBAb (Immunity) Hepatitis C Antibody HIV Antibody/Antigen

Exposed Person Signature _____ Date _____

INSTRUCTIONS TO AOTEA PATHOLOGY SPECIMEN RECEPTION STAFF

Enter request for **ENS** (Exposed Person Needle Stick) profile
If this is a Dental Needlestick Enter as "Industrial" I bill type.