

# Infectious Disease Hazards of Needlestick Exposure in the Community Setting

Maine CDC, Annual Infectious Disease  
Conference

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*Excellence at Work*



# Disclosure

Kevin G. Ward has nothing to disclose with regard to commercial relationships.

# Objectives

- Define bloodborne pathogens.
- Identify key aspects of a Bloodborne Pathogen Exposure Plan in the setting of needlestick exposure in the community
- Identify resources to assist in the management of bloodborne exposures..

# Bloodborne Pathogens

- HIV
- Hepatitis B
- Hepatitis C
- Other Potentially Infectious Materials (OPIM)



# Exposure Material/Routes

- Saliva
- Blood
- Urine



- Mucous Membrane
- Percutaneous
- Non-intact skin

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# Manage a Bloodborne Exposure in the Community Setting

- Source (risk factors)
  - unknown
- Transmission (material/route)
  - No obvious blood/Insulin syringe
- Exposed (what do we know)
  - 15 year old, healthy male, has received 3 Hepatitis B vaccinations, no high risk behaviors



# Post Exposure Prophylaxis

- HIV
  - none
- Hepatitis B
  - none
- Hepatitis C
  - none



# Exposed Laboratory Testing

- Baseline/Medico-legal
  - HIV antibody-Negative
  - Hepatitis B Surface antibody-Positive
  - Hepatitis C antibody-Negative
- Follow up (6 weeks, 12 weeks, 24 weeks)
  - HIV antibody
  - Hepatitis C antibody



# Know your bloodborne exposure management resources

- <https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>
- <https://stacks.cdc.gov/view/cdc/38856>
- [http://www.hivguidelines.org/pep-for-hiv-prevention/non-occupational/#tab\\_0](http://www.hivguidelines.org/pep-for-hiv-prevention/non-occupational/#tab_0)
- PEPLINE (888-448-4911) is available daily from 11 a.m. – 8 p.m. EST.

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