

Blood and Body Fluid Exposure

Follow Up Information After an Exposure

Risk of transmission from a blood and body fluid exposure is only possible if:

- an object with blood or a body fluid punctured or broke your skin (such as a needle stick), or
- the blood or body fluid came in contact with broken skin or your mucous membranes (the inner lining of body openings, such as the mouth, genitals or eyes), **and**
- you were exposed to a body fluid that can transmit the virus.

If you have been exposed to blood and body fluids in the community or in an occupational setting the following explains the risk of transmission and testing of human immunodeficiency virus (HIV), hepatitis B, and hepatitis C.

	Human Immunodeficiency Virus (HIV)	Hepatitis B Virus (HBV)	Hepatitis C Virus (HCV)
What fluids can transmit the virus?	 Blood, blood products or other body fluids with visible blood; Semen, vaginal secretions; Saliva (only if it has blood); Breastmilk. 	 Blood, blood products or other body fluids with visible blood; Semen, vaginal secretions; Saliva; Breastmilk (only if it has blood). 	 Blood, blood products or other body fluids with visible blood; Semen, vaginal secretions; Saliva and breastmilk (only if it has blood).
What is the virus and how can it affect me?	 It affects the immune system Over time, it wears down the immune system and makes it harder to fight infections. There are antiviral medication options available for this virus. 	 It infects the liver About 90% of adults will completely recover from the infection after 6 months 5% of people will be at risk for long-term complications because of the ongoing damage to the liver (example: cirrhosis, or liver cancer) There are treatment options available for this virus. 	 It infects the liver About 25% of people will clear the virus on their own The other 75% of people will remain chronically infected unless they receive antiviral therapy which can clear the virus in greater than 95% of individuals Without treatment, 15 to 25% will be at risk for long term complications.
What is the risk from the exposure with a positive source?	 The estimated risk of HIV transmission from a needlestick injury is approximately 0.3%. Exposures to mucous membranes is approximately 0.1%. 	 If you responded to previous vaccinations, the risk of infection is virtually 0% If you have not been immunized or did not respond to vaccines, and did not receive Hepatitis B Immunoglobulin (HBIg), the risk from a needlestick is between 1-30%. 	The estimated risk of HCV transmission from a needlestick is approximately 2%.
Is there a vaccine?	No. There are antiviral medication options.	Yes: Vaccine and HBIg.	No. There is a treatment cure.





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	Human Immunodeficiency Virus (HIV)	Hepatitis B Virus (HBV)	Hepatitis C Virus (HCV)
What is the treatment following a high risk exposure?	 There are post exposure medications that help prevent infection. Refer to HIV Post-Exposure Prophylaxis (CS-PIER-0076) handout. 	 Hepatitis B Immunoglobulin and vaccine for those who are not immune. Refer to Hepatitis B Fact Sheet. 	 There is no preventive treatment. Monitoring for infection will allow for early treatment of infection.
What follow-up is required?	 Blood test at initial visit, 1 and 3 months after the exposure. If HIV PEP provided, blood tests to monitor your liver and kidneys should be done during treatment. 	 Blood test at initial visit and at 3 months after the exposure. Blood test at 1 month after the last dose of vaccine and at 6 months after Hepatitis B Immunoglobulin. 	Blood test at initial visit, 1, 3 and 6 months after the exposure.

For persons involved in a sexual exposure, the follow up is:

	Chlamydia/Gonorrhea	Syphilis
Test for STIs	 Urine test (or swabs) at initial visit Testing at 1 month is not needed if treatment was given at time of exposure. 	 Blood test at initial visit, 1 and 3 months after exposure.

How do I protect others while I am waiting for my status to be confirmed through the testing?

All of these viruses and bacteria are transmitted through blood and body fluids so it is important to:

- Practice safer sex use condoms for vaginal, anal and oral sex
- Ensure items contaminated with blood are disposed in a plastic bag and placed in the garbage
- Do not donate blood, blood products or tissues
- Do not share personal items such as razors and toothbrushes
- Do not share needles or drug use equipment
- Do not get pregnant and do not breastfeed

What happens now?

- A few days after exposure, a nurse will contact you to answer any questions and to remind you about the follow-up tests or vaccines that are required.
- Each of these infections are reportable to Public Health in Saskatchewan. If any of your blood tests return with positive results, a physician/nurse practitioner and a public health nurse will contact you for follow-up.

What about follow-up testing at 1, 3, and 6 months?

• Contact a local sexual health clinic, walk-in clinic or family physician/NP who can order the follow-up testing.

For more information contact:

Your local public health office, your physician or nurse practitioner, or Healthline at 811.

