ORIGINAL RESEARCH PAPER

Medicine

KEY WORDS:

DO & DO NOT AFTER NEEDLE STICK INJURY

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ABSTRACT

Needle stick and sharp injuries are one of the major risk factors for blood born infections (HIV, Hepatitis - B , C) to health care professionals. Needle stick injuries occurs at significant rates . Not only the needle stick injury put workers at risk of blood born pathogens ,but they also cause a significant psychological and emotional burden for those involved. Often needle stick injuries are often under reported.

INTRODUCTION :-

Risk of blood born viruses is greater from patient to health care professionals . Risk of transmission is possibly high when exposed to contaminated blood or body fluids from infected patients. According to World health organization annual estimated proportions of health care workers exposed to blood born pathogens globally are (1)

1. 2.6 % for Hepatitis C Virus
2. 5.9 % for Hepatitis B Virus
3. 0.5 for HIV

Epidemiology :- (2)

Average estimated risks sero conversions risk from published studies & reports are :-

1. 0.3 % per cutaneous exposure to HIV Infected blood
2. 0.1 % Muco cutaneous exposure to HIV Infected blood
3. 0.5 – 1.8 % per cutaneous exposure to HCV –Infected blood

Diseases At Risk With Needle Stick Injury :-

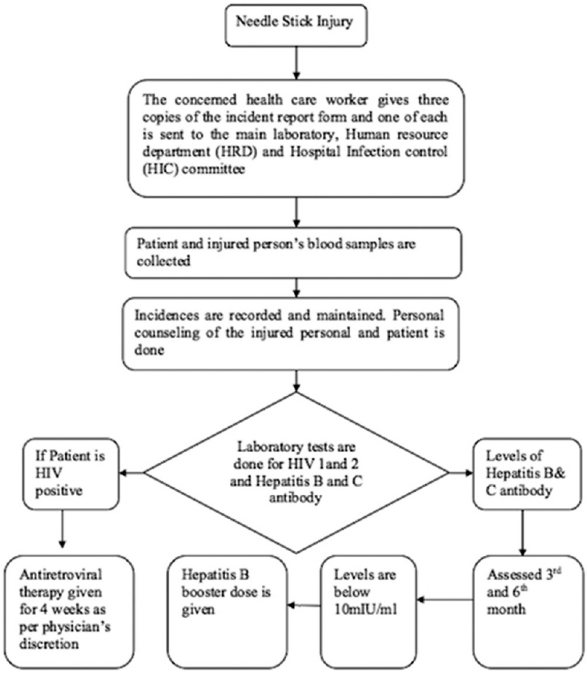
1. Hepatitis – B
2. Hepatitis – C
3. HIV

Other minor Viruses Transmitted :-

4. HTLV – 1 & 2
5. Hep –D & G
6. CMV / EBV / Parvo virus / TTV / WNV / Malaria Parasite

DO	DO NOT
Clean with water	Don't Scrub
Try to know whether It is used or un used Needle	Don't Squeeze
Try to Know the status of the Patient (To whom we have used needle)	Don't suck the blood
Immediately inform to Casuality (or) Infectious disease dept	Do not Delay > 72 hrs (Post Needle stick injury)
Do proper counseling and Follow up	
Explain the side effects of the drugs	
Start PEP If required as early as possible Within 48 -72 hrs	

Guidelines Concerning the viral load of the source patient have recently changed. If the patient is know to have undetectable HIV Viral load (< 200 copies of HIV RNA/ml) –Post exposure prophylaxis (PEP) was previously not recommended. How ever now recommended that PEP should be offered to those who are anxious about risk (4)



1. post exposure prophylaxis – TLE (Tenofovir 300 mg ,Lamviudine 300mg , Efavirenz 600mg) is recommended for 28 days.
2. Completion of 4 weeks is recommended.
3. Although 4 weeks is compromised due to significant side effects. (50 % have side effects & 30 % stop taking this PEP)
4. Monitoring & Follow up of HIV Test after 12 weeks of post exposure

Failure of PEP :-

1. Delay of Initiation of PEP
2. Large Inoculation
3. Resistant strains of HIV
4. Short duration of PEP

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