

OCCUPATIONAL EXPOSURE TO HIV: ADVICE FOR HEALTH CARE WORKERS



HIV stands for human immunodeficiency virus. It is an infection that attacks your body's immune system. The infection can lead to AIDS (acquired immunodeficiency syndrome).

Health care workers are at increased risk of viral exposure in the workplace. HIV is transmitted through certain body fluids of an infected person. This includes blood, semen, vaginal discharge, or breast milk. Other fluids, such as tears, saliva, sweat, and urine, contain little or no virus and cannot transmit HIV unless mixed with blood.

The risk of getting HIV from a needlestick injury is less than 1%. The risk of exposure from direct skin contact with the fluid is less than 0.1%. The risk of infection from a human bite is between 0.1% and 1%.

Path to Improved Health

There are many ways to prevent occupational exposure to HIV. To start, health care workers should treat all body fluids the same way. You should assume they are infected and take precautions, including:

- Use protective covering, such as gloves and goggles. You always should do this when dealing with blood and body fluids.
- Wash your hands and other skin areas right after contact with blood and body fluids.
- Be careful when handling and disposing of needles and sharp instruments.
- Use available safety devices to prevent needlestick injuries.
- Be aware of your employer's postexposure processes.

Be aware of your organization's policies and procedures to follow when an exposure occurs. If it does occur, follow the basic steps below:

- For a skin puncture, induce bleeding at the wound site. Do this by applying gentle pressure as you wash the area with soap and water.
- For a skin or mucous splash, rinse the area with water.
- Get the infected person's information. This includes name, address, phone number, and HIV status. If a patient, get their doctor's contact information.
- Notify your supervisor and coworkers. If your place of work has other procedures in place, follow those (incident reporting, etc.).
- Seek immediate medical care. Go to your employee health unit, emergency department, or personal doctor.

Once you are with medical professionals, they will assess the exposure. If you have a skin puncture or cut, you may need a tetanus toxoid booster. The following are example questions a doctor may ask about the exposure.

For a skin puncture:

- Is it shallow or deep?
- If caused by a needle, what gauge was it? Was the needle solid (suturing) or hollow?
- If caused by an instrument, what was it?
- Was there blood or bloody material on the surface of the object?
- Was the object in prior contact with the infected person's body fluids?
- If blood was injected in you, how much?
- Were you wearing protective covering?

For a skin or mucous splash:

- What type of body fluid were you exposed to, and how much?
- On what part of your body were you exposed?
- What size area was the contact?
- What was the length of contact time?
- Was there a break in your skin?
- Was there a rash, bite, or open wound?
- Were you wearing protective covering?

About the infected person (source):

- Is the source HIV negative or positive? They could be infected but not know yet. One in seven people living with HIV are unaware.

- Has the source had possible exposure to HIV through sex with multiple and/or anonymous partners, condomless sex, anal sex where both partners have a penis, or use of recreational drugs, injection drugs, or methamphetamines?

About yourself:

- Have you been exposed to HIV before? If so, when and how? What were the results?
- Are you sexually active?
- What kind of relationship are you in?
- Are you pregnant or breastfeeding?
- Do you have any health conditions?
- What medicines are you taking?
- Are you allergic to anything?
- Do you agree to HIV testing? Do you agree to document the incident?

You and your doctor will decide on the best form of exposure treatment. Your doctor may have you take medicine to reduce your risk of getting HIV, and might prescribe other medicines to protect against hepatitis or other infections. You'll likely need blood work to check your liver, kidney, and bone marrow function.

Post-exposure prophylaxis (PEP) for HIV is a treatment to suppress the virus and prevent infection after exposure. PEP should be taken within 72 hours of possible exposure to HIV, so it is important to seek treatment quickly. Prophylaxis medicines can have some side effects. Gastrointestinal symptoms are the most common, including nausea, diarrhea, and stomach pain or discomfort.

Until HIV infection is ruled out, you should refrain from blood or organ donation and only engage in low- or no-risk sexual activity, including the use of barrier methods like condoms during sex. If you are breastfeeding, you should switch to feeding your baby formula.

Things to Consider

Receiving a negative test result after possible HIV exposure does not necessarily mean you don't have the virus. There is a brief "window period" immediately following HIV infection during which the body is undergoing a process called "seroconversion" and could result in a negative test for HIV. During seroconversion, your body is developing HIV antibodies to attack the virus. You may experience flu-like symptoms, such as fever, aches, rash, and swollen lymph nodes. Seroconversion typically happens within 1 to 3 weeks of exposure. In rare cases, it can take even longer.

Because of this "window period" for seroconversion, you might need to receive repeated HIV testing. Your doctor can tell you how often to get tested. The Centers for Disease Control and Prevention recommends retesting up to 6 months after exposure.

It is natural to have strong emotions after an exposure to HIV in your workplace. You might feel anger, fear, blame, or depression. During the difficult time of prevention treatment and waiting, you may want to seek support. Try an employee-assistance program or local mental health expert.

Questions to Ask Your Doctor

- What do you consider to be an occupational exposure?

- If I'm exposed to HIV from blood or body fluids in my workplace, what are the chances I will get infected?
- When and how will I know for sure if I'm HIV negative or positive?
- Can I still work during the window period or seroconversion?

Resources

[Centers for Disease Control and Prevention: HIV/AIDS in the Workplace](#)

[Centers for Disease Control and Prevention: National Prevention Information Network \(NPIN\): HIV/AIDS](#)

[Centers for Disease Control and Prevention: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)

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This article was contributed by familydoctor.org editorial staff.

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This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.