

*HIV
Prevention*

SAVES LIVES

Preventing Occupational HIV Transmission to Health Care Workers

Although not a primary means of HIV transmission, occupational exposure to HIV has resulted in 54 documented cases of HIV seroconversion among health care workers (HCWs) in the United States.* To underscore the importance of preventing occupational HIV transmission to health care workers, the Centers for Disease Control and Prevention (CDC) offers the following recommendations in this area.

Preventive Strategies

The primary means of preventing the HCW's occupational exposure to HIV and other blood-borne pathogens is to follow infection control precautions with the assumption that the blood and other body fluids from *all* patients are potentially infectious. These precautions include routinely using barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids, immediately washing hands and other skin surfaces after contact with blood or body fluids, and carefully handling and disposing of sharp instruments during and after use.

Safety devices also have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the occupational HIV exposure risk. Furthermore, because many percutaneous injuries are related to sharps disposal, strategies for safer disposal, including safer design of disposal containers and placement of containers, are being developed.

Although the most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures, plans for post-exposure management of HCWs should be in place. The administration of antiretroviral drugs as postexposure prophylaxis (PEP) should be considered. Using zidovudine as PEP has been shown to be safe and associated with decreased risk for occupationally related HIV infection. Newer anti-retrovirals also may be effective, although there is less experience with their use as PEP. CDC recently issued guidelines for the management of HCW exposures to HIV and recommendations for PEP. These guidelines outline a number of considerations in determining whether or not an HCW should receive PEP and in choosing the type of PEP regimen. The recommendations will be updated if ongoing data collection and analysis show increased effectiveness of newer drug treatments.



**For more information about HCWs infected with HIV, see the CDC fact sheet titled "Surveillance of Health Care Workers with HIV/AIDS," May 1999.*

Building Better Prevention Programs for Health Care Workers

Continued work in the following areas is needed to reduce the risk of occupational HIV transmission to health care workers:

Continue administrative efforts. All health organizations should continue to support infection control measures that prevent HCWs from becoming exposed to blood and other body fluids. Also, training and monitoring HCWs and reporting any occupational exposures are essential prevention activities in health care settings.

Develop and promote the use of safety devices. Effective and competitively priced safety devices are needed for HCWs who frequently come into contact with potentially HIV-infected blood and other body fluids. The use of safety devices should be evaluated to determine if they are being used properly and consistently.

Monitor the effects of PEP. More data are needed on the safety and tolerability of different regimens of PEP, particularly those regimens that consist of new antiretroviral agents. Furthermore, improved communication regarding side effects before starting treatment and close follow-up of HCWs are needed to increase compliance with the PEP.

CDC, in collaboration with hospitals and other health care organizations, will continue to promote a safe and healthy health care work environment through surveillance activities, epidemiologic and laboratory research, and the development of guidelines and recommendations for the prevention and management of occupational exposures and infections in health care workers.

For more information...

CDC National AIDS Hotline:

1-800-342-AIDS

Spanish: 1-800-344-SIDA

Deaf: 1-800-243-7889

CDC National Prevention Information Network:

P.O. Box 6003

Rockville, Maryland 20849-6003

1-800-458-5231

Internet Resources:

NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html>

DHAP: <http://www.cdc.gov/hiv>

NPIN: <http://www.cdcnpin.org>