Post-Exposure Prophylaxis for HBV, HCV and HIV

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Introduction

Exposure to blood-borne pathogens such as the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) is a potentially serious risk to dental care workers. In healthcare settings, blood-borne pathogen transmission occurs predominantly by percutaneous or mucosal exposure of workers to the blood or body fluids (including saliva) of infected patients. Prospective studies of healthcare workers have estimated that the average risk of HIV, HCV and HBV transmission after a percutaneous exposure to blood of an infectious patient, without postexposure prophylaxis (PEP) for HIV or without prior Hepatitis B vaccination and evidence of protective antibodies, is approximately 0.3% (HIV), 1.8% (HCV) and 6-30% (HBV).

The primary means of preventing occupationally acquired infections is avoiding exposure to blood and other body fluids by implementing standard precautions. However, appropriate post-exposure management including PEP is an important element of workplace safety.

Statement

FDI World Dental Federation recommends that:

- all oral healthcare workers should adhere to standard precautions, including hand washing, protective barriers, extreme care in the use and disposal of needles and sharps and the additional precautions of masks and eye protection
- all oral healthcare facilities should adhere to cleaning, disinfection and sterilization protocols
- vaccination against Hepatitis B for oral healthcare providers at risk of blood and body fluid exposures is available, with subsequent confirmation of protective antibodies
- all oral healthcare providers be provided with personal protective equipment
- all workplaces have available written protocols for prompt reporting, evaluation, counselling and treatment of occupational exposures that may place oral healthcare workers at risk of acquiring any blood-borne infections
- all oral healthcare providers are educated with respect to the immediate management of occupational exposures
- access is available to expert post-exposure care as soon after the exposure as possible, i.e., within hours rather than days
- there are clear mechanisms of post-exposure follow-up and compliance with incident reporting requirements mandated by the local, regional or national authorities

References

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- World Health Organization. Post-Exposure Prophylaxis to Prevent HIV Infection. 2007. http://whqlibdoc.who.int/publications/2007/9789241596374_eng.pdf

- FDI Policy Statement 'Infection Control in Dental Practice'