



BC Centre for Disease Control

Epidemiology Services
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April 28, 2003

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revised Blood and Body Fluid Exposure Management Guidelines

Please note the following revisions to the Blood and Body Fluid Exposure Management Guidelines:

- **HLTH 2339 “Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition”** – following several requests, this form has been changed to facilitate the management of occupational exposures. The white and yellow copies (copies 1 and 2) contain information pertaining to the source person. For reasons of confidentiality, the white copy should be forwarded **ONLY** to the laboratory that will be doing testing for the exposed person (and/or the source person). In the instance of an occupational exposure, the yellow copy should be forwarded **ONLY** to the exposed person's worksite occupational health department, and the pink copy (copy 3) forwarded to the WCB. The WCB will pay the physician/health care facility for the completion of the form for occupational exposures. The goldenrod copy (copy 4) is to be placed in the record established for the exposed person.
- **HLTH 2340 “Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Letter for Follow-Up Physician”** - numerous changes to recommendations for follow-up blood testing. These changes will be outlined by page of the guidelines.

Note: stock of the HLTH 2339 and HLTH 2340 can be ordered from Warehousing Services, 742 Vanalman Avenue, Victoria BC, V8Z 3B5 - by e-mail brian.mcneil@gems9.gov.bc.ca or by phone (250) 952-4439.

Page 1: deleted the last bullet on the page that stated unknown sources should be considered as positive for HBV. If the source is unknown or untested within 48 hours post-exposure, the new recommendation is to offer hepatitis B vaccine only, and not HBIG. The risk of transmission from unknown source exposures is low and the number needed to treat to prevent infection is extremely high.

Administrative Circular: 2003:05

Page 6: first bullet – In the instance of an occupational exposure, when obtaining consent for blood testing of the source, consent must also be obtained for release of the results to the exposed person’s occupational health department.

Page 11, Table 3: Testing of the exposed person –

The following changes in recommendations were made following consultation with BCCDC Hepatitis Services:

- If the source person is HCV+, test the exposed person for HCV infection by HCV RT-PCR at 2 weeks post-exposure. Early treatment may be beneficial.
- Do not test for anti-HCV at 6 weeks post-exposure. Only a very small percentage of persons will seroconvert by this time.
- Test for HBsAg at 3 months post-exposure. As approximately 50% will seroconvert by this time, it is not recommended to wait until 6 months to test.
- Do not test for anti-HCV at 6 months, as ~ 95% will seroconvert by 3 months.

Page 12: Distribution of the copies of the 4-part form is outlined in accordance with the changes made to the HLTH 2339.

Page 16, section 9.2, second bullet (new): If the source is unknown or untested (e.g. a needlestick from an abandoned needle in any community setting) offer hepatitis B vaccine, but not HBIG.

Page 17, Table 5: Hepatitis B post-exposure prophylaxis:

- New testing recommendations are outlined
- footnote ♣ specifies that consensual adult sex with known sex trade worker or IDU is not an indication for HBIG, nor is a community acquired needlestick injury. The risk of transmission is low and the number needed to treat to prevent infection is extremely high.

The revised Blood and Body Fluid Exposure Management Guidelines are posted on the BCCDC website at: www.bccdc.org

Please remove and destroy the following pages from the Communicable Disease Control Manual:

Blood and Body Fluid Exposure Management
Pages 1 to 30

Dated April 2002

HLTH 2339 “Management of Percutaneous or
Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition”

Dated April 2002

HLTH 2340 “Letter for Follow-Up Physician”

Dated April 2002

Insert the following replacement pages in the Communicable Disease Control Manual:

Blood and Body Fluid Exposure Management
Pages 1 to 25

Dated April 2003

HLTH 2339 "Management of Percutaneous or
Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition"

Dated January 14, 2003

HLTH 2340 "Letter for Follow-Up Physician"

Dated February 26, 2003

If you have any questions or concerns, please contact Karen Pielak, Nurse
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Sincerely,

David Patrick
Director
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DMP/kka

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