

Post Exposure Testing

Please also refer to [Blood and Body Fluid Exposure Guidelines](#)

Post Exposure Testing of the Exposed Person

1. H.I.V.: Baseline test (to confirm not previously infected) and then at 6 weeks, 3 months and 6 months.
2. Hepatitis B: Depends on immunization history /documentation of protective antibody level. If vaccinated and has a documented protective level any time in the past, there is no risk and no further follow-up is required. Life long immunity occurs because of “immune memory” even if antibody levels gradually decrease. Stat blood work can be requested to determine if a person currently shows a protective antibody level. If immunization and/or hepatitis B immune globulin (HBIG) is required, (see below), the blood work should be done 1-6 months after the last dose of vaccine. If HBIG was given, testing should be done only at 6 months.

Note: HBIG is a form of immunization that provides immediate protection but only for a short period of time; it is used in addition to hep B vaccine in high risk exposures. Hep B vaccine provides some protection even after exposure and a complete series results in lifelong immunity if an adequate antibody level is confirmed after the conclusion of the series.

3. Hepatitis C: Baseline test and then at 3 months and 6 months. If signs of hepatitis appear prior to 3 months, testing should be done at that time.

Post- Exposure Prophylaxis (PEP) - Preventative Treatment

1. H.I.V: The need for HIV anti-viral medications must be quickly assessed by a physician based on the nature of the exposure and the risk of / knowledge that the source is HIV positive. These medications are ideally started within a couple hours of exposure but can be given up to 72 hours after. Baseline blood work for liver function and other tests are necessary, as is counselling about side effects. Hospital ERs provide a day or two of the meds but after that, the person or his /her employer must pay. A full course is 28 days. A person put on PEP for HIV should be seen by an infectious disease specialist within 5 days to re-assess the need for PEP and monitor drug tolerance. Side effects may be serious. There is no immune globulin or vaccine for HIV.
2. Hepatitis B: See [Emergency Service Workers Vaccination Recommendations](#) in this package. If no documentation exists showing immunity, the assessing physician may order Hepatitis B immune globulin (HBIG) and/or a dose of vaccine. This is especially important if the exposed person is a known non-

responder to hep B vaccine (inadequate antibody response after additional doses or second full series of hep B vaccine). HBIG is ordered by the physician through the hospital blood bank.

3. Hepatitis C: There is no vaccine or effective immune globulin for hepatitis C. If infection occurs, 15-20 % of people will clear the virus on their own within 6 months time. Studies show early treatment is beneficial for those who remain infected.

Note: The probability of testing positive after 6 months is extremely low for any of these blood-borne viruses.

Waiting for Testing Results: Counselling Issues

Persons who have potentially been exposed to a blood-borne disease and are waiting for the results of testing, should be encouraged to follow certain precautions to ensure others are not exposed to their blood/body fluids until no further risk exists.

- Practice safer sex with all sexual partners. This means not having sex, or always using condoms during anal and vaginal sex, and using a barrier or condom during oral sex.
- Do not share needles, syringes, or other drug-related equipment.
- Do not share razors, toothbrushes, scissors or other personal hygiene items.
- Breast feeding may not be advisable under some circumstances. Discuss this with your health care practitioner.
- Do not donate blood, organs, tissue or sperm.
- Ensure that others are not exposed to your blood or body fluids.

Post-Exposure Testing of the Source Person (If known)

Testing of the source is recommended if the source's status re hepatitis B, hepatitis C, and HIV is unknown or uncertain. The source should also be assessed for current risk factors as there may be implications re source being in a window period (too soon after getting virus for testing to pick up), when testing occurs.

The most efficient way to obtain source testing is by voluntary consent. If voluntary consent is not achieved, the exposed ESW may choose to initiate the [Mandatory Blood Testing Act](#) process. This needs to be initiated in a timely manner. If there is no source testing it is especially important that the injured person follow through with the recommended testing schedule beyond baseline testing.

Requesting the Source to be Tested

The exposed person or preferably a designate should directly ask the source to agree to be tested for blood-borne diseases. This may involve the Designated Officer or a public health professional contacting the person in the community, or if the source is in hospital or in a facility, it may involve getting in touch with the ER physician, attending physician, or possibly an Infection Control Practitioner (ICP) to obtain informed consent and then proceeding with STAT Hepatitis B, C, and HIV testing as required. The nature and date of the exposure should also be included on the lab requisition.

If the exposed person has documented immunity to hepatitis B, then hepatitis B testing of the source is not required.

If the source is at home, he/she can be asked to contact their family physician/healthcare provider/local ER for follow-up. Ensure that they have the name and phone number of the exposed person/designate for sharing results.

The source person needs to know that consent, preferably written, is also required to release the results to the exposed person or the exposed person's physician. This needs to be provided to the physician ordering the blood work.

How results can be provided to the exposed person

If the source tested at a hospital, the physician/designate from the hospital is responsible for informing the exposed person/designate of the results.

If the source is tested through their family physician/healthcare provider, this physician/designate is responsible for informing the exposed person /designate of the results.

Alternatively, the source person could ask the physician for a copy of their results and provide them directly to the exposed person/designate.

Note: the Public Health Lab in Toronto does the testing, but will only provide results to the ordering physician. The local Public Health Unit will only get results that are positive.

If you have any questions, the Communicable Disease program public health nurses can help. Call 1-800-263-3456 or 519-376-9420.

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