HIV, HEPATITIS B AND C

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In 1991, acquiring HIV infection (the virus that causes AIDS) remains the major concern of field care providers. For the past five years, the Centers for Disease Control(CDC) has been stating that the risk for acquiring other bloodborne diseases is much greater than that of acquiring HIV infection.

Most field care personnel remain unconvinced that this is true. The following information is presented to assist your understanding of the degree of risk for each of the diseases of major concern. Hepatitis B infection is a reportable disease by

their occupation.

Another important point in discussing hepatitis B is that there has been a direct link between this disease and the development of liver cancer. Thus, it is clear that hepatitis B infection can result in long term chronic disease, liver cancer and death.

Yet, this disease is preventable by participation in a vaccine program. The Occupational Safety & Health Administration (OSHA) has mandated that hepatitis B vaccine be offered free of charge to

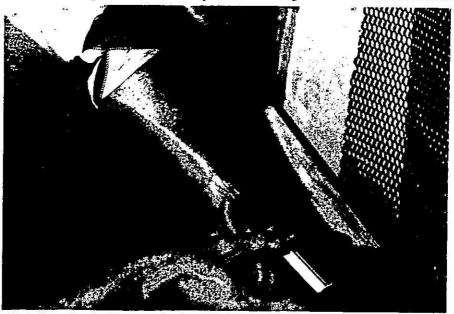


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law. Each year at least 300,000 new cases of this disease are reported. It is also important to note that many physicians do not report all cases of the disease. Therefore, we can perhaps double the number that actually occur.

Each year about 12,000 health care personnel (this includes fire/rescue personnel) acquire this disease in the course of providing care. Of this number, more than 250 die each year as the result of acquiring this disease. It might be said that this is the leading cause of death in health care workers who acquire a bloodborne disease by virtue of

fire/rescue personnel, in particular, those who come into contact with blood and body fluids. All personnel should learn about the vaccine, its safety and its efficacy and participate in a vaccine program.

If this is done, the risk of hepatitis B can be avoided. Currently, the risk of acquiring hepatitis B from an infected patient via a needle stick injury is listed at 6 - 30%.

Hepatitis Cis the new kid on the block. It is one virus in the Non A, Non B hepatitis group. It is estimated that 150,000 cases are reported in this

country each year. It is also estimated that this disease presents a 4-8% risk for health care workers.

This disease is appearing in the IV druguser group at an increasing rate. It is another disease that poses a risk due to direct contact with blood and needlestick injury. It was not until late December, 1990, that a screening test for this virus was available. Personnel need to be advised that evaluation for hepatitis C needs to be part of needlestick follow-up after exposure. It should also be noted that this disease seems to follow the same course as hepatitis B-chronic disease and development of liver cancer.

In 1990, approximately 34,000 cases of AIDS were reported. This disease has become the leading cause of death among young adults in this country. It is ranked 3rd as the leading cause of death in men ages 25-44 and 8th in women ages 25-44.

To date, the estimated risk for acquiring HIV infection as the result of occupational exposure is listed at 0.05%. The primary risk is contaminated needlestick injury. To date, 25 health care workers have reported occupationally acquired HIV infection, and 19 reside in the U.S.

It should be noted that not all persons with direct exposure to HIV in the workplace have been reported and that the number may be higher. But, in review of the present numbers and risk percentages, HIV does present the lowest risk.

With each of these diseases, one will not know who is or is not infected. With hepatitis B and hepatitis C, 50-60% of infected persons do not exhibit any signs or symptoms. And, we will not know who is HIV infected as it is without sign and/or symptoms. Therefore, the practice of using personal protective equipment and participation in your department's hepatitis B vaccine program are the most effective ways to reduce risk. Remember, there is no way to have a 100% risk free work environment.

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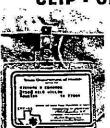


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