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Occupational HIV exposure among Thai healthcare workers: an analysis of 558 exposures during 1998–2007

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Background

Occupational HIV exposure is a potential risk for healthcare workers (HCW). Circumstances leading to the accidental exposure and time periods as well as the regimens of post-exposure prophylaxis (PEP) may differ in different settings.

Methods

Thai Red Cross Society (TRCS) has adopted a policy of reporting and following all occupational HIV exposure of its employees. All incident reports, actions taken and follow-up anti-HIV results were compiled. Here we analyzed the incidental reports from 1998–2007 in order to see whether there were any changes in the exposure patterns or PEP regimens prescribed from that reported during 1991–1997 (*Southeast Asian J Trop Med Public Health* 1999; 30: 496–503).

Summary of results

During 1998–2007, 558 occupational HIV exposure episodes from 553 individuals (89.2% females) were reported from the two TRCS hospitals. Nurses were the largest group at risk (58%). Highest exposure rate occurred in medical wards (36%) followed by operating rooms (13%). Percutaneous injuries were the most commonly reported type of exposure (76%) of which hands were the most frequently affected part (2%) and 25.2% of sources were HIV-positive. Venepuncture was the highest risk procedure (18%) followed by waste collection (17%) and injection (14%). Main reasons of injury were carelessness while performing procedures (36%) and lack of protective barriers (22%). PEP was recommended by Infectious Disease experts in 237 of 558 exposures (43%) due to significant risk of HIV infection. Another 26 HCWs decided to take PEP even it was judged unnecessary by the experts. Of the total 263 episodes that PEP was prescribed, 3-drug regimen was prescribed in 170 and 2-drug regimen in 90 episodes. AZT/3TC/NFV was the most commonly prescribed 3-drug regimen (32%) followed by AZT/3TC/EFV (19%), whereas AZT/3TC was the most commonly prescribed 2-drug regimen (71%). Three-drug PEP regimens have changed over time with gradual replacement of IDV by NFV or EFV. None of the exposed HCW had positive anti-HIV at baseline and none reported contracting HIV after one-year follow-up although only 33% of the exposed HCW submitted their serological testing at 6 months.

Conclusion

Occupational HIV exposure is still common in healthcare facilities of TRCS. The patterns of exposure have not changed over time in spite of active prevention efforts. Newer strategies are needed to ensure adherence to workplace safety measures and to raise level of carefulness at work.