HIV Postexposure Prophylaxis Use Among Dental Health-Care Personnel (DHCP) (1/03)


In June 2001, the U.S. Public Health Service (USPHS) published updated guidelines for managing occupational exposures to bloodborne pathogens, including recommendations for postexposure prophylaxis (PEP) after certain occupational exposures to human immunodeficiency virus (HIV). The objective of this study was to describe the use of HIV PEP among DHCP enrolled in the Centers for Disease Control and Prevention's (CDC) National Surveillance System for Healthcare Workers (NaSH). From June 1995 to August 2001, 208 exposures were reported (199 percutaneous injuries, six mucous membrane exposures, and three skin exposures) by DHCP to NaSH. One-third of percutaneous injuries were caused by small-bore hollow syringe needles, and most (66 percent) were moderate in depth. About half of the devices (46 percent) were visibly bloody at the time of injury. Twenty-four (13 percent) known source patients were HIV positive; 14 had symptomatic HIV infection or a high viral load. Three in four DHCP exposed to an HIV-positive source warranted a three-drug PEP regimen, based on the exposure type and stage of the disease of the source. Twenty-nine (24 percent) DHCP exposed to a source patient subsequently found to be HIV negative took PEP; six took PEP for 5 to 29 days. No exposures resulted in transmission of HIV. Findings of this study are consistent with earlier reports indicating that the risk of HIV transmission in dental settings is low. Strategies such as rapid HIV testing and follow-up counseling may reduce unnecessary use of PEP.

DIS Comment: All dental practices should develop a comprehensive written program for preventing and managing occupational exposures to blood. (Note: USAF Dental Services are not required to prepare a separate, comprehensive, exposure control plan if they are covered under a Medical Treatment Facility or installation plan.) Resources should be available to facilitate prompt reporting and medical evaluation, including rapid access to clinical care, PEP, counseling, and testing of exposed DHCP, and counseling and testing of source patients. This article focused on occupational exposures to HIV, but most exposures will also require evaluation and clinical management for hepatitis B virus and hepatitis C virus. The CDC Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis can be found at: www.cdc.gov/ncidod/dhgp/gf_occupational.html.