

Answers

Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV

Expiration Date: 04 January 2016

#
CME point / **CNE point: 1** / **PEM point: 1** (*Healthcare related which contributes to the enhancement of professionalism of midwives/nurses*)

Please contact respective authorities directly for CME/CPD accreditation if it is not on listed below.

Accreditors	CME Point
Department of Health (<i>for practising doctors who are not taking CME programme for specialists</i>)	1
Community Medicine	1
Dental Surgeons	1
Emergency Medicine	1
Family Physicians	1
Obstetricians and Gynaecologists	1
Ophthalmologists	0.5
Otorhinolaryngologists	1
Paediatricians	1
Pathologists	1
Psychiatrists	1
Radiologists	1
Surgeons	1

- Which of the following is not true about the guiding principles in the management and postexposure prophylaxis of needlestick injury or mucosal contact to HIV, HCV and HBV?
 - Risk assessment and counseling are integral part of the management
 - An integrated approach should be adopted to assess various blood-borne pathogens, e.g. HIV, HCV
 - Both scientific evidence in general and individual specificities are important considerations
 - Local perspective such as disease epidemiology is important
 - None of the above** ✓
- Which of the following data is not true regarding postexposure management and prophylaxis for hepatitis B?
 - Both HBsAg and anti-HBs have to checked at baseline screening of the exposed
 - Booster HBV vaccination is recommended to prevent future risk for exposed subjects with positive anti-HBs** ✓
 - The second dose of HB immunoglobulin (HBIG) when indicated is given 1 month after exposure
 - Exposed subjects who are HBsAg positive requires no prophylactic interventions
 - None of the above
- Which of the following is not true regarding the risk of different blood-borne viruses from exposure in general?
 - The average risk of being infected with the respective contaminated blood is highest for HCV, followed by HBV and HIV** ✓
 - The risk of HIV transmission from mucosal exposure to HIV contaminated blood is about 0.1%
 - The risk depends on the efficiency of the virus in causing transmission as well as the prevalence of the virus
 - Needlestick injury carries the highest risk in most of the clinic practices
 - None of the above
- Which of the following is not true for the antiretroviral postexposure prophylaxis (PEP) against HIV?
 - Zidovudine is the first drug proven to be effective in postexposure prophylaxis

- (b). Three drugs are recommended nowadays if HIV PEP is indicated
 - (c). Other NRTIs such as tenofovir can be used in place of zidovudine
 - (d). **The duration is 6 weeks** ✓
 - (e). Tolerance and adverse effects of the drugs have to be monitored and managed
5. Which of the following is not part of the procedures in the management of possible exposure to blood borne pathogens?
- (a). Check blood for baseline screening for the blood borne pathogens
 - (b). Asses the risks of acquiring the blood borne pathogens through the exposure
 - (c). **Administer prophylaxis if available for specific pathogens automatically** ✓
 - (d). Counsel and recommend precautions as necessary
 - (e). Do follow up blood screening
6. Which of the following is not true about the third drug to be added to a NRTI backbone (2 drugs) for HIV postexposure prophylaxis?
- (a). Boosted protease inhibitor is commonly used
 - (b). Integrase inhibitor such as raltegravir is recently recommended due to its good tolerance
 - (c). **Nevirapine is an option** ✓
 - (d). Data about newer NNRTIs is limited
 - (e). None of the above
7. Which of the following is not true about possible exposure to and management regarding HCV infection?
- (a). **Immunoglobulin is effective in lowering the risk of HCV transmission** ✓
 - (b). HCV prevalence is low in the general population in Hong Kong
 - (c). If the source is injecting drug user or known HCV positive, liver function test and HCV RNA should be checked at 6-8 weeks post exposure
 - (d). A prolonged follow up for HCV seroconversion should be considered if the source is HIV infected
 - (e). Identification of acute hepatitis C after exposure is important for referral to liver specialist for management
8. Which of the following is not true about prevention of blood-borne pathogens in health care settings?
- (a). Adoption and practice of standard precautions is of utmost importance
 - (b). Personal protective equipment should be used as necessary for the patient care procedures, e.g. wearing glove for blood-taking
 - (c). Reduction of needlestick injury can be achieved by not recapping needles and use safety device, e.g. retractable needle
 - (d). Proper post-exposure management
 - (e). **None of the above** ✓
9. The HIV status or likelihood of having HIV infection in the source patient can be assessed by the following, except?
- (a). HIV prevalence in the community/population the source belongs
 - (b). Presence of AIDS-defining diseases or HIV-related conditions
 - (c). Presence of HIV related risk behaviours
 - (d). **External appearance of the source** ✓
 - (e). All of the above
10. Which of the following is not true about the risk of HIV transmission after a HIV contaminated percutaneous exposure?
- (a). A deep injury is associated with a higher risk
 - (b). A device visibly contaminated with blood is associated with a higher risk
 - (c). **The average risk is about 1%** ✓
 - (d). Antiretroviral prophylaxis is effective in significantly reducing the risk
 - (e). A higher viral load in the source patient is associated with a higher risk