

II. Prevention



1. HYGIENE

HAND HYGIENE

1.1 Wash your hands

Pathogens are often spread through unwashed hands. Therefore, special attention should be paid to hand hygiene especially in the milieu of illegal drugs. This applies equally to personnel and clientele. The rules of hygiene described below are based on the Fact Sheets for employees and clientele in the milieu of illegal drugs, which have been compiled by Fixpunkt, a non-profit organisation for drug users in Berlin (www.fixpunkt.org).

Why should you wash your hands?

Pathogens (viruses and bacteria) are very small and are often not visible to the naked eye. Some of these pathogens can cause diarrhoea or the common cold, for example; but there are also more serious ones and some of these can lead to life-threatening illnesses. When you wash your hands thoroughly with soap and water you will remove most germs.

Pathogens can get into your body when you touch your nose, mouth or open wounds with unwashed hands.

Employees of the health care system (private practices, hospitals, etc.) are professionally obligated to pay special attention to washing their hands.

You should make washing your hands a high priority!

When should you wash your hands?

- Before and after each intravenous drug use
- After each time you come into contact with your own blood, someone else's blood or any blood-contaminated surfaces
- When you get home
- Before you prepare or eat any meal
- Before you put in or take out your contact lenses
- After touching uncooked foods (especially fish, meat or poultry)
- After each time you use the toilet and/or any time you come into contact with your own stool or someone else's
- After intensive contact with animals (petting)

Use alkali-free soap with a pH value of 5.5 in order to avoid damaging the protective acid mantle of the skin.

How do you wash your hands properly?

How you wash your hands is just as important as when you wash your hands. Just letting the water run quickly over your hands does not count!

- Use soap and warm, running water.
- Wash the entire surface of your hand, the palm of your hand, and the back side of your hand; wash your fingers and also under your finger nails, if necessary.
- Rub your hands together for at least 10 to 15 seconds.
- When drying your hands, use only a clean towel; use only disposable paper towels when using a public toilet. Instead of rubbing down your hands, it is better to dab them dry in order to avoid placing too much stress on the skin.
- After washing your hands do not use your clean hands to touch the tap (which is covered with germs). Instead, use a paper towel to cover it and turn it off.
- Take care of your hands regularly with hand lotion in order to prevent them from getting too dry.

HOW CAN AN INFECTION BE PREVENTED?

1.2 How different pathogens are spread

The table below provides information about the possible ways in which hepatitis and HI viruses are spread and by which routes:

	Hepatitis					HIV
	A	B	C	D	E	
Contact and smear infection (passing stools)	■	-	-	-	■	-
Droplet infection (coughing, sneezing)	-	-	-	-	-	-
Via foodstuffs and water	■	-	-	-	■	-
Via blood	■	■	■	■	-	■
Via sperm and vaginal fluid	-	■	(■)	■	-	■
Via saliva	-	-	-	-	-	-
Via the hands and intermediate hosts	■	-	-	-	■	-
Via objects (injection materials, inhalation pipes)	■	■ *	■ *	■ *	■	■ **

* contaminated (=infected) objects coming into contact with injured skin or injured mucosa can transmit hepatitis B, C and D (syringes, spoons, filters, etc.).

Hepatitis B and C viruses can survive for several days in the open air in the smallest amounts of dried blood!

** especially needles!

(→Fact Sheet on First Aid/Treating Wounds in the Appendix)

1.3 Blood awareness

In addition to the known routes of infection and at-risk situations and the main messages on how to avoid them (using your own sterile injection materials, safer sex, etc.), it is also of extreme importance to encourage drug users, their loved ones and partners, as well as all institutional personnel to develop *blood awareness*.

Due to the fact that even the smallest amounts of invisible blood are enough for an infection with certain viruses it is not sufficient to merely recite lists of individual at-risk situations and the corresponding preventive measures. The primary issue here is paying attention to any and all day-to-day situations in which we may come into contact with blood or with objects that could have blood or blood residue on them – even dried blood.

Situations that require special awareness include:

- Cuts and scrapes from sharp objects in the kitchen, while doing handcrafts, etc.
- Cuts, scrapes, and puncture wounds from foreign objects, needles, knives, etc.
- First aid: direct contact with open wounds (always wear gloves!)
- Sexual practices involving cuts, scrapes or wounds (even tiny ones)
- Ventilation of people with nosebleeds or mouth wounds without a respiratory mask
- Bites from people with mouth wounds
- Toothbrushes, razors and razor blades, nail clippers, nail files

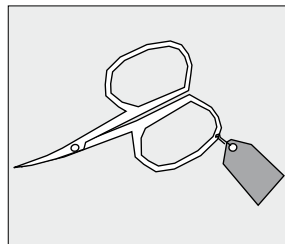
- Piercing or tattooing instruments (which have not been cleaned and sterilized or not completely cleaned and sterilized)
- Counter tops, shelves, surfaces, and documents, on which previously soiled materials have been placed (tables, paper documents)
- Blood residue on fingers, e.g. due to scratched open wounds, insect bites, eczema, etc.
- Touching veins that have already been tapped with soiled, blood-smearred fingers (when helping someone else inject)
- Pressing down on the injection site with soiled fingers after pulling out the needle (use a dry swab or wipe!)
- Inhalation tubes/straws or pipes while snorting or freebasing
- Filters (touched by soiled hands/with residual blood on the fingers)
- Spoons (which have not been cleaned and sterilized or not completely cleaned and sterilized)
- Residual blood (even dried blood) on lighters, tourniquets, water containers or knives (used to divide up the drugs, etc.)
- Water containers in which a used syringe was immersed to withdraw water
- Syringes (used) to divide up the drugs

This is not a complete list. It is merely intended to highlight the fact that many situations involve the possibility of blood contact and a risk of infection.

A whole host of diseases are transmitted through blood. The biggest risks involved in day-to-day dealings or living together with drug users include HIV, hepatitis B and hepatitis C.

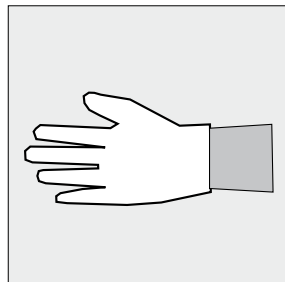
Safe handling of materials and a clean technique are the highest priority in order to prevent an infection.

Day-to-day dealings and living together with hepatitis B- and/or hepatitis C-infected persons

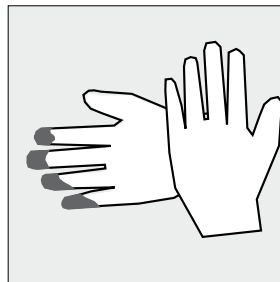


Reserve any potentially blood-soiled utensils that could cut or scrape you (razors, nail clippers, toothbrushes, etc.) for your own exclusive personal use and write your name on them as an extra precaution

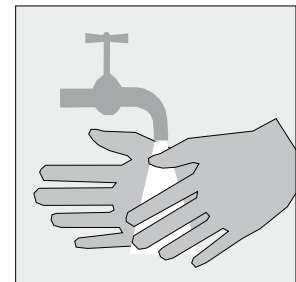
Avoiding exposure to blood



Wear latex gloves for any and all tasks, which can be anticipated to involve contact with blood or bodily fluids containing blood.



Following contact with blood: Change gloves



After wearing gloves: Disinfect your hands

Avoiding puncture wounds from needles

- *Within the protected/supervised space (consumption room) the rules of medical settings are in effect for syringes and cannulas (needles):*

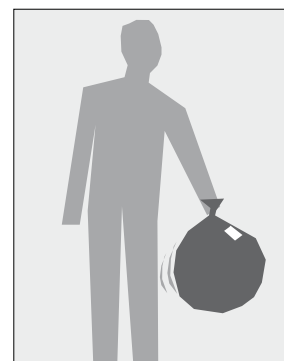
Do not place the plastic cap back on the needle (no recapping) but instead dispose of the used syringe and the needle by placing them directly in the container set up for this purpose.

- *Rules outside the consumption room include:*

Always replace the plastic cap on your own used needle and place the syringe and the needle in a puncture-proof, unbreakable container (such as an empty aluminum can); then dispose of the whole thing in the normal manner with the other refuse.



Do not stuff garbage bags using your hands, but instead use the broom, for example.



When carrying garbage bags hold them at a distance from your legs.

1.4 Safer sex

- During sexual intercourse involving penetration – whether vaginal or anal – always use a good-quality condom; always use lubrication for anal penetration.
- Do not take any sperm into your mouth, do not swallow any sperm.
- Do not take any menstrual blood into your mouth, do not swallow any menstrual blood.
- Sex workers: Always use a condom, even during oral sex (to avoid sexually transmitted diseases).

1.5 Risks

HIV, hepatitis B, and hepatitis C are especially transmissible through needle puncture wounds and contact with blood, for example on the mucosa or on previously damaged skin (eczema, wounds, etc.).

Risk factors for an infection following a puncture wound with a needle contaminated with one of the corresponding viruses in hospital settings are as follows:

- for an HIV infection: approx. 0.3 %
- for an HBV infection: 30-40 %
- for an HCV infection: approx. 3 %

HOW SHOULD YOU REACT TO AN AT-RISK SITUATION?

1.6 Immediate action

Needle puncture wound

- Completely remove the foreign body.
- Thoroughly wash the wound with soap and water. Allow the wound to bleed, disinfect the wound generously with Betadine 70 % alcohol or isopropanol (for at least 1 minute).

Skin contact with blood

- Thoroughly wash the skin with soap and water.
- Disinfect the skin generously with Betadine 70 % alcohol or isopropanol (for at least 1 minute).

Blood contact with oral or nasal mucosa

- Blow your nose and disinfect for at least 1 minute with cotton swabs and aqueous Betadine solution.
- Rinse your mouth with aqueous Betadine solution for at least 1 minute.

Blood to the eyes

- Flush the eyes thoroughly with copious amounts of saline solution, tap water or any other clean liquid (beverage). This works best while lying down with the assistance of another person.

Cuts and scrapes

(→ Fact Sheet on First Aid/Treating Wounds in the Appendix)

1.7 Further treatment/preventive treatment

Persons whose work involves a lot of contact with infected blood should get vaccinated for hepatitis A and B; and an HBsAb titer test should be run to prove that the protection provided by the vaccination is sufficient. All institutions should be able to quickly access the corresponding information about their employees so that no time is lost for the administration of post-exposure prophylaxis.

Nowadays there are highly effective medications available for the prevention of an infection with the HI virus. This so-called post-exposure prophylaxis must be applied as soon as possible following the contact with blood. Persons without sufficient vaccination protection against hepatitis B can be protected even more against this disease by receiving hepatitis B immunoglobulins.

In the case of:

- any puncture wound with a needle
- any wound involving a bite
- any time injured skin (eczema, wound, etc.) comes into contact with blood
- any time the mucosa comes into contact with blood the general practitioner or emergency physician or specialized HIV hotline must be contacted right away in order to discuss how to proceed.

Even if a person refuses the post-exposure prophylaxis, a physician must be sought as soon as possible to take a blood sample for insurance-related and legal reasons.

Blood tests must be repeated after 3 months and after 6 months. In the meantime the person affected is to be treated as possibly infected and therefore possibly contagious (→Chapter III).

In addition, the rules of safer sex must be strictly observed.

2. RULES OF USE

BASIC RULES

2.1. General information

The hepatitis A, B, and C viruses are much more easily transmitted and more widespread than the HI virus, for example. This explains the extremely high rate of infection among drug users.

In order to prevent an infection the rules of use described below are of fundamental importance for drug users. Following the rules puts a considerable curb on the spread of hepatitis and other infections through drug use and goes a long way in ensuring the prevention of infections (→ Illustrated Fact Sheets in the Appendix).

2.2 Rules of use for intravenous drug users

The following basic rules must be followed during intravenous drug use:

- Use drugs only with your own, new, sterile syringes, needles, and filters, and thoroughly washed materials (water containers and spoons). Never share injection materials!
- Thoroughly wash your hands before and after each time you use drugs.
- Transferring by either frontloading or backloading should always be performed with your own, new, sterile syringes, needles, and filters.
- Water containers and spoons must be washed very thoroughly. Pathogens, which can remain infectious for a long time, can get stuck on them following multiple uses. Spoons and water containers can be disinfected with alcohol swabs, bleach or eau de Javel as follows: Soak swab or wipe (or similar) with copious amounts of disinfectant and apply the liquid to the items. Leave the liquid on for at least 5 minutes. Dry the items off with a dry swab or pad. Then rinse well with cold water. Finally, dry the items off.
Warning: Eau de Javel or bleach residues in syringes or needles can have fatal consequences! Therefore, be sure to rinse them thoroughly (→ Fact Sheet on Disinfection in the Appendix).
- Any type of filter should only be used once. This also applies to cases where there may still be some of the drug left in the filter (no "cotton shots"). Used filters contain blood residue, which are often home to viruses and large cultures of bacteria, which reproduce rapidly especially at body temperature (e.g. when the filter is carried in a trouser pocket).

Drug users must also become sensitized to so-called *blood awareness*. Blood – even dried blood, even in the tiniest amounts – can be fundamentally contaminated and must therefore always be treated as infectious.

Prior to intravenous drug use

- Use a cleared and cleaned surface.
- Prepare containers for disposing of used swabs, pads, tissues, etc.
- Wash hands thoroughly.
- 1 injection = 1 sterile filter syringe. A cigarette filter can be used, if necessary. Then always wash your hands first and remove the filter with clean hands. Never use your teeth!

- Never share or loan your own filter – not even *just to be helpful*.
- Use your own personal spoon; clean thoroughly with water and a disinfecting pad prior to use.
- Use sterile water or – if not available – use fresh water directly from the tap.
- Prior to injection always use fresh disinfectant (alcohol swab or pad).
- When using heroin: use sterile ascorbic acid instead of lemon juice. Make sure that the water in the syringe is clear and contains no contaminants.

During use

- Place the tourniquet (causes the veins to *bulge out*).
- Disinfect the skin with an alcohol swab or pad prior to injection.
- If light red blood enters the syringe on its own, then an artery has been tapped. In such a case withdraw the needle and place pressure on the injection site for at least 5 minutes.
- Once the needle has been placed correctly, release the tourniquet prior to pushing down on the plunger.

Following use

- Squeeze the vein and wipe up any blood droplets with a clean dry swab or pad.
- Place an adhesive bandage.
- Discard the syringe in a receptacle intended for this purpose in order to prevent any reuse of the syringe.
- Discard used swabs or pads in a trash receptacle or other receptacle intended for this purpose.
- Clean the surface (or discard it) and clean the spoon. Wash hands thoroughly.
- When injecting a second time do not use the same vein you used the first time.

→ Never forget: Always use your own, sterile injection materials!

2.3 Rules of use for smoking and snorting drug users

Basic rules

- Wash hands thoroughly before and after each time you use drugs.
- Do not share inhalation tubes or straws (risk of injury).
- Do not share pipes when freebasing or attach a new mouthpiece.
- Use your own tube or straw when snorting.

Smoking

→ Never forget: Always use freebase cocaine instead of crack!

"Freebasing" is a term to describe the procedure by which cocaine hydrochloride (cocaine) is converted back into base cocaine (smokeable cocaine). The two distinct methods are as follows:

1. Freebase method

Baking soda (sodium bicarbonate, NaBic) or ammonia and ether are mixed with cocaine hydrochloride and water. The mixture is heated and the ether vapourizes. After the mixture cools and crystallizes it is *washed* with ether or chloroform. The result: freebase cocaine. Heating the ether during production creates a highly flammable mixture, which is capable of igniting itself and causing powerful explosions! The manufacturing process takes about 24 hours.

2. Crack method

Ammonia is mixed with cocaine hydrochloride and water. The mixture is heated and cooled. Then the crystals are filtered out. The result: base cocaine (crack). Crack contains ammonia residues that cause further damage to the lungs, which are already strained by the smoking. Therefore, preference should be given to freebase cocaine - which is "washed" to remove any ammonia residues. However, people often choose to smoke crack because the process of manufacturing freebase cocaine is so elaborate and dangerous.

Definition: In Switzerland crack is often referred to as *base* or even *freebase*.

Snorting

- Disinfect the surface on which the *lines* will be prepared.
- Make sure to use your own tube or straw when inhaling or snorting drugs and do not share it.
- Never use rolled up bank notes.

If a snorting person has injured nasal mucosa, then the tube or straw (even rolled up bank note) that he or she uses can become contaminated with blood, which could contain the hepatitis B or C viruses. These viruses can be transmitted to anyone sharing the tube, straw or bank note.

Cocaine use weakens the body's defences. Thus, even a tiny number of viruses can be contagious.

→ Never forget: Hepatitis C can be transmitted through smoking and snorting drugs!

2.4 Disposal of the materials for drug use

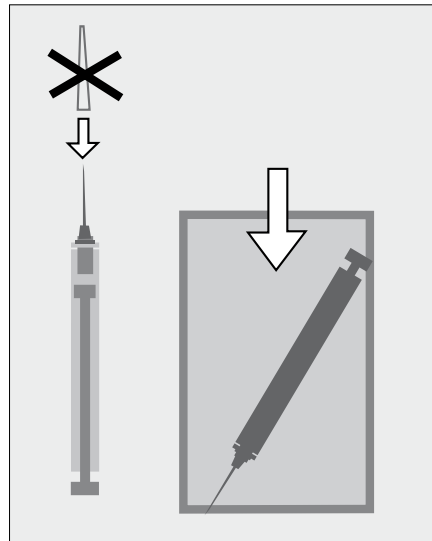
All materials used for drug use must be disposed of quickly and in the safest possible manner.

Non-sharps

- Used swabs or pads, filters, etc. must be disposed of in a container intended for this purpose.
- Outside the consumption room: place the materials in an empty aluminum can, for example, and then dispose of the whole thing in the normal manner with the other refuse.

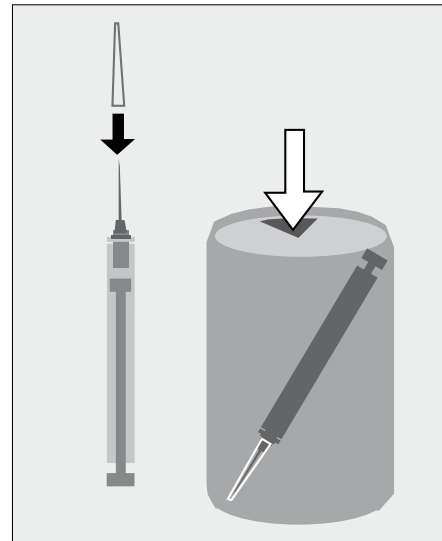
Sharps

Medical settings
(including the consumption rooms):



Do not replace the plastic cap on a used cannula (needle). Cannulas together with the syringes must be able to be disposed of on-site in puncture-proof, unbreakable containers.

Following injections outside of
supervised (consumption rooms):



Always replace the plastic cap on a used cannula and dispose of it together with the syringe in sturdy containers (e.g. empty aluminum cans) and dispose of the whole thing in the normal manner with the other refuse.

2.5 Less risky injection

Fundamentally it should be ensured that the clientele have 24-hour-a-day access to suitable quantities of injection materials. Intravenous cocaine users have an especially substantial need for injection materials.

This basic principle applies not only to the consumption rooms, but also generally. This is the only way to ensure that used injection materials are not reused or shared.

Sterile needles and syringes remain the preferred option above all others.

It is urgently recommended that all institutions, including prisons, provide their drug-using clientele with 24-hour-a-day access to suitable quantities of sterile injection materials.

Drug use should not take place if there are no sterile injection materials available.

Accessing syringes

Syringes can be accessed anonymously at the following places:

- pharmacies
- mobile syringe dispensaries
- contact and drop-in centres
- syringe dispensing machines (in larger cities)
- prisons (rare)

The clientele are to receive suitable and urgent instruction about these rules of use. It is especially necessary to ensure that these rules are also followed by the drug users outside the consumption rooms (→ Fact Sheet on Injection in the Appendix).

2.6 Alternatives to injection

In addition to injection, inhalation or snorting, there are other less risky forms of drug use: If there is only one syringe available or the drug user has very poor veins, then the drug can also be injected into the anus using the syringe without the needle. It should be applied while lying down. The syringe is inserted 1-2 cm. Following use, the person should remain in the lying down position for 2-3 minutes.

The rules of hygiene apply here as well (wash your hands, use your own, sterile syringe)!

2.7 Specific information for consumption rooms

Spatial requirements

Consumption rooms serve an important purpose in preventing infections, thereby ensuring public safety as well. The specific information included below is based on the 2001 standards for contact and drop-in centres compiled by the professional association Sucht [Addiction].

Facilities

The following internal and external facilities must be provided:

- Staff offices/staff rooms
- Wet rooms (toilet, shower, laundry)
- Lounge
- Kitchen/bar
- Consumption room
- Medical room (health services room)
- Courtyard and/or entry area

The size of the individual spaces must be suitable to accommodate the number of visitors to be expected based on the area to be served.

Purpose and arrangement of the individual spaces

- Staff offices/staff rooms:
 - Staff must have access to an office or a staff room with the infrastructure necessary to operate the centre.
- Wet rooms:
 - Toilets (separate for men and women), a shower, a washing machine and a dryer are required to take care of personal necessities.
 - The staff must have a separate toilet.
- Lounge:
 - The lounge offers users a place to go to get off the streets.
 - The room must be sensibly arranged and low-maintenance.
 - Games, books, periodicals, etc. should be available.
 - A small sitting area outside (inner courtyard) can be beneficial, depending on the area (e.g. in rural areas).
- Kitchen/bar:
 - These must make it possible to prepare and serve food under hygienic conditions.

- Consumption room:
 - The consumption room must correspond to the general conditions for drug consumption rooms permitted by law (Dr. iur. Hans Schultz, FOPH, June 1989).
 - The consumption room must include a suitable waiting room or area within the lounge or the courtyard/entry area of the drop-in centre.
 - The consumption room must be clearly separated from the other rooms.
 - Running water must be available in the consumption room.
- Medical room/health services room:
 - Medical services should be performed in a separate room from the other rooms.
 - The necessary infrastructure (including running water) must be available.
- Courtyard/entry area
 - The courtyard and/or entry area of the contact and drop-in centre must be staffed.
 - Any surveillance of the public space around the centre (e.g. by security guards) is the responsibility of the local authorities.

Cleaning and disinfection

Skin disinfectant (follow the instructions for use)
used for hygienic and surgical disinfection of the hands.

Placement of the dispenser:

- near the sink
- in the consumption room
- in the medical room
- behind the bar
- at the sink in the staff office

Liquid soap (for washing hands; follow the instructions for use)
Placement of the dispenser: same as for skin disinfectant (see above)

Alcohol 70 % (do not dilute!)

- for the disinfection of the respiratory mask (after each use)
- for cleaning the syringe exchange area
- in the consumption room: at each seat, in a spray bottle
 - for disinfecting spoons (leave it on for at least 15 minutes)
 - for disinfecting the skin prior to injection
 - for cleaning the table following injection
- in the medical room:
 - for disinfecting the instruments
 - for cleaning the table and chair (after each client)
 - for cleaning equipment (telephone, etc.)

Surface disinfectant (do not dilute! Follow the instructions for use)

- in the consumption room: for comprehensive disinfection (immediately after daily closing)
 - of the user spots
 - of the sink
 - of the doors
- in the wet rooms (complete coverage)

3. LEGAL REGULATIONS AND WORKPLACE PRECAUTIONS

LABOUR LAW

3.1 Legal regulations

In accordance with Art. 82 of the Swiss Federal Act on Accident Insurance (UVG; SR 832.20), and in order to prevent occupational accidents and illnesses, the employer is obligated to take all the necessary measures which are feasible in accordance with the most current state-of-the-art technology and appropriate to the given conditions. Any associated costs are to be covered by the employer. The employer is obligated to cooperate.

The following statements are based on the current knowledge about hepatitis: All employees who are exposed to blood or potentially infectious bodily fluids within the framework of their work tasks should be vaccinated against hepatitis B. The costs of these vaccinations are to be covered by the employer. The employees are required to observe the rules of the institution with respect to occupational safety. Due to the invasive nature of vaccinations (injection), they are only permitted to be recommended; they are not required. If an employee refuses the vaccination, then it is recommended that the employer:

- inform the person again about the utility of the vaccination.
- use the person for tasks that do not involve a risk of infection.
- make a record in writing of the refusal to get vaccinated despite multiple requests.

Persons who have not been vaccinated must go for regular medical check-ups, as needed, in order to determine whether they have become infected with a transmissible disease.

Suspected cases of work-related infections must be reported to the occupational accident insurance provider. The case is covered by this insurance provider, unless the infection was deliberately brought about by the insured employee.

Each workplace must designate a physician to whom the employees can report in cases in which they have been exposed to potentially infected materials or any other risk of infection (puncture wounds or bites). The immediate administration of a post-exposure prophylaxis (e.g. active and passive immunization) may be indicated.

PRECAUTIONS

3.2 Post-exposure prophylaxis (PEP)

Persons whose work involves a lot of contact with infected blood should get vaccinated for hepatitis B and an HBsAb titer test should be run in order to prove that the protection provided by the vaccination is sufficient. All institutions should be able to quickly access the corresponding information about their employees so that no time is lost for the administration of post-exposure prophylaxis.

In addition to the hepatitis B vaccination, persons whose work involves contact with

intravenous drug users should also be vaccinated against hepatitis A.

Nowadays there are highly effective medications available for the prevention of an infection with the HI and hepatitis B viruses. PEP must be applied as soon as possible following the contact with blood.

There is no PEP for hepatitis C. An active immunization is possible for hepatitis A.

3.3 At-risk situations

In cases of

- needle puncture wounds
- bites
- injured skin (eczema, wound, etc.) coming into contact with blood
- the mucosa coming into contact with blood

the general practitioner or emergency physician or specialized HIV hotline must be contacted right away in order to discuss how to proceed.

Wherever possible, a blood sample should be taken from the index patient that may have infected the exposed person in order to perform HIV, hepatitis C, and hepatitis B tests. His/her personal details should also be recorded.

Even if a person refuses the post-exposure prophylaxis, a physician must be sought as soon as possible to take a blood sample for insurance-related and legal reasons. Blood tests must be repeated after 3 months and after 6 months. In the meantime the person affected is to be treated as possibly infected and therefore possibly contagious.

3.4 PEP for HIV

Every institution that provides services to at-risk patients should always have a one-day supply of tablets and capsules readily accessible in case of emergency (Viracept 2 x 5 tablets at 250 mg per day and Combivir 2 x 1 capsule per day).

In the case of a known HIV-infected index patient the first dose should be taken by the affected person right away (within two hours at most!) following the exposure event (5 Viracept tablets and 1 Combivir capsule). In a case in which an institution does not have access to these medications, it must be ensured that these medications can be ordered (e.g. through the emergency hotline at university hospitals), procured, and administered to the affected person within two hours (24 hours a day!).

These measures should be coordinated with the general practitioner, the emergency physician or the HIV specialist, wherever possible. Even if the HIV status of the index patient is unknown or has been negative to date the evaluation by a physician is imperative in order to assess the risk of infection.

For emergencies the following applies

When in doubt, take the first dose of medication in order to buy more time for further clarification. The possibility of becoming infected with HIV far outweighs the harm of any brief side effects associated with the emergency medications.

3.5 PEP and hepatitis B

An at-risk patient is any index patient that has tested HBsAb-positive or whose status is not known and who is probably addicted to drugs.

How to proceed

If the exposed person has not been vaccinated or is insufficiently vaccinated (HBsAb < 10), then hepatitis B immunoglobulins must be administered within 48 hours of exposure in addition to an active immunization regimen. This will buy time to determine the vaccination status (HBsAb) if it is not known. If the HBsAb value is between 10 and 100, then an active immunization is sufficient. If the hepatitis B value is above 100, then no further measures are necessary. The protection provided by the immunization is sufficient for the long term.

If the index patient is known, but the HBsAb value is not:

How to proceed

There are 48 hours following the event to run the necessary tests to determine the HBsAb value of the index patient.

3.6 Insurance coverage

Each needle puncture wound and each exposure of the mucosa or injured skin to contact with blood must be reported to the occupational accident insurance provider. The costs for blood samples and medical consultations are covered by this provider. In the case of an infection, the services provided by the occupational accident insurance are better than those provided by the health insurance funds.

However, it is imperative to maintain careful documentation and proof based on blood samples taken immediately following the injury, as well as 3 and 6 months later.