

Analysis of consultations and tests schedule for HIV infection after exposure to potentially infectious material (PIM) in different exposure groups

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Aim:

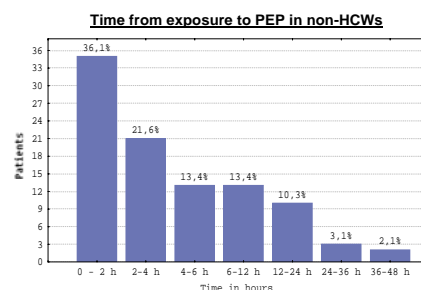
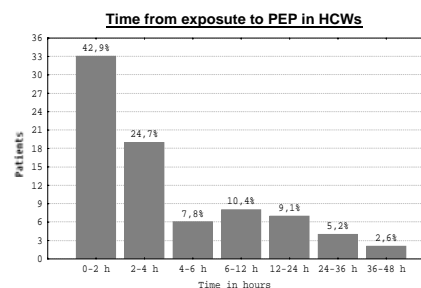
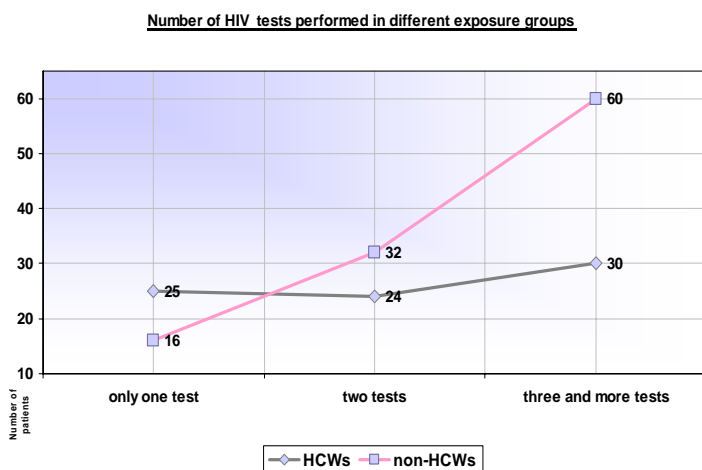
To evaluate adherence to post-exposure prophylaxis consultations and tests schedule (PEP-CTS) in different exposure groups.

Material and Methods:

We retrospectively analyzed medical records of 177 patients (pts) consulted in out-patient clinic after exposure to PIM in 2001-2002. Details about the way of exposure, time from it to PEP, amount of HIV tests performed and results collected were obtained from medical documentation. Statistical analysis was performed with Chi-square. The confidential interval of 95% was accepted.

Results:

Among 177 patients there were 79 exposures in health care workers (HCWs), 98 in non-HCWs and four cases of sexual assault. In 70 of HCWs the exposure was by needle-stick injury (NSI) with the injection needle (IN) in 64 cases, other needle (ON) in 6. In 3 cases by other medical instrument. The source of PIM was HIV-positive in 16 cases, among 63 of unknown status 20 were tested and there was no positive result. In non-HCWs 88 cases the exposure was by NSI (83 with IN, five with ON) and by human's bite in three cases. The source of PIM was of unknown HIV status in all cases. Among 83 NSI 9 happened as an assault, in 24 cases the source was described as IDU. Mean time from exposure to initiating PEP in HCWs group was 6 hours 48 min (range 10 min to 48 hours), yet median for that group was 3 hours 30 min. In HCWs mean time was 7 hours 16 min (range 5 min to 74 hours) with median 3 hours. There was no statistical difference between those groups. One HIV test was performed in 25 cases (31,6%) in HCWs group vs 16 pts (16,3%) in non-HCWs group, two tests in 24 (30,4%) vs 32 (32,7%), three and more in 30 (38%) vs 60 (61,2%) respectively. The statistical significance was found for the first and the last group with $p=0,016$ ($F_i=0,17$) and $p=0,002$ ($F_i=0,23$) respectively. Among HCWs 12 patients (15,2%) did not come back for the test result vs 9 pts in non-HCWs ($p=0,2$). There was no post-exposure HIV infection.



Conclusions:

Adherence to PEP-CTS was better in non-HCWs. Although the risk of infection in that group was potentially lower, patients showed up and tested more regularly and less of them did not collect the test result. That might be related to the fear of HIV infection, younger age and less medical knowledge about the transmission risk in non-HCWs as well as to better access to the source testing in HCWs group.