**Surveillance of Occupational Exposure to Bloodborne Viruses – Initial Report**

Initial report form for incidents of percutaneous or mucocutaneous exposure to blood or other body fluids from a source known, or subsequently

found to be, infected with HIV (anti-HIV positive), or HCV (anti-HCV positive) or HBV (HBsAg positive).

Please report all incidents where post-exposure prophylaxis (PEP) for HIV has been commenced whatever the HIV status of the source.

A follow-up questionnaire will be sent for information on incident management and post-exposure prophylaxis.

**Unique Incident Identifier** required from reporting centre (without disclosing personal information of healthcare worker):

Is source patient: **Anti-HIV** Yes  No  Not known  if yes please tick **either**: previously known positive  **or**: recognised positive following incident

**HCV RNA +ve** Yes  No  Not known  if yes please tick **either**: previously known positive  **or**: recognised positive following incident

**HBsAg** Yes  No  Not known  if yes please tick **either**: previously known positive  **or**: recognised positive following incident

**Has healthcare worker commenced on PEP for HIV? (even if only one dose)** Yes  No  Not known

**Hepatitis B immunisation status -** Is the healthcare worker:

Fully vaccinated – level unknown  Known responder to vaccine  Non responder to vaccine  Poor responder (<100) – booster given

Partially vaccinated  Unvaccinated  If unvaccinated & source HBsAg positive, HBIG\* given  Vaccination status unknown  Naturally immune

*\* HBIG = Hepatitis B Immunoglobulin*

Date of incident:       /       /       Time of incident:       (24hours) **Occupation**

**Type of exposure Type of sharp Depth of injury Material exposed to**

Percutaneous  Hollowbore needle  Superficial (surface scratch)  Fresh blood

Mucocutaneous  Gauge       Moderate (skin penetrated)  Dried blood

Human bite  Solid needle  Deep (deep penetrating  Blood stained

Human scratch  Other sharp  wound with/without bleeding) Other

Please specify       N/A (mucocutaneous)  Please specify

**Was the device visibly contaminated with blood?** Yes  No  Not known  N/A (mucocutaneous)

Reporters name and position       Date report completed:       /       /

Hospital / Clinic:       Telephone number:

Please return to BBV Team, HIV & STI Department, Centre for Infectious Disease Surveillance and Control, Public Health England,

61 Colindale Avenue, London, NW9 5EQ. Tel: **020 8327** **7457** (direct line),

**Email Completed Forms from an nhs.net email address only**: [PHE.SigOccExp@nhs.net](mailto:PHE.SigOccExp@nhs.net)

**Email General Enquiries**: [Significant.Exposures@phe.gov.uk](mailto:Significant.Exposures@phe.gov.uk)