**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

**Email General Enquiries**: Significant.Exposures@phe.gov.uk