



## 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

Percutaneous ☐  
Mucocutaneous ☐  
Human bite ☐  
Human scratch ☐

### Type of sharp

Hollowbore needle ☐  
Gauge ☐  
Solid needle ☐  
Other sharp ☐  
Please specify

### Depth of injury

Superficial (surface scratch) ☐  
Moderate (skin penetrated) ☐  
Deep (deep penetrating wound with/without bleeding) ☐  
N/A (mucocutaneous) ☐

### Material exposed to

Fresh blood ☐  
Dried blood ☐  
Blood stained ☐  
Other ☐  
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)