

Sorveglianza regionale delle esposizioni professionali percutanee o mucocutanee a patogeni a trasmissione ematica negli operatori sanitari: aree di intervento preventivo

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KEY WORDS

Health-care workers; blood-borne pathogens; percutaneous exposure

SUMMARY

«Regional surveillance of occupational percutaneous and mucocutaneous exposure to blood-borne pathogens in health care workers: strategies for prevention». Background: Several studies have investigated both the frequency

and modality of occurrence of occupational exposure of health-care workers to blood-borne pathogens. At the moment no complete epidemiological data are available covering the hospitals of an entire Region. **Objectives and Methods:** To describe the characteristics of mucocutaneous and percutaneous exposure to body fluids of the health-care workers in 47 out of the 56 public hospitals (90% of a total 15,000 beds, 28,000 health-care workers full time equivalent) in Piedmont, Northern Italy (4.5 million inhabitants) over a three-year period (1999–2002), using SIROH (Studio Italiano Rischio Occupazionale da HIV) model to collect the data. **Results and Conclusions:** 5174 percutaneous injuries (12.7/100 beds) and 1724 mucocutaneous exposure (4.1/100 beds) were recorded. Surveillance data were similar to those collected in other multi-hospital studies. The variability of rates between hospitals was high, most likely due to the amount of underreporting. The categories most at risk of percutaneous and mucocutaneous exposure were, respectively, surgeons (9.3/100 surgeons) and midwives (2.9/100 midwives). Needles (syringe, winged steel, suture) were the medical devices most frequently involved in percutaneous injuries, 60% of which occurred after the use of such devices. Eighty-three per cent of healthcare workers had been HBV-vaccinated versus only 45% of cleaning staff. After percutaneous injuries with exposure to an HIV positive source only 40% of those exposed received post-exposure prophylaxis; in the case of mucocutaneous exposure the rate was 11%. We recorded 2 seroconversions following occupational exposure to an HCV positive source (risk of seroconversion: 0,2%). In order to implement preventive programmes the use of safety devices, an increase in the number of HBV-vaccinated contract workers, the use of chemoprophylaxis for HIV exposure, and the use of protective equipment are deemed necessary.