

Appendix 10 – Monitoring Recommendations Following Exposures

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Monitoring For Infection

The table below outlines the recommended tests for monitoring for infection with a blood borne pathogen that should be conducted on a person who was exposed to blood and body fluids. The approach depends on baseline test results for both the source and the exposed person at the time of the incident:

- If the source’s baseline results are negative and he/she has no risk factors, then follow-up testing of the exposed person is not required.
- If the source’s baseline results are positive or are unknown, follow up of the exposed person is outlined in this chart:

	Baseline (at time of exposure)	Month 1	Month 3	Month 6
HIV	√	√	√	
Hepatitis B				
Hep B Surface Antigen (HBsAg)	√		√	
Hep B Antibody ¹ (anti-HBs)	√			
Hepatitis C				
Hep C Antibody (anti-HCV)	√	√	√	√
Hep C PCR (HCV PCR)		²		

- If the source tests positive on baseline testing, ensure the source receives appropriate counseling and follow-up.
- If the exposed person becomes positive for any BBP on follow-up testing, an ID Specialist should be consulted for any follow-up recommendations.

NOTE: ALL Positive results of source and exposed must be reported to the MHO as per *The Public Health Act, 1994*.

Monitoring While on PEP

In addition to testing for BBP infection as above, people on PEP for 28 days will require monitoring for side effects and blood tests for renal and liver function. Discuss with the ID Specialist for recommendations.

¹ Antibody testing is recommended at 1-6 months after completion of a vaccine series.

² Hepatitis C PCR is recommended if source is known Hepatitis C positive. If not known, antibody testing is recommended.

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References

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Heymann, D. L. (Ed.). (2008). *Control of communicable diseases manual* (19th ed.). Washington, DC: American Public Health Association.

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