



What are needlestick injuries?

- + Needlestick injuries are caused by needles or sharp objects possibly contaminated with blood or body fluids and resulting in breach of skin surface. Mucosal contacts with blood or body fluids also expose one to similar though lower risks.



How to manage on site?

- + Any breach of skin surface subjects one to invasion by bacteria or virus. First aid measures including washing thoroughly with soap and water, and proper dressing should be carried out. Wounds should not be sucked.
- + For mucosal contact, such as spillage into the conjunctiva, the exposed area should also be washed immediately and liberally with clean running water.



What are the risks of infection?

- + Apart from infection by environment germs including tetanus, blood-borne pathogens including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) present in the source person may also be transmitted to the injured person.



What are the consequences of these infections?

- + Between 5-10% of people infected with hepatitis B and 70-80% of people infected with hepatitis C would result in chronic carrier status.
- + A significant proportion of hepatitis B and C chronic carriers may progress to chronic hepatitis, cirrhosis and liver cancer.
- + Without treatment, half of the HIV-infected individuals will develop acquired immunodeficiency syndrome(AIDS) in 10 years.



How likely is it to contract these blood-borne infections after a needlestick injury?

- + The risk depends on the prevalence of the infection in the population, nature of exposure, the type of body fluid involved and the infectivity of the source.
- + The estimated risk of acquiring hepatitis B virus in health care setting is 18-30%, that of hepatitis C virus is 1.8%, and HIV 0.3%.



How can I know if I have acquired hepatitis B, C or HIV infection due to the needlestick injury?

- + The injured should receive proper counselling and blood testing both immediately after the injury and 3 to 6 months later.
- + If there is evidence of infection at 3 to 6 months after the documented needlestick injury, the infection has most probably resulted from the particular injury, after other routes of transmission have been excluded.
However, if the test taken immediately after the injury demonstrates evidence of infection, it is likely to be acquired via other routes and that infection is not a result of the injury.
- + If the second blood sample taken 3 to 6 months after the needlestick injury also tested negative for serological markers of HBV, HCV and HIV infection, infection due to the particular injury can be safely excluded.



What are the post-exposure prophylactic measures against blood-borne infections?

- + If the hepatitis B status of the injured is unknown, his/her blood should be promptly tested for hepatitis B surface antigen and antibody. If there is no indication of immunity or hepatitis B infection on testing and based on the assessment of risk of exposure, hepatitis B immunoglobulin may be given preferably within 24 hours of injury, and followed by vaccination.
- + Further testing is not necessary if the injured is a chronic hepatitis B carrier or has developed detectable antibodies prior to the injury.
- + There is no effective post-exposure prophylaxis against hepatitis C infection after needlestick injury.
- + Medication for prophylaxis may be needed for high risk cases to prevent HIV (preferably within 72 hours of injury), but management should be individualized. Factors to be considered include: the type of body fluid involved, the route and severity of the exposure and the likelihood of HIV infection in the source patient.



What should I do before the second blood taking?

- + You should adhere to standard precaution regarding blood and body fluids.
- + You should NOT share instruments which have a risk to breach the skin surface, and these include razors, toothbrushes, nail clippers, needles and syringes.

- + You should avoid procedures like tattooing, acupuncture or removal of moles. Should you decide to undergo these procedures, you should ensure that disposable instruments are used, or that proper disinfection of non-disposable instruments should be performed afterwards.
- + You should not donate blood, plasma, organs, tissue or semen. Safer sex and condom is strongly recommended.
- + You may contact the Therapeutic Prevention Clinic to arrange a counselling session if necessary.



Where can I get these services after needlestick injuries?

- + You may approach the nearest Accident and Emergency (A&E) Department for first aid and antitetanus toxoid. Some A&E Departments may also provide counselling and prophylaxis against HBV, HCV and HIV infections.
- + A referral may be made to the Therapeutic Prevention Clinic of the Department of Health for further action.
- + All information will be kept in strict confidence.
- + The blood results will only be disclosed to the person being tested.



Should I report the incident to my supervisor?

- + In the case of occupational injury, reporting to your supervisor or infection control unit is helpful to improve infection control practice to avoid future accidents.

Enquiry and Correspondence

Therapeutic Prevention Clinic, Special Preventive Programme, Department of Health (By appointment)

Address : Yau Ma Tei Integrated Treatment Centre
7/F, Yau Ma Tei Jockey Club Polyclinic,
145 Battery Street, Yau Ma Tei, Kowloon

Telephone: 2195 6588

Fax: 2605 6077

Hepatitis Website : <http://www.hepatitis.gov.hk>

AIDS Website : <http://www.aids.gov.hk>

AIDS Hotline : 2780 2211

by Therapeutic Prevention Clinic, Special Preventive Programme, Department of Health

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針刺意外 及黏膜受到血液或 體液污染後的處理方法

Management of Needlestick Injuries or Mucosal Contacts of Blood and Body Fluids



衛生署
Department of Health



衛生防護中心
Centre for Health Protection

特別預防計劃 預防治療診所
Therapeutic Prevention Clinic, Special Preventive Programme



什麼是針刺意外？

- + 針刺意外是指受到可能沾染有血液或體液的針或尖銳物品刺傷皮膚。若黏膜受到血液或體液沾染，亦會面對與針刺意外性質相似但危險性較低的後果。



針刺意外後，應該如何處理？

- + 任何皮膚損傷都可能引致細菌或病毒入侵。意外後不要從傷口中擠出血液，應施以急救護理，包括以肥皂及清水徹底清洗傷口，並妥善包紮。
- + 萬一發生黏膜接觸，如血液 / 體液濺到結膜，應盡快用大量清水沖洗接觸部位。



針刺意外後，有受感染的危險嗎？

- + 除可能感染到環境中之病菌如破傷風外，亦有機會感染乙型、丙型肝炎或愛滋病病毒等經由血液傳播的傳染病。



受這些病毒感染後有何後果？

- + 受乙型及丙型肝炎病毒感染後，分別有百份之五至十及百份之七十至八十人士可能成為長期帶病毒者。
- + 乙型及丙型肝炎長期帶病毒者有機會發展成慢性肝炎、肝硬化和肝癌等併發症。
- + 而在沒有接受藥物治療的情況下，受愛滋病病毒感染後，一半人會於十年內發病為愛滋病患者。



針刺意外後受到這些病毒感染的機會有多高？

- + 受到這些病毒感染機會取決於社會上已受感染的人數、接觸的形式、涉及的體液和感染來源的傳染性。
- + 在一般醫護工作中，受乙型肝炎病毒感染的機會由百份之十八至三十不等，感染丙型肝炎病毒的機會估計為百份之一點八，而愛滋病病毒感染為百份之零點三。



怎樣知道自己是否經由針刺意外而感染乙型、丙型肝炎及愛滋病病毒？

- + 受傷人士應於針刺意外後，立即及於三至六個月後接受輔導及血液樣本測試。
- + 如果意外後即時所作的檢查證實已受到感染，即表示病毒經由其他途徑傳染而與該意外無關。若三至六個月後進行的血液檢驗證實受感染，而已經排除其他感染途徑，該針刺意外則有可能是引致感染的原因。
- + 只有當針刺意外後三至六個月所作的測試證實未受乙型、丙型肝炎及愛滋病病毒感染，才可確保未受感染。



有何措施可減低經由血液傳播而感染病毒的機會？

- + 若受傷者不是乙型肝炎帶病毒者，及不清楚身體是有否帶有乙型肝炎抗體，則應抽取血液作緊急測試。若乙型肝炎抗原及抗體俱呈陰性反應時，醫生會按照風險評估，決定你是否需要接受乙型肝炎免疫球蛋白注射（最好於受傷後二十四小時內注射）及接種疫苗。

- + 如果受刺傷者是乙型肝炎帶病毒者，或已證實對乙型肝炎有足夠免疫力，便不需要再接受任何乙型肝炎測試。
- + 於針刺意外後，現時並未有預防感染丙型肝炎的有效疫苗或藥物。
- + 至於愛滋病，在有需要的情况下，醫生會處方預防性藥物（最好於受傷後七十二小時內服用）給予高危針刺意外人士，以減低受到愛滋病病毒感染的機會。至於需否處方藥物仍需視個別情況而定。考慮因素包括涉及的體液的類別、接觸的途徑及嚴重程度，以及血液 / 體液來源者感染愛滋病病毒的可能性等。



第二次抽血前，我該怎樣做？

- + 你應注意避免別人接觸你的血液或體液。
- + 不要與人共用剃刀、牙刷、甲鉗及針筒、針嘴等容易令皮膚受損的器具。
- + 你應避免紋身、針灸或脫痣等手術。如有需要，盡量使用「用後即棄」的器具，或確保徹底消毒非「用後即棄」的儀器。
- + 你應避免捐贈血液、血漿、器官、組織或精子。你應採取安全性行為及正確使用安全套。
- + 如有需要，可聯絡衛生署的預防治療診所安排輔導。



針刺意外後，可往那些地方得到這些服務？

- + 你可到就近的急症室接受急救及注射破傷風疫苗。部份急症室亦提供對乙型、丙型肝炎及愛滋病病毒輔導及預防服務。
- + 你亦可要求轉介到衛生署的預防治療診所跟進。

- + 你的一切資料均受到嚴格保密。
- + 本診所只向測試者透露驗血結果。



我應否向上司報告該針刺意外？

- + 如你在工作中受到針刺意外受傷，應向上司或傳染病控制組詳細報告，這樣將有助改善傳染病控制措施，以預防再有意外產生。

聯絡及查詢

衛生署 特別預防計劃 預防治療診所
(敬請預約)

地址：油麻地綜合治療中心
九龍油麻地炮台街145號
油麻地賽馬會分科診療所七樓

電話：2195 6588

傳真：2605 6077

肝炎網頁：<http://www.hepatitis.gov.hk>

愛滋網頁：<http://www.aids.gov.hk>

愛滋熱線：2780 2211

衛生署 特別預防計劃 預防治療診所
於二零二四年一月修訂