
HIV - infection control in hospitals

Summary

- Hospitals adhere to strict infection guidelines to prevent the spread of all infections, including hepatitis B, hepatitis C and HIV.
 - The risk of catching HIV from blood transfusions is extremely small - less than one chance in a million.
 - You cannot catch HIV from hospital toilets, crockery or casual contact.
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HIV stands for human immunodeficiency virus, a blood-borne virus that can be found in blood, semen, vaginal fluids and breast milk in people with HIV infection.

HIV can cause acquired immune deficiency syndrome (AIDS) if left untreated, but due to the level of health care and availability of HIV medication in Australia, progression to AIDS is extremely rare. Hospitals follow strict infection prevention and control guidelines to prevent the spread of HIV and other infections to patients, staff and visitors. This includes safe disposal of needles and syringes after single use, decontaminating and sterilising reusable medical devices after every use, and the use of personal protective equipment such as gloves and eye protection during procedures involving blood and body fluids.

How is HIV spread?

HIV can be spread through:

- vaginal or anal sex without a condom, or other form of barrier protection, with a person who has detectable levels of HIV in their blood. People on treatment for HIV with undetectable levels of HIV cannot transmit the virus through vaginal or anal sex. Unprotected oral sex is extremely low risk for the transmission of HIV
- sharing needles, syringes and other injecting equipment with a person who has HIV
- transmission from mother to child during pregnancy or childbirth and through breastfeeding, if the mother has untreated HIV infection and detectable HIV in her blood or breast milk.

HIV **cannot** be spread via:

- casual contact such as shaking hands, kissing, hugging or massage
- being washed
- having your dressing changed
- receiving an injection
- toilet seats or bathrooms
- food
- cutlery or crockery
- mosquitoes
- air.

Even if a healthcare worker has HIV infection, there are strict infection prevention and control guidelines that protect you as the patient.

What is the risk of contracting HIV from blood transfusions?

The risk of contracting HIV from blood transfusions is very low – less than one chance in a million.

Every unit of donated blood in Australia is laboratory screened for a wide range of blood-borne infections. These tests have included screening for HIV since March 1985.

Screening tests for HIV involve:

- testing for the presence of HIV antibodies (the body's response to HIV infection) and part of the virus (p24 antigen)
- testing for the virus's genetic material – this is called a nucleic acid test (NAT) and is a more sensitive test to detect the presence of the virus itself.

Thanks to the development of NAT, the 'window period' – the time between infection and the detection of the virus in the blood – has been reduced from around 22 days to 6 days. This method is also used to screen donated blood for hepatitis C virus.

People at risk of HIV infection and some other infectious diseases are excluded from donating blood.

Hospital policies that protect you from HIV and other infectious diseases

To prevent the spread of HIV, hospitals follow strict infection prevention and control guidelines. All blood and body fluids from patients are treated as potentially infectious:

- Syringes and needles are 'single use' and disposed of in approved sharps containers.
- Reusable medical devices are decontaminated and sterilised after each patient use.
- Many medical devices are disposed of after single use.
- Healthcare workers wear protective equipment including gowns, gloves and eyewear when carrying out any procedures involving a patient's blood or body fluids.
- All spilt blood and body fluids are cleaned up according to strict cleaning guidelines.
- Laundry is cleaned according to strict Australian Standards (AS/NZS 4146:2000).

Hospital workers and HIV

Hospital workers can become infected with HIV if they accidentally prick themselves with a needle or other sharp instrument contaminated with HIV. However, only a very small number of hospital workers around the world have become infected with HIV in this way.

Preventive treatment, which may reduce the chance of HIV getting into the bloodstream, is available for healthcare workers who have accidentally pricked themselves with a needle or other sharp instrument contaminated with HIV. This is known as post-exposure prophylaxis, or PEP. The health of healthcare workers in this situation is monitored closely.

Protecting hospital workers from HIV

If a hospital worker has an accident involving your blood, you may be asked to allow the hospital to test your blood for HIV, hepatitis C and hepatitis B.

By testing your blood, the hospital will know how to manage the health of this person. For example, if your blood tested positive for HIV, this could include a recommendation to give post-exposure prophylaxis (PEP) to the staff member.

PEP is the use of antiretroviral drugs to prevent HIV following a high-risk exposure. Ideally, PEP is commenced within 72 hours of an exposure. PEP has been shown to significantly reduce the risk of HIV infection following exposures to HIV.

In such circumstances, if you were unaware of your status and your blood tested positive for HIV, hepatitis B or hepatitis C, it would also enable you to access the appropriate treatment for your condition.

There are new drugs available for treatment of hepatitis C that result in cure of that infection. Both hepatitis B and HIV have treatments available that can keep people with these infections well.

Where to get help

- Your **GP (doctor)**
- **Victorian HIV Service, Alfred Health** Tel. **(03) 9076 6081**
- **Get PEP**. In Victoria, tel. **1800 889 887** – with the option of a translation service

betterhealth.vic.gov.au

- **Communicable Disease Prevention and Control** Tel. **1300 651 160**

This page has been produced in consultation with and approved by:

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