

1 HOW LONG DO THESE VIRUSES LIVE OUTSIDE THE BODY?

The CDC website says:

Hepatitis B virus can survive outside the body at least 7 days. During that time, the virus can still cause infection if it enters the body of a person who is not infected.

HIV does not survive long outside the human body (such as on surfaces), and it cannot reproduce outside a human host (so a matter of minutes or hours depending on conditions).

The Hepatitis C virus can survive outside the body at room temperature, on environmental surfaces, for up to 3 weeks

However, a site quoting the CDC says “According to the U.S. Centers for Disease Control and Prevention, **HCV** can survive on environmental surfaces at room temperature for at least 16 hours but no longer than four days.”

- As reported in the June 15, 2010 edition of *The Journal of Infectious Diseases*, researchers from Germany confirmed that HCV survives longer in liquids than it does when dried on surfaces. They found that in a liquid environment, **HCV was detectable for up to five months** at lower temperatures.
- As published in a February 2010 edition of *Virology Journal*, Chinese researchers determined that HCV could survive in a liquid medium for **two days at 98°F (body temperature), 16 days at 77 °F** and at least **six weeks at 40°F (average refrigerator temperature)**.
- Presented in February 2010 at the 17th Conference on Retroviruses & Opportunistic Infections, American researchers found that under the right circumstances, HCV remained viable in a **syringe for up to 63 days**. Circumstances that increased HCV infectivity include syringes with detachable needles, lower temperature and larger volume syringes.

2 HOW LONG IS THE HEP B VACCINE GOOD FOR?

CDC: Studies indicate that immunologic memory remains intact for at least 20 years among healthy vaccinated individuals who initiated hepatitis B vaccination >6 months of age. The vaccine confers long-term protection against clinical illness and chronic hepatitis B virus infection. Among vaccinated cohorts who initiated hepatitis B vaccination at birth, long-term follow-up studies are ongoing to determine the duration of vaccine-induced immunity.

Other websites vary from 10-23 years. It is also noted that blood test may NOT show significant antibodies, though immunity MAY still exist. Studies are still ongoing to determine if boosters are recommended, as it stands they seem to be only recommended for immunocompromised individuals.

3 WHY SHOULD BABY BOOMERS GET TESTED FOR HEP C?

While anyone can get Hepatitis C, more than 75% of adults infected are baby boomers, people born from 1945 through 1965. Most people with Hepatitis C don't know they are infected.

The reason that baby boomers have high rates of Hepatitis C is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of Hepatitis C were the highest. Since people with Hepatitis C can live for decades without symptoms, many baby boomers are unknowingly living with an infection they got many years ago.

Hepatitis C is primarily spread through contact with blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and blood products before widespread screening of the blood supply in 1992 and universal precautions were adopted. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers do not know how or when they were infected.

4 WHY ARE FEMININE HYGIENE PRODUCTS NOT CONSIDERED A POTENTIAL MEANS OF EXPOSURE?

OSHA has stated that the presence of discarded feminine hygiene products in the workplace does not, under normal circumstances, trigger the BBP standard. The intended function of feminine hygiene products is to absorb and contain blood. The absorbent material of which they are composed would be expected to, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.

However, OSHA expects products such as discarded sanitary napkins to be discarded into waste containers which are lined in such a way as to prevent contact with the contents. At the same time, the employer must determine if employees can come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash.

5 WHAT TYPE OF CLEANING AGENT IS REQUIRED FOR DISINFECTION OR EQUIPMENT AND SURFACES?

OSHA's position is that EPA-registered tuberculocidal disinfectants, diluted bleach solutions and EPA-registered disinfectants that are labeled as effective against both HIV and HBV as well as Sterilants/High-Level Disinfectants cleared by the FDA, meet the requirement in the standard and are "appropriate" disinfectants to clean contaminated surfaces, provided that such surfaces have not become contaminated with agent(s) or volumes of or concentrations of agent(s) for which higher level disinfection is recommended.

The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed). The employer's written schedule for cleaning and decontamination should identify such specifics on a task-by-task basis.

6 HOW SHOULD SHARPS BE HANDLED?

Sharps containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. When removing sharps containers from the area of use, the containers shall be:

- Closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Placed in a secondary container if leakage is possible. The second container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Labeled or color-coded according to paragraph (g)(1)(i) of the standard.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Upon closure, duct tape may be used to secure the lid of a sharps container as long as the tape does not serve as the lid itself.

See SOP for what to do when sharps are located

7 WHAT IS THE RISK FOR CONTRACTING OCCUPATIONAL BLOODBORNE ILLNESS?

The estimated risk of HIV infection from a sharps injury is about 0.3 percent (1 in 300). The CDC has reported 57 documented cases and 140 possible cases of HIV transmission to U.S. health care workers between 1981 and December 2006. Of the 57 documented cases, 48 were associated with percutaneous injury (puncture/cut injury). Most of these cases involved nurses and lab technicians.

National hepatitis surveillance data shows that approximately 400 health care workers became infected with HBV in 2001. This figure represented a 95% decline from the 17,000 new infections estimated in 1983. The decline was largely due to the widespread immunization of health care workers with hepatitis B vaccine and the use of universal precautions and other measures required by OSHA.

Although the prevalence of HCV infection among health care workers is similar to that in the general population (1% to 2%), health care workers have an increased occupational risk for HCV infection. According to the CDC, the average risk of infection after a needlestick or cut exposure to infected blood is approximately 1.8%. Although recent studies show an association between sharps injuries and HCV infection, the number of health care workers who have acquired HCV occupationally is unknown. However, of the total acute HCV infections that have occurred annually (ranging from 100,000 in 1991 to 36,000 in 1996), 2% to 4% have been health care workers exposed to blood in the workplace.