

hepatitis B

In addition, certain behaviour by the source individual, such as using injection drugs and practising unsafe sex, as well as factors such as tattoos, must be taken into account.

The doctor will decide which tests and treatments are appropriate for your child, on the basis of the tests undergone by the source individual and the information provided by the latter.

If the source individual is unknown or refuses to undergo testing, his or her blood may be presumed to be contaminated.

● Prevention AND SCREENING

If the doctor feels that your child is at risk because of the exposure he or she was subjected to, testing may be done to determine whether your child was infected prior to the exposure. Other tests may subsequently be done to establish whether infection occurred at the time of the exposure. Moreover, special measures may be taken to prevent transmission of the viruses.

hepatitis B

Hepatitis B (HBV):

An injection of antibodies (immune globulins) or a first dose of the hepatitis B vaccine can be administered alone or in combination. These measures are recognized as being highly effective.

Hepatitis C (HCV):

There is no effective preventive treatment for HCV.

AIDS (HIV):

Antiretroviral drugs can be administered alone or in combination, as assessed. Such drugs have major side effects. Their effectiveness, when administered rapidly, is increasingly recognized. However, the decision to utilize such drugs, or not, is made on the basis of the doctor's assessment of the risk involved.

● Prevention for your CHILD'S ENTOURAGE

If the doctor determines that your child may have been infected and that, as a result, he or she risks transmitting the disease, you must take certain preventive measures to protect your child's entourage until the possibility of infection is eliminated. This can take up to six months. During that period:

- ensure that your child does not loan his or her toothbrush or borrow someone else's;
- adopt basic practices such as:
 - wearing gloves when you or someone else treats an injury to your child that causes bleeding, so as to avoid direct contact with your child's blood,
 - handwashing,
 - immediately washing any blood-stained object or surface and disinfecting it with bleach (1 part 5.25% commercial bleach for 9 parts water; this solution is economical and will remain effective for one week if kept in a tightly closed, opaque container).



ACCIDENTAL EXPOSURE TO BLOOD OR OTHER BODY FLUIDS POTENTIALLY CONTAMINATED

- by the hepatitis B VIRUS
- the hepatitis C VIRUS
- or the AIDS VIRUS

Note ON DAYCARE CENTRES

Your child can continue to go to daycare.

Under existing recommendations, daycare centres must from the outset implement basic daily practices.

- For further information, consult the Info-Santé service of your CLSC or your attending physician.

Santé et Services sociaux Québec
www.msss.gouv.qc.ca

Le présent dépliant est disponible en français.

● INFORMATION FOR THE PARENTS OF AN EXPOSED CHILD

Québec

hepatitis B, hepatitis C, AIDS

Your child has been accidentally exposed to blood or another body fluid potentially contaminated by the hepatitis B, hepatitis C or AIDS virus.

● What is THE RISK ASSOCIATED WITH ACCIDENTAL EXPOSURE?

Contact with blood or other body fluids carries the risk of contracting one of the blood-borne infections caused by the hepatitis B virus (HBV), the hepatitis C virus (HCV) or the AIDS virus (HIV, for human immunodeficiency virus).

This risk is present in the following cases:

- where there is contact with body fluids such as blood, serum, plasma or sperm, or with any other body fluid (tears, nasal secretions, urine) containing visible traces of blood;
- where there is contact with broken skin (cut or chapped skin, for example) or

mucus membranes (of the nose, mouth or eyes), or where the skin is punctured (for example, by a needle or dirty instrument, or as a result of a blood-drawing bite).

The level of risk varies with the type of exposure. How deep the injury is, the quantity of blood that may have been contaminated and the type of needle or other instrument are all factors that must be assessed in order to determine the level of risk involved.

It should be remembered that healthy skin is a good barrier, in that contact between blood and healthy skin poses no risk.

● Effects OF THESE VIRUSES

The hepatitis B virus attacks the liver, causing an infection. Nearly half of the persons affected do not become noticeably sick, while the others develop a variety of symptoms ranging from jaundice (yellowing of the skin and the whites of the eyes) to fever, abdominal discomfort, nausea, vomiting and diarrhea. Although there is no treatment, most people recover and are thereafter immune to hepatitis B.

Infected persons can transmit the virus over a period of several weeks prior to the onset of symptoms, and risk passing it on as long as it is present in their blood.

Approximately 1 in 10 people carries the virus for more than six months and often for life. Such persons are referred to as chronic carriers, and while they are generally in good health, they can transmit the illness and are at greater risk of developing a chronic liver disease (cirrhosis). Regular medical check-ups are necessary.

The hepatitis C virus also attacks the liver and causes an infection which generally goes unnoticed. However, some people suffer from fatigue, jaundice or nausea. Less than 40% of the people infected clear the virus from their bodies. In the remainder of cases, the liver continues to be infected; such people are said to be chronic carriers. Some are carriers for 10 or so years without developing complications, while others develop cirrhosis of the liver. As with persons infected with the hepatitis B virus, hepatitis C carriers can transmit the disease and must have regular medical check-ups.

The human immunodeficiency virus, or HIV, attacks the body's defence cells. The onset of signs and symptoms of acquired immunodeficiency syndrome, or AIDS, occurs once the immune system breaks down. Drugs delaying the onset of symptoms can prolong the life of HIV-infected persons.

● Risk of TRANSMISSION

The risk of contracting an infection as a result of exposure to blood or certain other body fluids varies depending on the virus involved.

In the case of skin exposure and in the absence of postexposure prophylaxis:

Hepatitis B (HBV):

If the person exposed has not been vaccinated or has never been infected, the risk of transmission is 2% to 40%, depending on the level of infection of the source individual.

Hepatitis C (HCV):

The risk of transmission is approximately 3%.

HIV:

The risk is 0.3% (a 3 in 1 000 chance).

In the case of exposure through contact with mucus membranes, the risk is ordinarily 10 times lower (0.03%, or a 3 in 10 000 chance).

● Source INDIVIDUAL

To determine the risk of infection, it is important to know whether the source individual (the person with whose blood another person comes into contact) is infected. Testing may be done only once the source individual has given free and enlightened consent.

If the individual is unable to give consent, or if consent cannot be requested without aggravating the individual's condition (e.g., a psychiatric problem), the consent of a legally authorized person must be obtained.

If the source individual refuses to undergo testing, no undue pressure must be brought to bear in order to obtain his or her consent. It is therefore preferable for a health professional to approach the individual for consent.