Management of hepatitis B immunisations and blood exposure incidents in primary care - is an occupational health service required?

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ABSTRACT

There has been little work in the last 10 years studying the uptake of hepatitis B immunisations and the management of blood exposure incidents in United Kingdom (UK) primary care health care workers (HCWs).

The aim of this study was to answer how well primary care HCWs, with no access to an occupational health service (OHS), have managed their hepatitis B immunisations and blood exposure incidents compared to National Health Service (NHS) Trust staff with access to an OHS. The study further aims to answer whether primary care HCWs would benefit from the provision of an OHS to manage hepatitis B immunisations and blood exposure incidents.

A questionnaire was sent to 78 general practitioners (GPs), 93 general practice nurses, 81 NHS Trust consultants and 88 NHS Trust community nurses in the Airedale area of West Yorkshire in June 2001. The response rate was 80.29%.

Results for GPs were compared to consultants, community nurses to general practice nurses and staff with an OHS to staff without. Differences in proportions were analysed and considered statistically significant if p< .05.

There was no evidence that GPs and general practice nurses were less likely than consultants or community nurses to have had a primary course of three hepatitis B vaccinations.

General practitioners were however significantly less likely to have received a hepatitis B booster vaccination (x², N=108, p< .009), and significantly less likely to have had their blood anti-HBs test checked after their last vaccination (x², N=91, p< .011), than consultants.
General practice nurses were significantly less likely to fill in a blood exposure incident form after an injury than community nurses (χ², N=54, p< .006), and GPs less likely to fill in a blood exposure incident form than consultants (χ², N=61, p< .131).

Overall, the group with access to an OHS was significantly more likely to have received a hepatitis B booster (χ², N=241, p< .036), have a blood anti-HBs test after last vaccination (χ², N=219, p< .010) and fill in a blood exposure incident form after last blood exposure (χ², N=115, p< .033), than the group without access to an OHS.

The majority of respondents in all groups did not recall receiving counselling after their last blood exposure incident. A high proportion of HCWs (74.6%) in the study considered they performed exposure prone procedures whilst clearly most of them did not.

The study provides some evidence that primary care HCWs may benefit from the provision of an OHS for:

1. Recall for hepatitis B booster vaccinations and blood antibody testing after vaccination
2. A tighter protocol and system for management of blood exposure incidents. There are also areas in which the existing OHS could be improved especially in providing counselling and advice after a blood exposure incident.

An OHS with responsibility for primary care should consider calling in all GPs and general practice nurses for a review of their hepatitis immunity and for education regarding the management of blood exposure incidents.