

A Need for Establishment of an Active System for Surveillance of Needle Stick Events in Health System

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Dear Editor,

I read with interest the published article by Hashemi et al. in your journal recently (1). The authors reported a high rate of needle stick and sharps injuries (NSSIs) in their studied hospitals in Hamadan, Iran. The study groups were from different specialties in the hospitals. They showed that around 17% did not receive HBV vaccine and most of vaccinated ones did not check anti HBs antibody level yet (1). According to the standard precautions for infection control, all health care workers susceptible to infection should be identified and immunized to reduce the morbidity rate; thus evaluation of anti-HBs antibody level is mandatory (2, 3). The immunization scheme and did not have the test of seroconversion. It seems that health system is not aware and is not enough sensitive regarding this issue. Serological analysis revealed unprotecting levels of Ab even after students completed the vaccination schedule. Education, testing and vaccination against HBV infection should implement before initiation of work in clinics and hospitals (4). HCWs (healthcare workers), particularly those working in emergency departments, operating rooms and hemodialysis centers are considered as high risk groups. In addition to HBV infection, health care workers are occupationally at the risk of HCV infection (5). Unfortunately, there is no passive or active prevention for HCV infections and HCWs should be more cautious and apply the standard of health precautions at work. Finally, I suggest to establish an active system for reporting and integration of preventive strategies for better control of such issues in health care workers.

The authors reply:

We would like to thank Dr. Alavian for his comments

on our article. The authors of this article also believe in establishment of an active system of tracking of NSSIs in the healthcare system. Furthermore, we believe there is a need for an increase of health personnel knowledge about actions that need to be taken after NSSIs. Even though Hepatitis B is a disease that can be prevented by active immunization prior to contact, however, the disease is still a threat due to incomplete vaccination coverage of hepatitis B among healthcare personnel as well as the lack of knowledge in relation to the effective steps following NSSIs.

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References

1. Hashemi SH, Mamani M, Torabian S. Hepatitis B Vaccination Coverage and Sharp Injuries Among Healthcare Workers in Hamadan, Iran. *Avicenna J Clin Microb Infec.* 2014;**1**(2).
2. Adib-Hajbaghery M, Lotfi MS. Behavior of healthcare workers after injuries from sharp instruments. *Trauma Mon.* 2013;**18**(2):75-80.
3. Alavian SM. Comments on behavior of healthcare workers after injuries from sharp instruments. *Trauma Mon.* 2014;**19**(1).
4. Sacchetto MS, Barros SS, Araripe Tde A, Silva AM, Faustino SK, da Silva JM. Hepatitis B: knowledge, vaccine situation and seroconversion of dentistry students of a public university. *Hepat Mon.* 2013;**13**(10).
5. Afzal MS, Anjum S, Zaidi NU. Changing of HCV clade pattern in Iran; the possible means for something good. *Hepat Mon.* 2014;**14**(1).