



# OCCUPATIONAL POST EXPOSURES PROPHYLAXIS AMONG HEALTH CARE WORKERS IN FAITH BASED ORGANIZATIONS- ASSESSING KNOWLEDGE GAP 2015

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DR. POLLY KIENDE



# INTRODUCTION

- Occupational exposures to blood and body fluids cause significant risk of transmission of blood borne pathogens to Health Care Workers(HCWs).
- WHO in 2002 estimated that 3 million percutaneous exposures occurred annually among 35 million HCWs globally.
- Over 90% occur in resource constrained countries.
- Worldwide - 2.5% HIV, 40% of HBV & HCV cases among HCWs.

# INTRODUCTION CONT'

- The MOH through NASCOP developed tools in 2010 and disseminated them to levels 3 to 6 GOK health facilities and four FBO.
- A basic IPC training curriculum developed in line with the IPC strategic plan of 2014, has management of occupational exposures as part of the modules.

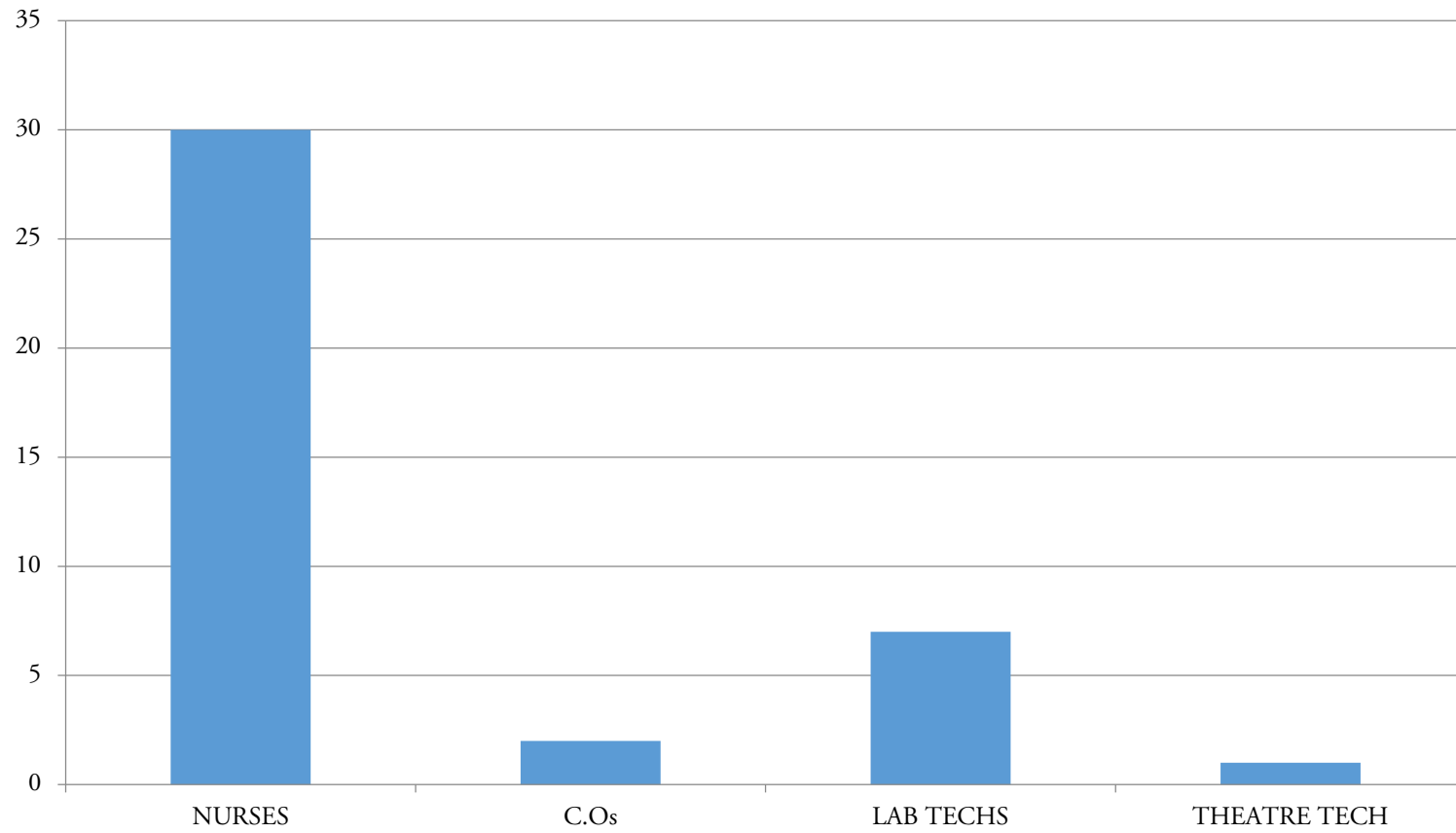


# STUDY METHOD

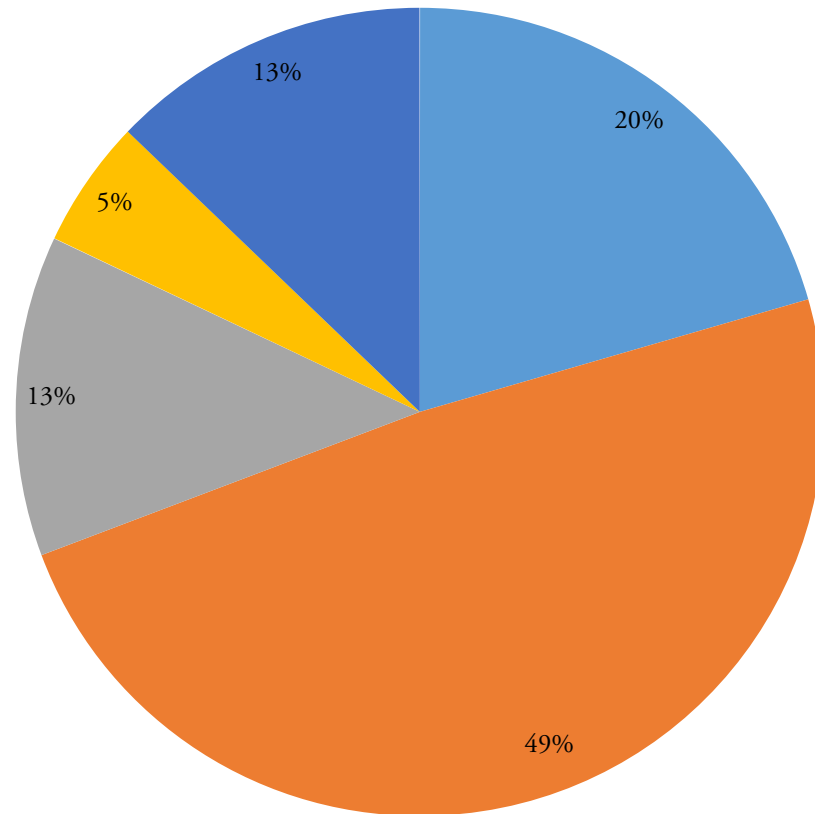
- The study comprised of fifty questions pre- test
- Two questions assessed the knowledge on occupational PEP of the HCWs from 39 FBOs.



## PARTICIPANTS' CADRES

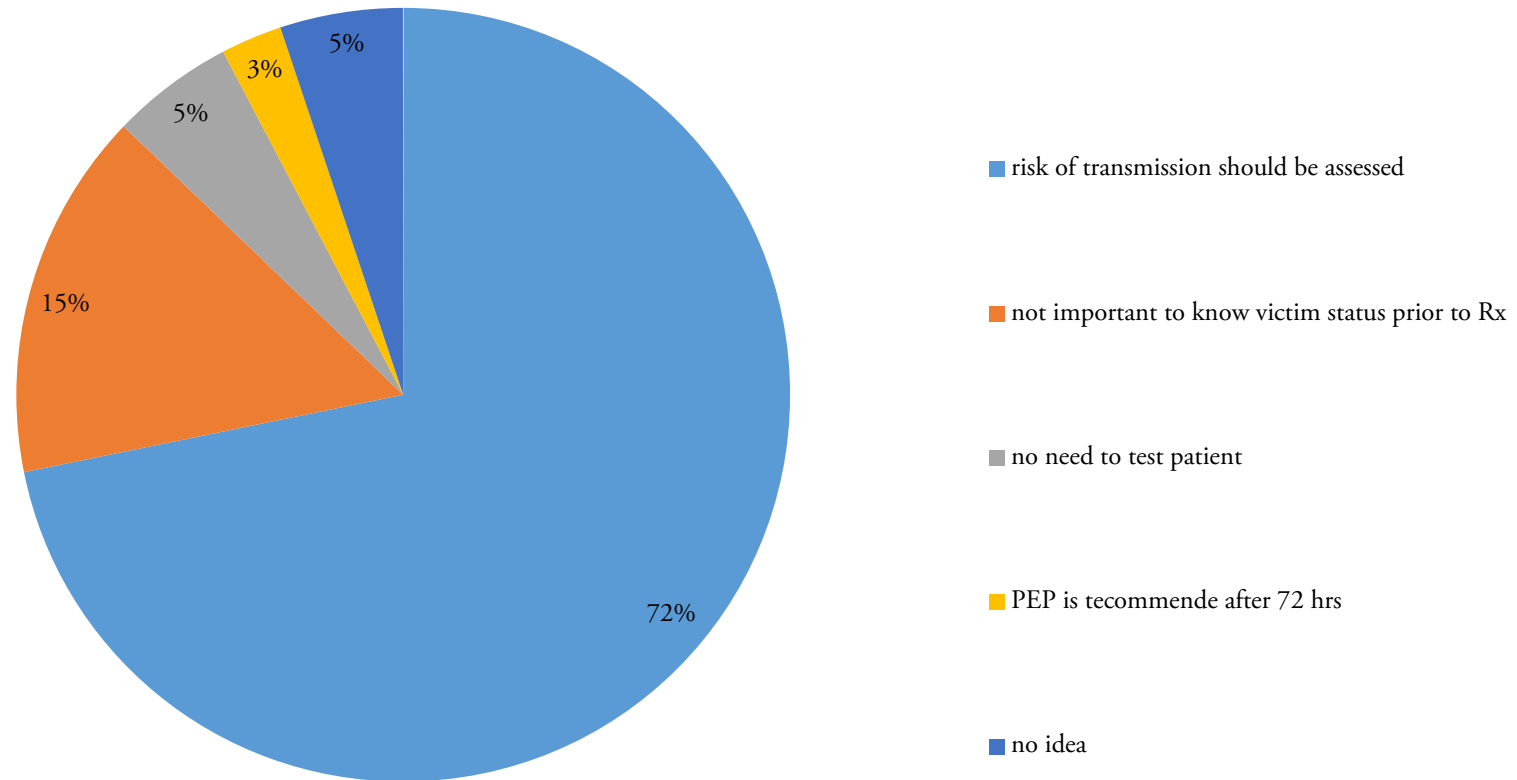


## WHICH IS NOT A BENEFIT OF PEP



- Rx soon after exposure to HIV decrease risk of transmission
- PEP result in reduction of MTC HIV transmission
- PEP is effective when initiated within 72 hrs of exposure
- ARV Rx immediately after exposure reduce risk of infection by about 90 %
- no answer

## WHICH IS TRUE CONCERNING PEP COUNSELLING





# CONCLUSION

- This training identified knowledge gap in occupational PEP from all the health workers and therefore the need to understand the scope of managing occupational exposures.





# RECOMMENDATION

- The MOH should roll out the dissemination of management of occupational exposure to blood and body fluids tools to all facilities (public and private)
- The government should embrace and enhance public- private partnership in capacity building to ensure quality care and safety of all the health workers in the country.

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# Acknowledgements

- Co- Authors
- MoH
- FBO





# References

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Thank you

