

Hepatitis B Virus
Hepatitis C Virus
Human Immunodeficiency Virus (HIV)

Risk of infection with blood borne viruses:

Exposure to blood borne viruses in the clinical setting requires both an injury (i.e. percutaneous injury from a needle or other sharp object, a splash of blood or other body fluid onto a mucous membrane or non-intact skin, or a human bite that breaks the skin) and contact with blood or body fluid capable of transmitting a blood borne virus. The risk of infection can be greatly reduced by putting in place proper [infection control practices](#). In the event of potential exposure, learners must seek immediate medical attention and report the incident at the earliest opportunity to their clinical supervisor or Program Director.

Symptoms of blood borne virus infection:

Hepatitis B and C – No symptoms OR fatigue, loss of appetite, abdominal discomfort, jaundice, change in colour of urine and stool, rash, sore joints; occurring within six weeks to six months after the exposure.

HIV – No symptoms OR flu-like symptoms occurring within weeks of exposure; unexplained weight loss, chronic diarrhea, swollen lymph nodes, fever, fatigue or opportunistic infections.

Risk of transmitting blood borne viruses:

Learners who perform or assist in performing exposure-prone procedures risk transmitting blood borne viruses to their patients. Exposure-prone procedures include invasive procedures where there is the potential for direct contact between the skin (usually a hand finger or thumb) of the learner and sharp instruments, needle tips, or sharp tissues (spicules of bone or teeth) in body cavities, wounds, or in poorly visualized, confined anatomical sites.

Hepatitis B immunization and serology:

Learners in health professional programs must be protected with a series of Hepatitis B vaccinations unless they are known to have chronic Hepatitis B infection or are immune due to naturally acquired infection. Post-immunization serologic testing for immunity is required for health care workers and child care workers. For details refer to: [Hepatitis B Immunization & Serology Information](#).

Pre-placement testing and reporting:

- [Postgraduate Medicine](#) learners are not required to submit serologic testing/reports for blood borne viruses to the Health Screening Office. Learners who have been tested must SELF-REPORT any positive serology to the Associate Dean of Postgraduate Medical Education PRIOR to program or elective start.
- [Midwifery, Physician Assistant and Undergraduate Medicine](#) learners may perform or assist in performing exposure-prone procedures during their training, and are therefore obligated to know their status with respect to blood borne viruses (reference: [COFM Blood Borne Viruses Policy](#)). Learners in these programs must self-report positive serology to the Assistant/Associate Dean of their program.
 - * Hepatitis B: Serology for infection (HBsAg/Hepatitis B surface antigen) required dated after completion of a documented Hepatitis B primary vaccination series, OR after March 1st the year of program entry if the primary series is incomplete and repeated after the series is completed. Do not have the test within 28 days after a Hepatitis B vaccine to avoid the possibility of a false positive result. NOTE: HBsAg (surface ANTIGEN) is a different test than anti-HBs (surface ANTIBODY) and is required even if anti-HBs is positive.
 - * HIV and Hepatitis C: Serology for infection required dated after March 1st the year of program entry and is valid for four years.
- Testing and/or reporting for blood borne viruses is not required for learners in other health professional programs prior to their program start.

Questions? Contact the Health Screening Office, hrsadmin@mcmaster.ca, 905-525-9140 ext 22249

For more information:

[Public Health Ontario Routine Practices](#)

Hepatitis B: [Public Health Agency of Canada Hepatitis B Get the Facts](#)

Hepatitis C: [Public Health Agency of Canada Hepatitis C](#)

HIV/AIDS: [Government of Canada HIV and AIDS](#)