LETTER TO THE EDITOR

HIV-AIDS, UNIVERSAL PRECAUTION AND THE OTORHINOLARYNGOLOGIST IN NIGERIA.

BY

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Human immunodeficiency virus (H.I.V.) and the disease it causes - Acquired Immunodeficiency Syndrome (AIDS) first discovered amongst homosexuals in America in 1981, has spread to become a global disaster, a pandemic and thus a major public health hazard[1]. By December 2001, the disease prevalence was 5.8% of the population in Nigeria[2]

About 40 – 70 per cent of HIV/AIDS patients do have Head and Neck manifestations requiring Otolaryngological consultation[3]. Health care workers (HCW) are at risk for HIV infection through handling sharp instruments contaminated with blood/body fluids of infected persons; also broken skin and mucus membrane exposure is real though significantly lower than needle stick injuries. In addition to these Otolaryngologists are at a high risk during examination of patients with weeping skin lesions; procedures such as indirect laryngoscopy, arrest of massive epistaxis, and during surgeries (use of drills) which produce aerosols. The risk of HCW contracting HIV at work place is about 0.03%[4].

Universal precautions were developed and advocated to minimize risk of exposure to blood and body fluid of all patients. The aim is to prevent patient to doctor, doctor to patient; patient-to-patient and patient to environment transmission[4]. These include:

- Use of appropriate barrier precautions to prevent skin and mucous membrane contact with body fluids such as the use of gloves during physical examination (oral, nasal, laryngeal) and double gloving during surgical procedures.
- Thorough hand washing between patients is also important.
- Face masks and protective eyes shield for procedures likely to generate droplets or procedures in which splashes may occur.
- Physicians should refrain from patient care if exudative or weeping skin lesions or dermatitis is present.
- Wear a plastic apron/gown when contamination of clothing is anticipated.
- Hand washing after intact skin contact with potentially infected fluids and after ungloving.
- Prevent needle stick injury by proper disposal of needles and syringes; avoid recapping or bending needles. Sharps disposals, which should be puncture resistant should be provided and used.
- Properly dispose of potentially contaminated materials (office and surgical suite)

Extracted from paper presented at the 13th Annual ORLSON conference held in Enugu from the 26th-29th November 2003.

- The thorough and careful cleaning, disinfection of all instruments, use of disposable airway equipment and compliance in universal recommendation for sterilization is advocated

Post exposure prophylaxis (PEP), which is the provision of antiretroviral drugs to HCW that were previously HIV negative but exposed to proven infected material should be encouraged. A hospital infection control unit should be set up and functional and in charge of investigation of all reported cases and administration of PEP. It should act in confidence of both patients and surgeons and should decide appropriate measures to reduce infections

There is presently no objective information on HCW exposure and development of HIV/AIDS in Nigeria. However the peculiarity of Otorhinolaryngological procedures calls for measures and the strict adherence to them and the universal precautions in the war against HIV/AIDS in our specialty in Nigeria. A policy of screening all patients before invasive procedure is also advocated.

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