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Abstract (poster session)

**Low rate of hepatitis C among the personnel of a Swiss tertiary care hospital: a seroprevalence survey**

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**Objectives:** Healthcare workers are at risk of hepatitis C virus (HCV) acquisition. In Switzerland, data on HCV seroprevalence in healthcare workers are lacking. Following official recommendations, testing is limited to personnel with exposure-prone procedures, a history of sharps injury or other HCV risks. This seroprevalence survey aims to determine prevalence and predictors of HCV infection among the personnel of a Swiss tertiary care hospital. **Methods:** Starting in 2005, all personnel newly employed for >6 months at the Cantonal Hospital St. Gallen had an opt-out HCV ELISA testing (with Abbott HCV EIA) as part of their hospital employment examination. Previously employed personnel underwent HCV testing in case of sharps injuries or when consulting the staff doctor's service for other reasons. In individuals with positive HCV ELISA test, HCV immunoblot and –PCR were performed as needed to separate false positive HCV results and evaluate disease activity in the true positive cases. In HCV cases, the source of infection was investigated, with a special focus on potential risk exposure within the healthcare system. Testing was free of charge and irrespective of patient contact (80% with patient contact). **Results:** Data were collected between 2005 and November 2012. Including those who left the institution during the investigated time, a total of 8624 hospital personnel were employed for >6 months. Among these, 5766 persons (67%) were screened for hepatitis C. 22 (0,4%) persons tested positive for HCV antibody, with a false positivity in 15 patients (68% of total 22). Among the seven persons being accurately diagnosed HCV seropositive (0,1% of all persons screened), five had acquired the infection outside the hospital (71% of total correctly diagnosed). In two healthcare workers, HCV positivity was only diagnosed upon performance of the screening test. Both staff members had no other conceivable risk than an unreported sharps exposure 1-2 decades ago. **Conclusion:** With a rate of 0,1%, hospital personnel at our institution showed a lower HCV seropositivity than in the general Swiss population. The expected prevalence in the Swiss population is set at 0,7-1%, and is strongly associated with injection drug use. The most probable cause of HCV infection in two healthcare workers was related to exposure at work. Detection and diagnosis of these infections would also have been achieved with application of the official Swiss recommendations for testing in healthcare personnel.