Results The analysis showed that there is a moderate and negative correlation between WAI and fatigue ($r = -0.49$), showing an association between lower values of WAI and higher values of fatigue. The working week bigger than 36h showed association with the WAI ($p = 0.009$). Working days less than 36h reduce, on average, 4-point score of WAI. Women presented higher tendency for fatigue (55.7% vs 25.0% for men) or lower average to WAI (43.1% vs 45.8% for men). There was no significant difference for the WAI ($p = 0.246$) and fatigue (0.752) among workers with or without work restriction.

Conclusion There is a significant correlation between work ability and fatigue of nursing personnel, however it was noted that there is no significant differences of these indexes, considering both workers with or without work restriction.

169 OCCUPATIONAL FACTORS ASSOCIATED WITH LATENT TUBERCULOSIS INFECTION AND CONVERSION IN HEALTH CARE WORKERS IN A HIGH TUBERCULOSIS/HIV PREVALENCE SETTING

R I Ehrlich, 1Adams, 2Van Zyl Smit, 3Saad-Hartley, 4Dawson, 5Dheda. 1Division of Occupational Medicine, Cape Town, South Africa; 2UCT Lung Institute, Cape Town, South Africa; 3Department of Radiology, University of Cape Town, Cape Town, South Africa; 4Division of Pulmonology, Department of Medicine, University of Cape Town, Cape Town, South Africa

Objective South African health care workers are at growing risk of tuberculosis (TB). This study sought occupational risk factors for latent TB infection (LTBI).

Methods A sample of public sector facility staff in Cape Town completed a questionnaire and underwent 3 tests for LTBI: (1) tuberculin skin test (TST) (skin induration > 10 mm) (2) Quantiferon-TB Gold In-Tube (QFT-GIT) and (3) TSPOT. TB test. These were repeated one year later and annual rate of test conversion calculated. Occupational factors associated with baseline LTBI and conversion were sought, adjusting for age and gender and stratified by primary care vs TB hospitals.

Results 505 staff participated from 7 facilities. LTBI prevalence was high: TST 84%; QFT-GIT 65%; and TSPOT. TB 60%. Predictors of positive TST in primary care were employment duration >20 years [OR = 4.17 (95% CI 1.12–15.62); hospital staff with training on self-protection from TB infection were less likely to test positive [OR = 0.38 (0.16–0.91)]. Predictors of a positive QFT-GIT test in primary care were involvement in sputum collection [OR = 3.25 (1.28–8.09)] and employment >20 years [OR = 2.42 (1.09–5.38)], while again there was a protective training effect in hospital staff [OR = 0.41 (0.22–0.77)]. Predictors of a positive TSPOT. TB in primary care were providing home-based care to TB patients [OR = 4.14 (1.60–10.70)], and, paradoxically, working at a facility which advocated cough etiquette [OR = 2.06 (1.04 – 4.10)] or provided surgical masks to coughing patients [OR = 3.65 (1.16 – 11.51)]. The conversion rates were: TST 38% (95% CI 24–55) and QFT-GIT and TSPOT. TB both 22% (15–30). There were no consistent occupational predictors of conversion.

Conclusion LTBI prevalence and conversion are very high in this population, suggesting occupational risk. Occupational factors included duration and intensity of exposure (primary care, sputum collection, home visits), suggesting targets for infection control. However, more research is needed on occupational risk.
A company wide KAP survey was conducted around HIV, but in this workplace, exposure to HIV through work exposures was also possible. In a high prevalence HIV country workers perceptions and behaviour around needlesticks play a role in the occupational health and safety.

Methods This survey was nested within the larger KAP survey which was distributed to all employees of the company with their pay slips. The questions covered knowledge of correct procedures to follow, likely hood to take prophylaxis and complete the course.

Results 1497 employees participated in the KAP survey which covered all regions of South Africa and represented all occupations within the company. One third of participants were only partly aware or not at all aware of the correct procedure to follow after a needlestick, and those who were unfamiliar wit the procedure were also more likely to over estimate the ideal window for starting post exposure prophylaxis. 33% of participants would only take PEP if the injury warranted it. These findings were significantly associated with education but not job category. Age also played a significant role in the perception of risk and compliance. Only 9% of staff reported a needlestick in the past 5 years but in a high prevalence HIV country these people are at high risk.

Conclusions The training of laboratory staff needs to be undertaken with focus on those with lower education levels to ensure understanding. This will allow all employees to have the best information around needlesticks and post exposure prophylaxis.

HEALTHCARE WORKERS AND OCCUPATIONAL EXPOSURE TO ANTINEOPLASTIC DRUGS IN ONCOLOGY WARDS

Objective To quantify levels of Ifosfamide (IF) in urine among healthcare workers in a hospital setting.

Methods This cross-sectional study identified 70 subjects who handled IF in oncology wards or antineoplastic drug preparing units at a medical school hospital. Their urine samples were collected at 1–2 hours prior to the end of each work shift, the levels of IF was determinate by gas chromatography mass spectrometer (GC/MS). Information on demographic information, work practice, work position, working station, medication timing and dosages including the time of urine collections was collected using self-administered questionnaires and personal interviews.

Results IF levels were detected in urine of 20 personnel (28.6% of total) with geometric mean of 3.6 ng/mL, arithmetic mean 43.6 ng/mL, min-max of 16–526 ng/mL. Among IF-positive subjects, 53.8% of workers with were in the age group of 41–60 years. Levels of IF were found in all subjects who were drug-preparing workers were found positive tests for IF. The levels of urine IF (geometric mean) were found to be of 526 ng/mL among the pharmacist assistants, 3.1 ng/mL for cleaning worker, 2.9 ng/mL for nurses, and 86.8 ng/mL for pharmacists.

Conclusions All groups of healthcare workers in the processes of anti-neoplastic medication especially among pharmacist assistants and cleaning workers. Although in a high standard protection against the oncological chemicals, health personnel are at risk of contaminations especially among professional assistants and general workers.