What is already known on this topic

Most countries now have guidelines that recommend prophylaxis after occupational and non-occupational exposure to bloodborne viruses outside hospital

In many cases protocols for prophylaxis are ad hoc and vary between hospitals or clinics, and it is not always clear to patients which clinics may or may not provide treatment

What this study adds

If all hospitals in one city use a single protocol that includes the same treatment for all exposures outside hospital, prophylaxis can be given more rapidly when necessary

The use of this protocol also makes it possible to refer all patients, after initial treatment, for counselling, tracing of sources, and follow-up, which leads to good compliance and registration of epidemiological trends

outside hospital. The municipal health service will continue to monitor all such exposures in Amsterdam.

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all viruses in one place). Therefore, since May 2004 all Amsterdam hospitals have participated in the protocol discussed here.

Next steps

To try to reduce side effects and improve compliance with HIV prophylaxis, as of January 2005 all hospitals and the municipal health service in Amsterdam will replace nelfinavir by atazanavir for all exposures

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Blended learning

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If you are thinking about setting up a course then you should think through these issues. What are the optimal blends to suit your learners? If you are running a course on cardiology for a group of registrars, then you should consider combining online learning content, so your students can learn knowledge; work based approaches for practical skills; and perhaps online discussion groups or face to face debates on ethical dilemmas, so that they can develop their feelings and attitudes. This is a good blend—you are using learning technology that is tailored to achieve the outcomes that you want. You have also concentrated

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