

PRACTICE OF EXPOSURE-PRONE MEDICAL PROCEDURES BY HEALTHCARE WORKERS LIVING WITH HIV OR HEPATITIS B

Dear Colleagues

Introduction

1. This letter sets out various arrangements in relation to the practise of exposure-prone procedures by healthcare workers living with HIV or Hepatitis B, following changes to policy in Scotland and across the UK.

HIV Positive Healthcare Workers

2. In August 2013, the Scottish Government announced a change in policy to remove restrictions on Healthcare Workers (HCW) with HIV who undertake Exposure-Prone Procedures (EPPs). This change brings Scotland into line with most other Western countries and reflects accumulated evidence that shows there is an extremely low risk of transmission from an infected HCW to a patient.

3. The new policy is that all HCWs with HIV who wish to perform EPPs must:

- be on effective combination antiretroviral drug therapy (cART) (special considerations apply for elite controllers);
- have a plasma viral load <200 copies/ml;
- be subject to plasma viral load monitoring every 12 weeks and;
- be under joint supervision of a consultant occupational physician and their treating physician.

4. In addition, HIV positive HCWs wishing to perform EPPs need to be registered on a confidential national register, the UKAP-OHR (UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses – Occupational Health Monitoring Register for BBV Infected HCWs).

**From the Chief Medical Officer
Sir Harry Burns MPH
FRCS(Glas) FRCP(Ed) FFPH**

Enquiries to:

Felicity Sung
St Andrew's House
EDINBURGH EH1 3DG
Tel: 0131-244 3817
Fax: 0131-244 2157
Felicity.sung@scotland.gsi.gov.uk

24 January 2014

SGHD/CMO(2014)2

Addresses

For action

NHS Boards Chief Executives
NHS Special Boards Chief Executives
NHS Board Occupational Health Directors
NHS Board Medical Directors
NHS Board Directors of Public Health
NHS Board Nurse Directors
NHS Board AHP Directors
NHS Board Pharmacy Directors
NHS Board HR Directors
NHS Board Chairs
Members of Scottish Partnership Forum
Members of Scottish Workforce and Governance Group
Members of Occupational Health and Safety Strategic Forum
NHS Board Executive Leads for Sexual Health and BBV
NHS Board HIV Clinical Leads
NHS Board Viral Hepatitis Clinical Leads

Further Enquiries

Dr Fortune Ncube
Ukap@phe.gov.uk or
fortune.ncube@phe.gov.uk

5. The UKAP-OHR will be managed by Public Health England (PHE) on behalf of the UK countries, and PHE is currently working to develop the register. An interim paper-based version of the UKAP-OHR will be available from Thursday 30 January 2014 to allow HIV positive HCWs to register and begin to perform EPPs as soon as possible. A web-based UKAP-OHR, which will also be managed by PHE, is in development and should be available from April 2014.

6. Public Health England (PHE) is also working, with Health Protection Scotland (HPS), to develop guidance on the implementation of this policy. Detailed interim guidance will be published on the PHE website [<https://www.gov.uk/government/organisations/public-health-england>] on Thursday 30 January 2014, with full updated guidance available from April 2014, at the same time as the web-based UKAP-OHR is available.

7. The decision to clear individual HCWs for work involving EPPs is the responsibility of a consultant occupational physician, in consultation with the treating physician. Consultant occupational physicians can consult an expert panel of HIV physicians experienced in management of HIV positive HCWs to help with this decision, if required. The following 3 specialist HIV physicians, Professor Brian Gazzard (London), Dr Keith Radcliffe (Birmingham) and Professor Clifford Leen (Edinburgh) have agreed to provide this service. In addition, UKAP may be consulted on the application of the policy, as needed.

8. In preparing for clearance to perform EPPs, HCWs are advised to:

- seek and register with a consultant occupational physician, who will provide their assessment for fitness to initiate or return to EPP work, and manage their registration on the UKAP-OHR
- for HCWs who are newly diagnosed and/or new to EPP work, HIV viral load test results will be needed from 2 identified and validated blood samples (IVS). These samples are to be taken no less than 12 weeks apart by a consultant occupational physician, with viral load levels below 200 copies/ml to ensure stable suppression of viral load
- for HCWs currently restricted from EPPs who are on cART with undetectable viral load (UDVL), one IVS at least 12 weeks since their last UDVL is sufficient proof on which to grant clearance for conducting EPPs.

HCWs with Hepatitis B (HBV)

9. The monitoring process for HCWs with HBV performing EPPs is also being updated. Currently, HCWs are monitored based on HBV DNA levels reported using the unit genome equivalents per ml (geq/ml). It has now become standard practice for HBV viral load assay results to be reported in international units per millilitre (IU/ml). The conversion factor between these 2 sets of units is 5. Therefore the cut-off of 103 geq/ml equates to 200IU/ml. All laboratories providing a testing service for HBV infected HCWs are requested to switch to reporting HBV DNA level results in international units per millilitre (IU/ml) from April 2014. All HBV infected HCWs performing EPPs will also need to be registered with the confidential national register, the UKAP-OHR. International units per ml will be used to register all HBV infected HCWs performing EPPs, on the UKAP-OHR.

10. Further information about the contents of this letter can be obtained from the UKAP Medical Secretary, Dr Fortune Ncube (Ukap@phe.gov.uk or fortune.ncube@phe.gov.uk)

Yours sincerely

Harry Burns

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