

***HIV Infection and Health Care Workers –
Recommended Guidelines***

Hong Kong Advisory Council on AIDS

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Correspondence

Address : 3/F, Wang Tau Hom Jockey Club Clinic
200 Junction Road East, Kowloon, Hong Kong

Tel : (852) 3143 7281

Fax : (852) 2337 0897

E-mail : aca@dh.gov.hk

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Preface

The Hong Kong Advisory Council on AIDS formulated the “*HIV Infection and the Health Care Workers – Recommended Guidelines*” in 1994, which was subsequently updated and reprinted in 2003. As scientific knowledge expanded and new developments took place both internationally and locally over the last decade, the Council has reviewed and revised the Guidelines accordingly. In the process, the views and feedback of a variety of stakeholders including those in the HIV and health care fields were actively sought. The public was also consulted before the Guidelines (October 2013) were finalised. The invaluable input of these organizations and individuals is gratefully acknowledged. In October 2015, this Guidelines saw further update on the current operation of the Expert Panel on HIV Infection of Health Care Workers, and time-limited information was removed.

The Guidelines aims to provide relevant and concise information and guidance for addressing the complex and sensitive subject of HIV infection and health care workers. I hope that it serves as a useful practice reference in our local setting for individuals as well as institutions. The Council will continue to monitor overseas and local developments for future recommendations.

Dr Susan FAN, JP
Chairperson
Hong Kong Advisory Council on AIDS
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(1) BACKGROUND

1.1

AIDS (Acquired Immunodeficiency Syndrome) is caused by the human immunodeficiency virus (HIV). Since the syndrome was first described in 1981, it has rapidly spread across the world. An estimated 36.9 million people were living with HIV worldwide in 2014. (The Joint United Nations Programme on HIV/AIDS (UNAIDS))

1.2

HIV is transmitted through three routes: (a) sexual contact with an HIV-infected person; (b) exposure to contaminated blood and body fluids; and (c) from an infected mother to her baby. Worldwide as well in Hong Kong, sex between men and heterosexual contact are the most prevalent modes of transmission. Injecting drug use is also an important risk factor in some countries.

1.3

HIV infection has been uncommonly reported to occur in health care settings by exposure to contaminated blood through percutaneous injuries or mucous membranes. The estimated risk of contracting the virus after needlestick injuries with exposure to infected blood is about 0.3%.

1.4

Substantial overseas literature and experience indicate a very low risk of health care worker-to-patient HIV transmission. Worldwide there have been only four reports of transmission of HIV from infected and untreated health care workers. Over 30 lookback investigations in the United Kingdom involving about 10000 patients cared for by infected workers throughout many years had not identified any case of transmission. The overall risk of HIV transmission to patient has been estimated to be one in a few million even with the most invasive procedures. A local lookback investigation conducted in 2012 for 132 patients did not identify positive case.

(2) GENERAL PRINCIPLES

2.1

Given the extremely low risk of HIV transmission in the health care setting, standard precautions in handling blood and other body fluids is generally advocated as the most effective measure in minimising the chance of infection.

2.2

Health care workers should seek appropriate counselling, testing and follow up if they have reason to suspect that they are infected. They are professionally obliged to exercise duty of care and protect the safety of their patients. It would be unethical if they fail to do so and put patients at risk. International authorities recommend that voluntary instead of mandatory HIV testing is the best way of encouraging people at risk of infection to seek counselling and appropriate treatment.

2.3

HIV infected health care workers should receive treatment, care and monitoring of HIV disease. With the antiretroviral treatment advances and good prognosis of early HIV diagnosis followed by appropriate treatment and care nowadays, there is clear benefit of early HIV testing followed by proper clinical management to the health of individuals (including health care workers) who may have been exposed to HIV (**see reference 1**). Lowering the viral load of the infected, which is possible for most patients who adhere to treatment, also contributes to the prevention of onward transmission at population level.

2.4

Health care workers are generally not required to disclose their HIV status to their patients or employers. Disclosure, if any, should be made on a need-to-know basis and with the worker's consent. Maintaining confidentiality is not only necessary to protect individual privacy, it is also essential for encouraging health care workers (either infected or at risk of infection) to come forward for proper counselling and management.

2.5

Currently, restricting the practice of health care workers on the basis of HIV status alone is not warranted. Job restriction or modification, if any, should be determined on a case-by-case basis. The need for such restriction may evolve with medical advances, epidemiological changes, international recommendations and local experiences.

(3) GUIDELINES

3.1 Enforcement of Infection Control

Preventing HIV transmission is but one component in a health care institution's overall infection control mechanism (**see reference 2**). This involves but is not limited to:

- ✓ Sound infection control practices to be implemented at all levels, taking into consideration factors unique to individual settings;
- ✓ Multidisciplinary infection control committee to develop, promulgate and update infection control policies;
- ✓ Written infection control guidelines on standard precautions for preventing the spread of blood-borne pathogens;
- ✓ Quality control measures;
- ✓ Infection control training; and
- ✓ Support and assistance at the institutional/employer level.

On a broader front, the subject of infection control should be an integral part of undergraduate, pre-registration and/or pre-employment training for all health care workers who may come into contact with blood/body fluids. Regular courses tailored to the infection control needs of individual specialties should be organised by professional bodies, academic and training institutions, as well as employers and relevant government departments.

3.2 Standard Precautions against Blood / Body Fluid Exposure

Adherence to standard precautions reduces the risk of direct exposure to blood and/or body fluids including amniotic fluid, pericardial fluid, pleural fluid, peritoneal fluid, synovial fluid, cerebrospinal fluid, semen and vaginal secretion. The risk of HIV transmission from faeces, saliva, nasal secretion, sputum, sweat, tears, urine and vomitus without overt blood staining is negligible, and good simple hygienic measures should be sufficient. Prompt and proper management including post-exposure prophylaxis as indicated should be sought by injured health care workers after occupational exposure such as needlestick injury (**see reference 3**).

3.3 HIV Counselling & Related Services for Health Care Workers

Information and counselling on HIV should be made easily available and readily accessible for all health care workers, in particular those who may have been exposed to HIV through self/partner risk behaviours, occupational accidents or other modes. The importance of voluntary and confidential counselling and HIV testing should be emphasised and promulgated by the employers and professional bodies. Currently both the AIDS Counselling & Testing Service of the Department of Health and non-governmental organisations provide free and anonymous HIV counselling and testing services (**see reference 4**).

3.4 Rights & Responsibilities of HIV Infected Health Care Worker

3.4.1 Confidentiality

In general, health care workers are not required to disclose their HIV status to their employers or patients. HIV infection and AIDS are not notifiable diseases by law in Hong Kong, and reporting is voluntary. Upholding confidentiality of HIV infected individuals is the key to effective prevention and control. There are, however, occasions where the HIV status has to be made known on a need-to-know basis, and this will normally be with the consent of the infected worker. For example, doctors or other specialists involved in evaluating an infected health care worker may need to know his HIV status. In exceptional circumstances, breach of confidentiality by the attending doctor or others may be warranted, for instance when an HIV infected health care worker refuses to observe the restrictions and places patients at risk.

3.4.2 Right to Work

The status and rights of an HIV infected health care worker as an employee should be safeguarded. If work restriction is required, the employer should make arrangement for alternative work, with provision for retraining and redeployment.

3.4.3 Professional Ethics

An HIV infected health care worker should seek appropriate care, treatment and counselling and act upon them, so as to maintain optimal health and prevent spread of the infection to patients and others. It is professionally unethical if one fails to do so as patients are put at risk. The attending doctor of an HIV-infected health care worker should also make anonymous referral to seek the advice of the Expert Panel on HIV Infection of Health Care Workers (Expert Panel) on the areas of management and possible need for job restriction / modification (**Appendix I**). The

doctor who has counselled an HIV infected health care worker on job modification and who is aware that the advice is not being followed and patients are put at risk, has a duty to inform the relevant professional governing bodies, e.g. Medical Council, Dental Council, for appropriate actions.

3.4.4 Expert Panel

The attending doctor should engage the HIV-infected health care worker in referring the case to the Expert Panel formed by the Director of Health. The Expert Panel will undertake a case-by-case evaluation to decide whether job restriction or modification is warranted. Multiple factors that can influence risk and work performance would be considered, including viral load, risk analysis of work activities, procedural techniques, skills and experience of the worker.

3.5 Risk Communication

The issue of HIV transmission in health care setting has raised much public concern despite the minimal risk involved. The health care profession has the duty to educate the public on HIV transmission and prevention, to dispel misconceptions and to reduce social stigma and discrimination associated with HIV. At the same time, society expects the health care profession to protect patient interests and to exercise their duty of care. The mechanisms in place locally, viz. adoption of standard infection control practices, ready availability and accessibility of quality HIV testing and treatment services, promulgation of professional guidelines, and operation of an Expert Panel all contribute to minimising the risk of HIV transmission in the health care setting. This message should be clearly communicated to reassure the public and allay unnecessary fear.

Local References:

1. Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. Recommended Principles of Antiretroviral Therapy in HIV Disease. February 2011. (Available at http://www.chp.gov.hk/files/pdf/recommended_principles_of_antiretroviral_therapy_in_hiv_disease_r.pdf)
2. Scientific Committee on AIDS and STI, Advisory Council on AIDS & CHP. Recommendations on infection control practice for HIV transmission in health care settings. January 2005. (Available at <http://www.info.gov.hk/aids/pdf/g139.pdf>)
3. Scientific Committee on AIDS and STI, and Infection Control Branch, CHP, DH. Recommendations on the management and postexposure prophylaxis of needlestick injury or mucosal contact to HBV, HCV and HIV. January 2014. (Available at http://www.chp.gov.hk/files/pdf/recommendations_on_postexposure_management_and_prophylaxis_of_needlestick_injury_or_mucosal_contact_to_hbv_hcv_and_hiv_eng_r.pdf)
4. Advisory Council on AIDS and the Scientific Committee on AIDS and STI, CHP, DH. Principles of consent, discussion and confidentiality required of the diagnostic HIV test. July 2011. (Available at http://www.chp.gov.hk/files/pdf/principles_of_consent_discussion_and_confidentiality_required_of_the_diagnostic_hiv_test_r.pdf)

Expert Panel on HIV Infection of Health Care Workers

Background

Transmission of blood-borne pathogens, e.g. HIV, though a rarity, can occur in health care settings. Adherence to standard infection control practices is crucial to minimise blood-borne pathogen transmission. The risk of HIV infection after a health care worker sustains needle stick injury with HIV-contaminated blood is about 0.3%. Moreover, substantial scientific literature and overseas experience indicate a very low risk of health care worker-patient HIV transmission. For example, lookback investigations in the United Kingdom involving about 10000 patients cared for by infected workers throughout many years had not identified a single case of transmission. In Hong Kong, there has been no report of HIV infection as a consequence of patient-to-provider or provider-to-patient transmission. Nevertheless, HIV infected health care workers should be assessed and receive advice so as to safeguard the health of patients and the health care workers.

The Expert Panel

The Expert Panel on HIV Infection of Health Care Workers (Panel) was formed in 1994 by appointment by the Director of Health, under the recommendations of the document *HIV Infection and the Health Care Workers - Recommended Guidelines* published by the Hong Kong Advisory Council on AIDS. The Special Preventive Programme of the Centre for Health Protection, Department of Health provides secretariat support to the Panel. The Panel serves to assess anonymous referrals from the attending doctors of infected health care workers, and provide advice on the need of job modification and lookback investigation on a case-by-case basis. The Panel, by its nature of providing expert advice, does not have the legal or administrative authority to execute the recommendations but would monitor compliance with the recommended conditions in cases of assessed health care workers who will perform exposure prone procedures. All information is treated in strict confidence, as the Panel acknowledges the importance of upholding confidentiality in encouraging health care workers to seek appropriate HIV counseling, testing, care and assistance.

Its terms of reference

- (a) To assess and advise on job modification of HIV-infected health care worker on a referral basis;
- (b) To relay case recommendations to the referring doctor, the respective professional body and the Director of Health;

- (c) To advise Director of Health on the need of conducting lookback and other public health intervention for cases assessed; and
- (d) To keep under review international development on the management of HIV infection in health care workers, and to update professional bodies of the development as appropriate.

Its work

Over the years, the Panel has worked on the following:

- (a) set up a referral system to provide advice to attending doctors of HIV infected health care workers, assess referred cases and issue recommendations;
- (b) issue reminders to health care professions (through writing to professional councils) drawing their attention to the need to observe the guidelines on HIV infection and health care workers, as well as the work of the Panel;
- (c) monitor closely international development on the subject of HIV infection and health care workers; and
- (d) submit reports to the Director of Health on the progress of its work, including an account of infected health care workers referred to the Panel for advice.

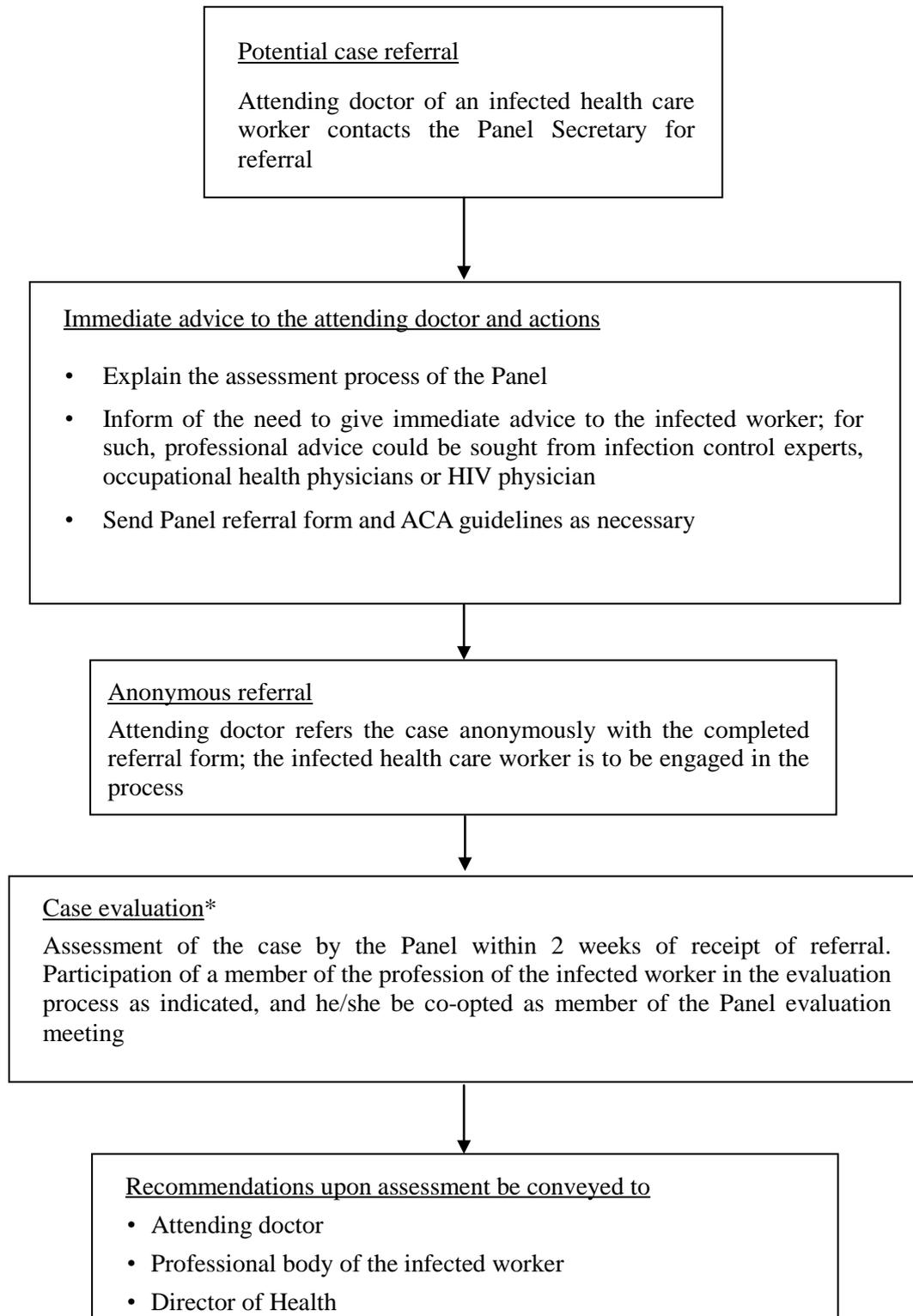
Over the years, infected health care workers who have been assessed by the Panel belong to a variety of professions, including medical, nursing, dental and allied health. The Panel has always maintained confidentiality of the cases assessed. According to global experience and international guidelines, the risk of health care worker-to-patient HIV transmission is extremely rare. Based on the latest international guidelines, an HIV infected healthcare worker may be allowed to perform a variety of medical procedures (including exposure prone procedures) if certain conditions are met.

Contacting the Panel

The Panel can be contacted through its Secretary, Consultant of Special Preventive Programme, at 3/F, Wang Tau Hom Jockey Club Clinic, 200 Junction Road East, Kowloon, HONG KONG, Tel: (852) 3143 7289; Fax: (852) 2780 9580.

For more information about the Panel, please visit <http://www.info.gov.hk/aids/english/hcw.htm>.

Workflow of the Panel



**The need for lookback investigation of past patients will be assessed. The approach should be risk-based, taking into consideration multiple factors including scientific data, past experiences and relevant case information. Other local and overseas expert might be engaged. Confidentiality of the infected worker has to be safeguarded.*

Appendix II

Useful local telephone numbers and websites

| | |
|---|--|
| Expert Panel on HIV Infection of Health Care Workers | 3143 7289 |
| AIDS Hotline, Department of Health | 2780 2211 |
| Integrated Treatment Centre, Department of Health | 2117 0896 |
| AIDS Clinical Service, Queen Elizabeth Hospital | 3506 5855 |
| Infectious Disease Special Medical Clinic, Princess Margaret Hospital | 6461 0613 |
| Occupational Health Clinic | |
| Kwun Tong | 2343 7133 |
| Fanling | 3543 5701 |
| Therapeutic Prevention Clinic, Department of Health | 2116 2929 |
| PEP clinic, PMH | 2990 2065, 6461 0613 |
| Hong Kong Virtual AIDS Office | www.aids.gov.hk |
| Hong Kong Advisory Council on AIDS | www.aca.gov.hk |
| Hong Kong Coalition of AIDS Service Organizations | www.hkcaso.org.hk |
| Public Health Laboratory Centre - | |
| http://www.chp.gov.hk/files/pdf/grp-specimenhandbook-en-2004122802.pdf | |