



## **Guidelines on transmissible major viral infections**

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| <p>1 The most effective means of preventing Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) transmission in health care settings is by strict adherence to standard (universal) precautions and established infection control practices. These decrease the opportunity of direct exposure to blood and body fluids for both health care workers and patients. To increase public and practitioner safety the undergraduate courses in medicine must include adequate education in the appropriate infection control and occupational health and safety techniques and procedures.</p> <p>2 All patients who may have been exposed to HBV, HCV and HIV through personal risk behaviour, exposure to blood products or occupational accidents should be advised to seek testing in order to know their own serological status.</p> <p>All doctors who may have been exposed to HBV, HCV and HIV through personal risk behaviour, exposure to blood products or occupational accidents should seek testing in order to know their own serological status.</p> <p>All doctors who perform exposure-prone procedures should be tested to determine whether they:</p> <ul style="list-style-type: none"><li>(a) have HBV infection, or</li><li>(b) are susceptible to HBV infection, or</li><li>(c) are already immune to HBV infection.</li></ul> | <p>All doctors should be encouraged to be vaccinated against HBV where appropriate (ie if not immune and not infected), and retested to confirm immunity following vaccination.</p> <p>3 Doctors found to be HBV infected should be tested to determine whether they are highly infectious (ie HBeAg or HBV DNA positive). Doctors who have HBV infection and are HBeAg or HBV DNA positive should not perform exposure-prone procedures. The decision to prevent such a doctor from performing exposure-prone procedures should be taken by an expert panel after reviewing all relevant information.</p> <p>4 HBV, HCV or HIV infection alone does not justify either refusing registration of a doctor or limiting professional duties. Limitations, if any, should be determined on a case-by-case basis after consideration of the factors that influence transmission risk, including inability or unwillingness to comply with infection control standards or functional impairment which interferes with professional performance.</p> <p>5 In view of the lower risks of transmission doctors who have HBV infection, but are HBeAg and HBV DNA negative, <u>may</u> be allowed to continue to perform exposure-prone procedures. The decision to allow such doctors to continue to perform exposure-prone procedures should only be made after consideration by an expert review panel and counselling of the HCW by member(s) of that panel.</p> <p>6 Doctors who are not HBV infected (ie HBsAg negative) and who fail to</p> |
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produce protective levels of antibody following vaccination (ie anti HBs>10) should be referred for specialist advice (eg consideration of alternative methods of vaccine administration) and offered HBV specific immunoglobulin following recognised episodes of exposure to HBV infection.

- 7 Doctors who know or believe themselves to be infected with HBV, HCV, or HIV could put patients at risk and so must seek appropriate counsel and act upon that advice. This advice could include a requirement not to practise, or to limit practice in certain ways. No doctor with such infection should continue in clinical practice merely on the basis of his/her own assessment. It is unethical, and could be deemed professional misconduct, for a doctor so infected to act in a way that puts a patient at risk.
- 8 A doctor who has counselled an HBV, HCV, or HIV infected doctor to modify practice in order to safeguard patients, and who is aware that this advice is not being followed, has the duty to inform the Medical Council or its Health Committee that the fitness to practise of that doctor may be seriously impaired. If non-compliance continues it may be necessary for the Council to use its full jurisdiction to impose conditions upon the registration of that doctor.
- 9 Mandatory screening of doctors for HBV, HCV, or HIV is not recommended; in the present state of medical knowledge this is not justified by the very low risk of transmission from health care workers to patients. Those doctors who perform exposure-prone procedures have a responsibility to know their HBV, HCV and HIV status.
- 10 Requiring doctors to inform patients that they themselves are infected with HBV, HCV, or HIV would only serve as a deterrent to their seeking voluntary testing and medical evaluation. A doctor, like any other person, has a right to privacy and confidentiality where there is no risk to the public.

- 11 The Medical Council will maintain a list of doctors who are prepared to act as consultants to advise doctors or students as to how they may need to limit their practice when suffering from HBV, HCV, or HIV.

#### Notes:

##### \* **Exposure-prone procedures**

Exposure-prone procedures are characterised by the potential for direct contact between the skin (usually finger or thumb of the doctor) and sharp surgical instruments or needles in body cavities or in poorly visualised or confined body sites including the mouth.

December 1998