

**Reprint of**

***HIV Infection and the Health Care Workers -***

***Recommended Guidelines***

***ACA, 1994***

**Advisory Council on AIDS**

**December 2003**

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## Preface

Ten years has passed since the publication of the *HIV Infection and Health Care Workers: recommended guidelines* by the Advisory Council on AIDS in 1994. Scientific evidence cumulated in the last decade has reconfirmed that transmission of HIV in health care setting through infected health care worker could occur but the risk is extremely small. Nevertheless, the subject cannot be taken lightly, given its complexity and potential adverse consequences.

The principles enshrined in the 1994 Guidelines have clearly stood the test of time. In this reprint of the Guidelines, the Appendices have been brought updated and a workflow of the newly appointed Expert Panel is included. All health care workers are advised to adopt the practice contained in the guidance for addressing this delicate issue of HIV infection in health care workers. Attending physicians of HIV infected health care workers are reminded to seek advice from the Expert Panel, in the event that a diagnosis is made. I believe that the Guidelines would also be useful to the many professional bodies and organizations in the handling of HIV infected health care workers in Hong Kong.

I wish to thank all members of the Advisory Council on AIDS for their contribution in supporting the formulation of effective strategy in HIV prevention and care, and the hard work of the outgoing Expert Panel in the past ten years.

(Dr. Homer Tso)  
Chairman of the Advisory Council on AIDS  
December 2003

## **HIV infection and the health care workers – recommended guidelines**

### (1) BACKGROUND

#### 1.1

AIDS (Acquired Immunodeficiency Syndrome) is caused by a retrovirus named HIV, the human immunodeficiency virus. The syndrome, characterised by development of complications like opportunistic infections or tumours, was first described in 1981 in the USA. The human race is now hard hit by the pandemic. An estimated total of 15 million people worldwide have already been infected so far.

#### 1.2

HIV is transmitted largely through three routes: (a) sexual contact with an HIV-infected person, (b) exposure to contaminated blood and needles, and (c) perinatally from an infected mother to her baby. Worldwide over three-quarters of the infection have been contracted through sex, and largely heterosexual contacts.

#### 1.3

HIV infection has been reported to occur in health care settings by exposure to contaminated blood through cutaneous injuries or mucous membranes. The estimated risk of contracting the virus after such injuries or exposure to infected blood is 0.4%.

#### 1.4

The chance of HIV transmission from an infected health care worker to his / her client is much lower. The CDC (Centre for Diseases Control) in Atlanta has reported that six patients of an HIV-positive dentist in Florida were infected since 1990. There is still controversy as to how the transmission has occurred but this is the only case documented so far. In other 'look-back' studies of over 15000 clients of 32 HIV infected health care workers, including dentists and surgeons, none was found to have caught the virus.

#### 1.5

Taken the extremely low risk of HIV transmission in the health care setting, universal precaution in handling blood and other body fluids was generally advocated as the most effective measure in further minimising the chance of infection. HIV has been isolated from blood, semen, saliva, tears, urine, vaginal secretion, cerebrospinal fluid,

synovial fluid, breast milk and amniotic fluid of infected individuals. However only blood, blood products, semen, vaginal secretion and breast milk have been linked to HIV transmission.

## **(2) GENERAL PRINCIPLES**

### 2.1

The most effective means of preventing HIV transmission in health care setting is through adherence to universal precautions, thereby decreasing the risk of direct exposure to blood and/or body fluids.

### 2.2

Voluntary instead of mandatory HIV testing is the best way of encouraging people (including health care workers) at risk of infection to seek counselling and appropriate treatment.

### 2.3

Health care workers should consider receiving counselling and HIV antibody testing if they have reason to suspect that they have been infected.

### 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 consent of the worker. Maintaining confidentiality is one way to prevent interference with individual privacy. It is also essential in encouraging the health care workers (either infected or at risk of infection) to receive proper counselling and management.

### 2.5

Currently there is no justification for restricting practice of health care workers on the basis of the HIV status alone. Restriction or modification, if any, should be determined on a case-by-case basis.

## **(3) GUIDELINES**

### 3.1

#### *Enforcement of Infection control*

The best way of preventing blood-borne diseases is to treat all blood (and certain body fluids) as potentially infectious. Universal precautionary measures should be adopted when handling blood, 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 extremely low, and good simple hygienic measures should be sufficient.

Sound infection control practice with appropriate quality assurance should be implemented at all levels, taking into consideration factors unique to individual setting.

***(a) Infection control committee***

Rapid advancement in medicine and technology has meant that it is essential to keep updated on issues relating to infection control practice. Infection control committee should efficiently serve the functions of developing, promulgating and updating infection control policies in each institution and for each clinical specialty.

***(b) Written infection control guidelines***

Written infection control guidelines on universal blood/body fluid precaution should be developed and periodically updated in all health care settings – by infection control committees or equivalents for institutions/government departments and by professional bodies for health care professionals in private and solo practice.

***(c) Infection Control training***

The subject of infection control should be made an integral part of undergraduate, pre-registration or pre-employment training for all health care workers who may come into contact with blood/body fluids. Similarly regular courses tailored to the infection control needs of individual specialties, should be organised by professional bodies, universities/polytechnics as well as relevant government departments. It should be made known that those who fail to use appropriate infection control techniques to protect patients may be subject to charges of professional misconduct by the relevant governing body.

***3.2 HIV Counselling & related services for health care workers***

Information and counselling should be made easily available for health care workers who may have been exposed to HIV through risk behaviour, exposure to contaminated blood/blood products or occupational accidents. The importance of voluntary, confidential and anonymous counselling and HIV testing should be underlined.

### ***3.3 Rights & responsibilities of HIV infected health care worker***

#### ***3.3.1 Confidentiality***

In general, health care workers are not required to disclose their HIV status to their employers or clients. HIV infection and AIDS are not notifiable diseases by law in Hong Kong, and reporting is on a voluntary basis. 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 specialists involved in evaluating an infected health care worker may need to know his HIV status. In exceptional circumstances, breach of confidentiality may be warranted, for instance when an HIV infected health care worker refuses to observe the restrictions and patients have been put at risk.

#### ***3.3.2 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, employers should make arrangement for alternative work, with provision for retraining and redeployment.

#### ***3.3.3 Ethical issues***

An HIV infected health care worker should seek appropriate counselling and to act upon it when given. It is unethical if one fails to do so as patients are put at risk. The attending doctor of an HIV-infected health care worker should seek the advice of the expert panel formed by the Director of Health on the areas of management and possible need for job modification. The doctor who has counselled an HIV infected colleague 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 Medical/Dental Council for appropriate action.

#### ***3.3.4 Source of advice***

Referral to the expert panel should be made by the health care worker's attending physician. Formed by the Director of Health, the panel shall decide on whether job modification, limitation or restriction is warranted. A case-by-case evaluation would be undertaken considering multiple factors that can influence risk and work performance.

### ***3.4 Responding to the public***

The issue of HIV transmission in health care setting has caused much public concern despite the minimal risk incurred. Focusing on health care setting in fact deflects the society from proper attention to the major transmission routes through sex and drug

abuse. The health care profession has the duty of constantly reassuring the public, and to educate the clients on how HIV can and cannot be contracted. More importantly, the public looks on the health care profession as an example of how AIDS should be dealt with. By adhering to the guidelines for prevention of HIV infection in the health care setting, public fear can be allayed.

**Advisory Council on AIDS**

The Advisory Council on AIDS (ACA) was first appointed by the government in 1990. The current term is from 2002 to 2005, with the following terms of reference.

- To keep under review local and international trends and development relating to HIV infection and AIDS;
- To advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and
- To advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA was underpinned by three Committees, namely:

1. Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)
2. AIDS Prevention and Care Committee (APCC)
3. Scientific Committee on AIDS (SCA)

The current membership of ACA is:

|                          |  |
|--------------------------|--|
| <b>Chairman :</b>        | Dr TSO Wei-kwok, Homer, <i>JP</i>                        |
| <b>Vice-Chairman :</b>   | Director of Health                                       |
| <b>Members :</b>         | Ms CHAN Yu   |
|                          | Prof CHEN Char-nie, <i>JP</i>                            |
|                          | Rev CHU Yiu-ming   |
|                          | Prof CHEUNG Mui-ching, Fanny                             |
|                          | Dr FAN Yun-sun, Susan                                    |
|                          | Ms FANG Meng-seng, Christine                             |
|                          | Prof HO Suk-ching, Sara                                  |
|                          | Prof LAM Tai-hing  |
|                          | Prof LAU Yu-lung   |
|                          | Dr LI Chung-ki, Patrick, <i>BBS</i>                      |
|                          | Prof MAK Ping-see, Diana                                 |
|                          | Dr TAN Richard   |
|                          | Mrs WONG IP Wai-ying, Diana                              |
|                          | Prof WONG Lung-tak, Patrick, <i>JP</i>                   |
|                          | Chief Executive of Hospital Authority or Representative  |
|                          | Director of Social Welfare or Representative             |
|                          | Secretary for Education and Manpower or Representative   |
|                          | Secretary for Health, Welfare and Food or Representative |
| <b>Secretary :</b>       | Dr LEE Shui-shan   |
| <b>Special Advisor :</b> | Dr Tim BROWN – Special Advisor to APCC                   |
|                          | Ms SHEN Jie – Special Advisor to SCA                     |

## Appendix II

### Useful telephone numbers and websites

|   |  |
|---|--|
| Expert Panel of HIV Infection and Health Care Workers     | 2780 4390  |
| AIDS Hotline  | 2780 2211  |
| Integrated Treatment Centre                               | 2116 2898  |
| Special Medical Service, Queen Elizabeth Hospital         | 2958 6571  |
| Occupational Health Clinic                                | 2343 7133  |
| HIV antibody test, Public Health Laboratory Centre        | 2319 8250  |
| Therapeutic Prevention Clinic, Department of Health       | 2116 2929  |
| T lymphocyte subset test, Public Health Laboratory Centre | 2319 8234  |
| Hong Kong Virtual AIDS Office                             | <a href="http://www.aids.gov.hk">www.aids.gov.hk</a> |
| Hong Kong Advisory Council on AIDS                        | <a href="http://www.aca-hk.com">www.aca-hk.com</a>   |

**Proposed workflow of Expert Panel on HIV Infection of Health Care Workers  
(2004-2006)**

