British HIV Association
BHIVA

Secretariat: Mediscript Ltd
1 Mountview Court · 310 Friern Barnet Lane · London N20 0LD
Tel: +44 (0)20 8369 5380 · Fax: +44 (0)20 8446 9194 · Email: bhiva@bhiva.org · Web: www.bhiva.org

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Department of Health
For the attention of the HIV Healthcare Consultation Team
Room 531
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Sent by email to: hivhcwsconsultation@dh.gsi.gov.uk

Re: Management of HIV infected health workers: a paper for consultation

1. The British HIV Association (BHIVA) is pleased to respond to the Department of Health on this matter. BHIVA is the leading professional association for clinicians' specialising in the care of people living with HIV in the UK. BHIVA is the leading UK association representing approximately 1,000 professionals in HIV care. Founded in 1995, the Association is committed to providing excellence in the care of those living with and affected by HIV. BHIVA acts as a national advisory body to professions and other organisations on all aspects of HIV care, provides a national platform for HIV care and contributes representatives for international, national and local committees dealing with HIV care. BHIVA works to promote HIV related undergraduate, postgraduate and continuing medical education.

2. BHIVA welcomes and supports the recommendations of the Tripartite group to amend the guidance on the range of clinical activities that healthcare workers (HCWs) who are living with HIV can undertake. Overall the proposed recommendations are entirely sensible and reflect the current state of knowledge on transmission risk, HIV treatment and prevention. Much has changed since the original guidance was developed and the revised guidance reflects the significant advances in treatment and care for HIV.

3. BHIVA believes that the implementation of the proposals in the consultation document for appear to be robust and broadly appropriate.

4. There will, in certain situations, be a tension between the treatment needs imposed on HIV positive HCWs by their professional roles and responsibilities and their immediate clinical needs. The document states that HCWs will only be permitted to undertake exposure prone procedures if they are on effective ARVs with a viral load below 200copies/ml. Inevitably there will be HCWs with high Cd4 counts that do not need ARVs for their own well being that will be required to take medication if they wish to work in these clinical settings. The pros and cons of ARVS and such treatment decisions need to be clearly understood by the HCW. This would be most appropriately undertaken by the treating physician rather than occupational health services.

5. Sharing clinical data between occupational health physicians and specialist HIV clinicians about HIV positive HCWs has potential risks and will need to be carefully managed. Many smaller health care setting have a limited occupational health service and there will need to be capacity building within the occupational health teams to manage these situations effectively and safely. Although laboratory results and data on drug therapy will need to be shared, it is important that HCWs who have HIV infection enjoy the same levels of medical confidentiality as others with HIV who are not HCWs and that only those details of immediate relevance to the workplace are shared.

6. The importance of surveillance is recognised and supported in this context and, assuming their functions are not undermined by the current NHS reorganisation, the Health Protection Agency/Public Health England would be best placed to undertake this. Maintaining appropriate levels of confidentiality will be crucial if the trust of HCWs is to be maintained. Mechanisms for anonymisation of data, relating both to the personal details of the HCW and to the healthcare organisations in which they work, will be required within a surveillance system.

7. We are aware that there may be public anxiety about this change in practice. Careful briefing and education on the background to the new recommendations for the media as well as for non specialist health care professionals in both primary and secondary care would help support the proposals.

8. In summary, with minor concerns about aspects of implementation and surveillance, together with a need for capacity building within occupational health services, BHIVA is in support of the proposed changes.

Yours sincerely

Professor Jane Anderson
Chair
British HIV Association