

From the Chief Medical Officer
Dr Michael McBride

HSS(MD)28/2017



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Chief Executives HSC Trusts (*for onward cascade to all relevant staff*)

Chief Executive PHA (*for onward cascade to all relevant Public Health Staff*)

Chief Executive HSCB (*for onward distribution to all General Practitioners, Practice Managers and General Dental Practitioners*)

All General Practitioners and GP Locums (*for onward distribution to relevant practice staff*)

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Your Ref:

Our Ref: HSS(MD)28/2017

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Dear Colleagues,

NEW GUIDANCE PUBLISHED ON THE HEALTH CLEARANCE AND MANAGEMENT OF HEALTHCARE WORKERS INFECTED WITH HIV, HEPATITIS B OR HEPATITIS C (2017)

ACTION REQUIRED

HSC Trust Chief Executives should ensure that this information is cascaded to all healthcare workers, and in particular drawn to the attention of Consultants in GUM, Consultant Virologists, Consultant Hepatologists and Occupational Health Physicians.

HSCB should ensure that this information is cascaded to all General Practitioners and Practice Managers for onward distribution to all primary care staff; and also to all General Dental Practitioners.

A new guidance document '**Integrated Guidance on the Management of Healthcare Workers Infected with Bloodborne Viruses (HIV, Hepatitis B and/or Hepatitis C) (2017)**' which brings guidance previously found in a number of separate publications into a single place is now available at:

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

The guidance provides up-to-date, evidence-based recommendations intended to reduce the risk of healthcare worker-to-patient transmission of blood borne viruses. It also provides advice on key operational and service delivery issues that need to be addressed to ensure healthcare workers infected with bloodborne viruses who perform exposure prone procedures (EPPs) are managed safely. A quick reference guide for the management of common situations is also included on the website.

The documentation combines and replaces several existing sources of guidance (outlined on page 10, section 1.2) and provides detailed guidance on:

- Health clearance for Hepatitis B, Hepatitis C and HIV for new healthcare workers.
- The management of healthcare workers infected with hepatitis B, Hepatitis C and/or HIV, including monitoring arrangements for those performing EPPs.
- Guidance and arrangements for undertaking patient notification exercises following the diagnosis of healthcare workers with Hepatitis B, Hepatitis C and/or HIV including definitions of EPPs.
- Roles and responsibilities of the UK Advisory Panel for healthcare workers with bloodborne viruses (UKAP) and other parties involved in the management of healthcare workers infected with Hepatitis B, Hepatitis C and/or HIV.

The guidance is primarily aimed at occupational health services, but is of relevance to all healthcare workers across health and social care including independent contractors. The sections on public health management of healthcare workers infected with a bloodborne virus will also be of interest to health protection and public health teams.

While this guidance does not represent a policy change, there are some new elements including:

- The concept of ‘exposure-prone environment’ has been added (Part A – Chapter 2).
- There are changes in the arrangements for testing and reporting of results for Hepatitis B (Part A - Chapter 4); these are summarised in Appendix 1.
- Additional information has also been published for the first time about arrangements for patient notification exercises, including how best to contact patients and advice for establishing a helpline (Part E – Chapters 13-15).

Further updates to the guidance are anticipated, so we would commend you to consult the most up-to-date version. It should also be noted that updated UKAP guidance has been developed for the categorisation of EPPs for Ear, Nose and Throat (ENT) and Oral and Maxillofacial Surgery (OMFS) Exposure Prone Procedure (EPP) Categorisation. These are available at

<https://www.gov.uk/government/publications/ent-and-omfs-exposure-prone-procedure-categorisation>

Further information about the guidance, health clearance and the management of healthcare workers infected with bloodborne viruses can be obtained from the UKAP Medical Secretary via ukap@phe.gov.uk. Local queries regarding the guidance can also be directed to Dr Naresh Chada at the Department of Health, Northern Ireland at Naresh.Chada@health-ni.gov.uk

Yours sincerely

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Professor Charlotte McArdle
Chief Nursing Officer

Mr Simon Reid
Chief Dental Officer

Circulation List

Executive Medical Director/Director of Public Health, Public Health Agency (*for onward distribution to all relevant health protection staff*)

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This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

Appendix 1. Hepatitis B diagnostic cut-off and changes to designated laboratory status

Previous guidance for hepatitis B (HBV) infected healthcare workers specified a cut-off of 10^3 geq/mL, above which healthcare workers were not allowed to perform exposure prone procedures. HBV DNA testing was restricted to two designated laboratories, (the West of Scotland Specialist Virology Centre and the Public Health Laboratory, Birmingham), who were able to benchmark healthcare worker-derived samples against a WHO International Standard known to contain 10^3 geq/mL.

In the years since issuance of that guidance, commercially available HBV viral load assays have been developed that use a WHO International Standard for Hepatitis B Virus Nucleic Acid Amplification Techniques. The International Standard and CE marked quantitative HBV DNA PCR assays calibrated to this standard are now widely available and it is now standard practice for HBV viral load assay results to be reported in international units per millilitre (IU/mL).

Following the issuance of the 'Integrated guidance on the management of healthcare workers infected with HIV, hepatitis B or hepatitis C (2017)':

- Viral load testing can be undertaken by any Clinical Pathology Accreditation (UK) Limited or United Kingdom Accreditation Service accredited virology laboratory in the United Kingdom, provided a CE marked assay, which is standardised to the WHO International Standard for Hepatitis B Virus Nucleic Acid Amplification Techniques, is used and HBV DNA levels are reported in international units per millilitre (IU/mL).
- All HBV infected HCWs who are HBsAg positive and HBeAg negative should not be restricted from performing EPPs (or clinical duties in renal units) if:
 - Their HBV DNA viral load is less than 200 IU/mL, and they are monitored every 12 calendar months by their consultant occupational physician
- HCWs who are HBsAg positive and HBeAg negative who have *pre-treatment* HBV DNA levels between 200 IU/mL and 20,000 IU/mL, can perform EPPs (or clinical duties in renal units) if:
 - They are on continuous antiviral therapy and
 - Their viral load is suppressed below 200 IU/mL, and they are monitored every 12 weeks by their consultant occupational physician

HCWs who are HBsAg positive and HBeAg negative who have a pre-treatment HBV DNA level above 20,000 IU/mL remain restricted with regard to undertaking EPPs, however this is under review and further guidance may be issued in the near future.

Table 1: Previous and newly-issued guidance on hepatitis B diagnostic cutoffs for clearance of healthcare workers performing EPP

Item	Previous guidance	New guidance
Cut-off for clearance to perform EPP	<10 ³ gEq/mL	<200 IU/mL
Pre-treatment viral load cut-off for clearance to perform EPP	<10 ⁵ gEq/mL	<20,000 IU/mL (or <10 ⁵ gEq/mL if measured pre-issuance of new-guidance)
Testing laboratory	One of two designated laboratories.	CPA or UKAS accredited laboratory in the UK, using CE marked assay standardised to the WHO International Standard for Hepatitis B Virus Nucleic Acid Amplification Techniques, reported in IU/mL.
Specimen type	Identified and validated samples (IVS)	IVS