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Dear Dr Flynn

Thank you for the extending the opportunity to comment on the Medical Board of Australia's draft "Guidelines for medical practitioners and medical students infected with blood-borne viruses" until 1 June 2011.

Firstly, it should be iterated that these are uncommon events, though frequently preventable. With the advent of new drugs for blood-borne viruses, they can be well controlled in many cases.

Question 1:

Should medical practitioners with any level of viraemia be permitted to perform exposure prone procedures? If you believe that they can safely perform exposure prone procedures in some circumstances, define the circumstances (for example, which viruses and what maximum level of virus?)

Having a negative DNA or RNA level as a pre-requisite for exposure prone procedures (EPPs) is probably an unrealistic standard and could be counter-productive to health care delivery, the reasons being:

- As the tests become ever more sensitive, the definition of 'any level of viraemia' will keep decreasing.
- Such a policy will be at the expense of the careers of some very talented medical practitioners who could contribute significantly to the profession and the community.
- The risk of acquiring a BBV from a HCW when their viral load is below 10^4 copies/ml cannot be estimated as there have been no such cases ever documented. The Society for Healthcare Epidemiology of America's recommendations for viraemia levels are reasonable in the absence of evidence (see Henderson DK, Demby L, Fishman NO, et al. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or Human Immunodeficiency Virus. *Infection Control and Hospital Epidemiology* 2010; 31 (3): 203-232.). It is unrealistic to wait for scientific studies to scrutinise an acceptable viraemia level as the likelihood of such studies being performed is negligible.

Question 2:

Is it reasonable to expect that medical practitioners and medical students infected with a blood-borne virus will comply with the Board's guidelines and their treating specialist doctors' advice, or should they have conditions imposed on their registration that prevent them from performing exposure prone procedures?

It may be reasonable to expect infected practitioners and students to comply with guidelines and their treating doctors' advice. However, imposing conditions upon their practice would further strengthen governance and assist the Board to fulfil its responsibilities. Efforts will need to be taken by the Board to explore how this may be done in a manner which also protects the practitioner's confidentiality.

It should be noted that these conditions need not necessarily call for infected practitioners to entirely desist from exposure prone procedures. This will depend on a variety of factors including (i) the practitioner's viral load, (ii) transmissibility of the agent, (iii) risk of injury to the practitioner and risk of exposure to the patient in the course of this injury (iv) the nature of the procedure(s) undertaken by the practitioner and (v) response to treatment as potent drugs are now available.

Additionally, conditions imposed upon infected practitioners may also include that the practitioner (i) obtains and strictly complies with advice from an expert on infection control procedures, (ii) is managed by a specialist with expertise in BBV, (iii) provides follow up results on viral load to enable assessment of risk of transmission.

Question 3:

Should these guidelines include details about the management of practitioners who appear to have cleared the HBV or HCV, whether that is the result of treatment or whether it is spontaneous? Should that be left to the treating specialist doctors' discretion?

It would be useful for these guidelines to include details about the management of practitioners who appear to have cleared the HBV or HCV, whether that is the result of treatment or whether it is spontaneous. These guidelines should be consistent with the Communicable Disease Network Australia Guidelines. It is inappropriate to leave such decisions to the discretion of individual treating physicians as that could lead to wide variations in practice which may result in unacceptable public risk (if the treating physician uses relatively lax criteria for 'clearance') or the perception of discrimination against infected individuals (if the treating physician uses very strict criteria for 'clearance').

Question 4:

Which of the following groups of medical practitioners infected with a blood-borne virus should be monitored by the Board and if so, how? For example, should they be required to provide regular results of tests to the Board?

- a. all registered medical practitioners; or*
- b. only registered medical practitioners who perform exposure prone procedures; or*
- c. only registered medical practitioners that may place the public at risk of harm because of their practice.*

The differentiation between option b and option c is unclear. If monitoring by the Board is to be undertaken, it should apply only to practitioners undertaking exposure prone procedures.

Furthermore, the SHEA report categorises healthcare associated procedures as those with minimal risk of BBV transmission, those where BBV transmission is theoretically possible but unlikely and those where there is a definite risk of BBV transmission.

Question 5:

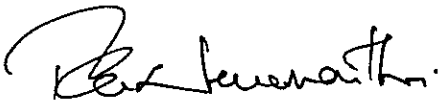
Are there any other measures the Board should put into place (within the scope of its powers) to protect the public from potential infection by medical practitioners with a blood-borne virus?

Education (and re-education) of all practitioners and students of risks and preventive practices should be favoured over simply restricting practice.


Data from the US indicates that the most commonly transmitted BBV in healthcare settings is HBV. This is significant as a vaccine is available. Thus, vaccination for all healthcare workers should be strongly advocated.

The Board may wish to consider whether question 4 should relate only to infected practitioners or if the scope of this question would appropriately be expanded to include practitioners who perform exposure prone procedures.

Yours sincerely



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