Hepatitis C Infected Health Care Workers

For action by: NHS Trusts - Chief Executives
Primary Care Trusts - Chief Executives
Medical Directors of NHS Trusts - for distribution to:
  Clinical Directors of surgical specialties
  Clinical Directors of Community Dental Services
  Consultant Microbiologists and Virologists
Medical Directors of Primary Care Trusts
NHS Plus Occupational Health Departments
Occupational Health Departments
Nurse Executive Directors of NHS Trusts - for distribution to:
  Heads of Midwifery Services/Senior Midwives for NHS Trusts
Directors of Nursing of Primary Care Trusts

For information to: Health Authorities - Chief Executives
Directors of Public Health of Health Authorities
Directors of Public Health of Primary Care Trusts
Directors of Personnel of NHS Trusts
Regional Directors of Public Health
Regional Epidemiologists
Consultants in Communicable Disease Control
Chairs of Infection Control Committees of NHS Trusts
Regional Postgraduate Medical Deans
Dental Postgraduate Deans
Deans of Medical/Dental Schools
Schools and Colleges of Nursing and Midwifery
Workforce Development Confederations – Chief Executives
Public Health Laboratory Service
Director, NHS Plus
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<table>
<thead>
<tr>
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Hepatitis C Infected Health Care Workers

Summary

1. This circular provides guidance on the management of hepatitis C infected health care workers. It builds upon previous advice from the Advisory Group on Hepatitis and aims to reduce the risk of transmission of infection to patients. The circular recommends that health care workers who know that they are carrying the hepatitis C virus, or who are found to do so following the testing recommended below, should not perform exposure prone procedures. Hepatitis C infected health care workers who have a sustained virological response to antiviral therapy will be allowed to perform exposure prone procedures six months after cessation of treatment.

Action

2. NHS Trusts, Primary Care Trusts, principals in the General Medical and Dental Services and principals in the Personal Medical and Dental Services should ensure that there are arrangements in place as soon as possible:

- to bring this Health Service Circular and guidance to the attention of all health care workers who perform or who may perform exposure prone procedures;

- to test health care workers who already know themselves to have been infected with hepatitis C (i.e. who have antibodies to hepatitis C virus) and who carry out exposure prone procedures, for hepatitis C virus RNA. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should not be allowed to perform exposure prone procedures in future;

- to test health care workers who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures, for antibodies to hepatitis C virus, and if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should be restricted from starting such training whilst they are carrying the virus;

- to inform health care workers who perform exposure prone procedures and who believe that they may have been exposed to hepatitis C infection to seek and follow confidential professional advice on whether they should be tested for hepatitis C. Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should be restricted from performing exposure prone procedures in future;

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1 Exposure prone procedures are those where there is a risk that injury to the health care worker could result in exposure of the patient's open tissues to the blood of the health care worker. Such procedures occur mainly in surgery (including some procedures in minor surgery carried out by GPs), obstetrics and gynaecology, dentistry and midwifery. An illustrative list of exposure prone procedures is contained in Guidance on the management of HIV/AIDS infected health care workers and patient notification (issued under cover of Health Service Circular 1998/226). Revised guidance to replace this version is currently out for consultation see http://doh.gov.uk/aids.htm
• to allow hepatitis C infected health care workers who have been treated successfully with antiviral therapy to resume exposure prone procedures, or to start professional training for a career that relies upon the performance of exposure prone procedures. Health care workers who remain hepatitis C virus RNA negative 6 months after cessation of treatment should be allowed to return to performing exposure prone procedures at that time. As a further check, they should be shown still to be hepatitis C virus RNA negative 6 months later;

• to provide staff with information and training about measures to reduce the risk of occupational exposure to hepatitis C infection (e.g. safe handling and disposal of sharps and measures to reduce risks during surgical procedures).

Background & Other Information

Previous advice

3. Previous advice from the Advisory Group on Hepatitis was that hepatitis C infected health care workers associated with the transmission of infection to patients should be restricted from carrying out exposure prone procedures.\(^2\) This advice still applies, but the Advisory Group on Hepatitis has made further recommendations.

Transmissions to patients from hepatitis C infected health care workers

4. There have been five reported incidents in this country in which hepatitis C infected health care workers have transmitted infection to 15 patients during exposure prone procedures. In the light of these incidents, the Advisory Group on Hepatitis has reviewed its previous advice and has made additional recommendations on which the action required in this Circular is based.

Redeployment and retraining and benefits

5. It is expected that relatively small numbers of health care workers will be affected by the new restrictions and their retraining/redeployment needs will vary. Employers should make every effort to arrange suitable alternative work and retraining opportunities in accordance with good general principles of occupational health and management practice. The NHS Injury Benefits Scheme may be relevant in some cases.

Patient notification exercises

6. Whenever a transmission of hepatitis C from an infected health care worker to a patient is detected, notification of other patients of that health care worker who have undergone exposure prone procedures, with the offer of serological testing, should normally follow. Most new infections with hepatitis C are asymptomatic. It has yet to be determined whether there is a need for patient notification exercises when a hepatitis C virus RNA positive health care worker is identified in the absence of evidence of transmission. Until more precise indications for patient notification in this situation can be defined, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP) should be approached for advice whenever patient notification is being considered, and before preparations for such an exercise are put in train.

Associated Documentation

7. Guidance to assist in implementation of the new arrangements is attached. It is also available on the Department of Health website at http://www.doh.gov.uk/hepatitisc

This Circular has been issued by:

Sir Liam Donaldson
Chief Medical Officer