Professor Dame Sally C Davies DBE Chief Medical Officer Department of Health Richmond House 79 Whitehall London SW1A 2NS c/o Dr Fortune Ncube Medical Secretary Tripartite Working Group HPA Health Protection Services – Colindale 61 Colindale Avenue London NW9 5EQ

20<sup>th</sup> April 2011

**Dear Dame Sally** 

## Review of current guidance on HIV-infected healthcare workers

As you know, the three national expert advisory committees, the Expert Advisory Group on AIDS (EAGA), the Advisory Group on Hepatitis (AGH) and the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP) have been jointly conducting a review of current Department of Health guidance on healthcare workers infected with HIV, hepatitis B or hepatitis C.

We are pleased to enclose our report on HIV-infected healthcare workers, which recommends that current restrictions on the clinical practice of HIV-infected healthcare workers should be relaxed if certain conditions are met.

The approach we have taken in reviewing guidance on HIV-infected healthcare workers has focussed on examining:

- evidence on the risk of HIV transmission from an infected healthcare worker;
- data from over 30 retrospective patient notification exercises connected with HIV-infected healthcare workers in the UK from 1988-2008;
- international policies on HIV-infected healthcare workers.

We have concluded that the available evidence indicates that the risk of HIV transmission to a patient from an infected and untreated healthcare worker during exposure prone procedures is very low. This risk can be reduced even further by combination antiretroviral therapy, where the individual's viral load is suppressed to an undetectable level.

We recommend that HIV-infected healthcare workers should no longer be restricted from performing exposure prone procedures as long as their viral load remains suppressed whilst on combination antiretroviral therapy, subject to regular monitoring by the treating physician in close collaboration with the consultant in occupational medicine.

We have also proposed a framework for implementing the proposed new policy to help ensure patient safety, including referral by the NHS of all cases of HIV-infected healthcare workers who would wish to benefit from the new policy to UKAP for advice, and national surveillance by the Health Protection Agency (and in due course by Public Health England).

We hope that you find our report helpful and that you will be prepared to consult on our advice and assessment of the evidence. We would be very happy to meet with you to provide further explanation if that would be helpful.

Work on reviewing guidance on hepatitis B and hepatitis C infected healthcare workers has not yet been completed, and it is not yet clear whether any recommendations for significant changes will be made. The picture will be clearer later in the year.

We are copying this letter and enclosures to Dr Harry Burns, Dr Tony Jewell and Dr Michael McBride, as our committees provide advice on a UK-wide basis.

Yours sincerely

PROFESSOR IAN WELLER

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Chair, Joint EAGA, AGH, UKAP Tripartite Working Group PROFESSOR BRIAN GAZZARD Chair, EAGA

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air, EAGA Chair, UKAP

**MRS ISABEL BOYER** 

**Enclosures**