Managing Health-Care Personnel Infected with HBV, HCV, or HIV (5/10)


The Society for Healthcare Epidemiology of America (SHEA) recently published updated recommendations regarding the management of health-care providers who are infected with hepatitis B virus (HBV), hepatitis C virus (HCV), and/or the human immunodeficiency virus (HIV). For the reasons cited in the guideline, SHEA continues to recommend that, although some aspects of the approach to and administrative management of each of these infectious syndromes in health-care providers are similar, separate management strategies for health-care personnel who are infected with these unrelated viruses remain appropriate. The recommendations are based on the following information: (1) available scientific information about the magnitude of risk for provider-to-patient transmission of the bloodborne pathogens; (2) clinical hospital epidemiology and infection control experience and management of HBV, HCV and HIV related problems in the healthcare setting since 1981; and (3) experience with the implementation and interpretation of prior recommendations and guidelines, including those issued previously by the US Public Health Service/Centers for Disease Control and Prevention (CDC). The authors state that while the magnitude of risk for provider-to-patient transmission of bloodborne pathogens may never be known with precision, the additional experience gained over the past 20 years provides reassuring evidence that these risks are extremely small. However, as in past recommendations, SHEA emphasizes the use of appropriate infection control procedures to minimize exposure of patients or providers to blood, emphasizes that transfers of blood from patients to providers and from providers to patients should be avoided, and recommends that infected health-care providers should not be totally prohibited from participating in patient care activities solely on the basis of a bloodborne pathogen infection. The types of procedures assessed by the panel as associated with an increased risk for provider-to-patient transmission of these pathogens are discussed in detail. For each pathogen, recommendations are graduated according to the relative viral load level of the infected provider. This document also provides updated information about HBV, HCV, and HIV and the health-care risks associated with infected practitioners. The document includes a series of questions and answers relevant to the management of providers infected with each of these viruses. SHEA also provides evidence-based recommendations about the management of providers infected with these bloodborne pathogens. SHEA emphasizes that, because of the complexity of these cases, each such case will be slightly different from the next, and each should be independently considered in context.

DECS Comment: Although this is not a common occurrence in our dental clinics, individuals should be aware of current recommendations for managing health-care personnel infected with bloodborne pathogens. Air Force Instruction 44-102, Medical Care Management, addresses the evaluation process for health-care personnel infected with HIV and HBV and the information is summarized in a Frequently Asked Question on the DECS Web site. The updated SHEA guideline now includes recommendations for health-care personnel infected with HCV, whereas in the past the CDC did not recommend any restrictions or special measures beyond following aseptic technique and standard precautions. Most likely it will be necessary to convene an expert review panel to determine the scope of practice of health-care personnel infected with HBV, HCV, or HIV. The updated SHEA guideline is an excellent resource on the topic of infected health-care personnel and includes a table categorizing healthcare associated procedures, including dental procedures, according to the level of the risk for bloodborne pathogen transmission (see Table 2 in the SHEA guideline). USAF dental infection control officers should obtain a copy of the most current SHEA recommendations for their infection control notebooks: http://www.journals.uchicago.edu/doi/full/10.1086/650298.