



Blood-borne hysteria?

Isn't it time to rethink what should happen when a healthcare worker is found to have HIV? asks **Gus Cairns**

This spring, after no reports for over a year, a flurry of cases appeared in the media about situations in which a healthcare worker had been found to have HIV and patients had been alerted.

The first and most prominent was in April, when *The Sun* reported that dentist Allan Reid had "put patients at risk". The story appeared with Mr Reid's photo, and was next to a story about a man claiming on YouTube to have infected "over 1500 women" with HIV. "Last night bosses rushed to inform patients dealt with by Mr Reid," said *The Sun*.

A spokesperson for Lewisham Primary Care Trust (PCT) said: "As soon as we were aware of the allegations... we took immediate and urgent action," although emphasising that the risk of infection was "extremely low".

Later on in the story, *The Sun* reveals it had been hounding Mr Reid for years. By exposing him "posing on a gay sex website" it had forced him to move his practice from Glasgow to Kent. Clearly someone leaked his HIV diagnosis to the paper. The result is that Mr Reid's career is at an end. "He is no longer seeing patients," said the PCT.

In May, the *Thurrock Gazette* reported on a case in which Queen Elizabeth Hospital set up a phone line to contact 300 former patients after an unspecified healthcare worker was found to have HIV.

Later that same month, the BBC and two local Essex papers reported that about 200 women had been contacted after an obstetrics worker who performed caesareans had been found to be positive. The *Basildon Echo* spoke to a young mother who said: "The trauma I have gone through since opening that letter is unbelievable. I thought I was going to die."

Finally, in July, during a report in the *East Anglian Daily Times* on the outcome of a trial of a murdered nurse, it was revealed during the sentencing of her

killer that the nurse had been HIV-positive.

The story then changed focus and included gratuitous, inflammatory comments from "a spokeswoman for The Patients Association [who] said the [Primary Care] trust should release more details to reassure members of the public. 'It is extraordinary that they are not saying more about this,' the spokeswoman said. 'A nurse is not someone who works locked away in a cupboard. A nurse comes into direct contact with patients and she could go anywhere in the hospital.'"

Changes afoot?

Is there really any need for such inflammatory media coverage, or for the PCT to undertake panic-inducing 'lookback exercises' in such cases? And what about the rights of healthcare workers who stand to have their careers ruined if they get HIV?

There are hints that the Department of Health is reconsidering its policy on the employment of healthcare workers with HIV. On 4 May Scotland on Sunday, mentioning the Allan Reid case, reported that "Ministers have ordered studies into the tough rules which forbid health workers who are HIV positive from working in circumstances where the disease might be transmitted."

A spokesperson for the Department of Health told HTU that "Our three 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) – are currently reviewing national policies to ensure that they are effective in protecting patients and supported by the latest evidence.

"We anticipate that any recommendations will be made to the Department in early 2009."

When pressed, the spokesperson added that the committee might look at both

tightening up on the definition of what an 'Exposure-Prone Procedure' (EPP) actually was, and also on reducing the categories of healthcare workers who have to change their careers if they are found to have HIV.

At present an EPP is defined as a combination of sharps (scalpels, needles etc) being present and the worker's hands being in a body cavity. As the mouth is included as a body cavity, this rules out dentists practising if they have HIV.

The British Dental Association is particularly keen for the rules to be changed. Dr Susie Sanderson, chair of the British Dental Association's Executive Board, told Scotland on Sunday: "The BDA believes that the evidence does not justify the requirement that dentists found to be HIV-positive must cease practising. As long as the appropriate infection-control procedures are followed and careful monitoring is in place, the risk of transmission to a patient is negligible."

At present students who are going to train for EPPs have to test for HIV, but this of course only results in a few positive diagnoses. The temptation for a worker to conceal any subsequent diagnosis is overwhelming.

Professional opinions

Professor Margaret Johnson is ex-chair of BHIVA and an HIV physician at the Royal Free Hospital in north London.

She told HTU: "If someone's trained as a surgeon or dentist or even a scrub nurse [operating-theatre assistant] and they're diagnosed as positive they're seeing the end of their career.

"They can 'retrain' – but what to? You might have children, a mortgage – your partner tests positive and you put off testing because you're concerned your career will be lost. And believe me, I've known a lot of cases."

She thinks that the various Department of Health committees should revisit the

definition of an EPP. "I think an EPP should be when you can't see. Dentists are always working in a cavity that is well illuminated."

Dr Justin Varney is a public-health specialist and co-chair of the Gay and Lesbian Association of Doctors and Dentists. He says GLADD deals with 'one or two cases every year' of healthcare workers who test positive.

He told *HTU*: "GLADD is pleased that the issue is being reviewed. We would welcome particularly a review of the dental restrictions which currently mean effectively the end to an HIV-positive dentist's career and is a ludicrous waste of skills, talent and tax payers' money."

Varney is especially concerned about the compulsory testing of healthcare workers, saying that the definition of who might perform an EPP has been drawn far too widely, including A&E staff who "once in a blue moon" might be involved in accidents.

He says: "The compulsory testing of healthcare workers... seems to have been utilised to force en masse testing of all staff and students in some trusts, without appropriate support or advice."

Varney says he thinks that new evidence on infectiousness – such as that gathered by the doctors who wrote the "Undetectable is Uninfectious" Swiss statement earlier this year (see *HTU* 175, April 2008) is unlikely to be the primary area under consideration by the Department of Health. A tightening-up of definitions of EPPs and who does them is more likely, he thinks.

Johnson thinks viral load should be considered. She argues that testing upon entry for medical students should be done "so they can make appropriate career choices" and that healthcare workers should subsequently be encouraged to test regularly. Positive ones should then be put on antiretrovirals regardless of CD4 count.

What are the chances?

Even people well informed about HIV are often surprised when told how vanishingly rare cases of doctor-to-patient HIV transmission actually are. There have only ever been four documented cases of HIV transmission from healthcare workers to patients, and in at least two of these cases there are substantial questions over the mode of transmission and, indeed, whether the source was the healthcare worker at all.

The most recent was reported from Spain in the 9 January 2006 issue of *AIDS Journal*¹. In this case a female patient was probably infected by an obstetrician when he performed an emergency caesarean on her in 2004.

The woman came down with a feverish illness two weeks after her caesarean, and eight weeks later she tested positive for HIV. Neither her husband nor her baby had HIV and she reported no other risk factors. The surgeon did not know he had HIV and had never been tested. After it was realised he might have infected his patient, he said he recalled pricking his finger on a needle during the operation. He took an HIV test, which was positive, seven months after the caesarean. Phylogenetic analysis of the HIV of both doctor and patient revealed that the viruses had differed by 3%, whereas three unrelated samples taken for comparison were different by 23% strongly suggesting that he had unwittingly infected his patient.

The three other supposed transmissions of HIV from a healthcare worker to a patient are:

- A French nurse who transmitted HIV to a patient during a hospital stay in May 1996. In this case², a 61-year-old patient who had been admitted for surgery in May 1996 developed

primary HIV infection the following month. No surgeons on the team were found to have HIV but two nurses who had cared for the patient did. One was ruled out by phylogenetic analysis. The source appeared to be a 51-year-old female nurse, who was unaware of her HIV infection until the month after the operation. However the nurse did not perform exposure-prone procedures and there is no indication of how transmission might have happened in this case.

- A French surgeon apparently transmitted HIV to an elderly patient during a hip-replacement operation in 1992³. The surgeon himself appeared to have been infected by a patient during an operation in 1983. Neither patient nor surgeon had any other known risk factors for HIV, and genetic sequences from the viruses of the surgeon and the patient were almost identical. The patient was the only positive diagnosis in 983 of the surgeon's former patients tested.

- The 'Florida dentist', David Acer, who, in 1990, was identified as the source of infection for five of his patients⁴. A very close correlation was found between the viral DNA of five patients and that of the dentist. However subsequent analyses by another team have called into question a conclusive link between all five patients and the dentist^{5,6}. They argued that the similarity in viral isolates was not conclusive. A subsequent investigation conducted on behalf of an insurance company reported that all the patients may have had other risks for HIV infection undisclosed to the CDC investigators⁷. Although this claim has been strongly refuted by the CDC⁸, questions still hang over this unusual case.

“Getting them undetectable would bring more benefits than the current infection-control policy.”

And she thinks singling out HIV for compulsory testing (and public hysteria) is inconsistent. “If healthcare workers have hepatitis C, transmission is more likely. They’re supposed to test if they perform EPPs and they have hepatitis C but for existing surgeons that’s voluntary.”

A doctor’s tale

Certainly an HIV-positive diagnosis is a shattering event for a healthcare worker at present. Paulo (not his real name), a GP from the west of England, has had a long struggle finding his place in the NHS as a positive doctor. He was diagnosed during his GP training and his first thought was how he could safeguard his confidentiality.

“I thought, What if one of my patients sees me [at the HIV clinic]? What if a nurse types my name into the electronic patient records?”

He knew what he should do. “The guidelines are clear. You contact occupational health. But I balked when the health questionnaire that I had to fill out to get a GP post had to be sent back to my local health authority, not under separate cover.”

He abandoned applying to be a GP and got an advisory Civil Service post.

“As with many people who are diagnosed, it threw me into personal crisis. I got very depressed and made a bad decision that resulted in a disciplinary hearing.”

He has now stabilised his life and is practising as a locum GP. The last barrier was finally ‘coming out’ to occupational health.

“I couldn’t start being legal and declare my status without explaining why I hadn’t done before.”

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He says he still has to make decisions about disclosing when applying to practices. “They’re businesses and still ask questions about HIV. Without someone fighting a case under the Disability Discrimination Act and blowing their cover, I don’t see how that will change.”

Will the public wear it?

It might be thought that changes to enable more HIV-positive healthcare workers to practise might be greeted with horror by an uninformed public. However if comments to *The Sun* on the Allan Reid story are an indicator, the British public may be calmer and better informed than its tabloids. Out of 13 comments, only two were along the lines of the reader who said “Of course it should result in criminal charges – he has endangered thousands of lives,” though two others thought Reid was right to be de-registered for not disclosing his status.

Five readers questioned exactly how Mr Reid was supposed to be a danger to his patients. “Whenever I have visited the dentist they wear latex gloves and a face mask so I do not see how this man has put thousands at risk. Was he forcing them into unsafe sex, or cutting himself and them then rubbing the blood on them?”

Another sympathised with his professional position. “Many people live a full life with HIV and hold down excellent jobs in all sectors. To feel you have to lie so you can keep your job and continue to work is extremely concerning.”

And finally two patients of Mr Reid spoke up. One said: “I do not feel that he ever put me in any danger.”

His other patient added: “He is the most friendly and competent dentist I have ever had. He always wore gloves so I do not feel that he endangered my family and me. I would certainly not have an issue being treated by him again and I am now left with the problem of finding a dentist with Mr Reid’s high standards.” ■