

NEW YORK STATE AIDS ADVISORY COUNCIL

The New York State AIDS Advisory Council was formed in 1983 by an Act of the New York State Legislature. Its purpose is to advise the Governor, the Legislature and the Commissioner of Health regarding AIDS policies and programs. Periodically, the Advisory Council appoints special committees, such as the Subcommittee on the HIV-Infected Health Care Worker, to formulate recommendations regarding specific policy issues of major importance.

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**NEW YORK STATE AIDS ADVISORY COUNCIL
SUBCOMMITTEE ON THE HIV-INFECTED HEALTH CARE WORKER**

INTERIM REPORT

Over the past several months, controversy about how to manage health care workers with AIDS or HIV infection has intensified. In examining this issue, the New York State AIDS Advisory Council Subcommittee began with one standard against which all facets of this problem were measured: the safety of patients. We sought to determine how best to protect the lives and well-being of the people of New York State when they receive care in any emergency or health care setting, assessing as fully as possible all available scientific evidence of risk.

We sought solutions that would ensure continued minimalization of the risk of transmission of HIV from health care worker to patient and achieve the following objectives:

- protect all patients against exposure to all blood-borne threats that cause illness and death, including HIV and Hepatitis B virus (HBV);
- protect all health care workers against exposure to blood-borne illness and disease, again including both HIV and HBV;
- protect the health of all New Yorkers by ensuring that measures taken do not jeopardize access to health care by discouraging health professionals from working in high HIV seroprevalence areas.

The Subcommittee has examined carefully the Centers for Disease Control (CDC) recommendations on HIV-infected health care workers as well as several recent Congressional proposals. We have also reviewed the current New York State Guidelines on HIV-Infected Health Care Workers, issued in January 1991. We have concluded that now, as at so many other moments throughout the first decade of the AIDS epidemic, we must allow science to guide us in providing the greatest degree of patient safety possible. The establishment of policy cannot be based on alarm and emotion. In this regard, the Subcommittee believes the CDC recommendations are ill-advised and counter-productive. In particular, CDC's concept of exposure prone procedures as the sole criterion for categorical exclusion of HIV-infected health care workers is without firm scientific basis and impossible to implement.

The scientific data do not support calls for routine or involuntary testing of health care workers nor for mandatory disclosure of serostatus by health care workers with HIV infection. All available evidence continues to show that the risk of transmission by a health care worker to a patient is minimal. In the words of Former Surgeon General C. Everett Koop, the risk is "so remote that it may never be measured." Only one cluster of cases in the history of the epidemic, that of a dentist in Florida, has presented evidence of HIV transmission in a health care setting.

Building a national policy solely around involuntary HIV testing of health care workers is doomed to fail--it promises what it cannot deliver and requires costly sequential testing. We believe it would result in no improvement in patient safety; indeed, it might diminish it by creating a false sense of security and consequent laxity in following infection control practices.

We support an intensified national campaign to combat infection itself by promoting uniform use of preventive infection control measures in all health care settings, extending from hospitals and clinics to private medical and dental offices. Through policies promoting infection control procedures, new efforts to require compliance with infection control guidelines, and development of new technologies, we can best prevent exposure of patients and health care workers to HIV and HBV in health care settings.

Recommendations:

We urge the Governor to continue the strong leadership in science-based public health policy that New York State has shown since the earliest days of the epidemic by taking the following steps. These are:

1. Reaffirm the principles contained in the current New York State Department of Health Guidelines which stress strict adherence to infection control procedures as the most effective policy for preventing the transmission of HIV infection in health care facilities. The New York State Guidelines do not recommend mandatory testing of health care workers but instead recommend an individualized, case-by-case review of health care workers whose HIV infection is known. The Department should develop evaluation criteria, a review panel, and an appeals process that will insure uniformity, consistency and confidentiality across the state. HIV-infection alone is not grounds for practice restrictions since workers who comply with proper infection control practices do not pose a significant risk to patients.

2. Direct the New York State Department of Health and the State Education Department, which license health care workers, to develop a comprehensive plan to promote education about infection control, universal precautions and preventive practices among health care workers in New York State. The state agencies should work with the Medical Society of the State of New York, the Dental Society of the State of New York, other professional organizations and unions to design and implement the education program. The state must set standards for the curricula and mandate its completion as a condition for relicensing and recertification.

3. The state should continue to support, and expand as necessary, activities that promote the evaluation and implementation of safer technologies and preventive practices in the performance of medical, surgical and dental procedures. Such improvements in practice safety will benefit both patients and health care workers.