HEPATITIS VICTORIA
LiverWELL

Submission for consideration to the Australian Health Practitioner Regulation Agency

Comments on draft *Guidelines for registered health practitioners and students in relation to blood-borne viruses* (the draft guidelines)

Introduction

Since the last consultation on the *Guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses*, milestones have been made in relation to the treatment and care of people living with blood borne viruses in Australia. The availability Direct Acting Antivirals (DAAs) have revolutionised the treatment of hepatitis C; PrEP (pre-exposure prophylaxis) has drastically reduced the transmission of HIV among vulnerable cohorts; and hepatitis B vaccination, a cancer preventing vaccine, has remained steadily available in Australia. It is timely, in 2019, to reassess the suitability and impact of the guidelines when such achievements have been made with relation to treatment of blood borne viruses.

Before continuing, it is worth noting that despite progressive movement in the field of blood borne virus diagnosis and treatment, stigma and discrimination still remain vehemently active among and towards affected communities, including within the health care sector. For the review of these guidelines to be helpful and relevant to the health care profession, every effort must be made to ensure that interpretation of guidelines and protocols do not result in the unnecessary further suffering of already stigmatised individuals and communities.

About Hepatitis Victoria

Hepatitis Victoria is the peak not-for-profit community organisation working across the state of Victoria for people affected by and at risk of viral hepatitis and liver disease. Support and referrals are available for those living with hepatitis B and hepatitis C, as well as education and training for individuals and organisations, including those working in the health care sector. Hepatitis Victoria delivers health promotion targeting key at-risk groups and engages in advocacy, responding to individual and widespread instances of stigma and discrimination.

Hepatitis Victoria Position Statement

Hepatitis Victoria supports the Australian Health Practitioner Regulation Agency (AHPRA) consideration of Option 2 – Proposed Guideline; to consult on proposed guidelines that require practitioners to comply with the AHMAC endorsed CDNA guidelines, to achieve the outcome of providing guidance to practitioners with the minimum regulatory burden.

Hepatitis Victoria sees Option 2 as an opportunity to efficiently adopt progressive practise guidelines in order to limit the burden experienced by health care professionals and students living with a blood borne virus.

Whilst in support of Option 2, there are some comments to be made about the draft guideline content, namely:

- The inclusion of health care students under the guideline, and
- The request for an additional HCV RNA test 12 months post already providing proof of successful treatment at 12 weeks post completion (section 7.2.4).

Comment 1: Guidelines for health practitioner students living with a blood -borne virus

The CDNA guidelines refer predominantly to registered health professionals, the AHPRA guidelines also refer equally to students with no acknowledgement of vital differences and nuances.

Under a blanketed statement as such, there is minimal consideration for the following;

- Which organisation, or body of organisations, is responsibility for supporting health practitioner students living with a blood borne virus (re: section 7.4) There is no clear indication whether universities or health care facilities are responsible for this. As a result, lack of clarity surrounding this issue can lead to unintended disclosure of status and any unanticipated repercussions.
- What support and training will be provided to the nominated organisations to ensure that guidelines are effectively endorsed without any inadvertent discrimination towards students living with a blood borne virus and unintended disclosure?
- Depending on what nominated organisation holds these responsibilities, will the guidelines be readily accessible for students? What measures will be employed to ensure that no student living with a blood borne virus will be required to openly disclose their status?

Hepatitis Victoria has supported numerous health practitioner students undergoing placement. Several calls have been received to the Hepatitis InfoLine service from individuals who are highly distressed and require support due to misinterpretation of the guidelines. They have often experienced discriminatory behaviour from universities and clinical placement staff suffering undue consequences in the progression of the degree and poor wellbeing as a result.

If the guidelines are to include students, there must be consideration made to the consequences and process for those who disclose, inadvertently disclose or are made to disclose that they are living with a blood borne virus.

- **This should include support and information provided to students so they feel safe and understand limitations when they disclosure.**

This could also be expanded to include clearer and more inclusive protocols regarding proof of hepatitis B vaccine status including an alternative which ensures a person does not have to inadvertently disclose their status.

Comment 2: Returning to performing exposure prone procedures post hepatitis C treatment

Clinical guidelines state that a PCR test at 3 months post treatment signifies a cure and that in the absence of other clinical need, those who achieve this do not require follow-up for hepatitis C [1]. However, the CDNA guidelines require a recommendation from the clinician as to risk of reinfection and a further test at 12 months.

This is exceedingly problematic given the potential for discrimination by health professionals to be able to supersede these results and not permit a healthcare worker to return to performing exposure prone procedures despite achieving cure.

The undertone of requesting an additional HCV RNA post achieving SVR suggests a judgement of character and risk of reinfection, which is not placed on any other healthcare professionals, and as such is ultimately stigmatising.

To ensure healthcare workers performing exposure prone procedures who have undertaken hepatitis C treatment are not discriminated against it is recommended that AHPRA address this cohort separately in their guidelines based on the information above.

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[1] http://cart.gesa.org.au/membes/files/Resources/Hepatitis%20C/hepatitis_C_virus_infection_a_consensus_statement_Sep_Oct_edit_2018.pdf

Conclusion

Hepatitis Victoria commends the timely progress taken by APHRA to recognise the advancements of treatment and management of blood born viruses and the need for these to be reflected in updated guidelines. Since 2014 review, sweeping changes have been made in the accessibility and availability of medication for both hepatitis C and HIV, along with the consistent supply of hepatitis B vaccination. While a positive momentum has been seen in the clinical treatment of blood borne diseases, societal attitudes have lagged resulting in stigma and discrimination still being experienced by individuals living with blood borne viruses. Support of the guidelines is conditional on recognising that content and wording of the guidelines may inadvertently result in stigma and discrimination experienced by health care practitioners and health practitioner students. Hepatitis Victoria requests that APHRA be cognisant of these compounding factors in moving forward with the adoption of the AHMAC endorsed CDNA *Guidelines for registered health practitioners and students in relation to blood-borne viruses*.

Isabelle Purcell, RN & Meg Perrier, RN

On behalf of LiverWELL trading as Hepatitis Victoria