



CONSEIL NATIONAL DU SIDA  
25-27 RUE D'ASTORG  
75008 PARIS  
T. 33 [0]1 40 56 68 50  
F. 33 [0]1 40 56 68 90  
CNS.SANTE.FR

**NOTE EQUIVALENT TO AN  
OPINION**

HEALTH CARE PROFESSIONNALS

EN

**2004 DECEMBER 9TH**

NOTE EQUIVALENT TO AN OPINION ON MANDATORY  
SCREENING OF HEALTHCARE PROFESSIONALS AS A  
MEANS OF PREVENTING RISKS OF VIRAL  
TRANSMISSION FROM CARE PROVIDER TO PATIENT

Over the past few months, the press has regularly reported on discussions about the risk of viral transmission, in particular HIV, from care provider to patient, during blood exposure accidents (BEA<sup>1</sup>). Throughout the world, only three professionals have been positively identified as being the source of such transmission<sup>2</sup>. Comparatively, the number of patients suffering from HCV or HBV is much higher<sup>3</sup>. In all of the cases, and regardless of the virus involved, the transmitting care provider had an active infection, with high viral load, often left untreated, with poor or no compliance with universal precautionary measures. While AIDS generally receives the most emphasis when it comes to risks run by patients undergoing medical procedures, the transmission risk itself is very low.

If approved, mandatory screening for all healthcare workers would mark a break in France's screening policy, which is based on incentives, as opposed to requirements. Already called upon several times to state its opinion on the issue of mandatory screening<sup>4</sup>, Conseil national du SIDA has always emphasised its attachment to the concept of free and informed consent of those being screened. The issue here is thus to look into whether exceptions should be made for care providers. Another aim, though, is to set forth solutions for improving the overall effectiveness of the prevention system, in order to keep from focusing on an infrequent hazard, and losing sight of the broader debate on the risks involved in medical practice. This effort will help better fulfil the objectives of the 4 March 2002 Law<sup>5</sup>.

## 1 MANDATORY SCREENING, THE ILLUSION OF PROTECTION

Any blood exposure accident resulting from a healthcare procedure is by nature unpredictable. Insofar as care provider screening would be intended to protect the patient, it would thus have to be performed before the healthcare professional's every procedure, in order to guarantee maximum security for the patient, something that is entirely unfeasible. In any case, there is an interval between the time of contamination and the time when the infection can be detected, and it is during that "silent" period that the amount of viral matter and the risk of transmission are the highest. The claim that patients can be protected through mandatory screening for healthcare workers thus has obvious shortcomings, especially as any form of compulsory testing tends to push part of the group affected to attempt to escape it.

Lastly, the use of regular screening as a substitute for preventive practices fosters a false sense of security. The introduction of mandatory screening for care providers might thus contribute, unduly, to portraying the method as a means of prevention. Their

---

<sup>1</sup> ABE can come from a needle-stick injury or cut, or a splash into the eyes or damaged skin. Patient exposure results from a percutaneous accident affecting the care provider. Obviously, the tool that stuck or cut the surgeon, with his blood on it, must come back in contact with the patient's tissues.

<sup>2</sup> A Florida dentist, a surgeon and a nurse in France.

<sup>3</sup> To illustrate, 200 patients were contaminated with HCV and over 500 with HBV through an accidental blood exposure. 6 patients in Florida and 2 in France contracted HIV through nosocomial infection. The risk of HIV transmission by an infected surgeon during an accidental blood exposure (ABE) is 1/42 000 to 1/420 000 procedures, as compared to 1/7 000 for HCV and 1/4 200 to 1/420 for HBV. See Lot F., Desenclos J.-C., "Epidémiologie de la transmission soignant/soigné. Risque lié au VIH, VHC et VHB", Hygiène, XI (2), May 2003.

<sup>4</sup> Follow-up report on Opinion on Mandatory or Automatic HIV Screening, 18 December 1991. Opinion on HIV screening during pregnancy and perinatal prevention of infant contamination, 14 March 2002. Opinion on recommended conduct when faced with risk of HIV contamination following sexual attack, 12 December 2002.

<sup>5</sup> Law n° 2002-303 of 4 March 2002 on Patient Rights and Quality of the Healthcare System.

confidence boosted by repeated negative results, healthcare workers might feel less compelled to be responsible and hence be less careful with the universal preventive measures.

## **2 MANDATORY SCREENING: A MEASURE CONFLICTING WITH PREVENTION POLICY AND INTERNATIONAL RECOMMENDATIONS.**

Most importantly, setting up mandatory screening for a group of individuals would not further the fight against AIDS. It has been established that contamination risks arise from individual practices, and not from belonging to a community or, in this case, a professional group.

Voluntary screening offers the infected person an entry point into the healthcare system, but it is also the opportunity for all those who use it to receive information about ways to prevent transmission. Voluntary screening thus plays an important role in prevention policy, the intentional approach guaranteeing that the messages delivered at this time are properly received. Mandatory screening is less conducive to this information being spread. In addition, it goes against the medical approach and gets in the way of therapeutic and psychological care for the individuals. For all of these reasons, UNAIDS and the WHO both question the strategy's value with regard to public health objectives<sup>6</sup>.

In addition, mandatory HIV screening tests would go against international recommendations with regard to rights, in particular the Resolution adopted by the United Nations' Commission on Human Rights, on 19 April 1966. Article 8 therein stipulates that "the competent professional organisations are called upon to re-examine their professional ethics codes with a view toward improving respect for human rights and dignity in the fight against HIV and AIDS"<sup>7</sup>. The international directives regarding the Second International Consultation on HIV/AIDS and Human Rights add: "one aspect of the interdependency between human rights and public health is highlighted by studies proving that, when HIV-related prevention and healthcare programmes are coercive or repressive in some respects, they end up reducing participation and increasing the alienation of those exposed to the infection"<sup>8</sup>.

## **3 ACHIEVING AN OVERALL HEALTHCARE WORKER APTITUDE ASSESSMENT POLICY**

Mandatory screening for healthcare workers is clearly not the solution to offering patients real protection. Moreover, many other medical risks, occurring more frequently, exist and need to be taken into account. For this reason, CNS suggests that a health surveillance system be instituted for all healthcare workers, involving regular medical check-ups, not limited to the issue of HIV infection. This would require implementing an overall healthcare worker aptitude assessment method, relating to viral risks and all pathologies and addictions<sup>9</sup> likely to affect workers' performance. Such assessment is only acceptable if it carries measures to curb the activity of those deemed unfit to perform certain medical procedures. During the check-ups, workers would be encouraged to submit to HIV and HCV screening, and checked to ensure that they are properly vaccinated against HBV. This would empower the care provider with regard to prevention and screening policy.

Health surveillance systems exist in a number of professions<sup>10</sup>. Already well-suited to healthcare professionals, it would contribute to improving healthcare quality overall.

## **CONCLUSION**

Mandatory screening for HIV infection amongst healthcare professionals does not protect patients from the extremely low risk of possible blood exposure accident, the prevention of which is reliant on compliance with universal precautionary measures. It may even have a negative impact on prevention, not to mention harm individual rights. For this reason, it is vital that medical and non-medical personnel be reminded of their responsibilities with regard to viral transmission. This process needs to include an information campaign for the healthcare community regarding actual viral risks, in order to fight the discrimination that HIV-infected healthcare workers face. In instituting a health surveillance system for healthcare workers, authorities would pave the way toward these objectives' being achieved.

---

<sup>6</sup> UNAIDS and WHO Policy Statement on HIV Testing, Memorandum, 1 June 2004. Available at: [www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf](http://www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf)

<sup>7</sup> United Nations' Human Rights Commission Resolution 1996/43 on Protecting Fundamental Rights for Those Infected by Human Immunodeficiency Virus (HIV) or affected by acquired immune-deficiency syndrome (AIDS), 19 April 1996.

<sup>8</sup> Second International Consultation on HIV/AIDS and Human Rights, Geneva, 23-25 September 1996, New York, United Nations, p. 44.

<sup>9</sup> Alcoholism is one example.

<sup>10</sup> Airline pilots are one example.

The CNS firmly expresses its opposition to mandatory screening for healthcare professionals, as it spoke out against compulsory screening in other situations, falling in line with the opinions issued by many international bodies, in doing so. Voluntary HIV screening must become a tool for empowerment, thanks to information and advisory systems.