

# United Kingdom Advisory Panel

## For Healthcare Workers Infected with Bloodborne Viruses

United Kingdom Advisory Panel Secretariat  
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### Re: UKAP statement to healthcare workers and occupational health departments during the COVID-19 pandemic

Dear Colleagues,

We are currently experiencing unprecedented circumstances which are testing the strength and capacity of communities and healthcare providers across the country. Protecting and maintaining the health and wellbeing of healthcare workers charged with delivering care, and protecting patient safety, is of utmost importance during these challenging times.

The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) provides guidance on advising and monitoring healthcare workers living with bloodborne viruses (BBVs), and supports incident management. The UKAP panel have considered the impact the COVID-19 pandemic will have on healthcare workers living with BBV and occupational health services. The panel advises that:

- **Appropriate monitoring of healthcare workers living with BBVs should still continue in line with current UKAP guidance.** This is essential to protect the health of both patients and staff. Processing of BBV samples by labs, and monitoring of HCWs by occupational health physicians, should therefore be considered an essential activity that must continue. Local arrangements can be made for occupational health reviews to be undertaken remotely. Relevant guidance is published on the UKAP webpage: (<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>).
- **Local arrangements can be made for Identified and Validated Samples (IVS) to be taken through alternative providers e.g. primary care, hospital general phlebotomy, or sexual health services.** This will reduce unnecessary repeat visits to testing sites. Samples must still be taken in accordance to IVS criteria, and should have results communicated directly to the monitoring occupational health physician.
- **HCWs living with BBVs are advised to book their review at the beginning of the monitoring window (i.e. week 10 or week 50).** This will give enough time for cancellation and rebooking of appointments missed due to illness or isolation<sup>1</sup>. 12-weekly monitoring can be performed no later than 14 complete calendar weeks after the preceding IVS specimen taken for occupational health monitoring purposes. 12-monthly monitoring can be performed no later than 54

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<sup>1</sup> Advice on isolation: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

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complete calendar weeks after the preceding IVS specimen taken for occupational health monitoring purposes. If a HCW does not attend for the missed viral load test within this timeframe (for whatever reason) then resumption of EPPs requires demonstration of consistent viral load suppression (for HCWs living with HBV this requires 2 IVS taken no less than 4 weeks apart with both showing a viral load results below 200 IU/mL; for HCWs living with HIV this requires 2 IVS taken no less than 12 weeks apart with both showing a viral load below 200 copies/mL).

- **All staff undertaking exposure prone procedures (EPPs), including redeployed staff or those returning to the NHS, must undertake health clearance before doing so.** Categorisation of EPPs by speciality can be found on the UKAP webpage: <https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses>
- **Consultant occupational physicians should continue to report to UKAP Occupational Health Register (UKAP-OHR).** Whilst it remains the responsibility of the consultant occupational physician to clear individual HCWs to undertake EPPs, UKAP-OHR provides an important central register of HCWs living with BBVs who perform EPPs. As part of phased implementation of the web-based UKAP-OHR system, new or existing HCWs who are moving to a role that involves EPPs for the first time should be registered onto UKAP-OHR only if they are living with HIV, or living with hepatitis B and are HBeAg positive, and/or have a pre-treatment viral load >20,000 IU/mL. Wherever possible, occupational health physicians should also continue to report HCWs' monitoring results for HCWs who are already registered onto UKAP-OHR. We appreciate that there may be delays in sending these results to UKAP-OHR during this period. Where possible please send an email to UKAP-OHR to notify of this delay.
- **Risk assessments of HCWs newly diagnosed with BBVs, or possible transmission events, should continue.** UKAP recommends that risk assessments are undertaken remotely via teleconference until further notice. The need for cross-matching and patient notification exercises (PNEs) should continue to be discussed with UKAP in accordance with current guidance. The capacity of health services to deliver PNEs, and the risk to patients of a delay in doing so, should be considered as part of the risk assessment.
- **Advice from the UKAP secretariat on incident management, health clearance and categorisation of EPPs should still be sought.** Please contact the panel via the email address [ukap@phe.gov.uk](mailto:ukap@phe.gov.uk) ([phe.ukap@nhs.net](mailto:phe.ukap@nhs.net) if sending patient identifiable information). The panel have agreed to suspend use of the UKAP enquiry form until further notice, in order to reduce the administrative burden on services during the current crisis.

Yours Sincerely, on behalf of the panel

Dr. Emily Phipps  
Medical Secretary, UKAP  
Consultant Epidemiologist

Prof. David Goldberg  
Chair, UKAP  
Consultant Epidemiologist and  
Professor of Public Health