

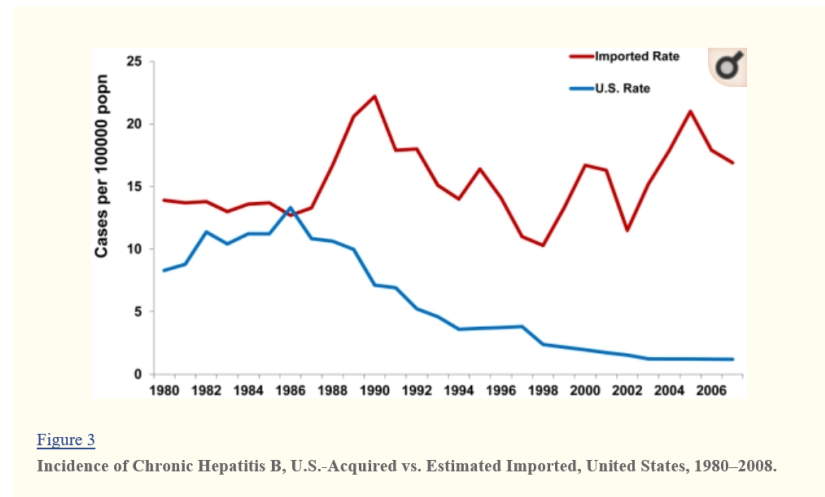
Background History - Discrimination Against Healthcare Students with Chronic HBV

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Policies and practices to exclude students with chronic HBV from healthcare schools and programs did not occur overnight. They evolved and proliferated due to:

- The complexity of the HBV disease, which helped schools mask and rationalize unfair, mostly undisclosed policies;
- Lack of knowledge within foreign-born communities disparately impacted by chronic HBV regarding the disease or how to question or challenge the unfair policies or practices; and

Incidence of Chronic Hepatitis B, U.S.-Acquired vs. Estimated Imported, United States, 1980–2008.



Source:

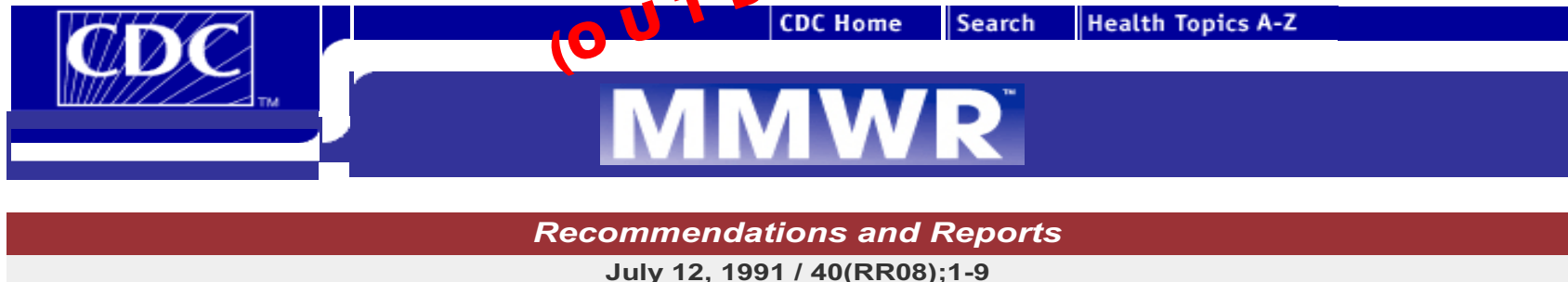
www.ncbi.nlm.nih.gov/pmc/articles/PMC3233539

. . . most important

- The reliance and misinterpretation of outdated recommendations from a trusted source.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>

Centers for Disease Control and Prevention
Morbidity and Mortality Weekly Report (MMWR)



Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures

This document has been developed by the Centers for Disease Control (CDC) to update recommendations for prevention of transmission of human immunodeficiency virus (HIV) and hepatitis B virus (HBV) in the health-care setting. Current data suggest that the risk for such transmission from a health-care worker (HCW) to a patient during an invasive procedure is small; a precise assessment of the risk is not yet available. This document contains recommendations to provide guidance for prevention of HIV and HBV transmission during those invasive procedures that are considered exposure-prone

Prior to 2011, assistance to healthcare students who were accepted but prevented from enrolling or in danger of being dismissed due to chronic HBV were handled on an *ad hoc* basis.

By 2011, the number of anxious calls received by the Hepatitis B Foundation were increasing in number and frequency and required formal action

1. To apprise the CDC of the discrimination that was occurring and convince the agency of the need to issue separate, updated, clearly defined recommendations for HBV- infected healthcare workers and students; and
2. To file complaints with the Dept. of Justice for 2 students accepted but not permitted to enroll at the University of Medicine and Dentistry of New Jersey. NOTE: Within 3 months additional ADA complaints were filed by students at 2 other healthcare schools.

As a result of advocacy by hepatitis B specialists, updated CDC recommendations were published in July, 2012 TO PROMOTE PATIENT SAFETY while providing risk management and practice guidance to HBV-infected health-care providers and students, particularly those performing exposure-prone procedures such as certain types of surgery.

These recommendations apply to all healthcare workers and providers, including nurses and other allied HCW's, students and residents.

HIGHLIGHTS - 2012 CDC RECOMMENDATIONS FOR MANAGEMENT OF HBV-INFECTED HEALTHCARE WORKERS AND STUDENTS

- Describes instances in which HBV-infected persons were threatened with dismissal or actually dismissed from surgical practice on the basis of their HBV infection, and others who had had their acceptances to medical or dental schools rescinded or deferred because of their infection;
- Calls for the use of HBV DNA serum levels rather than hepatitis B e-antigen status to monitor infectivity;
- Establishes a threshold value of less than <1,000 IU/ml serum HBV DNA for those health-care professionals who perform CDC defined Category 1 invasive, exposure-prone procedures (see below) and require oversight by expert review panels;

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- **Defines, classifies and provides examples of patient care procedures:**

Category I. Procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV).

These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions). Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include

- digital palpation of a needle tip in a body cavity and/or
- the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.

Category I procedures, especially those that have been implicated in HBV transmission, are not ordinarily performed by students fulfilling the essential functions of a medical or dental school education.

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Category II. All other invasive and noninvasive procedures

These and similar procedures are not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include

- surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I;
- the use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
- dental procedures other than major oral or maxillofacial surgery;
- insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
- endoscopic or bronchoscopic procedures;
- internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination; and procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

Remember: Policies are only effective, if they are implemented fairly and violations are reported. Calls to the Hepatitis B Foundation tell us that discriminatory policies and practices continue, and the Dept. of Justice needs to be apprised.

Please contact the foundation if you become aware of a discriminatory admissions policy, know someone who experiences discriminatory treatment or is denied reasonable accommodation; not permitted to participate in clinical settings; or is denied a license or insurance to practice due to chronic HBV – even if the incident has passed or occurred prior to the DOJ-UMDNJ Settlement Agreement. Be part of the solution!!