

## **Hepatitis, HIV or TB Chronic Infection Policy for Students**

The Centers for Disease Control and Prevention (CDC) guidelines suggest that medical students with Hepatitis B, Hepatitis C, or HIV (HBV/ HBC/ HIV) seropositivity can attend classes and participate in clinical clerkships and preceptorships.

### **PROCEDURES**

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **It is the responsibility of HBV/HCV/HIV infected medical students to notify and discuss their condition with a provider at University Health Services to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients.

## **Persistent Hepatitis B Virus [HBV] or Hepatitis C Virus [HCV] Antigenemia**

### **POLICY**

Medical students infected with viral hepatitis can pose a threat to patients. Cases of hepatitis transmission from physician to patient are documented in the literature, and therefore students infected with viral hepatitis may have additional matters to consider regarding their contact with patients. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures.

### **PROCEDURES**

All medical students are required to obtain hepatitis B vaccination before beginning medical school, and certainly before any patient contact. The vaccine is highly effective at inducing immunity to hepatitis B, and its side effect profile is minimal. Non-responders to six lifetime doses of hepatitis B vaccine will be tested for chronic hepatitis B infection.

**Students infected with chronic viral hepatitis (hepatitis B or hepatitis C) are required to discuss their condition with a provider at University Health Services [UHS].** This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and the impact their hepatitis infection may have on patients seen during their training.

Students are encouraged but not required to meet with faculty advisors regarding the potential impact hepatitis may have on their future career and specialty choice. This is especially important for any student with chronic hepatitis infection who is considering a surgical career. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered and/or the Associate or Assistant Dean for Student Affairs.

Medical students with active Hepatitis B infection (i.e., HBsAg positive) who do not perform exposure-prone procedures but who practice non- or minimally invasive procedures should not be subject to any restrictions of their activities or study.

Student who have a HBV PCR viral load of 1000 IU/ml or greater may pose a greater risk to patients when performing exposure-prone procedures and/or techniques and certain restrictions regarding full participation in these may be warranted. For a list of exposure-prone procedures and techniques, see MMWR July 6, 2012 Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, Box, p. 8.

Students who have a consistent HBV viral load less than 1000 IU/ml do not require any restrictions in participating in exposure-prone procedures and/or techniques.

Students who have chronic viral hepatitis (Hepatitis B) who may be rotating on surgical or OB/GYN rotations are required to have HBV PCR at least every 6 months, regardless of their HBeAg status. These students may require restrictions for participating in exposure-prone procedures and/or techniques. UHS will refer these students to the Office of Accessibility Resources (OAR) on main campus to follow the procedure for requesting accommodations. UHS will be available to provide medical documentation required by OAR.

## Positive Human Immunodeficiency Virus (HIV)

### POLICY

Medical students infected with HIV can pose a threat to patients. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures.

### PROCEDURES

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **Students infected with HIV are required to discuss their condition with a provider at University Health Services [UHS] to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and consider the impact their infection may have on patients seen during their training.

Students are encouraged but not required to meet with faculty advisors regarding the potential impact HIV may have on their future career and specialty choice. This is especially important for any student with HIV infection who is considering a surgical career. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered, and/or the Associate or Assistant Dean for Student Affairs.

Medical students with HIV infection who do not perform exposure-prone procedures but who practice non- or minimally invasive procedures should not be subject to any restrictions of their activities or study.

Medical students who have an HIV load of > 200 copies/ml may pose a greater risk to patients when performing exposure-prone procedures and/or techniques. UHS will refer these students to the Office of Accessibility Resources (OAR) on main campus to follow the procedure for requesting accommodations. UHS will be available to provide medical documentation required by OAR. Certain restrictions regarding full participation may be warranted. For a list of exposure-prone procedures and techniques, see MMWR July 6, 2012 Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, Box, p. 8.

## Positive Tuberculosis (TB)

### POLICY

Medical students with confirmed infectious pulmonary, laryngeal, endobronchial, or tracheal TB disease, or a draining TB skin lesion pose a risk to patients, HCWs, and others. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures

### PROCEDURES

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **Students infected with TB are required to discuss their condition with a provider at University Health Services [UHS] to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and the impact their infection may have on patients seen during their training. Students are also encouraged but not required to meet with faculty advisors regarding the potential impact TB may have on their future career and specialty choice. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered, and/or the Associate or Assistant Dean for Student Affairs.

Medical students with a newly positive test result for *M. tuberculosis* infection should receive one chest radiograph result to exclude TB disease. If the X-ray is positive, they should be excluded from school until these criteria have been met:

- 1) Three consecutive sputum samples collected in 8–24-hour intervals are negative, with at least one sample from an early morning specimen (because respiratory secretions pool overnight);

- 2) Response to anti-tuberculosis treatment that will probably be effective (can be based on susceptibility results); and
- 3) Determination by UHS of student's non-infectiousness.

Medical students with extra-pulmonary TB disease usually do not need to be excluded from school or rotations as long as no involvement of the respiratory track has occurred. They can be confirmed as noninfectious and can continue to work if documented evidence is available that indicates that concurrent pulmonary TB disease has been excluded.

Medical students receiving treatment for latent tuberculosis infection can return to work immediately.

## Hepatitis B Compliance

<b>Recombivax B or Engerix-B</b>  <b>Normal Dosing Schedule</b>  Appropriate for FIRST series or REPEAT series	Dose 1	Patient contact allowed after receiving Dose 2.
	Dose 2	Between 1-2 months after Dose 1. Patient contact allowed after receiving Dose 2.
	Dose 3	Between 5-6 months after Dose 2.
	Quantitative Hepatitis B Surface Antibody Titer (HBSAB)	Between 1-2 months after Dose 3. If quantitative titer is negative (indicating no immunity), notify University Health Services [UHS (513) 584-4457]. Repeat Hep B series or obtain 1 Hepatitis booster and re-titer.* If REPEAT quantitative titer is negative (indicating no immunity), notify UHS who will provide further evaluation and guidance.
<b>HEPLISAV-B</b>  <b>Normal Dosing Schedule</b>  Appropriate for FIRST series or REPEAT series	Dose 1	Patient contact allowed after receiving Dose 2.
	Dose 2	Between 1-2 months after Dose 1. Patient contact allowed after receiving Dose 2.
	Quantitative Hepatitis B Surface Antibody Titer (HBSAB)	Between 1-2 months after Dose 2. If quantitative titer is negative (indicating no immunity), notify University Health Services [UHS (513) 584-4457]. Repeat Hep B series or obtain 1 Hepatitis booster and re-titer.* If REPEAT quantitative titer is negative (indicating no immunity), notify UHS who will provide further evaluation and guidance.

 Confirm availability of immunizations with your health care provider prior to making appointments.  
 \*See Hepatitis B Compliance: Negative Quantitative Titer  
 Contact MedProctor ([info@medproctor.com](mailto:info@medproctor.com)) or University Health Services ([uhstracking@ucmail.uc.edu](mailto:uhstracking@ucmail.uc.edu)) for additional guidance.

## Hepatitis B : Negative Quantitative Titer After 1<sup>st</sup> Immunization Series

### HEPATITIS B, AFTER ONE SERIES OF IMMUNIZATIONS,\* QUANTITATIVE TITER IS NEGATIVE:

Your first test indicates that you are not immune to hepatitis B, although you have received the 3 shots and had the quantitative titer drawn at least one month thereafter. You must do one of the following:

Repeat a complete series of Hepatitis B immunizations and have a repeat (2<sup>nd</sup>) quantitative titer drawn one month later. Your second series can be:

- Recombivax B or Engerix-B 3 Doses Normal Schedule [plus quantitative titer one month later];
- Heplisav-B 2 Doses Schedule [plus quantitative titer one month later].

or

Get one Hepatitis B booster and have a repeat (2<sup>nd</sup>) quantitative titer drawn one month later. Your booster shot can be:

- Recombivax B [plus quantitative titer one month later];
- Engerix-B [plus quantitative titer one month later]; or
- Heplisav-B [plus quantitative titer one month later].

If the repeat (2<sup>nd</sup>) quantitative titer is also negative, you must complete the second series of immunizations, and have a 3<sup>rd</sup> quantitative titer drawn one month later.

\*Initial series can be 3-shots or Heplisav-B 2-shots.



Confirm availability of immunizations with your health care provider prior to making appointments.

Contact MedProctor ([info@medproctor.com](mailto:info@medproctor.com)) or University Health Services ([uhstracking@ucmail.uc.edu](mailto:uhstracking@ucmail.uc.edu)) for additional guidance.

## Hepatitis B: Negative Quantitative Titer After 2<sup>nd</sup> Immunization Series

### HEPATITIS B, AFTER SECOND SERIES OF IMMUNIZATIONS, QUANTITATIVE TITER IS NEGATIVE:

Your repeat HBSAB did not indicate an immunity response.

#### You must visit UHS.

- You will be tested for chronic Hepatitis B infection.
- You might be excluded from patient care activities that could expose you to blood/body fluids. More typically, the only way that non-responders are treated differently is in the event of an exposure (e.g., your sustaining a needle-stick from someone with a positive HBsAg, hepatitis B disease, or unknown status). CDC currently recommends that in the event of a known positive or unknown exposure, a nonresponder would get 2 HBIG shots.
- You may be referred to UC's Office of Accessibility Resources (OAR) to determine if any accommodations are necessary.
- Please take cautionary measures to protect yourself, maintain a copy of your immunization records in your personal files, and in the event of a bloodborne pathogen exposure please follow up as necessary.

Contact MedProctor ([info@medproctor.com](mailto:info@medproctor.com)) or University Health Services ([uhstracking@ucmail.uc.edu](mailto:uhstracking@ucmail.uc.edu)) for additional guidance.



Confirm availability of immunizations with your health care provider prior to making appointments.

Contact MedProctor ([info@medproctor.com](mailto:info@medproctor.com)) or University Health Services ([uhstracking@ucmail.uc.edu](mailto:uhstracking@ucmail.uc.edu)) for additional guidance.