

Statement on the Development of Guidelines for the Prevention of AIDS Transmission in the Workplace

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Dr. Mason, Director, Centers for Disease Control, was Acting Assistant Secretary for Health, Public Health Service, when the guidelines were issued. Tearsheet requests to Office of Public Affairs, 721-H, Hubert H. Humphrey Bldg., 200 Independence Ave., SW, Washington, DC 20201.

THE PUBLIC HEALTH SERVICE'S GUIDELINES on the prevention of the AIDS virus transmission in the workplace were published in the November 15, 1985, issue of the *Morbidity and Mortality Weekly Report (1)*.

The paramount consideration of the guidelines is protection of the public's health. They are directed to four groups of workers.

- *Health care workers*—including health professionals, laboratory and blood bank technologists and technicians, emergency personnel, morticians, housekeepers, laundry workers, and others whose work involves contact with AIDS patients, their blood or other body fluids, or corpses.
- *Personal service workers*—those whose occupations involve close contact with clients; for example, hairdressers, barbers, cosmetologists, manicurists and pedicurists, massage therapists, and others.
- *Food service workers*—a category included because of public concern that HTLV-III/LAV, the "AIDS virus," may be transmitted in food and beverages handled by infected persons. (This concern is wholly unfounded.)
- *Other workers*—persons in work settings such as offices, schools, factories, and construction sites, where there is no known risk of AIDS virus transmission.

Other guidelines are being developed for persons working in prisons, in custodial institutions, and in correctional facilities, and for health care workers who perform invasive procedures. The current guidelines, as well as the ones to come, all have as their goal the protection of the public's health.

Hepatitis B Virus Experience

The epidemiology of HTLV-III/LAV infection is similar to hepatitis virus infection, and much that has been learned over the past 15 years related to the risk of acquiring hepatitis B in the workplace can be applied to understanding the risk of HTLV-III/LAV transmission in occupational settings.

Hepatitis B virus is spread in ways similar to AIDS; however, when the two are compared, the hepatitis B virus is hardier than the AIDS virus; there is more of it than of the AIDS virus in the bloodstream; and hepatitis B is far easier than AIDS to catch in the health care setting. The risk of infection to a health care worker following a needle stick from a carrier of the hepatitis B virus, for example, is between 6 and 30 percent, far in excess of the documented risk of infection to a health care worker following a needle stick involving a patient infected with the AIDS virus—a risk that is much less than 1 percent.

With respect to transmission in health care and other related settings, the hepatitis B model is a "worst case" situation. Guidelines that would control hepatitis B transmission will certainly prevent the spread of AIDS. The guidelines, then, are conservative and are based on this worst-case situation.

The guidelines represent no change in the basic message about AIDS that the Public Health Service has been conveying all along—that AIDS is a bloodborne, sexually transmitted disease that is *not* spread by casual contact.

AIDS is a frightening disease. And we are in the midst of an epidemic of fear, which is both good and bad. Two kinds of fear are at work here. One is reasonable fear among people whose behavior may put them at risk for AIDS. For those people fear may accomplish what knowledge alone will not—fear may cause people to change the behavior that puts them at risk.

On the other hand, fear among people who are not at risk is unwarranted and counterproductive. People who are frightened of friends, coworkers, and family members who may be at risk of AIDS are suffering unwarranted fear, and that fear doesn't produce any worthwhile outcomes. This is the fear we need to do away with.

In studies of more than 300 household contacts of AIDS patients, none—other than sexual partners or infants who acquired the infection perinatally from their infected mothers—have had positive results on

the AIDS antibody test or developed AIDS. In studies of 1,498 health care workers in facilities where AIDS patients are treated, not one has developed AIDS or become seropositive as a result of contacts with patients, other than through needle-stick injury.

The evidence is overwhelming that except for rare cases of transmission by blood transfusion, or perinatally from an infected mother to her infant, or by accidental needle-stick injury, AIDS is transmitted only by sexual acts or by sharing drug-abuse equipment—not by casual contact. For this reason, the Public Health Service does not recommend routine AIDS antibody screening for the groups that these guidelines address.

Outlined below are some of the points the guidelines cover.

Health Care Workers

The longest section of the guidelines deals with health care workers and recommends precautions appropriate to prevent transmission of all blood-borne infectious diseases, including HTLV-III/LAV infection and hepatitis B. These precautions are spelled out in detail in the *Morbidity and Mortality Weekly Report* article (1). They take into account the possibility of transmission of infection from patient to health care worker and from health care worker to patient, and they should be enforced routinely. They include recommendations for managing parenteral and mucous membrane exposures to blood or other body fluids; precautions to be taken with needles and sharp instruments; appropriate use of gloves and other protective garments; use of equipment to minimize the need for mouth-to-mouth resuscitation; sterilization and disinfection procedures; housekeeping procedures; and disposal of infective body wastes. Precautions for people caring for AIDS patients at home and for providers of prehospital emergency care are also included.

Personal Service Workers

The section dealing with personal service workers emphasizes that we have no evidence of any instances of transmission of the AIDS virus between these workers and their clients, or from client to client. Nevertheless, a risk would exist in situations where there is trauma to an uninfected person that would give the virus a portal of entry, combined with access of blood or serous fluid from

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an infected person to the open tissue, as could occur in the case of a cut. There would also be a risk of transmission from client to client if instruments contaminated with blood were not sterilized or disinfected between clients.

Personal service workers whose services require needles or other instruments that penetrate the skin should follow precautions recommended in the guidelines for health care workers. Instruments used to pierce the skin—for example, tattooing and acupuncture needles and ear-piercing devices—should be used once and disposed of, or should be thoroughly cleaned and disinfected, using the procedures the guidelines recommend.

Any personal service worker (and any health care worker) who has exudative lesions or weeping dermatitis, regardless of that person's status with respect to infection with the AIDS virus, should refrain from direct contact with clients until the condition clears.

Food Service Workers

With respect to food service workers—for example, cooks, caterers, waiters, bartenders, and airline attendants—all evidence from epidemiologic and laboratory studies indicates that bloodborne and sexually transmitted infections such as AIDS are not transmitted in connection with the preparation or serving of food or beverages. There have been no documented instances of transmission of either hepatitis B or AIDS in this manner.

The guidelines state that food service workers should follow established standards and practices of good personal hygiene and food sanitation. Food service workers should not prepare or serve food when they have exudative lesions or weeping dermatitis, and they should take care to avoid injury to their hands when preparing food. If such injury should occur, food contaminated with blood should be discarded. Of course, this recommendation should be followed anyway, just for aesthetic reasons.

Food service workers known to be infected with the AIDS virus need not be restricted from work unless they show evidence of another infection, condition, or illness for which there should be such a restriction.

Other Workers

The guidelines for other workers emphasize that AIDS is not spread by the kind of nonsexual, person-to-person contact that occurs among workers, clients, and consumers in such settings as offices, schools, factories, and construction sites. Workers known to be infected with the AIDS virus should not be restricted from work on this account, nor should they be restricted from using telephones, office equipment, toilets, showers, eating facilities, and water fountains. In the case of accidents in the work setting, equipment that is contaminated with blood or other body fluids from any worker, known to be infected or not, should be cleaned with soap and water or a detergent. A disinfectant or a fresh solution of household bleach, as described in the guidelines, should be used to wipe the area after cleaning.

Individual Choice Is the Key

We ask the help of the public health community in dispelling unwarranted public fears by continuing to emphasize that AIDS is not easy to catch and is not spread by casual contact. Personal choices made by each individual with respect to responsible sexual behavior and nonuse of intravenous drugs are the best guarantees of protection from the AIDS virus.

The Surgeon General's Workshop on Violence and Public Health: Review of the Recommendations

TED CRON

FOR 2½ DAYS LAST FALL, 175 NATIONALLY known experts in medicine, nursing, public health, law, and social service met in Leesburg, VA, to

Many organizations and consultants helped the Agencies of the Public Health Service to compile and develop them. The following organizations were represented in the formulation of the guidelines: Association of State and Territorial Health Officers, Conference of State and Territorial Epidemiologists, Association of State and Territorial Public Health Laboratory Directors, National Association of County Health Officials, American Hospital Association, United States Conference of Local Health Officers, Association for Practitioners in Infection Control, Society for Hospital Epidemiologists of America, American Dental Association, American Medical Association, American Nurses' Association, American Association of Medical Colleges, American Association of Dental Schools, Food Research Institute, National Restaurant Association, National Hairdressers and Cosmetology Association, National Gay Task Force, National Funeral Directors and Morticians Association, American Association of Physicians for Human Rights, and National Association of Emergency Medical Technicians. The consultants also included a labor union representative, an attorney, a corporate medical director, and a pathologist.

Reference

1. Recommendations for preventing transmission of infection with human T-lymphotropic virus type III lymphadenopathy-associated virus in the workplace. *MMWR* 34: 682-695, Nov. 15, 1985.

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wrestle with the idea that interpersonal violence—and family violence in particular—was a public health problem. They had been personally invited