Position Paper—HIV Prevention

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HIV Prevention Plan Comments
National Center for HIV, STP, and TB Prevention Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

February 5, 2001

Dear Sirs,

The American Biological Safety Association (ABSA) is an organization of biological safety practitioners who work in a variety of academic, governmental, and private work environments. We have many members in the United States, Canada, and in other countries. We are recognized as the leading authority in the field of biological safety.

We have reviewed your draft September 2000 HIV Prevention Plan through 2005. Please consider the comments which follow regarding Goal 1, Objective 11; “Reduce occupational transmission of HIV.”

The strategy to encourage the availability and use of effective engineering controls with engineered sharps injury protection is to be endorsed. It is consistent with other Centers for Disease Control and Prevention (CDC) recommendations and the bloodborne pathogens compliance directive from the Occupational Safety and Health Administration (OSHA). The need for employees who use sharps to also utilize safe work practices and be trained in the use of the engineered sharps’ injury protection must be stressed. The means of activation and verification of activation of the engineering control must be understood by employees using them. The engineering control must also be properly evaluated by the employer in the work environment in which it is to be used. Some devices may not be able to work comparably in all needle use situations. These work conditions can affect the employee’s ability to benefit from the protection of the engineering control.

Disposable gloves are recognized as barriers to bloodborne pathogens. Employers need to be encouraged to select effective barrier protection for use by their employees. Latex is still recognized as the glove material most resistant to bloodborne pathogen penetration. Employers should select powder-free latex gloves with low levels of water-soluble extractable proteins. This is consistent with the recommendations of the National Institutes of Occupational Safety and Health (NIOSH). These gloves should also have been issued 510(k)’s by the Food and Drug Administration (FDA) to verify that they meet medical device requirements. Gloves should also be manufactured as per the applicable American Society of Testing Materials (ASTM) standards. Gloves of alternative, nonlatex materials meeting these requirements need to be made available to employees with latex allergies or other sensitivities to glove materials.

There are many clinical trials underway all over the world involving anti-HIV drugs. Care must also be taken when specimens from patients in these trials are sent to the United States for testing. Physicians forwarding these specimens must be educated and take proper care in the preparation of these shipments. This is in keeping with International Civil Aviation Organization/International Air Transport Association requirements. This is needed to help avoid possible HIV transmission to the public.

We agree that health care workers need to be made aware of postexposure prophylaxis. However, all anti-HIV drugs currently recommended in the CDC guidelines are not available in all medical practice situations. Employers should identify medical practices that can
provide comprehensive treatment and arrange for the provision of such medical services prior to employee exposure. Timely counseling and treatment are essential to prevent an exposure from resulting in HIV infection. The employee also needs to be properly prepared to make the necessary personal decisions regarding an acceptable postexposure treatment (i.e., the timely use of AZT, etc.). Insurers need to be encouraged to determine the capabilities of practices in their provider networks to provide comprehensive HIV treatment as per the CDC recommendations. Insurers then need to communicate this information to their clients. These combined efforts would result in better ability of medical practices to render proper treatment and to prevent the development of HIV infection in these exposure situations.

We appreciate the opportunity to have provided this input to your strategic plan. We wish you well in these efforts.

Sincerely,

Debra L. Hunt, DrPH, RBP, CBSP
President, American Biological Safety Association

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