

**From:** Joan Faoagali  
**Sent:** Thursday, 7 April 2011 11:27 AM  
**To:** medboardconsultation  
**Cc:** Elsa Genovese  
**Subject:** Blood borne virus guidelines

thank you for the opportunity to comment on these proposed guidelines.

Q1 A no . It is clear from following many clinical cases that disease with BBV particularly HBV can be intermittent and unpredictable therefore it is impossible to predict recrudescence of disease just as it is impossible to carry out the appropriate studies confirming that a patient is non infectious to other humans

Q2 A Y. A BBV carrier should not be permitted to undertake exposure prone procedures because of the answers in 'q 1 This also means that a medical practitioner carrying a BBV can not be fully registered fro practice or be adequately trained in the current medical training schemes

Q3 A As it is impossible to predict recrudescence of disease it is essential that the BBV carrier remains under the control of their testing/treating specialist. Only they can monitor as required and not (or as well as) at "set" times and provide accurate laboratory based information on safety to practice

Q4 A A medical practitioner or medical student or anyone else who is a BBV carrier does not look any different to a non BBV carrier, therefore I suggest that ALL medical practitioners and students should undergo annual BBV testing with exemptions for those totally excluded from EPP. Sometimes infections can be asymptomatic so this is the only way that adequate monitoring and patient safety can be achieved.

Q5 A 1. Mandatory infectious control training and recording should be required from all medical students and medical practitioners with regular updates eg annual for medical students and 2-5 yearly for medical practitioners  
2. Mandatory reporting of exposure incidents should be required with appropriate followup of immune status and seroconversions. This occurs in many hospital settings currently and provides a model which could be applied nationally without great expense, training or changes to hospital practices.

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