

the Pan American Health Organization in support of the health of the Central American people and their request that it continue promoting the Initiative, keeping the international community informed of the progress in its execution.

11. Their special appreciation to the Government of Spain for having demonstrated once again its determination to reinforce the ties be-

tween Spain and Ibero-America and for its support of the ideals of the Initiative on endorsing the III Madrid Conference, "Health and Peace for Development and Democracy."

12. Their decision to communicate this Declaration to future Central American and Ibero-American Presidential Summit Meetings.



WHO Reports on HIV and HBV Transmission in the Health Care Setting

Following the reported transmission of human immunodeficiency virus (HIV) from a dentist in the United States of America to three of his patients, the World Health Organization received requests from a number of countries for practical guidance on how to avoid such incidents. Accordingly, the WHO Global Program on AIDS organized a consultation of international experts on HIV and hepatitis B virus (HBV) transmission in the health care setting, which was held in Geneva on 11-12 April 1991.

The consultation report examines the risk of transmission of bloodborne HIV and HBV from patient to patient, from patient to health care worker, and from health care worker to patient. Transmission by any of these pathways is rare, and the third pathway is the rarest of all. For HIV, the U.S. dentist-to-patient case is the only reported instance of its kind.

The risk of bloodborne spread of HIV and HBV from patient to patient is minimal wherever sufficient medical and surgical equipment is available and careful attention is paid to instrument sterilization and other procedures to minimize the risk of contamination with blood. Patient-to-patient spread in the health care setting poses a greater risk in countries with limited supplies and equipment and where techniques to minimize contamination may not be rigorously practiced.

HBV spread from patients to health care workers is proportional to the degree of blood exposure. For highly exposed health care workers such as surgeons and laboratory personnel, the lifetime risk of HBV infection may reach 30-50%. The situation with HIV is quite different. Because HIV circulates in blood at much lower concentrations than HBV, and because it is not able to survive as well outside the human body, occupationally acquired HIV infection is believed to be uncommon.

The report examines and then rejects routine and/or mandatory testing of ei-

Source: World Health Organization, "Global Programme on AIDS: HIV and HBV transmission in the health care setting," *Wkly Epidemiol Rec* 66(26):189-191, 1991.

ther health care workers or patients as a possible approach to minimizing HIV and HBV transmission in the health care setting. Such testing may actually be counterproductive, especially for AIDS control. Because of the stigma and other potential consequences of being identified as HIV-positive, individuals who think they might be infected may avoid being tested. Mandatory testing is therefore likely to miss some infected persons. Even among those who are tested, a negative result is no guarantee that they were not infected very recently (the "window" for the development of antibody to HIV is a few weeks to several months) or that they will not become infected in the future. The consultation concluded that routine testing thus creates a false sense of security, which may lull the health care worker into less vigilance with regard to safety precautions. Moreover, testing is costly, absorbing precious resources that could be put to better use.

For all these reasons, and because there is no evidence that knowledge of infection status reduces the risk of accidental exposure, the experts concluded that prevention of the transmission of HIV and HBV must be based on universal blood and body fluid precautions. The underlying concept of universal precau-

tions is that *all* blood and certain body fluids are assumed to be infectious for HIV, HBV, and other bloodborne pathogens and that appropriate measures should *always* be taken to avoid transmission. The report recommended that the concept of universal precautions be adopted by all governments, health authorities, and institutions, even though the details of specific control measures will vary from place to place according to resource availability.

The report also contained other specific recommendations for health care institutions, WHO, and national authorities. It concluded that if universal precautions are strictly followed and adequate infection control procedures adhered to, the risk of HBV or HIV transmission from an infected health care worker to a patient is extremely remote. Therefore, in general, workers who are chronic HBV carriers and/or who are infected with HIV should not be prevented from providing health care.

The report of the consultation (unpublished document WHO/GPA/DIR/91.5) is available in English and French and may be obtained upon request from: Global Program on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.