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Policy briefing

HIV and post-mortems: best practice for pathologists

January 2013

- All pathology professionals should conduct post-mortems on HIV positive individuals if requested.
- Adherence to universal precautions will mean that the risk of HIV transmission is extremely low.
- It is essential that all practitioners are properly trained and knowledgeable about mortuary techniques and safety procedures as well as when it is appropriate to refer on to Post-Exposure Prophylaxis (PEP).
- All pathologists should familiarise themselves with the RCP guidelines on health and safety and infections and Appendix 3 on protocols for performing post-mortem examination on Hazard Group 3 infections: http://www.rcpath.org/publications-media/publications/guidelines-on-autopsy-practice

Introduction

In the last 30 years there have been huge advancements in the understanding and treatment of HIV. Evidence now shows HIV is no longer a risk to pathologists carrying out autopsies as long as the standard universal precautions are taken. HIV is also not considered a notifiable disease under the 2008 Health and Social Care Act because of the effective systems in place to report, monitor and control the risk from such infections.

Websites: www.NAT.org.uk www.lifewithHIV.org.uk www.HIVaware.org.uk
Address: New City Cloisters, 196 Old Street, London EC1V 9FR **T:** +44 (0)20 7814 6767 **E:** info@nat.org.uk

Despite these developments, there has been an inconsistent implementation of current best practice guidance for pathologists across England and Wales. In particular, there have been cases of pathologists denying post-mortems on the basis of a person's HIV status. This is unnecessary as when the precautions outlined in this paper are taken, there is no real risk of HIV transmission through the procedure. It is also discriminatory and unlawful under the Equality Act 2010 to deny families their right to request an autopsy on the basis of HIV status when there is no evidence-based reason to do so.

This paper explains the current, evidence based guidelines relevant to HIV and autopsy set out by the Royal College of Pathology (2002): 'Guidelines on autopsy practice'. To read the full document please see:

http://www.rcpath.org/Resources/RCPath/Migrated%20Resources/Documents/M/main_document.pdf

The report gives clear advice to pathologists on 'best practice.' It provides examples of what the RCP believe are acceptable practices which the pathologist ***must do*** and practices which the pathologist ***may do*** (best practice) during the autopsy procedure.

Following this advice will help pathologists to conform to relevant RCP guidance as well as equalities law in relation to HIV and post-mortems. It will also prevent the unnecessary hurt and distress caused by denying autopsies requested by family members or partners of somebody who has lived with HIV.

RCP's guidelines on health and safety and HIV

In their 2002 guidelines on infections[1], RCP recommended that universal precautions should always be taken during autopsies to reduce risk. Precautions against infection must always be taken as in the case of blood borne viruses (BBV) and HIV - classified as a Hazard Group 3 infection[1] - it will not always be known when cadavers have an infection.

Universal precautions include making sure the following items are worn by pathologists and anatomical pathology technologists (APT"s) during all autopsies. This practice is a requirement pathologists ***must do.*** Mandatory items of clothing to be worn are:

- A surgical scrub suit
- A waterproof or water-resistant disposable gown (e.g. Tyvek) that completely covers the arms, chest and legs
- A plastic disposable apron to cover chest, trunk and legs
- A form of eye protection or plain unventilated visor
- A face mask to protect the mouth and nose from direct splash contamination if visor is not worn
- Gloves: outer latex over neoprene cut-resistant gloves. (The best possible protection is a triple glove sandwich of latex-neoprene-latex.)
- Rubber boots with reinforced toe-caps

It is also best practice (what the pathologist ***may do***) if the following procedures are followed:

- A disposable paper hat is worn
- A separate infection suit is worn for performing autopsies
- A circulator is provided (a third person working alongside the pathologist and APT remote to the actual procedures at the autopsy table and who assists with communication, arranging specimen removal, providing clean instruments and photography)
- Trainee pathologists have experience of carrying out autopsies on bodies with BBVs and assist when they are deemed technically competent and safe in handling infected tissues and instruments.

The autopsy examination

For post-mortems being carried out on a body with HIV or AIDS, examinations should be performed by a consultant histopathologist or experienced junior pathologist[1]. Pathological and technical expertise would also be an advantage when performing an examination and possible subsequent tissue evaluation[2]. During the procedure, the post-mortem is not to be performed in a body bag. General precautions for post-mortem examination should take place, such as never passing instruments from hand to hand during an examination. It is also advisable that during dissection of the body the number of sharp instruments present on the post mortem table should be kept to a minimum, such as using blunt ended PM40 and scalpel blades[3]. Standard cleaning and contamination procedures should be carried out with instruments and surfaces used. For more information please see RCP's Appendix 3 on Protocols for performing post-mortem examinations on Hazard Group 3 infections:

http://www.rcpath.org/Resources/RCPath/Migrated%20Resources/Documents/A/appendix_3.pdf

The Health and Safety Executive's (HSE) 'Safe working and the prevention of infection in the mortuary and the post-mortem room[4]' also provides more information:

http://www.hse.gov.uk/pubns/priced/mortuary-infection.pdf

There is no need to notify others about an HIV autopsy case as under the 2008 Health and Social Care Act, HIV is not considered a notifiable disease. However, the pathologist should note the HIV infected status of the body in the routine autopsy register book. If a new diagnosis of HIV is made at autopsy, the laboratory that performs the serology will routinely notify the Public Health Laboratory Service Communicable Diseases Surveillance Unit of the case.[5]

HIV and risk assessment

Consideration of the risk of infection does not begin with a notification of HIV positive status. It is estimated that 24% of people living with HIV in the UK are not aware of their infection[6]. It is therefore essential to adopt universal precautions in all cases, not only where there is a known or suspected blood borne virus.

If the universal precautions and procedures outlined above are adopted, a refusal to perform an autopsy purely because of perceived risk of exposure to HIV would not be justified. RCP writes:

'In a well-equipped mortuary with adequate ventilation and when the recommendations in this document are followed, the risk of infection from HG#3 cases is so low that refusal to perform an autopsy on the grounds of "risk of infection" is illogical, if not unethical.' (RCP, 2002: 15)

Risk of transmission is reduced even further if someone living with HIV is on effective anti-retroviral treatment (ART). ART is likely to cause the person to have a very low level of virus in their body (<50 copies/ml, known as an undetectable viral load) which means it is extremely unlikely they can pass on HIV to others. The infectiousness of cadavers also declines over time making a potentially infected HIV body an even lower risk to practitioners.

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[1] RCP (2002) Appendix 3 *Protocols for performing post-mortem examination on known or suspect 'high-risk' infected cadavers: Hazard Group 3 infections HIV, hepatitis C, tuberculosis, Creutzfeldt-Jakob disease*

[2] See RCP (2002) Section 10.4: *Specialised Autopsies*

[3] Gan´czak M et al. (2003) 'Pathologist and HIV - Are Safe Autopsies Possible?' Pol J Pathol 54 (2):143-6

[4] HSE (2003): *Safe working and the prevention of infection in the mortuary and post-mortem room*

[5] RCP (2002) Appendix 3 *Protocols for performing post-mortem examination on known or suspect 'high-risk' infected cadavers: Hazard Group 3 infections HIV, hepatitis C, tuberculosis, Creutzfeldt-Jakob disease*

[6] HPA (2012) *HIV in the United Kingdom: 2012 report*, Health Protection Agency

Someone diagnosed with HIV, whose status the pathology team is aware of, is therefore not likely to be a high infection risk.

Post-exposure Prophylaxis

Notwithstanding the very low risk of transmission, if there is reason to believe a pathologist has been exposed to HIV they may be referred to post-exposure prophylaxis (PEP). If an incident occurs, the practitioner should stop the post mortem and report immediately to an occupational health unit for which there should be protocols for dealing with exposure to HIV.

PEP will only be provided where an assessment shows evidence that there has been a *significant* occupational exposure to blood or another high-risk body fluid from the body either known to be HIV infected or considered to be at high risk of HIV infection.[7]

High risk body fluids include:

- Amniotic fluid
- Blood
- Cerebrospinal fluid
- Exudative or other tissue fluid from burns or skin lesions
- Human breast milk
- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Saliva in association with dentistry (likely to be contaminated with blood, even when not obviously so)
- Semen
- Synovial fluid
- Unfixed human tissues and organs
- Vaginal secretions
- Any other body fluid if visibly bloodstained

For more information on what constitutes a high-risk body fluid please see the Department of Health's (DOH) report on HIV post-exposure prophylaxis:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089997.pdf

PEP should not be offered after exposure to any low-risk materials such as urine, vomit, saliva or faeces unless they are visibly bloodstained. PEP should also not be offered where testing has shown that the source is HIV negative, or if a risk assessment has concluded that HIV infection of the source is highly unlikely, for instance, if the patient has an undetectable viral load.

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Equality and the law

The Equality Act 2010 states that all individuals living with HIV are protected from discrimination.[8] People living with HIV are protected under disability discrimination as HIV is always defined as a disability under law. Protection against disability discrimination also includes discrimination in service provision. For example, a person cannot be denied a service on the basis of their disability. It also protects a person from being denied a service or being treated less favourably because they are linked or associated with a disabled person. To deny families the right for an autopsy to be carried out on their loved one purely because he/she has lived with HIV therefore risks claims of discrimination and is unlawful under the Equality Act. It cannot be argued

[7] DOH (2008) *HIV post-exposure prophylaxis: Guidance from the UK Chief Medical Officer's Expert Advisory Group on AIDS.*

[8] Equality Act (2010): Available online at: http://www.legislation.gov.uk/ukpga/2010/15/contents

that discrimination is necessary because of the risk of HIV transmission, since the current evidence proves HIV does not pose a high risk to practitioners. For more detail, please see the Equality Act 2010 available online at:
http://www.legislation.gov.uk/ukpga/2010/15/contents

Summary

- All pathology professionals should conduct post-mortems on HIV positive individuals if requested.
- Adherence to universal precautions will mean that the risk of HIV transmission is extremely low.
- It is essential that all practitioners are properly trained and knowledgeable about mortuary techniques and safety procedures as well as when it is appropriate to refer on to PEP.
- All pathologists should familiarise themselves with the RCP guidelines on health and safety and infections and Appendix 3 on protocols for performing post-mortem examination on Hazard Group 3 infections: http://www.rcpath.org/publications-media/publications/guidelines-on-autopsy-practice
- Understanding of the current evidence based guidelines by the RCP will prevent unnecessary refusal of services and discrimination against family members, partners and friends closely associated with someone who has lived with HIV.

Further contacts

- The Coroners' Society of England and Wales: www.coronersociety.org.uk
- Health Protection Agency: www.hpa.org.uk/HIV
- National AIDS Trust (NAT): www.nat.org.uk
- HIVaware: www.hivaware.org.uk
- Equality and Human Rights Commission (EHRC): www.equalityhumanrights.com
- British Association for Sexual Health and HIV: http://www.bashh.org
- Department of Health (DOH): www.dh.gov.uk/

Further reading

- RCP (2002) *Guidelines on autopsy practice*. Available online at http://www.rcpath.org/publications-media/publications/guidelines-on-autopsy-practice
- Home Office (2010) *Equality Act 2010*: Available online at: http://www.legislation.gov.uk/ukpga/2010/15/contents
- DOH (2010*) Health Protection Legislation Guidance 2010*. Available online at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114510
- (HSE, 2003) *Safe working and the prevention of infection in the mortuary and the post-mortem room*. Available online at: http://books.hse.gov.uk/hse/public/saleproduct.jsf?catalogueCode=9780717622931
- Gan´czak M et al. (2003) Pathologist and HIV - Are Safe Autopsies Possible? *Pol J Pathol* 54 (2):143-6

- DOH (2008) *HIV post-exposure prophylaxis: guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS*. Available online at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088185