

## Medical Students: Immunisation and Blood Borne Viral Infections

1997

### 1. Immunisation of Students

- 1.1 The AMA believes that medical students should have access to appropriate immunisation programmes, and that the cost of those immunisations that are not currently subsidised should not be borne by the students.
- 1.2 The AMA believes that the minimal level of screening services and immunisation which should be offered, at this time, by the Australian medical schools are:
  - 1.2.1 testing for HBV, HCV and HIV;
  - 1.2.2 immunisation against HBV, HAV, diphtheria and tetanus, polio, measles, mumps and rubella; and
  - 1.2.3 repeated Mantoux testing and/or BCG immunisation.

### 2. Students with Blood-Borne Viral Infections and the Safety of the Public

- 2.1 There is a small but real risk to the public of infection from an infected student, who is involved in exposure-prone procedures.
- 2.2 The AMA believes that all medical students have a responsibility to be aware of their own infective status, and to understand and practise universal precautions.
- 2.3 The AMA recognises that students have no legal obligation to inform their medical schools of their blood-borne viral status. However, the AMA believes that students infected with blood-borne viruses should inform their medical schools to fulfil their common law duty of care and ethical responsibility. This helps to safeguard patients and to maximise the students own welfare and safety while training.
- 2.4 A medical student who suspects they have been infected has an ethical responsibility to seek testing and counselling. Infected medical students should seek appropriate medical care from a doctor qualified to manage infectious diseases. The infected medical student should also seek and follow expert advice on any necessary modifications to their training and subsequent medical practice that may be necessary to protect their patients. A doctor who, after counselling an infected medical student, is aware that they have failed to modify their practice as recommended, has an ethical duty to inform the medical school.
- 2.5 In the absence of any material risk of patient exposure to any infected material through their clinical interaction, the AMA believes that students have no obligation to inform patients of their blood-borne viral status.

### 3. Testing of Students

- 3.1 The AMA endorses the NH&MRC and Australian National Council on AIDS joint statement on testing of health-care students for blood-borne viruses.
- 3.2 The AMA opposes the compulsory testing of medical students for blood-borne viruses on the basis that the results could lead to harassment or vilification.
- 3.3 The AMA supports the right of medical students to confidentiality regarding their blood-borne viral status (see 2.3).

**4. Careers of Infected Students**

- 4.1 The AMA advises enrolling medical students, known to be infected with a blood-borne virus or who become infected during their training, to seek counselling regarding their choice of career and the activities which can safely be undertaken during their medical training.
- 4.2 The AMA holds that medical students infected with blood-borne viruses should be allowed to complete their degree despite their being excluded from participation in exposure-prone procedures.
- 4.3 The AMA believes that no student should be harassed or vilified on the grounds of their infective status.

(See in conjunction with the *AMA's Position Statement on Blood Borne and Sexually Transmitted Viral Infections, February 1996*).

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