Regulatory assessment by the UK CAA of applicants declaring HIV seropositivity

Dr Ewan Hutchison, Head of Oversight, UK CAA

ICASM 2017 Rome
Introduction

- Near normal life expectancy – several papers e.g. May et al. UK Collaborative HIV Cohort; BMJ 2011:

<table>
<thead>
<tr>
<th>Period</th>
<th>Life expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-99</td>
<td>30.0yr</td>
</tr>
<tr>
<td>2006-08</td>
<td>45.8yr</td>
</tr>
</tbody>
</table>

- New infection management: HAART from diagnosis
Introduction

EU Aircrew regulations 1178/2011 AMC
“A fit assessment with a multi-pilot limitation may be considered”

EU ATCO regulations 2015/340 AMC
“Applicants who are HIV positive may be assessed as fit”

Aim: Review assessments of applicants/certificate holders in the UK who have declared a positive HIV test to look at the outcomes and see whether there is a need to review and revise our policy in light of developments in infection management.
Method

- Review of UK CAA medical records database

- Extract data for all those declaring HIV seropositivity (positive HIV test)
  - Type of medical (i.e. initial, revalidation, renewal)
  - Class of certificate
  - Outcome of assessment including cognitive function test results
  - Those assessed as unfit – why? Were they ever issued subsequently?
  - Those assessed as fit – were there any issues thereafter related to HIV (including any unfit assessments up to May 2017)?
Results

- The records for 33 people who applied for a medical certificate between 2002 and 2017 were reviewed (a further 7 applicants 1992-2001 are not included in these tables due to incomplete records)

- 18 of 33 applicants were assessed as fit

- 7 applicants successfully managed most of the components of the assessment but did not submit the results of cognitive function testing (deferred/incomplete) [The LAPL applicant never submitted reports for another issue]. In 4 cases we can’t exclude that the reason for non-submission was an abnormal cognitive test that they did not wish to submit.

<table>
<thead>
<tr>
<th></th>
<th>Fit</th>
<th>Unfit</th>
<th>Deferred/Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initial</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>renewal/reval</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Class 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initial</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>renewal/reval</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Class 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initial</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>renewal/reval</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LAPL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initial</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>renewal/reval</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Results

- Prior to 2007 most applicants/certificate holders were assessed as unfit and since 2012 most are assessed as fit.

- The number of applicants/certificate holders declaring a positive HIV test per year has increased from 1.4/year between 2002 and 2007 to 3.8/year between 2012 and 2017.

- No initial class 1 certificates have been issued since 2012.

UK CAA guidance published
Aircrew Reg implemented in UK
Results

- 2 initial applicants had abnormal neurocognitive function tests - one “inconclusive” for Asymptomatic Neurocognitive Impairment (ANI) and the other “possible early evidence” of ANI – neither have ever held aeromedical certification

- 3 applicants issued certificates in 2003, 2010 & 2011 went on to be assessed as unfit due to conditions possibly associated with HIV seropositivity (2 mood disorders and 1 co-infection with Hep C)
Discussion

- HIV Associated Neurocognitive Disorders (HAND) and cognitive function testing

- Increasing declarations – policy on website, reflection of “People Living With HIV” (PLWH)

- No initial certification

- Delays in being assessed as fit usually due to obtaining reports, particularly neurocognitive testing
Ongoing Issues

- Keeping up with the meds
  - the fast pace of change

- HAART from diagnosis
  - implications for initial certification
  - better management but lag in risk of disease progression data

- Undeclared seropositivity
  - current rules and changes in management
Further work

- Work with national groups e.g. British HIV Association to review current UK CAA guidance

- Look to create an AltMOC for unrestricted certification assuming sufficient evidence forthcoming