

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Blood Borne Virus Testing
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Population and Community Health
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FUNCTIONAL GROUP(S)	Drug and Alcohol HARP Medicine Mental Health Women and Babies Health
KEY TERMS	Blood borne virus (BBV), HIV, Viral Hepatitis, Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), BBV Testing, HIV Testing, Viral Hepatitis Testing, Hepatitis C Testing, and Hepatitis B Testing.
SUMMARY	This policy directs clinicians when to offer BBV testing (including for HIV and viral hepatitis) for patients in SESLHD health services, and to link people with a detected BBV to care pathways.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Blood Borne Virus Testing**SESLHDPD/330****1. POLICY STATEMENT**

Identification, and treatment of people living with blood borne viruses (BBV) HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV), is a key public health priority, endorsed by National and State-wide Strategies.

It is estimated that up to 11% of people living with HIV, 36 % of people living with hepatitis C, and 20% of people living with hepatitis B remain undiagnosed.

Many people eventually diagnosed with these infections have attended health services in the recent past but remained untested.

This represents a missed opportunity for early intervention for these communicable diseases, all of which have effective/curative treatments. Therefore, not testing and linking people to care is suboptimal clinical care.

There are both behavioural, epidemiological, and clinical indicators for testing in the public health system.

2. AIMS

This policy aims to increase BBV testing and linkage to care for patients attending SESLHD facilities.

3. TARGET AUDIENCE

Clinicians ordering pathology tests across the local health district.

4. RESPONSIBILITIES

4.1.1 Medical staff will: identify opportunities, conduct BBV tests and link people to care in compliance with this policy.

4.1.2 Other clinical staff will: identify opportunities for BBV testing and link people to care in compliance with this policy.

4.1.3 Line Managers will: facilitate compliance with this SESLHD policy.

4.1.4 District Managers/ Service Managers will: facilitate compliance with this SESLHD policy by ensuring that when the need to conduct BBV testing is identified, clinicians have ordered the test according to this policy and that the results have been provided and patients linked to care on diagnosis.

5. PROCEDURE

5.1 Decide if BBV testing is indicated based on any of the following criteria (a, b, or c).
Testing may not be indicated if the patient has already had BBV testing (for HIV, HBV,

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and HCV) in the current episode of care, in the past 12 months, or since their last potential risk:

- a. National testing guidelines - see (<http://testingportal.ashm.org.au/>) for full details. Eligibility for testing for each BBV vary. In general, BBV testing should be considered where the following risk factors are present:
 - Overseas born
 - Aboriginal or Torres Strait Islander
 - Men who have sex with men
 - History of injecting drug use
 - History of incarceration
 - Sexual partner with a BBV
 - Non sterile tattoos
 - Medical/Dental procedures or sex overseas

- b. Clinical indicator conditions in the case of HIV (<http://testingportal.ashm.org.au/national-hiv-testing-policy/indications-for-hiv-testing/>). See *Table 1. Indicator conditions for HIV testing*

- c. SESLHD specific recommendations (see below).

SESLHD specific recommendations for HIV, HCV, and HBV testing:

Mental health services: testing is to be offered to all new consumers presenting to the service, and then repeated at least annually unless diagnosis and immunisation status is known, or it is certain no further risks have occurred. Testing is to be conducted in line with routine physical health screening as detailed in [NSW Ministry of Health Guideline GL2021_006 - Physical Health Care for People Living with Mental Health Issues](#).

Drug and alcohol services: testing is to be offered to all new clients in high risk drug and alcohol settings (e.g. OTP), or in other settings, unless a comprehensive risk assessment is documented identifying no prior or ongoing risks (e.g. for hepatitis C see: <http://testingportal.ashm.org.au/national-hcv-testing-policy/indications-for-hcv-testing/>). Testing should be repeated annually in long term/returning patients unless diagnosis and immunisation status is known, or it is certain no further risks have occurred.

Maternity: testing is to be offered for all pregnancies in first trimester, and again in the third trimester when there are known risks, unless diagnosis and immunisation status is known.

Before immunosuppressive/modulatory therapy is prescribed HIV, HCV and HBV testing is performed.

Sexual health services: as per national guidelines and STIGMA Guidelines:
https://stipu.nsw.gov.au/wp-content/uploads/STIGMA_Guidelines2019_Final-1.pdf

5.2 Offer patient the test with informed consent, and document if client declines.

5.3 To order tests:

HIV: request HIV test or HIV Ab/Ag test.

HCV: request HCV antibody if unknown antibody status, or HCV RNA PCR if known Ab positive and assessing for chronic infection or reinfection.

HBV: request Hep B cAb/sAb/sAg to determine infection and immunity status

If available, HIV and hepatitis C testing may be performed under the NSW Dried Blood Spot (DBS) Testing program (<https://www.dbstest.health.nsw.gov.au/>) at approved sites.

5.4 Positive results **must** be given to the patient. Negative results should also be given unless a “no news is good news” strategy has been agreed with the patient.

For assistance giving positive results and follow up, contact Infectious Diseases, Sexual Health, or Gastroenterology (for HCV or HBV only).

Patients determined to be non-immune to hepatitis B should be referred to their GP for vaccination if at ongoing risk and unable to be vaccinated by the LHD service.

5.5 For support around linkage to care for positive patient, services should contact their local Infectious Diseases, Sexual Health, or Gastroenterology department.

6. AUDIT

Departments across the district will be encouraged to perform self-audit and may be subject to eMR-based audit of the proportion of at-risk individuals, or individuals with clinical indicators in whom blood borne virus status is confirmed.

Audits may include:

- documentation of risk assessment conducted,
- that correct tests have been requested,
- proportion of eligible patients offered testing
- linkage to care for patients with a positive result.

SESLHD HIV and Related Programs Unit will monitor levels of BBV testing data from SESLHD laboratories.

7. REFERENCES

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine National HIV, Hepatitis B and Hepatitis C Testing Policies accessible here: <http://testingportal.ashm.org.au/>

[NSW Ministry of Health Guideline GL2021_006 - Physical Health Care for People Living with Mental Health Issues](#)

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
April 2021	DRAFT	Developed by Dr Phillip Read, Director Sexual Health and Blood Borne Viruses, and BBV Policy Working Group, Population and Community Health Directorate
May 2021	DRAFT	Draft for comment period.
September 2021	1	Feedback incorporated into document. Approved by Executive Sponsor.
November 2021	1	Approved at October Clinical and Quality Council meeting.
March 2023	2	Minor review to change the word from 'after' to 'unless' under the Drug and alcohol services heading. Approved by Executive Sponsor.