

# SESLHD POLICY COVER SHEET



<b>NAME OF DOCUMENT</b>	Blood Borne Virus Testing
<b>TYPE OF DOCUMENT</b>	Policy
<b>DOCUMENT NUMBER</b>	SESLHDPD/330
<b>DATE OF PUBLICATION</b>	May 2026
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standards: Standard 5 – Comprehensive Care NSW HIV Strategy 2021-2025 NSW Hepatitis C Strategy 2022-2025 NSW Hepatitis B Strategy 2023-2026
<b>REVIEW DATE</b>	May 2029
<b>FORMER REFERENCE(S)</b>	HIV Testing Procedure SESLHDPR/305
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director, Population and Community Health
<b>AUTHOR</b>	Dr Phillip Read, Director Sexual Health and Blood Borne Virus Service, Population and Community Health Directorate
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Julia Purchas Deputy Director Sexual Health and Blood Borne Virus Service julia.purchas@health.nsw.gov.au
<b>FUNCTIONAL GROUP(S)</b>	Drug and Alcohol Sexual Health and Blood Borne Virus Service Medicine Mental Health Women and Babies Health
<b>KEY TERMS</b>	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, Hepatitis B Testing and syphilis Testing
<b>SUMMARY</b>	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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**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 8% of people living with HIV, 16 % of people living with hepatitis C, and 31% of people living with hepatitis B remain undiagnosed.

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

This represents a missed opportunity for early intervention and commencing effective/curative treatments. Therefore, not offering testing and linking people to care is suboptimal clinical care.

There are behavioural, epidemiological, and clinical indicators for testing.

**2. AIMS**

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

**3. TARGET AUDIENCE**

Health care workers in SESLHD, particularly in Mental Health, Drug and Alcohol Services, Maternity Services and services providing sexual health assessment.

**4. RESPONSIBILITIES**

- 4.1.1 Medical and nurse practitioner staff will:** identify opportunities to offer and conduct BBV tests and link people to care in compliance with this policy.
- 4.1.2 Other clinical staff and health care workers will:** identify opportunities to offer and conduct BBV testing (as per accreditation) and link people to care in compliance with this policy.
- 4.1.3 Line Managers will:** facilitate compliance with this policy and support training and accreditation for staff.
- 4.1.4 District Managers/ Service Managers will:** facilitate compliance with this policy by ensuring that when the need to conduct BBV testing is identified, health care workers tested according to this policy and that the results have been provided and patients linked to care on diagnosis.

5. AIMS

5.1. Eligibility

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

a. 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

See *National testing guidelines* <http://testingportal.ashm.org.au/>

b. Presence of clinical indicator conditions for HIV

(<http://testingportal.ashm.org.au/national-hiv-testing-policy/indications-for-hiv-testing/>).

See *Table 1. Indicator conditions for HIV testing*

This includes the SESLHD specific recommendation that HIV, HCV and HBV testing is performed, **before immunosuppressive/modulatory therapy is prescribed.**

SESLHD specific recommendations (as below Table 1)

**Table 1: SESLHD specific recommendations for HIV, HCV, and HBV testing**

↓ Service	Test for→	HIV	HBV	HCV (Hepatitis C)
<b>Mental health services<sup>1</sup></b> Also consider testing for syphilis		Offer at presentation to service. Then annually unless known People/Person Living with HIV (PLHIV).	Offer at presentation to service. Then annually unless immunisation schedule completed.	Offer at presentation to service. Then annually unless no risks for HCV identified
<b>Drug and alcohol services<sup>2</sup></b> Also consider testing for syphilis		Offer to all new clients in high-risk drug and alcohol settings (e.g. Opiod	Offer to all new clients in high-risk drug and alcohol settings (e.g. OTP), or	Offer to all new clients in high-risk drug and alcohol settings (e.g. OTP), or in other settings.

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	Treatment Programs (OTP), or in other settings. Then annually unless known PLHIV.)	in other settings. Then annually unless immunisation schedule completed.	Then annually unless no risks for HCV identified
<p><b>Maternity services<sup>3</sup></b></p> <p>Also test for syphilis as per NSW Health Policy Directive <a href="#">Syphilis in Pregnancy and Newborns</a></p>	<p>Routinely offer at first antenatal visit (first trimester). Repeat test if risk of exposure within previous 45 days; if not PLHIV.</p> <p>Offer in third trimester if risk identified</p>	<p>Routinely offer at first antenatal visit (first trimester).</p> <p>Offer in third trimester if risk identified and if immunisation schedule not completed</p> <p>Also refer to NSW Health Policy Directive <a href="#">Neonatal and Infant Hepatitis B Prevention and Vaccination Program</a></p>	<p>Routinely offer at first antenatal visit (first trimester).</p> <p>Offer in third trimester if risk identified</p>
<p><b>SHBBV Services and other services that offer sexual health assessments<sup>4</sup></b></p>	<p>At each visit assess if testing indicated as guided by the Australian Sexually Transmissible Infection (STI) management Guidelines for Primary Care for testing tables for Populations and Situations and local business rules</p>	<p>At each visit assess if testing indicated as guided by the Australian STI management Guidelines for Primary Care for testing tables for Populations and Situations and local business rules</p>	<p>At each visit assess if testing indicated as guided by the Australian STI management Guidelines for Primary Care for testing tables for Populations and Situations and local business rules</p>

<sup>1</sup>NSW Health Physical Health Care for People Living with Mental Health Issues [NSW Ministry of Health Guideline GL2021\\_006 - Physical Health Care for People Living with Mental Health Issues](#).

<sup>2</sup><https://www.health.nsw.gov.au/aod/resources/Publications/hepatitis-c-testing-and-care.pdf>  
NSW Health. 2024. Guideline Hepatitis C Testing and Care in Alcohol and Other Drug Services [ps://www.health.nsw.gov.au/aod/resources/Pages/hepatitis-c-testing-and-care.asp](https://www.health.nsw.gov.au/aod/resources/Pages/hepatitis-c-testing-and-care.asp)

<sup>3</sup>Australian Pregnancy Care Guidelines [Australian Pregnancy Testing Guidelines](#)

<sup>4</sup>Australian STI Management Guidelines for Primary Care

## 5.2 Consent

Offer patient the test with informed verbal consent. Written consent does not need to be obtained. Document if client declines.

## 5.3 Testing

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 past Ab positive and assessing for chronic infection or reinfection.

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

If available, hepatitis C testing can be performed using Dried Blood Spot (DBS) and point of care testing (POCT). <https://www.dbstest.health.nsw.gov.au/>

## 5.4 Results

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 and Blood Borne Virus Services, 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 unable to be vaccinated by the LHD service.

Document results given and any referrals in eMR.

## 5.5 Support for linkage to ongoing care

For support around linkage to care for a patient diagnosed with a blood borne virus, services should contact their local Infectious Diseases, [SHBBV Service](#), 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 offer of testing
- that correct tests have been requested,
- proportion of eligible patients offered testing
- linkage to care for patients with a positive result.

SESLHD SHBBV Services will monitor levels of BBV testing data from SESLHD laboratories.

**7. REFERENCES**

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**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.

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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.
6 May 2026	2.1	Minor Review. Review to update service names, reformat content, contemporise language and update policy and reference links.