



*'Building Recovery
In Communities'*

BOURNEMOUTH DAAT

Bournemouth DAAT Guidance on Blood Borne Virus Pathways

Updated April 2014

Contents

1. Introduction
 - Aim of Guidance
 - Rationale
 - What is Hepatitis C?
 - Who is at risk of Hepatitis C?
 - What is Hepatitis B?
 - Who should have Hepatitis B Vaccinations?
 - Who is at risk of Hepatitis B?
 - What is HIV?
 - Who is at risk of HIV?
2. Criteria for Testing for Blood Borne Viruses
3. Management of Blood Exposure Incidents
4. The Roles and Responsibilities of Drug Services
5. The Roles and Responsibilities of the Community Blood Borne Virus Service
6. The Roles and Responsibilities of the Specialist Hospital BBV Service

Appendices:

- A. Consent Form
- B. Blood Borne Virus Summary. Dry Blood Spot Testing Services → Nurses
- C. About Hepatitis B and C leaflet
- D. Your Hepatitis B and C test is negative
- E. Just Diagnosed with Hepatitis B leaflet
- F. Just Diagnosed with Hepatitis C leaflet
- G. Diagram of BBV pathway
- H. Dry Blood Spot Testing Flow Chart
- I. Sample of a BBV Appointment Letter
- J. Sample of a Negative Test Letter
- K. Hepatitis C Transfer of Care Summary. Community → Hospital
- L. Hepatitis C Pathways. Community → Hospital
- M. Sample of a Test Result letter to a G.P
- N. Sample of a Fast Track HIV Referral letter to the GUM clinic

References:

NHS Hepatitis C – Essential information for professionals and guidance on testing

UK Health Departments - Guidance for Clinical Health Workers: Protection against infection with blood borne viruses

The Hepatitis Trust – diagnosing viral hepatitis in the community

Acknowledgements:

The Bournemouth DAAT would like to thank staff in the drug services and blood borne virus services involved in this project.

Special thanks to Hazel Allen, the Blood Borne Viral Hepatitis Specialist Nurse at Royal Bournemouth Hospital who devised and delivered localised training, and advised Bournemouth Drug and Alcohol Action Team.

Thanks to the Hepatitis C Trust who assisted in devising the leaflets.

1. Introduction

- 1.1 The Hepatitis C Virus was identified in 1989. Hepatitis C is now recognised as a significant public health problem world wide with the World Health Organisation estimating that some 170 million people are chronically infected.
- 1.2 It is estimated in the UK that between 250,000 and 466,000 people are infected with Hepatitis C (HPA 2008). With 13,000 new cases identified yearly. It is also estimated that 100,000 people are undiagnosed in England and Wales (HPA 2009).
- 1.3 Injecting drug users are known to be a greatest risk of Hepatitis C infection. Over 30% of injecting drug users attending specialist services have evidence of Hepatitis C infection, and some studies have recorded levels up to 80%.

Aim of Guidance

- 1.4 To provide on demand testing primarily of Hepatitis C, but also of Hepatitis B and HIV in the Bournemouth area.

Rationale

- 1.5 Low diagnosis rates of viral hepatitis presents a serious public health challenge for the region. Ad hoc testing has been present in the region for the last five years, but it has been up to the Service User to take control of organising an appointment for testing with their GP, GUM or Specialist Blood Borne Service.
- 1.6 Stigma, difficult access (e.g. opening times) and confidentiality may dissuade patients from accessing testing.
- 1.7 If diagnosed and treated, Hepatitis C can be cured. If diagnosed and treated, Hepatitis B can be managed. If undiagnosed, these viruses can kill and can unwittingly be transmitted to others.

What is Hepatitis C?

- 1.8 Hepatitis C is an infection caused by a blood borne virus. It is a major cause of chronic liver disease, yet it is not as well understood as other blood borne virus infections such as HIV.
- 1.9 The incubation period of acute Hepatitis C is usually between 6 and 9 weeks, with specific antibodies usually present by 3 months from infection, although in some cases it may take up to 6 months before antibodies are detected.

- 1.10 About 60 – 80% of people who acquire the infection become chronically infected. The rest clear the infection spontaneously.
- 1.11 Many with chronic Hepatitis C have no symptoms, while others feel unwell to varying degrees. Most people remain well for many years.
- 1.12 Symptoms of Hepatitis C may include:
- ◆ Fatigue, lack of energy
 - ◆ Weakness, dizziness
 - ◆ Discomfort in liver area
 - ◆ Nausea, vomiting
 - ◆ Sleep Problems
 - ◆ Muscular aches and pains
 - ◆ Dry itchy skin, scalp and rashes
 - ◆ Redness of eyes, blurred vision
 - ◆ Weight loss
- 1.13 Hepatitis C antibodies can be detected by a blood test. If positive to Hepatitis C antibodies a subsequent PCR test will be carried out in order to see if there is active virus in the blood. A negative PCR result could mean the infection has cleared itself, but this will need to be confirmed by a further test after a period of 3 – 6 months.

What is Hepatitis B?

- 1.14 Hepatitis B is a virus that is carried in the blood which infects and damages the liver. Hepatitis B is very infectious – 100 times more infectious than HIV.
- 1.15 Hepatitis B is the most widespread form of Hepatitis. The World Health Organisation estimates that one third of the world's population has been infected at some time and that there are approximately 350 million people who are infected long term. In Europe there are estimated to be one million people infected every year.
- 1.16 After the virus enters your body, there are no symptoms for one to six months. Many people never have any symptoms; some people only have a mild illness. Symptoms of Hepatitis B may include:
- ◆ Tiredness, lack of energy
 - ◆ Fever;
 - ◆ Loss of appetite;
 - ◆ Muscular aches and pains
 - ◆ Nausea and sickness;
 - ◆ Stomach ache
 - ◆ Diarrhoea

◆ Jaundice

- 1.17 Hepatitis B is detected by a blood test that looks for Surface Antigens to Hepatitis B.
- 1.18 There is a vaccine to prevent Hepatitis B. The vaccine contains an inactivated form of Hepatitis B. It is introduced to your body to cause an immune reaction to protect you from ever getting the Hepatitis B virus

Who should have the Hepatitis B Vaccination?

- 1.19 In the UK, the government has a 'selective' vaccination policy. They recommend vaccination of the following people who are considered to be at high risk:
- Babies born to infected mothers;
 - Close family and friends of infected people such as partners, children and other household members;
 - People with any form of liver disease;
 - Injecting drug users;
 - Sex workers, both male and female;
 - People who change their sexual partners frequently or men who have sex with men;
 - People whose type of work, places them at risk, such as nurses, doctors, prison staff, dentists, health care workers and laboratory staff;
 - People who live and work in accommodation for people with severe learning difficulties; and
 - Prisoners.

What is HIV?

- 1.20 Human Immunodeficiency Virus (HIV) is a virus which infects and gradually destroys immune systems cells, reducing the body's protection against infection and cancers.
- 1.21 A person infected with HIV is infected for life – there is no cure, but there are drugs called antiretrovirals that can help prevent someone infected with HIV from becoming ill.
- 1.22 It is estimated that 102,333 are living with HIV in the UK (2008) but up to a third of those individuals haven't been diagnosed.
- 1.23 There are no immediate signs or symptoms after infection. Research has shown that after a few weeks some people experience flu like symptoms, but these usually go undiagnosed.

- 1.24 HIV is transmitted through the exchange of specific bodily fluids, such as blood, semen, vaginal secretions and breast milk. This most commonly happens during unprotected sexual contact, such as vaginal, oral and anal sex.

Who is at risk of Hepatitis C?

- The major route of Hepatitis C transmission in the UK is by shared equipment for injecting drug use, usually via blood contaminated needles, syringes, spoons, filters etc;
- Recipients of blood transfusions (before September 1991) or blood products (before 1986) in the UK;
- Sexual transmission of Hepatitis C is possible but uncommon. It is estimated that less than 5% of the regular sexual partners of people with Hep C will become infected;
- Individuals having a tattoo or body piercing or even acupuncture can pose a small risk if unsterile equipment is used.
- Mother to baby transmission does occur, but is uncommon with estimates in the 6% range. However, this does increase to 14 – 17% when there is co-infection with HIV;
- Transmission can occur through medical and dental procedures, in countries where Hepatitis C is common and where infection control may be inadequate;
- Healthcare Workers (and to a lesser extent, other workers, such as police, prison staff, drug workers and social workers) may be at risk of Hepatitis C infection from occupational injuries.

Who is at risk of Hepatitis B?

- People who use drugs and share injecting equipment have a high risk of infection;
- Individuals having a tattoo or body piercing or even acupuncture can pose a small risk if unsterile equipment is used;
- Individuals with open wounds;
- Transmission can occur through medical and dental procedures, in countries where infection control may be inadequate;
- Individuals who share personal items such as a razor or toothbrush which might be contaminated with dried blood;

- Individuals having penetrative sex without a condom with an infected person. Even oral sex can pass on the virus;
- Hepatitis B can also be present in other body fluids such as saliva, semen and vaginal fluid, particularly if these have come contaminated with blood;
- Mother to baby transmission does occur, and is usually transmitted to the baby during delivery, as the baby is exposed to the mother's blood in the birth canal. Transmission to the unborn baby does not usually occur in the uterus;
- Healthcare Workers may be at risk from Hepatitis B because of occupational injuries.

Who is at risk of HIV?

- Individuals who have vaginal, unprotected oral or anal sexual intercourse, including men who have unprotected sex with men; without a condom or if a condom has split, with an infected person;
- Individuals who have shared drug using equipment that's already been used by someone who's infected;
- People who have had unprotected sex with somebody who has injected illegal drugs;
- A person who has already got a sexually transmitted infection;
- Mother to baby transmission before and during birth, or through breastfeeding;
- Individuals giving or receiving first aid, although transmission will only occur if significant amounts of HIV infected blood pass from one person to another;
- People who have lived in or travelled extensively in sub Saharan Africa;
- Transmission can occur through medical and dental procedures, in countries where infection control may be inadequate.

2. Criteria for Testing for Blood Borne Viruses

2.1 The criteria for testing of individuals for Hepatitis B, C or HIV, within the Bournemouth Substance Misuse Services will be:

- Individuals who have injected drugs in the past and never been previously tested;
- Individuals who are currently injecting drugs and haven't been tested for the last 6 months;
- Individuals who have recently put themselves at risk, and they will also require a subsequent test after 3 months, to account for the window period;
- Individuals who have shared equipment (including snorting and smoking drugs) in the past and never previously tested;
- Individuals who are currently sharing equipment and haven't been tested for the last 6 months;
- Individuals whose regular partner is affected with a blood borne virus;
- Individuals engaged in or have previously engaged in unprotected sex with people who have a history of substance misuse.

3. Management of Blood Exposure Incidents

- 3.1 Occupational exposure to blood and other body fluids through spillages poses a potential risk of infection particularly to those who may be exposed whilst carrying out their duties with individuals who may be vulnerable.
- 3.2 The safe and effective management of such spillages is, therefore, essential to prevent transmission of infection via this route, and to comply with the Management of Health and Safety at Work regulations 1999.
- 3.3 General good practice should be that:
- Each spillage is dealt with effectively and immediately
 - Organisations should have effective equipment available to manage a spillage including personal protective spillage kits
 - All items used during the spillage should be destroyed and disposed of appropriately in accordance with the Control of Substances Hazardous to Health (COSHH)
 - Hand Hygiene should be carried out before and after managing the spillage.
- 3.4 Each agency carrying out dry blood spot testing will have a policy and procedure to deal with the Management of Blood Exposure Incidents.

4. Roles and Responsibilities of Drug Services

- 4.1 Bournemouth Service User's living in the local area who are at risk of contracting Blood Borne Viruses will have Dry Blood Spot Testing offered when:
- i. Accessing Central Needle Exchange Services;
 - ii. During Comprehensive Assessment for treatment;
 - iii. Accessing Open Access/Drop in Services;
 - iv. Accessing the Specialist Prescribing Services or
 - v. Accessing Shared Care Services
- 4.2 Staff should check when the Service User last had a blood borne virus test carried out, the result and whether the Service User is still carrying out risk taking behaviour or has been at risk of exposure, in line with the criteria in Section 2.

Process

- 4.3 Pre test discussion should be tailored to individual need. In most cases staff should be able to carry out a pre test discussion with the Service User taking approximately 10 – 15 minutes. The discussion will:
- i. Assess the possible risk factors the Service User may have that could indicate that they have been exposed to a Blood Borne Virus;
 - ii Explain the possible window period for re-testing if recently been at risk (3 months);
 - iii. Ensure that the Service User is over 18 years of age;
 - iv. Cover the information within the pre test leaflet a copy of which will be given to the Service User;
 - v. Confirm that the Service User is happy to give their consent to be tested, and that their GP will be informed of the result if positive. (Remember you will need to update the Service Users status on HALO);
 - vi. Ensure that the Service User signs and dates the Consent and Information Sharing Form. Inform the Service User that no letter will be sent to the GP if the Individual is tested negative for Blood Borne Viruses unless the Service user fails to obtain their results from the Community BBV Service; in which case a results letter will be sent to their GP in order that they can be given their results when they next access their GP service.

- vii. Outline the procedure for a dry blood spot test to the Individual and advise on what will occur to the Service User if tested positive;
- viii. Explain that both Hepatitis B and C can lead to severe liver damage and an increased risk of liver cancer. However, explain that there is effective treatment available for both viruses. Hepatitis B treatment can suppress viral activity and prevent liver damage. Hepatitis C treatment can clear the viral infection completely in 50% - 80% of people depending on their genotype.
- ix. Explain that if the Service User is tested positive for Hepatitis B close family members (partner and children) will need testing and vaccination by their own GP.
- x. Ensure that the procedure for receiving results is explained and that Service Users fully understand the implications if they choose to receive their results by text or letter (e.g. somebody else reading the text or a letter going astray);
- xi. Explain that positive test results may have implications in any new life insurance and therefore mortgages, as is common with many chronic (long term) illnesses;
- xii. Inform the Service User that their information will be passed to the Community Health Service Blood Borne Virus Service who will be in touch when the results are known;
- xiii. Explain that the test is confidential within services and that the information that they choose to give the staff will be covered by the Data Protection Act; and
- xiv. Explain that the information will be recorded on their individual drug treatment record for reference and audit. Service User's details / information will be anonymous when undertaking BBV testing, analysis, results and audit purposes. This information will be kept securely in order to maintain strict confidentiality.

Dry Blood Spot Testing

- 4.4 When carrying out a dry blood spot test, the testing room will need to be private and have hand washing facilities. (NB: In exceptional circumstances, staff could use hand sanitising gel if they are doing DBS testing in a room with no sink to maintain hand hygiene but, all areas should have access to hand washing facilities for staff so they can wash their hands between clients.)

4.5 The following equipment will be required:

- Disinfecting spray;
- Paper towels/tissues;
- Tray;
- Surgical gloves (including non latex for people who are allergic);
- Cotton wool swabs;
- Blood Testing Kits (including safety lancet, blood spot testing cards, plastic/paper sleeve and prepaid envelope, alcohol swab, waterproof plaster);
- Sharps container:
- Plastic waste disposal bag for incineration.

4.6 Staff will wash their hands, put on a pair of disposable gloves and carry out the test as directed in the blood borne virus training. **No member of staff should carry out the procedure without attending competency based training endorsed by the DAAT.**

4.7 Cotton wall balls, surgical gloves and all other equipment will be placed in the plastic waste disposal bag for incineration.

4.8 The area of testing will be disinfected with disinfecting spray and prepared for next test.

4.9 The documentation pack for the test will be completed. To avoid cross contamination each sample will be taken separately and put into its own separate pre paid envelope before the next service user is tested. All envelopes will then be stored in a central tray for collection and sending to the laboratory at the end of each day.

4.10 Before the Service User leaves, double check that they are aware that the results will go centrally to the Community Blood Borne Virus Service and that they will be in touch within 10 - 14 days. Ensure that they have all the written information they require.

4.11 The test will be recorded on the Blood Borne Virus Testing Summary using the Individuals Halo Index Number. Once completed it should be sent to the Community Blood Borne Virus Service along with a copy of the consent form.

4.12 Once a test has been taken, staff will add an event history into the HALO notes to indicate that a test has been undertaken. The Service Users record will need to be updated to show that the service was offered and accepted; if the test is carried out at point of assessment this can be recorded directly onto the Comprehensive Assessment form. If carried out after assessment this can be recorded using the Client Update section on HALO (this is completed by the BBV service).

5. The Role and Responsibilities of the Community Blood Borne Virus Service.

Process

- 5.1 Once a Blood Borne Virus Testing Summary has been received from the relevant Drug Agency, the Community Blood Borne Virus Service (BBV Service) should record that it has been received, and await the results.
- 5.2 When the results have been received, the BBV Service should make contact with the Service User, and arrange either an appointment or pass on the result as agreed in the information sharing/consent form. A reminder should be sent to the Service User nearer the appointment, if applicable, by text.
- 5.3 If the Service User fails to attend, the Community BBV Service should attempt to make contact again by offering a further appointment. If the Service User still fails to attend, the Community BBV Service should determine whether the Service User is still accessing drug services and if so, ask the Care Coordinator to make contact with the Service User and encourage them to make contact with the Community BBV Service.
- 5.4 Positive results should whenever possible be given face to face.
- 5.5 Results should be kept in a secure place and stored for up to 8 years.
- 5.6 Service Users testing negative for Blood Borne Viruses will be given advice on how to prevent catching Blood Borne Viruses in the future. A copy of the 'your Hepatitis B and C test is negative' leaflet should be given.
- 5.7 If the Service User or their family members remain at risk from Hepatitis B, recommend a course of vaccination with their Practice Nurse at their GP Surgery. Service Users accessing the Community BBV Service will be able to access vaccinations through the Community BBV Service.
- 5.8 If the Service User has been at risk recently recommend a re-test in 3 months time.
- 5.9 Service Users testing positive for Blood Borne Viruses will be asked to undertake a confirmation test by the Community BBV Service. It is important that the Service User clearly understands the result, and that further tests are required to establish whether there is current Hep C infection and identify the extent of any disease; this may be undertaken by their GP or by the Viral Hepatitis Nurse Service at RBH when

referred. They should also have Hep B and Hep A vaccinations as per the Dorset Viral Hep C pathway.

- 5.10 Confirmation tests will be carried out by the Community BBV Service. Confirmation tests can be carried out in one of three ways:
- Blood samples sent to local lab
 - Further Dried Blood Spot Testing sent to local lab
 - Further testing on original samples carried out by the lab
- 5.11 Staff should ensure that they explain why a confirmation test is required, and the process to be undertaken and the time the results will take.
- 5.12 When the result of the confirmation test is received, Service Users should be given all test results together including antibodies result, PCR and genotyping.
- 5.13 If the Service User does not attend their follow up appointment and does not respond to the reminder letter/telephone call, a letter with the diagnosis should be sent to the Service Users GP (provided the Service User has signed a consent form allowing this when they had the test).
- 5.14 All those diagnosed as Hepatitis B surface antigen positive should be fast tracked to the Viral Hepatitis Nurse Service at RBH.
- 5.15 If the Service User is Hepatitis B Positive, family members will need testing and vaccination. These include sexual partners, children living at home and any other family members living in close proximity with the Service User. This should be arranged by the Service Users GP once they are notified of the results.
- 5.16 Advise use of barrier methods of contraception / condoms until their sexual partner has been tested and vaccinated or to use condoms if not currently in a stable/permanent sexual relationship.
- 5.17 Advice and information will be given to Service Users tested positive for Hepatitis B and/or Hepatitis C and their questions will be answered with reference to post test leaflet
- 5.18 When results are known, the Community BBV Service will ensure that the individual record for the Service User is updated on HALO.

Post Support

- 5.19 Service Users may need support to come to terms with either a positive test result and potential positive result and the future implications.

5.20 The Community BBV Service should offer short term information, advice and support during the period that Service Users wait to see the Specialist Hospital BBV Service or exploring whether treatment is available for them at this current time.

5.21 Patients diagnosed with Hep C should be advised

- to stop or reduce alcohol consumption. Continued alcohol consumption is associated with more rapid progression of liver disease;
- Not to share any injecting equipment;
- to avoid sharing razors or toothbrushes, and to cover cuts and skin lesions with waterproof dressings;
- to consider that although uncommon sexual transmission can occur with Hep C, the use of condoms will minimise the risk;
- to consider advising any regular sexual partners that they may wish to consider being tested for Hepatitis C; and
- not to donate blood or carry an organ donor card if they are Hepatitis C positive.

5.22 If it is considered not appropriate at the time of diagnosis of hepatitis C to make an immediate referral to the Viral Hepatitis Nurse Service following the care pathway, a referral to the Service Users GP should be made on behalf of the Service User.

6. The Role and Responsibilities of the Specialist Hospital Blood Borne Virus Service

- 6.1 Once the confirmation test has been received, and confirms that the Service User has Hepatitis. The pathway between Community and Hospital Services for a Service User with Hepatitis will be followed by the Community BBV Service, GP and Hospital. This will include forwarding the consent form and transfer summary to the hospital (refer to Appendix L).

Dried Blood Spot Testing Consent Form

I have agreed to have a Dried Blood Spot Test carried out for the screening of Hepatitis B & C and HIV. To make sure I am informed of the results and a record is kept for monitoring and support purposes, I agree to the following:

- I agree for basic details about myself to be entered onto the Bournemouth case management System (HALO) (e.g. contact details, date of birth, ethnicity, drugs used and injecting status).
- If I have recently had a blood test done in prison I give consent for those results to be obtained and recorded onto the Bournemouth Case Management System.
- I agree for this 'Consent' form and the 'Dried Blood Spot Test' results to be forwarded to the Community Blood Borne Virus Service who will contact me by my preferred choice with the results.
- I agree that the results of the tests, Negative or Positive can be recorded onto the Bournemouth Case Management System.
- I agree that a letter can be sent to my G.P informing them of my results, whether negative or positive.
- I understand that anonymous information about my test results will be collated by the National Drug Treatment Monitoring System (NDTMS) for monitoring purposes.

- If any part of the test is Negative I would like to be informed by *(please tick)*

TEXT PHONE CALL IN PERSON BY LETTER

OTHER *(please state)*.....

- If any part of the test is Positive I would like to be informed by *(please tick)*

PHONE CALL IN PERSON OTHER *(please state)*.....

Name:

Signed:

Date:

Unique / HALO reference number:.....

Worker Name:

Signed:

Date:

Blood Borne Virus Testing Summary

Referrers Details

Name: Agency:
Location: Signature:
Date of Referral:

Service User Details

Service Users Name:
Date of Birth: HALO ID Number:
Address or contact details:
.....
Telephone number:
GP Name:
GP Surgery Address:
.....
Significant Others :

Other relevant Information

Previous Hep B tested No Yes Please specify
Previous Hep C tested No Yes Please specify
Previous HIV tested No Yes Please specify
Current Treatment Pathway:
Date of Current test:
Vaccination History.....

Information

The Service User has been given information about:

- | | |
|---|--|
| <input type="checkbox"/> Hepatitis B & C | <input type="checkbox"/> Window Period for testing |
| <input type="checkbox"/> Likelihood and implications of results | <input type="checkbox"/> Prevention and risk reduction |

For help and information:



The Hepatitis C Trust
27 Crosby Row
London
SE1 3YD

For support and information on any aspect of
Hepatitis C:

Patient-staffed helpline: 0845 223 4424

Open 10:30 to 4:30 Monday to Friday

Information website: www.hepctrust.org.uk

Email: helpline@hepctrust.org.uk

The Hepatitis B Foundation UK



The Great Barn
Godmersham Park
Canterbury
Kent
CT4 7DT

For information and advice on
Hepatitis B:

Helpline: 01227 738279

Open 10:30—3:00 Monday to Friday

(Your call will be dealt with by a nurse, in strict confidence)

Information website: www.hepb.org.uk

For help and information:



The British Liver Trust
2 Southampton Road
Ringwood
Dorset
BH21 1HY

Helpline: 0800 652 7330

General enquiries: 01425 481320

Email: info@britishlivertrust.org.uk

Information website:
www.britishlivertrust.org.uk



Acknowledgements:

Pan Dorset DAATs would like to thank the
Hepatitis Trust in assisting with the
production of this leaflet.

Produced January 2011

Appendix C



About Hepatitis B & C



Are you at risk?

- Have you had a blood transfusion, received blood products or an organ transplant prior to 1991 in the UK?
- Were you born in any of these areas: Asia, Africa, South America, Pacific Islands, Eastern Europe, or the Middle East?
- Have you had medical or dental procedures in any of these areas (above)?
- Have you had a tattoo or piercing in unregistered premises or with possibly unsterile equipment?
- Have you had acupuncture in unregistered premises or with needles that were not new?
- Have you ever injected drugs, including steroids, even once?
- Have you shared notes or straws for snorting cocaine or shared pipes when smoking (crack) cocaine on a regular basis?
- Have you ever pricked yourself on a needle or sharp object that has been used by someone else?
- Have you had unprotected sex with anyone who is known to have Hepatitis B or C or might have been at risk for any of the reasons listed above?
- Have you regularly shared razors or toothbrushes with anyone who is known to have Hepatitis B or C—or might have been at risk for any of the reasons listed above?

Hepatitis B & C - what are they?

Hepatitis B and Hepatitis C are both diseases of the liver caused by viruses. They can be very serious if undiagnosed, but can be treated and treatment is more effective if diagnosed early.

The viruses that cause them are very different but both diseases are similar in the same way they damage the liver and in the way they are transmitted from person to person. Both are transmitted by blood to blood contact, although the Hepatitis B virus can also be transmitted through unprotected sex.

Symptoms

There are between 400,000 and 800,000 people with either Hepatitis B or Hepatitis C in the UK and most of them do not know that they are infected. This is partly because the symptoms of both diseases are often so mild that they go unnoticed or they are similar to the symptoms that can be caused by other common illnesses or even just a stressful life, for example:

- Periods of fatigue or continuous fatigue where sleep does not solve the problem
- Muscle or joint pain
- Fever
- Pain over the liver area
- Mild nausea (feeling sick), vomiting and other digestive problems, including loss of appetite
- Difficulty in concentrating, poor memory, feeling 'woolly headed'
- Depression
- Skin problems, for example rashes or significant itching

What next?

If you answered yes to any of the 'Are you at risk?' questions, you should speak to a member of staff at your local drug service or your Care Coordinator.

Testing:

The test for both Hepatitis B & C involve simply pricking your finger to get a drop of blood. This is sent off to a laboratory and you will be contacted to collect your result two weeks later from the Blood Borne Virus Service.

Vaccination:

There is an effective Vaccine against Hepatitis B. If you have had a vaccination, you should have immunity and not need a test.

There is **NO** vaccine against Hepatitis C and the Hepatitis B Vaccination offers no protection against Hepatitis C.

Sharing Information:

Before you agree to have a dry blood spot test to check your status for Hepatitis B, C and HIV, you will be required to sign a consent form to enable services to share information.

Information on your test will only be shared between drug agencies who are working with you, BBV Project, your GP and in some cases the Specialist Service at the Hospital.

Anonymous data will be sent to the local Commissioners and Central Government monthly to ensure services are available in the area to reflect the need identified through the anonymous data.

For help and information:



The Hepatitis C Trust

27 Crosby Row
London
SE1 3YD

For support and information on any aspect of
Hepatitis C:

Patient-staffed helpline: 0845 223 4424

Open 10:30 to 4:30 Monday to Friday

Information website: www.hepctrust.org.uk

[Email: helpline@hepctrust.org.uk](mailto:helpline@hepctrust.org.uk)

The Hepatitis B Foundation UK



The Great Barn
Godmersham Park
Canterbury
Kent
CT4 7DT

For information and advice on
Hepatitis B:

Helpline: 01227 738279

Open 10:30—3:00 Monday to Friday

(Your call will be dealt with by a nurse, in strict confidence)

Information website: www.hepb.org.uk

For help and information:



The British Liver Trust

2 Southampton Road
Ringwood
Dorset
BH21 1HY

Helpline: 0800 652 7330

General enquiries: 01425 481320

[Email: info@britishlivertrust.org.uk](mailto:info@britishlivertrust.org.uk)

Information website:
www.britishlivertrust.org.uk



Acknowledgements:
Pan Dorset DAATs would like to thank the
Hepatitis Trust in assisting with the
production of this leaflet.

Produced January 2011



Your Hepatitis B & C Test is Negative



Your Hepatitis B & C Test is Negative

You have just been given a negative test result for Hepatitis B and / or C, however: -

- If you have been at risk recently (within the last 3 months), you should have a re-test 3 months after you were exposed.
- If you are still at risk from contracting Hepatitis B, please see your GP for a vaccination.

Vaccinations are available to protect yourself against Hepatitis B. This involves a series of 3 injections over a 6 month period.

How to stay safe

Advice on reducing your risk of contracting Hepatitis:

- Do not share any drug-taking equipment such as needles, waters, filters, pipes or straws.
- Do not share anything that might have come into contact with blood, such as, toothbrushes or razors.
- Make sure you have tattoos or piercings done at registered practices.
- If you can avoid it, do not have medical or dental procedures in the following areas: Asia, South America, Pacific Islands, Eastern Europe or the Middle East.
- Use condoms (Hepatitis B can be sexually transmitted).

What is Hepatitis B & C?

Hepatitis B and Hepatitis C are both diseases of the liver caused by viruses. They can be very serious if undiagnosed, but can be treated and treatment is more effective if diagnosed early.

Symptoms of Hepatitis may include:

- Fatigue, lack of energy
- Weakness, dizziness
- Discomfort in the liver area
- Nausea, vomiting
- Sleep problems
- Muscular aches and pains
- Dry itchy skin, scalp and rashes
- Redness of eyes, blurred vision
- Weight loss

However, if you are showing signs of any of the above symptoms this does not necessarily mean you have Hepatitis B or C, but you may like to consider getting yourself checked out by your GP or local drug services.

Prevention of Infection:

The virus is carried round the body in the blood and is also in the body fluids. So infection can occur through blood to blood contact or through unprotected sexual intercourse, but not through normal social contact.

To make sure you do not infect anyone else, you just need to take common sense precautions, such as:

- Cleaning thoroughly with undiluted bleach any surface that you bleed onto
- Carefully dressing any cut or graze
- Not sharing anything that is inserted through your skin, including earrings, piercing jewellery and, of course, needles for injecting drugs or steroids
- Preventing anyone else using anything that could have come into contact with your blood, such as, razors, toothbrushes, even hair or nail clippers. Also anything that you could have bled onto, such as, a straw or note for snorting drugs. Do not share pipes when smoking drugs, like crack cocaine.
- Never share anything used for injecting drugs, meaning water, spoons, filters as well as the syringes and needles themselves

For help and information:

The Hepatitis B Foundation UK

The Great Barn
Godmersham Park
Canterbury
Kent
CT4 7DT

Helpline: 01227 738279

Open 10:30 - 3:00 Monday to Friday

(Your call will be dealt with by a nurse, in strict confidence)

Information website: www.hepb.org.uk

For help and information:



The British Liver Trust

2 Southampton Road
Ringwood
Dorset
BH21 1HY

Helpline: 0800 652 7330

General enquiries: 01425 481320

[Email: info@britishlivertrust.org.uk](mailto:info@britishlivertrust.org.uk)

Information website:

www.britishlivertrust.org.uk



Appendix E



Just diagnosed with Hepatitis B?



Acknowledgements:

**Pan Dorset DAATs would like to thank
the Hepatitis Trust in assisting with
the production of this leaflet.**

Produced January 2011

If you have just been diagnosed with Hepatitis B, you are not alone. Hepatitis B is much more common than people think.

Hepatitis B can cause liver damage but this does not occur in all cases and, if it does occur, it happens over many years. So you have time to let the diagnosis sink in and find out the options open to you, including treatment. Although it is a serious disease, it is not a death sentence and there is effective treatment available.

The liver is involved in many different important functions of the body and a healthy liver is essential for good health. Many people with Hepatitis B have no symptoms, or their symptoms are vague and may be similar to that of a flu like infection.

The most common symptoms are:

Fatigue

Muscle or joint pain

Fever

Mild nausea (feeling sick), stomach ache, vomiting, diarrhoea and loss of appetite.

What you can do:

There is a lot you can do to help support your liver and your immune system and you may also find this helps to reduce your symptoms.

Almost everything you eat, drink, smoke, swallow or absorb through your skin goes through the liver so the less toxic that is, the less your liver has to cope with. In particular, try to:

Reduce your alcohol intake (if you can, stop completely)

Drink plenty of water

Eat less fatty or fried food and avoid processed food or food which is high in chemical additives

Eat more food that is high in anti-oxidants, such as, fresh fruit and vegetables

Get enough rest and exercise

Ask for support when the disease or the symptoms get you down

What happens next?

You should see your GP who will have received a letter from the BBV Project. Your GP will recommend that anyone you are in close contact with should receive a Hepatitis B vaccination and will arrange this with you. Your GP will then refer you to a specialist at a hospital. At the hospital you will have some further blood tests to assess how active the infection is and whether it is causing your liver to be inflamed at present.

The blood tests will also help to establish if you have recently contracted the virus which could clear up naturally or whether it is more likely to be an ongoing chronic (long-term) infection. You may also have tests, such as, an ultrasound scan or liver biopsy to see if your liver has been damaged. The specialist will then talk to you about treatment options if treatment is required.

Treatment

A large number of people with a chronic Hepatitis B infection do not require treatment as, although they do have the virus in their system, it is not causing any damage to their liver. However, this situation can change so it is important that anyone with Hepatitis B is followed up by a doctor over the long term.

There are a number of drugs available to treat Hepatitis B, used either alone or in combination. Treatment, however, is a complex issue and is something your doctor will discuss with you. The main aim of current treatment is to keep the Hepatitis B virus suppressed, which should prevent damage occurring.

Occasionally a course of these drugs can leave the virus in remission with its activity significantly reduced and treatment can eventually be discontinued.

Very rarely the treatment can clear the virus completely. Many new drugs are in development that may improve the effectiveness of treatment further.

Sexual Transmission

Because Hepatitis B can be passed on during sex, it is important that a person with Hepatitis B uses barrier methods of contraception, such as condoms. However, there is a safe and effective vaccination against Hepatitis B which gives lifelong immunity.

Sexual partners of people with Hepatitis B should be first tested and then vaccinated. Once this has been done and the effectiveness of the vaccine has been confirmed with a follow-up blood-test then normal sexual relations can resume between partners. You should always use condoms during casual sexual encounters.

Can a mother pass the virus to her child?

Yes, women infected with Hepatitis B who become pregnant can pass the virus onto their baby during the delivery process. However, this can be prevented by the baby receiving a course of injections which is started soon after birth. If mothers have a high level of infectiousness then the baby may also require an injection of Hepatitis B immunoglobulin, which offers an immediate active immunity against the virus.

Who to tell?

You should contact promptly anyone you think should get tested. Otherwise, you can take your time to tell people when **YOU** are ready, after you have had more information and have come to terms with your diagnosis. Telling someone you have Hepatitis B may provide support. However, you do not have to tell other people at all and before deciding to tell your employer you may find it useful to talk with someone else with Hepatitis B.

Prevention of Infection:

The virus is carried round the body in the blood and is also in the body fluids. So infection can occur through blood to blood contact or through unprotected sexual intercourse, but not through normal social contact.

To make sure you do not infect anyone else, you just need to take common sense precautions, such as:

- Cleaning thoroughly with undiluted bleach any surface that you bleed onto
- Carefully dressing any cut or graze
- Not sharing anything that is inserted through your skin, including earrings, piercing jewellery and, of course, needles for injecting drugs or steroids
- Preventing anyone else using anything that could have come into contact with your blood, such as, razors, toothbrushes, even hair or nail clippers. Also anything that you could have bled onto, such as, a straw or note for snorting drugs. Do not share pipes when smoking drugs, like crack cocaine.
- Never share anything used for injecting drugs, meaning water, spoons, filters as well as the syringes and needles themselves

For help and information:



The Hepatitis C Trust
27 Crosby Row
London
SE1 3YD

For support and information on any aspect of Hepatitis C

Patient-staffed helpline: 0845 223 4424

Open 10.30am to 4.30pm Monday to Friday

Information website: www.hepctrust.org.uk

For help and information:



The British Liver Trust
2 Southampton Road
Ringwood
Dorset
BH21 1HY

Helpline: 0800 652 7330

General enquiries: 01425 481320

[Email: info@britishlivertrust.org.uk](mailto:info@britishlivertrust.org.uk)

Information website:
www.britishlivertrust.org.uk



Acknowledgements:

Pan Dorset DAATs would like to thank the Hepatitis Trust in assisting with the production of this leaflet.

Appendix F



Just diagnosed with Hepatitis C?



If you have just been diagnosed with Hepatitis C, you are not alone. Hepatitis C is much more common than people think. It is estimated that between 250,000 and 500,000 people in the UK are infected.

Hepatitis C causes liver damage but it does so over many years. So you have time to let the diagnosis sink in and find out the options open to you, including treatment. Although it is a serious disease, it is not a death sentence and there is effective treatment available.

The liver is involved in many different important functions of the body and a healthy liver is essential for good health. Many people with Hepatitis C have no symptoms, or their symptoms are vague. Even if you feel very unwell, this does not mean that your liver is badly damaged but equally you can feel fine even with a lot of liver damage.

The most common symptoms are:

Periods of fatigue or continuous fatigue where sleep does not solve the problem

- Muscle or joint pain
- Fever
- Pain over the liver area
- Mild nausea (feeling sick), stomach ache, vomiting and other digestive problems, including loss of appetite
- Difficulty concentrating, poor memory, feeling 'woolly headed'
- Depression
- Skin problems, for example, rashes and significant itching

What happens next?

You should see your GP who will have received a letter from the BBV Project. The BBV Project should have already told you which strain (genotype) of the virus you have. Otherwise you will have this test at the hospital. Genotypes 1, 2 and 3 are the most common in the UK. You may also have a number of blood tests and investigations, such as an ultrasound scan or liver biopsy, to see if your liver has been damaged. The specialist will then talk to you about your treatment options.

The blood tests will also help to establish if you have recently contracted the virus which could clear up naturally or whether it is more likely to be an ongoing chronic (long-term) infection.

Treatment

The current treatment for Hepatitis C is a combination of two drugs—Pegylated Interferon, which is a weekly injection, and Ribavirin, taken twice a day as a pill. It is successful in getting rid of the virus in 50—80% of people who take it, depending on the genotype, although most people have some side effects. Many new drugs are in development that may improve success rates but it is unclear how soon they will become available.

Who to tell?

You should contact promptly anyone you think should get tested. Otherwise, you can take your time to tell people when **YOU** are ready, after you have had more information and have come to terms with your diagnosis. Telling someone you have Hepatitis C may provide support. However, you do not have to tell other people at all and before deciding to tell your employer you may find it useful to talk with someone else with Hepatitis C.

What you can do

There is a lot you can do to help support your liver and your immune system and you may find this helps reduce your symptoms. Almost everything you eat, drink, smoke, swallow or absorb through your skin goes through the liver so the less toxic that is, the less your liver has to cope with. In particular, try to:

- Reduce your alcohol intake (if you can, stop completely)
- Drink plenty of water
- Eat less fatty or fried food and avoid processed food or food which is high in chemical additives
- Eat more food that is high in anti-oxidants, such as, fresh fruit and vegetables
- Get enough rest and exercise
- Ask for support when the disease or the symptoms get you down

Many people find that complementary medicines, such as, acupuncture, massage and herbs are helpful in managing their Hepatitis C symptoms. It is important to go to a qualified practitioner with experience of treating Hepatitis C, because some complimentary medicines can damage the liver.

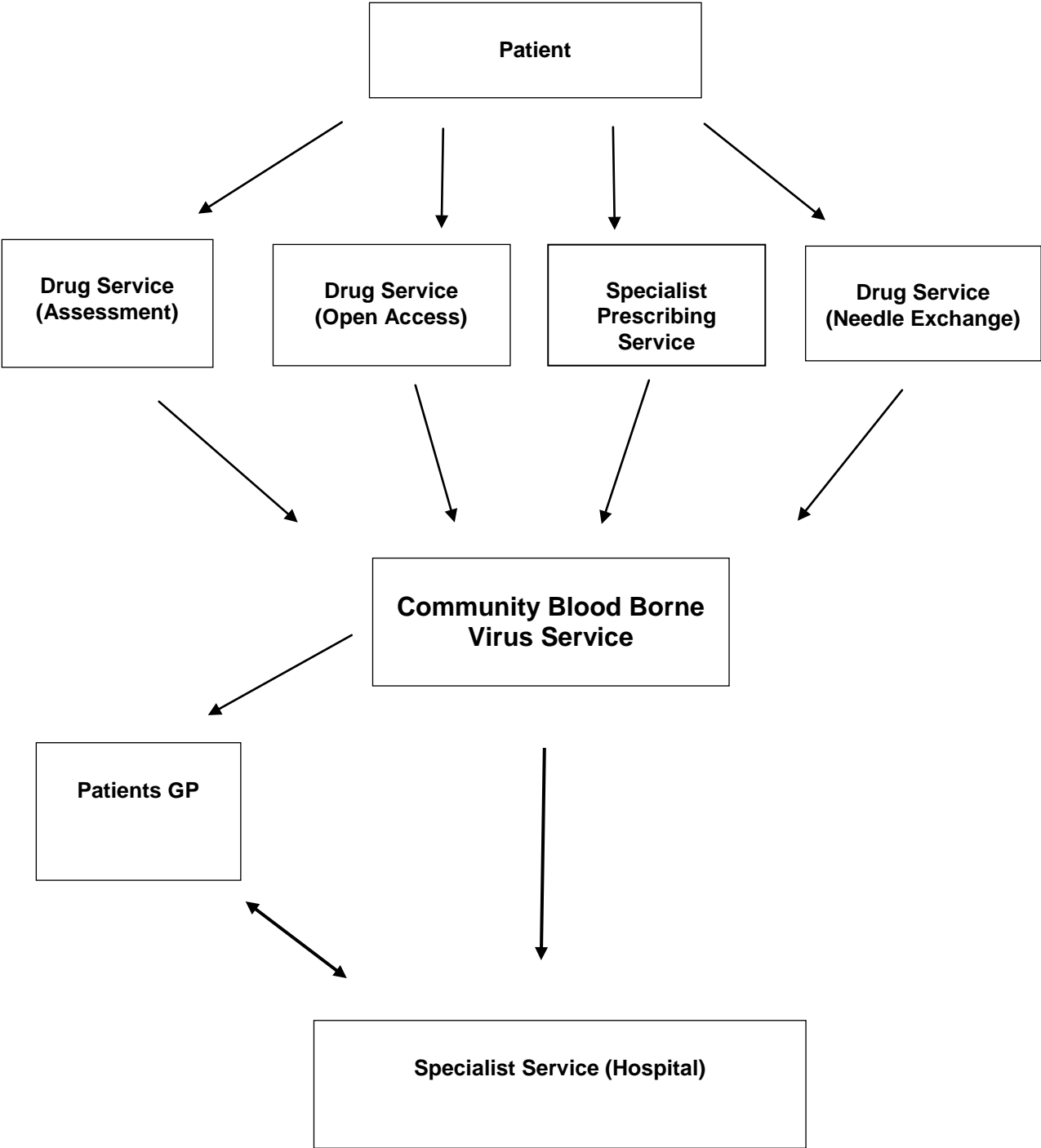
Does it matter how you were infected?

If you can pinpoint when you may have caught the infection, this can help to calculate the length of time you have been infected. However, unless there was a particular time when you know you came into contact with infected blood, it is probably very hard to be certain when and how you were infected. More important is deciding what to do about it now and being safe so as not to infect anyone else.

Can it be transmitted sexually?

No-one is completely sure but it seems to be extremely rare that Hepatitis C is passed on during sex if there is no blood involved, but blood, even in tiny amounts, can be present, for example in anal sex or rough sex or during a woman's period. The best advice then is to use a condom unless you are in a monogamous relationship where sex will not involve blood.

Pan Dorset BBV Pathway



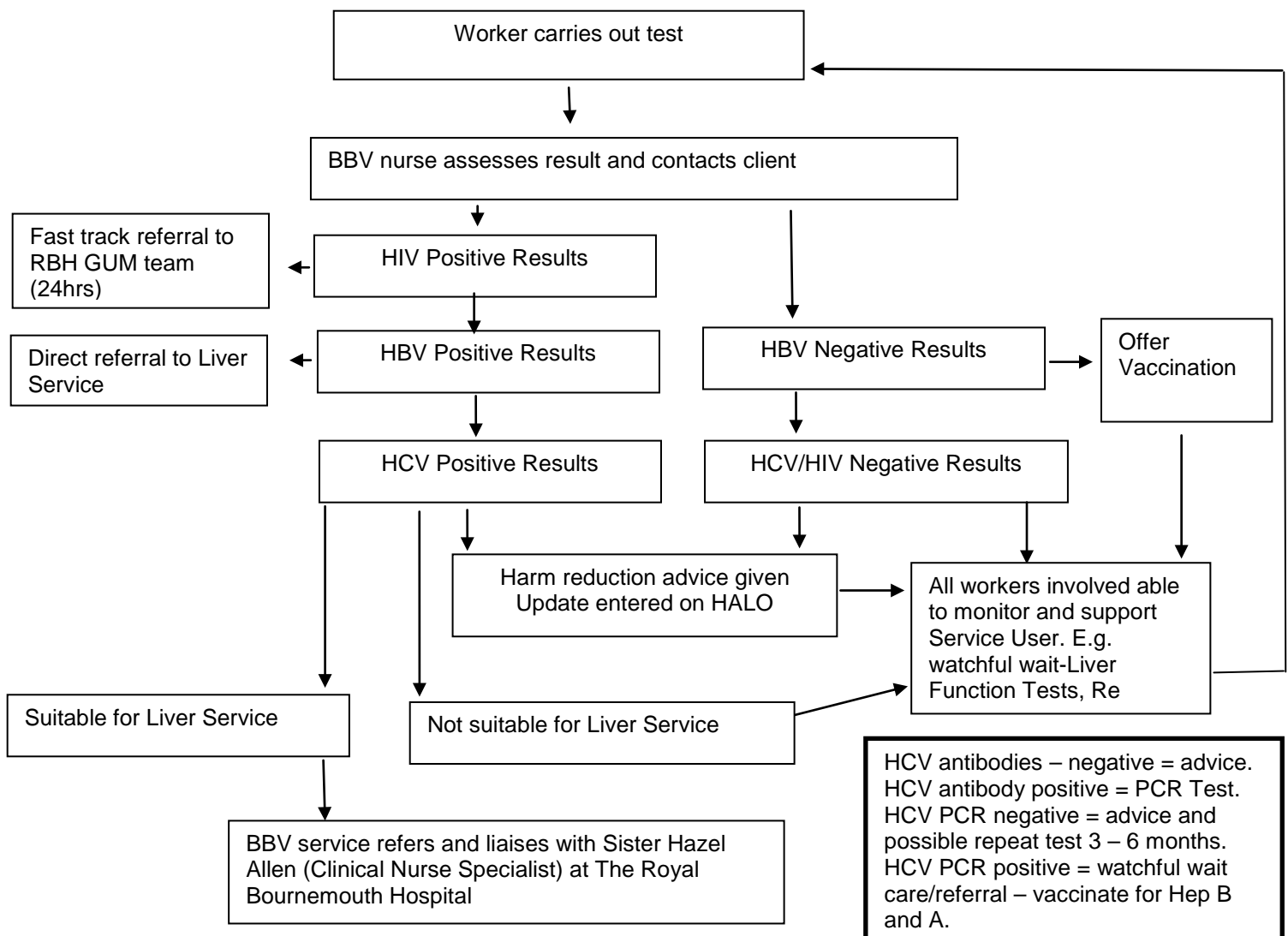
Bournemouth Dry Blood Spot Testing Flowchart

Appendix H

Services offering DBST & Pre test support

- Preventative/ Pre treatment Service (Info/Advice/Needle Exchange Support Groups for drug and alcohol users)
- BAT (assessment team for problematic drug and alcohol users)
- SDAS (Specialist Prescribing team)
- PCAS (Shared care prescribing)

1. Service User agrees to a test
2. Service User signs a 'Consent' form (includes G.P, Community BBV Service update on HALO)
3. Worker carries out the test and informs of possible implications. Gives out information leaflet.
4. Worker updates HALO to say a test has been carried out
5. Service User I.D on HALO transferred to 'consent to share form'
6. 'Consent' form is forwarded to the Community BBV service, copy kept in client file
7. Worker puts Community BBV service agency code onto DBST kit
8. DBST results sent back to BBV service.
9. BBV service informs Service user of test results by their preferred method.
10. If Service User DNA's the BBV service sends the results (if positive) to the G.P



Appendix I



The Junction
235 Holdenhurst Road
Bournemouth
BH8 8DD
01202 646389

Service user Name
Address line 1
Address line 2
Address line 3
Address line 4

Date

Dear *Joe Bloggs*

Re: Dried Blood Spot Test results

I am writing to inform you that the results of your Dried Blood Spot Test have arrived. You previously stated that you wanted to receive the results in person so I have made an appointment for you to see me:

Day and Date:

Venue:

Time:

If you are unable to make this appointment or would like further advice or information please contact me on the above number.

With kind regards

Name
Title

Appendix J



The Junction
235 Holdenhurst Road
Bournemouth
BH8 8DD

Service user Name
Address line 1
Address line 2
Address line 3
Address line 4

01202 646389

Date

Dear *Joe Bloggs*

Re: Dried Blood Spot Test results

I am writing to inform you that the results of your Dried Blood Spot Test have arrived. The results are as follows:

- Hepatitis C negative Hep C antibodies and PCR
- Hepatitis B negative Hep B core antibodies and surface antigens
- HIV negative

If you continue to put yourself at risk you will need to be tested every 3 months.

If you would like to reduce the risk of infection and would like some information on Harm Minimisation and Prevention please feel free to drop-in to the Open Access service at 43 Oxford Road 9am – 12pm or 2pm - 4pm or speak with the Central Needle Exchange Team at Park Lodge, Gloucester Road, Boscombe 01202 395768.

If you would like any further advice or information please contact me on the above number.

With kind regards

Name
Title

Hepatitis B / C Transfer of Care Summary Community to Hospital

Referrers Details

Name: Agency:

Designation: Signature:

Date of Referral:

Service User Details

Service Users Name:

Date of Birth: HALO ID Number:

Address or contact details:

Telephone number:

GP Name and Address:

Significant Others:

Is English the service users first language?.....

Will an Interpreter be required?.....

What is the patient's first language if not English?.....

Current medication:.....

Past medical history:.....

Blood Borne Risk Factors

Is this a new diagnosis: No Yes If No how long has service user had Hep B or Hep C.....

HIV status: Unknown No Yes Date of Testing.....

Past IVDU / Other Drug Use.....

Other:.....

Risk Factors – Personal Safety

Service User - Harm to Self: No Yes Please specify

Service User - Harm to Others: No Yes Please specify

Service User - Harm from others: No Yes Please specify

Any other information:.....

Hepatitis Related Symptoms: No Yes if yes specify

Other Relevant History

Alcohol:

Current Alcohol Misuse? No Yes if yes: Duration: (w/m/y)
Amount: (units/wk)

Previous alcohol Misuse? No Yes if yes: Duration: (w/m/y)
Amount: (units/wk)

Relevant past medical or other history:

Investigations

Date of most recent positive Hepatitis C antibodies test: Result confirmed? No Yes

Other tests	Performed	Date	Result	Comments
PCR for Hep C RNA	No / Yes		Negative / Positive	
Hep B sAg	No / Yes		Negative / Positive	
Hep B core antibodies	No / Yes		Negative / Positive	
HIV	No / Yes		Negative / Positive	
FBC	No / Yes		Normal / Abnormal	
LFTs	No / Yes		Normal / Abnormal	

Hepatitis B Immunisation

- Not needed – confirmed past infection
- Immunisation advised – not started
- Immunised elsewhere – completed course Date:
- Immunised elsewhere – incomplete course Date:
- Immunisation Course started: (details)

Treatment

Eligibility for Treatment:

Yes / No Positive Hepatitis C PCR
Yes / No Willing to undertake treatment
Yes / No Stable accommodation and social support available
Yes / No Likely to remain in area for more than 6 months
Yes / No Clean from drug use for at least 6 months

Notes – any further information

Consent to share

- With GP With hospital With Others (Please Specify)

Appendix L



Drug Action Team
DORSET

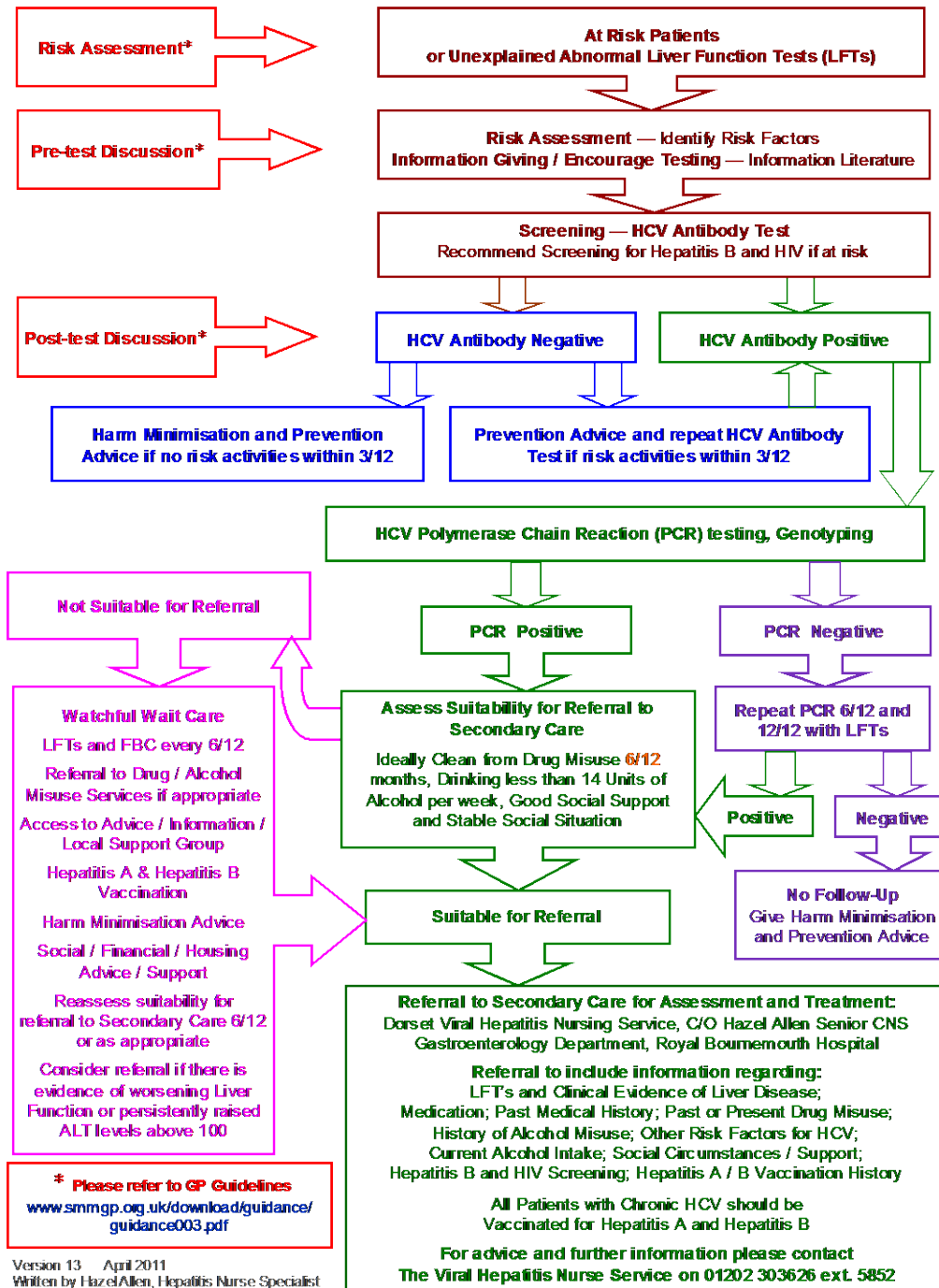


Dorset PCT
Dorset Health & Care NHS Foundation Trust
Dorset HealthCare NHS Foundation Trust
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
Poole Hospital NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust



Dorset and Somerset HPU

DORSET VIRAL HEPATITIS C (HCV) REFERRAL PATHWAY



Dear Doctor,

Concerning your patient: Patient NameD.O.B.....

Patient Address:

The above named patient has undergone a dried blood spot test for hepatitis B and C. This service is provided to people who are or have been at risk of hepatitis B and/or hepatitis C. The results are:

HCV Antibody		<input type="checkbox"/> Positive <input type="checkbox"/> Negative
HCV PCR <input type="checkbox"/> Positive		HCV PCR <input type="checkbox"/> Negative
HCV Genotype Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 <input type="checkbox"/> Notes: <input type="checkbox"/> The results have been delivered and we have recommended that s/he make an appointment with you as soon as possible to discuss this diagnosis and options for referral to specialist services for assessment and consideration for anti-viral therapy. <input type="checkbox"/> A referral has been made to the specialist service at RBH. <input type="checkbox"/> The patient has not returned for their follow-up appointment/s and we have not yet been able to deliver these test results.	Notes: <input type="checkbox"/> HCV Antibody negative: the results have been delivered and the patient has been provided with information on HCV and HBV. <input type="checkbox"/> HCV Antibody negative, less than 3 months since risk: the results have been delivered and the patient has been advised to be re-tested 3 months after most recent exposure. <input type="checkbox"/> HCV Antibody positive, HCV PCR Negative: These results have been delivered. However, as there is a significant false negative result rate with HCV PCR (especially for people with a low viral level), we have recommended that s/he make an appointment with you to be re-tested with a blood serum test to repeat the HCV PCR in conjunction with some Liver Function Tests (LFTs). If the person is again PCR negative with normal LFTs then re-testing once more with HCV PCR and LFTs at six month after first serum test is recommended. Once three consecutive negative HCV PCR results are seen along with normal LFTs then no further action need be taken. <input type="checkbox"/> The patient has not returned for their follow-up appointment/s and we have not yet been able to deliver these test results.	

HBV Surface Antigen	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Notes: <input type="checkbox"/> For positive results: The results have been delivered and I have recommended that s/he make an appointment with you as soon as possible to discuss this diagnosis. I have also recommended that anyone in close contact with him/her should be tested for and/or vaccinated against hepatitis B, and have advised of precautions to avoid transmitting the virus. We would ask you at this time to: <ul style="list-style-type: none"> - Please ensure that contact tracing takes place through the surgery or local sexual health service. - Conduct a further serum blood test to ascertain whether they are HBV e antigen positive or Negative along with some LFT's. - Discuss options for referral to local specialist secondary care services for assessment and for consideration for treatment. <input type="checkbox"/> A referral has been made to the specialist service at RBH. <input type="checkbox"/> The patient has not returned for their follow-up appointment/s and we have not yet been able to deliver these test results.	

Please find attached a copy of the lab result form for your records. If you have any questions, please contact me by telephone on

Specialist advice is available from Mrs Hazel Allen, Senior Clinical Nurse Specialist in Liver Disease on 01202 303626 ext 5852.

Yours sincerely,

Worker

(Please sign and print name)

CC: Blood borne virus Project Hepatology unit



The Junction
235 Holdenhurst Road
Bournemouth
BH8 8DD
01202 646389

Name
The Royal Bournemouth & Christchurch Hospitals
GUM Clinic – Sexual Health Clinic
Castle Lane East
Bournemouth
BH7 7DW

Date

Dear

Re: Mr Joe Bloggs D.O.B 01/01/01
Fast Track HIV referral letter

As discussed recently by phone, I am writing to inform you that the above named person was screened using a Dried Blood Spot Test on 02/02/02.

The results and required actions are as follows:

- Hepatitis C PCR *positive* - a referral has already been made to the Hepatology department at RBH
- Hepatitis B *surface antigens positive* - a letter has been sent to the service users GP
- HIV *positive* - a letter had been sent to the GP, advising them that a referral to your service has been made

Address or contact details:

.....

Telephone number:

GP Name:

GP Surgery Address:

.....

Please feel free to contact me if you require any further advice information or advice.

Yours Sincerely,

Name
Title