



## Opt-out blood-borne virus test algorithm guidance notes

### Phase 1: Reception and induction

Healthcare to:

- carry out risk assessment and take medical history
- identify patients requiring immediate treatment for BBVs
- avoid interruption to existing BBV treatment and provide medication to those prescribed it on time and without delay
- ensure patients know about the range of services available, including sexual health services
- during induction provide basic information about:
  - BBV risks, transmission and treatment
  - HBV vaccination
  - HBV/HCV/HIV testing and treatment services
  - policy on access to condoms and disinfectant tablets
- recommend all **eligible**<sup>1</sup> patients a test for HIV, hepatitis B and hepatitis C (HCV antibody<sup>2</sup>, HBsAg and HIV Ab and Ag P24 test) within 72 hours of arrival using DBST or venous sampling. Prisoners who refuse a test should be re-offered throughout their stay at regular intervals. Testing should be a 'continuous offer' and be re-offered at all available opportunities, for example at hepatitis B vaccination appointments and treatment reviews with the substance misuse service to look at both clinical and psychosocial support requirements.

<sup>1</sup> **Eligible patients:** BBV testing should be recommended to all prisoners, including those already in prison **unless:**

- they have been tested in the last 12 months and have NOT subsequently put themselves at risk of infection
- they have been tested and are positive
- they are known to be positive for a BBV. For hepatitis B: If a patient has documented evidence of a negative result and have been vaccinated against hepatitis B they do not require further testing for this BBV infection
- for hepatitis B: If a patient has documented evidence of a negative result and have been **fully** vaccinated against hepatitis B they do not require further testing for this BBV infection

<sup>2</sup> Where a patient is anti-HCV positive it is important that the same sample is used to test for HCV RNA via PCR. Samples should be of sufficient quantity that they can be immediately PCR tested following a positive antibody test. No prisoner should receive a positive antibody result without having a PCR result at the same time.

**NB:** Healthcare staff should also be recommending testing to **EXISTING** prisoners not just new receptions.

- suitably qualified healthcare worker to provide a pre-test discussion according to national guidance (the same person should ideally deliver the result). Test to be carried out within four weeks of arrival
- begin super-accelerated HBV vaccination programme (days 0, 7 and 21) ideally when bloods are taken for BBV testing (ideally a fourth dose should be given at one year and a booster at five years)

## Phase 2:

Healthcare to:

- continue HBV vaccination programme
- same healthcare worker who provided the pre-test discussion should ideally deliver the BBV result and provide post-test discussion

### For positive patients:

- HIV: Carry out a confirmatory test
- refer to secondary care treatment pathways (for hepatitis B positive, suspend vaccination and refer for further testing to specialist service)
- ensure patient receives assessment by specialist (for HIV this must be within 2 weeks of referral and for hepatitis B and C a maximum of 18 weeks)
- provide harm minimisation advice

### For negative patients:

- reassure and provide harm minimisation advice and interventions

## Phase 3:

- initiate treatment where appropriate. Short sentences should **not** be an obstacle to commencing treatment in prison. Care pathways for continuity of care should be in place when prisoners are released into the community or transferred to another prison
- monitor treatment within a consultant-led MDT approach which includes prison healthcare
- treatment options should be considered and discussed with patients and all patients should be given the option of any treatment recommended by NICE. A release or transfer of a prisoner/detainee should not prevent them from commencing treatment
- in-reach or GP-led in-house treatment is the preferable model of prison/detention centre treatment
- the care pathway must include access to mental health services, dermatology services and other relevant support services where necessary, as occurs in non-prison based services

### Ongoing

- ongoing medical treatment and care for those living with BBVs
- ongoing harm reduction advice for all
- access to psychological/social support
- all patients should have ongoing access to condoms and disinfectant tablets

### Transfer

- the sending healthcare team should contact the receiving prison/detention centre if:
  - HBV vaccinations are incomplete
  - the patient has any outstanding test results
  - the patient is receiving or requiring treatment for BBVs
- healthcare should ensure that SystmOne medical records are up to date

### Resettlement/release

- patients who have been tested for BBVs should receive their results when they are available, regardless of whether they have been released
- community rehabilitation companies (CRCs)/National Probation Service should be made aware of continuity of healthcare plans for BBVs and of needs arising from BBV status where they may affect accommodation, employment support, training/ education and family/social support. CRCs will be creating resettlement plans for all prisoners and the opportunity should be taken to ensure that resettlement plans support access to treatment and support

Healthcare should ensure that:

- liaison with secondary care providers takes place before release including community drug services where relevant
- links are made with the patient's GP in the community
- where patients do not have a GP they should be informed about identifying and registering with one in the community
- adequate supplies of medication are provided to cover transitional arrangements
- sign-posting to local and national BBV-related support services

## References and further reading

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NICE, TA252 Hepatitis C (genotype 1) – telaprevir (2012)

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