

Management of exposure to BBV - updated guidance

The NHSGGC [Management of Occupational and Non-occupational Exposures to Bloodborne Viruses](#) guideline has been revised and updated. It is an essential guideline for all HCWs in the GGC area in minimising the risk of transmission of bloodborne viruses (BBVs) following needlestick or similar occupational injury.

Managers and staff are asked to read the guidance and familiarise themselves with their roles, responsibilities, and the main actions required when managing an occupational injury in a healthcare worker. Staff and managers should be able to:

- carry out appropriate first aid
- understand and effectively implement their roles and responsibilities around the injured health care worker and the source patient
- follow protocol in terms of Occupational Health and Datix reporting

The guidance contains all the information staff will need including the risk of infection following injury; establishing the risk to the healthcare worker; obtaining the consent of the source patient for BBV testing; when post-exposure prophylaxis (PEP) is indicated; and the management of the injured healthcare worker, including the circumstances in which post-exposure prophylaxis (PEP) is indicated and requirement for follow-up testing.

The guidance also covers the actions required for injuries sustained in the community and the management of sexual exposure to HIV and hepatitis B.

In accordance with the NHS sustainability targets, the guidance is **only available as an electronic document** which can be printed off as required. Staff should, however, be aware that the correct version will always be the electronic one.

[Posters](#) summarising what to do in the event of an injury have been cascaded via Clinical Directors and Section leads to every clinical area. The [poster](#) specifically for A&E has also been produced and disseminated to those departments.

Please replace any older posters with these new versions. If you require further copies of the poster please contact ruth.wilson@ggc.scot.nhs.uk

Post Exposure Prophylaxis (PEP) pack changes

The formulation of the PEP packs has changed. Effective immediately, all starter packs are now a 5-day rather than a 3-day pack and contain Truvada and Raltegravir instead of Combivir and Kaletra. This change in formulation is mainly to off-set problems with drug interactions common with Kaletra but overall it is a better-tolerated regime.

PEP is available, for both occupational and sexual exposure, in all A&E departments, Sandyford and at Occupational Health. It is intended as a 28-day course with a 23-day pack following the 5-day starter pack. It should, however, only be dispensed in accordance with the [Management of Occupational and Non-occupational Exposures to Bloodborne Viruses](#) guidance.

Pharmacy staff will contact authorised sites in the coming weeks to ensure that all existing 3-day packs containing Combivir and Kaletra are returned to Gartnavel General Pharmacy and new packs are ordered from PDC.

New guidance on testing, diagnosis and referral

BBVs are important pathogens in the UK causing significant personal and public health problems. The [new NHSGGC BBV Testing Guidance](#) is designed to assist clinical staff in improving the detection of BBVs by increasing the appropriate testing of HIV, hepatitis C and hepatitis B across NHSGGC.

All staff with clinical competencies are capable of testing for BBVs - no special skills are required and pre-test counselling is no longer necessary.

The guidance sets out:

- who to test
- how to test
- when to test, including the window period and re-testing
- the clinical indicators and symptoms that trigger BBV testing
- giving results and risk reduction

HIV is newly diagnosed in 6,000 people each year in the UK, and in Scotland, NHSGGC has the highest number of new cases with over 100 diagnosed annually. Approximately a quarter of those living with HIV remain undiagnosed and unaware of their infection and this is the group most likely to transmit HIV to others.

Although there is no vaccine or cure for HIV, modern combination treatment with Highly Active Antiretroviral Therapy (HAART) has transformed HIV management. Most patients can now expect to lead a relatively normal life and have near-normal life expectancy; however, the benefits of treatment rely on the early diagnosis of infection.

In Glasgow, over 40% of people are diagnosed late, or very late, i.e. after the point at which treatment would normally be commenced. Late diagnosis reduces the effectiveness of the drug therapy and increases morbidity, mortality and associated costs to the NHS. These individuals carry a tenfold increased risk of dying within a year of diagnosis, compared to those diagnosed promptly.

Many of these individuals have been seen by a range of medical professionals, for a range of HIV-related conditions, on more than one occasion before a diagnosis of HIV is made; it is therefore an aim of the guidance to increase recognition of the **clinical indicator conditions** associated with HIV and so prompt a test.

Hepatitis C is the most prevalent BBV in Scotland with approximately 1% of the population infected. Over 13,000 people have been diagnosed with HCV antibodies in NHSGGC, representing 41% of the diagnosed Scottish population. It is estimated that over half of those infected remain undiagnosed putting those individuals at increased risk of developing serious liver disease.

Where route of transmission is known, 90% of local cases can be attributed to a history of injecting drug use, and it is strongly recommended that all current and prior injectors should be offered testing. Recent developments in treatment mean that up to 80% of patients completing a course can be expected to clear the virus. Across NHSGGC, hepatitis C management and treatments are available at six acute centres, all local prisons, and outreach clinics at addiction services.

The testing [guidance](#) contains all the practical support and referral information staff will need to recognise and diagnose bloodborne viruses

Sandyford Shared Care Support Service

A new system has been put in place to support practitioners in testing their patients for bloodborne viruses. Building on the work that the Shared Care Support Service already delivers to clinicians around sexually transmitted infections, the team now also receives a copy of **all** HIV and HBV positive results. Sexual Health Advisers will ensure that on receipt of a positive result the appropriate follow-up is carried out including public health advice, partner notification and facilitation of referral to specialist services.

Practitioners can telephone the service for advice and support about any aspect of testing and management of BBVs
Tel: 0141 211 8639

BBV training

New e-modules to support the revised occupational and non-occupational exposure guidance and BBV testing guidance are in development and will shortly be available on the NHSGGC Learnpro site. Face-to-face training can be organised via the BBV training team. A schedule of training is available and can be accessed [here](#) but bespoke or tailored training to meet a team's requirements and availability can also be organised.

Tel: 0141 211 8634/ email: GG-UHB.bbvtrainingteam@nhs.net to discuss requirements.

Laboratory changes

Changes to the process for submitting blood samples for BBV testing are planned within the laboratory directorate. Currently, samples from the Clyde area are sent via the IRH lab to the West of Scotland Specialist Virology Centre at Gartnavel (WSSVC) for confirmatory testing if they are reactive. However, in the early summer of this year, all blood samples for BBV testing will be routed via the WSSVC, including those from the Clyde area. Communication about when this change will take place and what clinicians will need to do differently will follow when the systems and processes have been discussed.

In September of 2013, the WSSVC will re-locate from Gartnavel to the Glasgow Royal Infirmary site. The laboratory directorate is working hard to ensure a seamless transition will take place and consultation and communication with stakeholders will be part of that process.

For further information concerning the move of blood testing for BBV from the Clyde sector or the move of the WSSVC from Gartnavel General Hospital to the New Lister Building, GRI, contact:

Stephen Hughes, Technical Services Manager, West of Scotland Specialist Virology Centre

Tel: 0141 211 1010 or stephen.hughes@ggc.scot.nhs.uk

Hepatitis C testing

A combination of HCV antibody, antigen and PCR tests are available. The lab will use information provided by the tester to determine which panel of tests to conduct. When submitting a sample for diagnostic testing, please indicate if the patient has:

- a history of Injecting Drug Use
- chronic kidney disease, or acute/ chronic renal failure
- symptoms of acute hepatitis including; jaundice, dark urine, pale stools, hepatomegaly, elevated ALTs
- evidence of cirrhosis or chronic liver disease,
- HIV diagnosis
- undergone assessment as a transplant donor /recipient

It is preferable to submit venous bloods for blood-borne virus testing, where possible, as this facilitates the testing process and is less resource-intensive. Dried Blood Spot (DBS) testing is appropriate for patients who have damaged peripheral veins, usually as a result of injecting drug use, or a severe needle-phobia. To help reduce barriers to testing, DBS is now available in drug services, prisons, and addiction Shared Care GP practices.

To assist with case-finding in Primary Care, NHSGGC IT has developed a search tool that can scan a practice list and identify patients with a recorded risk factor for HCV transmission. This tool is available to all NHSGGC practices free of charge. Public Health can supply Dried Blood Spot testing kits to facilitate follow-up of identified patients.

For more info contact joe.schofield@ggc.scot.nhs.uk