

Hepatitis B and C testing overview

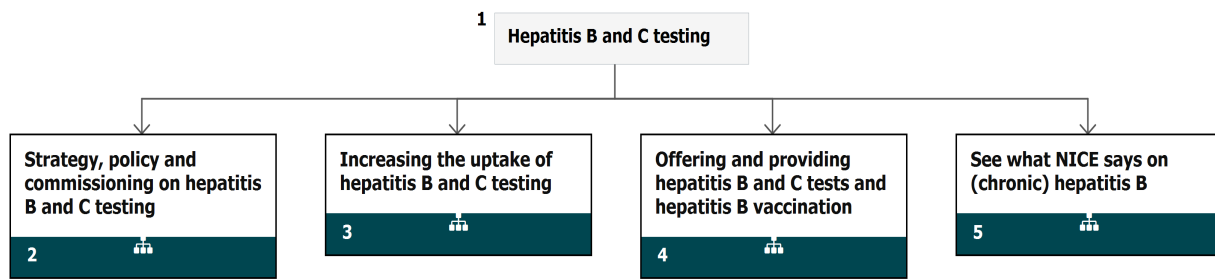
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/hepatitis-b-and-c-testing>

Pathway last updated: 10 August 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Hepatitis B and C testing

No additional information

2 Strategy, policy and commissioning on hepatitis B and C testing

[See Hepatitis B and C testing / Strategy, policy and commissioning on hepatitis B and C testing](#)

3 Increasing the uptake of hepatitis B and C testing

[See Hepatitis B and C testing / Increasing the uptake of hepatitis B and C testing](#)

4 Offering and providing hepatitis B and C tests and hepatitis B vaccination

[See Hepatitis B and C testing / Offering and providing hepatitis B and C tests and hepatitis B vaccination](#)

5 See what NICE says on (chronic) hepatitis B

[See Hepatitis B \(chronic\) / Hepatitis B \(chronic\) overview](#)

Close contacts

The people in close contact with someone infected with hepatitis B or C, where there is a risk of transmitting the infection (through blood or body fluids). This could include their family members, close friends, household contacts or sexual partners.

Continuity of care

continuation of treatment and referral for people moving in, out or between prisons

Immigration removal centre

In addition to housing people who remain in the UK illegally, immigration removal centres house people who are waiting for their immigration claims to be resolved or to have their identities established. Detainees are entitled to primary healthcare facilities during their stay, equivalent to those available in the community.

Immigration removal centres

In addition to housing people who remain in the UK illegally, immigration removal centres house people who are waiting for their immigration claims to be resolved or to have their identities established. Detainees are entitled to primary healthcare facilities during their stay, equivalent to those available in the community.

In-reach services

a model of prison-based healthcare provision in which healthcare services are brought into the prison, instead of the prisoner being taken out to the healthcare service (for example, to a hospital outpatient unit)

Joint strategic needs assessment

a process that identifies the current and future health and wellbeing needs of a local population, leading to agreed commissioning priorities that aim to improve outcomes and reduce health inequalities

Locally enhanced services

additional services provided by GPs, designed to meet specific local health needs

Medical hold

a process to ensure prisoners are not transferred until they are medically fit

Past infection

Hepatitis B and C can be cleared by the body's own immune system. An antibody test determines whether a person has ever been infected with hepatitis in the past. If the test is positive further tests are carried out to establish whether the virus is still present in the body.

Peer

Peers are members of the target population who have been diagnosed with hepatitis B or C. They may be recruited and supported to communicate health messages, including promoting testing and treatment, assist with contact tracing or testing, and to offer people support during testing and treatment.

PCR

polymerase chain reaction

Prison

Her Majesty's prison establishments, including young offender institutions

Prisons

Her Majesty's prison establishments, including young offender institutions

Sexual contact

Intimate contact with others, including kissing and oral, anal, and vaginal intercourse. Hepatitis B is transmitted by direct contact with infected blood. However, it can also be transmitted by contact with semen, vaginal fluids and other body fluids. Hepatitis C is primarily transmitted by contact with infected blood.

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider

public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781