NICE National Institute for Health and Care Excellence

NICE Pathways

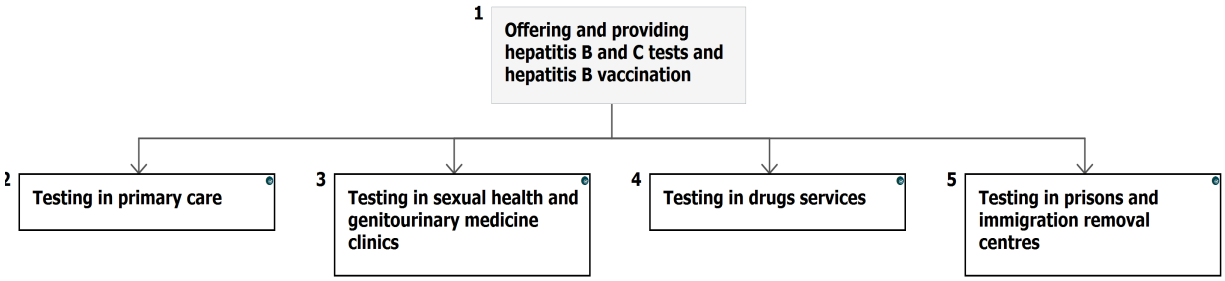
Offering and providing hepatitis B and C tests and hepatitis B vaccination

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. 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 NICE Pathway see:

http://pathways.nice.org.uk/pathways/hepatitis-b-and-c-testing
NICE Pathway last updated: 10 August 2017

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



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

No additional information

2 Testing in primary care

GPs and practice nurses should offer testing for hepatitis B and C to adults and children at increased risk of infection, particularly migrants from medium- or high-prevalence countries and people who inject or have injected drugs (see Whose health will benefit? [See page 8]).

GPs and practice nurses should offer testing for hepatitis B and C to people who are newly registered with the practice and belong to a group at increased risk of infection (see Whose health will benefit? [See page 8]).

GPs and practice nurses should ask newly registered adults if they have ever injected drugs, including image and performance enhancement substances at their first consultation.

GPs and practice nurses should offer hepatitis B testing and vaccination to men who have sex with men who are offered a test for HIV and have not previously tested positive for hepatitis B antibodies (see what NICE says on HIV testing and prevention).

GPs and practice nurses should offer hepatitis B vaccination to people who test negative for hepatitis B but remain at increased risk of infection (see the Green book).

GPs and practice nurses should offer annual testing for hepatitis C to people who test negative for hepatitis C but remain at increased risk of infection.

GPs and practice nurses should ensure people diagnosed with hepatitis B or C are referred to specialist care.

Local community services serving migrant populations should work in partnership with primary care practitioners to promote testing of adults and children at increased risk of infection. This should include raising awareness of hepatitis B and C, promoting the availability of primary care testing facilities and providing support to access these services.

Staff providing antenatal services, including midwives, obstetricians, practice nurses and GPs, should ask about risk factors for hepatitis C during pregnancy and offer testing for hepatitis C to

women at increased risk. Women who are diagnosed with hepatitis C should be offered hepatitis A and B vaccination in line with the Green book.

Contact tracing

Primary care practitioners should promote the importance of hepatitis C testing for children who may have been exposed to hepatitis C at birth or during childhood.

NICE has published a medtech innovation briefing on the OraQuick HCV point-of-care test for rapid detection of hepatitis C virus antibodies.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Testing and vaccination for hepatitis B

2. Referral for specialist care

3 Testing in sexual health and genitourinary medicine clinics

Sexual health and genitourinary medicine clinics should:

- offer hepatitis B vaccination to all service users in line with the Green book
- offer and promote hepatitis B and C testing to all service users at increased risk of infection, including people younger than 18
- ensure people diagnosed with hepatitis B or C are referred for specialist care
- ensure staff have the knowledge and skills to promote hepatitis B and C testing and treatment (see education for healthcare professionals and others providing services for people at increased risk of hepatitis B or C infection)
- ensure staff who undertake pre- and post-test discussions are trained and competent to do so.

NICE has published a medtech innovation briefing on the OraQuick HCV point-of-care test for rapid detection of hepatitis C virus antibodies.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Testing and vaccination for hepatitis B

2. Referral for specialist care

4 Testing in drugs services

Drugs services should designate a hepatitis lead for the service. The lead should have the knowledge and skills to promote hepatitis B and C testing and treatment and hepatitis B vaccination. Consideration should be given to training peer mentors and health champions from the drugs service to support this work (for further information see what NICE says on community engagement).

Drugs services should have access to:

- dried blood spot testing for hepatitis B and C for people for whom venous access is difficult
- specialist phlebotomy services in order to encourage hepatitis C treatment in the community, particularly for people who inject drugs.

Drugs services should:

- offer hepatitis B vaccination to all service users in line with the Green book.
- offer and promote hepatitis B and C testing to all service users
- offer annual testing for hepatitis C to people who test negative for hepatitis C but remain at risk of infection
- ensure people diagnosed with hepatitis B and C are referred for specialist care; for hepatitis C this may involve offering hepatitis C treatment in the community for people who are unwilling or unlikely to attend hospital appointments, and whose hepatitis C treatment could be integrated with ongoing drug treatment (such as opiate substitution treatment)
- ensure staff have the knowledge and skills to promote hepatitis B and C testing and treatment (see education for healthcare professionals and others providing services for people at increased risk of hepatitis B or C infection)
- ensure staff who undertake pre- and post-test discussions and dried blood spot testing are trained and competent to do so
- provide information to women with hepatitis C about the importance of testing in babies and children born after the woman acquired infection
- provide information to injecting drug users about the importance of hepatitis B vaccination for sexual partners and children (see the Green book).

NICE has published a medtech innovation briefing on the OraQuick HCV point-of-care test for rapid detection of hepatitis C virus antibodies.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Testing and vaccination for hepatitis B

2. Referral for specialist care

5 Testing in prisons and immigration removal centres

Prison and immigration removal centre healthcare services should develop a policy on testing for hepatitis B and C with local partners, including secondary care services that provide treatment, the Public Health England centre, and commissioners of prison and immigration removal centre healthcare services.

Prison and immigration removal centre healthcare services should designate a member of staff as the hepatitis lead in every prison, young offender service and immigration removal centre. The lead should have the knowledge and skills to promote hepatitis B and C testing and treatment and hepatitis B vaccination. Consideration should be given to training peer mentors and health champions from the prison and immigration removal centre populations to support this work.

The NHS lead for hepatitis treatment (for example, a community hepatitis nurse) should develop a care pathway for prisoners and immigration detainees with diagnosed hepatitis B or C. This should be developed in conjunction with prison or immigration removal centre healthcare services (including commissioners), local drugs services and the Public Health England centre. The care pathway should ensure:

- people with diagnosed hepatitis B and C should be referred to, and managed by, the local hepatitis treatment services, in liaison with prison or immigration removal centre healthcare services
- investigations and follow-up should be undertaken in the prison or immigration removal centre, if possible
- prisoners and immigration detainees with hepatitis B and C should be treated in the prison or immigration removal centre, using in-reach services involving local specialist secondary care providers or the prison or immigration removal centre healthcare team. The prison or immigration removal centre should support this, for example, by giving security clearance to healthcare staff.

Prison and immigration removal centre healthcare services (coordinated with and supported by

the NHS lead for hepatitis) should ensure that:

- all prisoners and immigration detainees are offered hepatitis B vaccination when entering prison or an immigration removal centre (for the vaccination schedule, refer to the Green book)
- all prisoners and immigration detainees are offered access to confidential testing for hepatitis B and C when entering prison or an immigration removal centre and during their detention
- prisoners and immigration detainees who test for hepatitis B or C receive the results of the test, regardless of their location when the test results become available
- results from hepatitis B and C testing are provided to the prisoner's community-based GP, if consent is given
- all prison and immigration removal centre staff are trained to promote hepatitis B and C testing and treatment and hepatitis B vaccination (see education for healthcare professionals and others providing services for people at increased risk of hepatitis B or C infection).

Prison services should have access to dried blood spot testing for hepatitis B and C for people for whom venous access is difficult.

The NHS lead for hepatitis treatment in prisons should ensure continuity of hepatitis treatment through contingency, liaison and handover arrangements before the prisoner release date, or before any prisoner or immigration detainee receiving hepatitis treatment is transferred between prisons or removal centres. Once a prisoner has started treatment, it may be helpful to put them on medical hold to ensure continuity of care (which might be compromised by transfer between prisons). Planning should involve NHS, prison and immigration removal centre healthcare services and other agencies working with prisoners or detainees.

NICE has published a medtech innovation briefing on the OraQuick HCV point-of-care test for rapid detection of hepatitis C virus antibodies.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Testing and vaccination for hepatitis B

2. Referral for specialist care

Whose health will benefit?

In the UK, the majority (95%) of new chronic hepatitis B infections occur in migrant populations, having been acquired perinatally in the country of birth. In contrast, approximately 90% of chronic hepatitis C infections are seen in people who inject drugs or have done so in the past.

Groups at increased risk of hepatitis B compared with the general UK population include:

- People born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic hepatitis B. This includes all countries in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands.
- Babies born to mothers infected with hepatitis B.
- People who have ever injected drugs.
- Men who have sex with men.
- Anyone who has had unprotected sex, particularly:
    - people who have had multiple sexual partners
    - people reporting unprotected sexual contact in areas of intermediate and high prevalence
    - people presenting at sexual health and genitourinary medicine clinics
    - people diagnosed with a sexually transmitted disease
    - commercial sex workers.
- Looked-after children and young people, including those living in care homes.
- Prisoners, including young offenders.
- Immigration detainees.
- Close contacts of someone known to be chronically infected with hepatitis B.

For hepatitis C, groups at increased risk include:

- People who have ever injected drugs.
- People who received a blood transfusion before 1991 or blood products before 1986, when screening of blood donors for hepatitis C infection, or heat treatment for inactivation of viruses were introduced.
- People born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic hepatitis C. For practical purposes this includes all countries in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands.
- Babies born to mothers infected with hepatitis C.

- Prisoners, including young offenders.
- Looked-after children and young people, including those living in care homes.
- People living in hostels for the homeless or sleeping on the streets.
- HIV-positive men who have sex with men.
- Close contacts of someone known to be chronically infected with hepatitis C.

Glossary

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.

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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.

Sources

Hepatitis B and C testing: people at risk of infection (2012 updated 2013) NICE guideline PH43

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.