CLINICAL GUIDELINE

Blood Borne viruses, testing, diagnosis and referral

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Table of Contents **Page**

Contents

SUMMARY

HIV, Hepatitis C and Hepatitis B diagnosis is the responsibility of all GGC healthcare workers.

HIV, Hepatitis B (HBV) and Hepatitis C (HCV) are commonly termed Blood Borne Viruses (BBV). BBV are treatable infections and late diagnosis of a BBV can lead to unnecessary

1. morbidity and mortality
2. transmission to another person

Diagnosing BBVs as early as possible through testing is a local and national target.

All GGC staff, as well as social care staff should feel able to perform BBV testing for their patients or know how to signpost patients for a test without delay or stigma.

BBV testing

1. is **simple** and easy
2. requires **verbal consent only** as per any blood test e.g. blood sugar for diabetes
3. does **not** require a risk factor discussion (unless appropriate)
4. **must be considered** in a variety of common **clinical presentations** that could present to any healthcare setting in GGC including medical, surgical, psychiatric specialties, primary care, sexual health, addictions or other community services
5. requires 4-8 mls of venous blood in a purple EDTA tube (like a full blood count)
6. in some settings can be done on a finger prick blood sample “dry blood spot” or point of care test

Key points

Thinking HIV HCV or HBV? You must arrange a test

- **A positive test result is likely to be life saving for the patient and others**
- **There is effective treatment for all 3 BBVs which is easy to take**
- **Knowing your BBV status means measures can be taken to stop onward transmission to others.**
- **Every diagnosis made not only improves patient outcomes but helps towards eliminating BBV transmission in Scotland**

1.0 INTRODUCTION AND AIM OF GUIDANCE

BBV are transmitted from person to person via blood and/or bodily fluids (see appendix 1 for more detail).

Comprehensive ***opportunistic testing*** results in earlier diagnosis and prompt treatment which not only supports improved patient outcomes, but reduces the risk of onward transmission to others.

The aim of the guidance is to improve staff knowledge and confidence in BBV testing with a view to

- Increasing BBV testing levels within Greater Glasgow and Clyde
- reducing late diagnoses of HIV, HBV, HCV
- providing equity of access to BBV testing
- eliminating health inequalities around BBV testing and treatment
- supporting national targets pertaining to the elimination of hepatitis C, and HIV transmission in Scotland

Inclusions and exclusions
The guidance applies to all healthcare staff working with adult patients. It excludes occupational testing, antenatal screening or the specifics associated with testing children. Separate guidance exists for these areas.

2.0 TESTING

2.1 Who to test?

Anyone can be tested for blood borne viruses, including anyone who asks for a test. Testing on a more frequent basis is recommended for some individuals (see table 2). As for all investigations, **all that is required to test for BBVs is informed verbal consent.**

Evidence of risk factors, including sharing of injecting equipment and unprotected sexual activities, **are not required** to test someone for BBVs and indeed some patients may be unaware of, or not be able or willing to articulate risk behaviours and this should not preclude testing.

Testing is however recommended for:

- **Anyone with a clinical presentation that could be associated with a BBV** (see table 3, 4, appendix 2 and Recognition and diagnosis of HIV infection | Turas | Learn (nhs.scot))
- **Anyone with behavioural or epidemiological risk factors** (see table 5)
- **Anyone attending specific services such as sexual health services, alcohol and drug services and termination of pregnancy services**.

A negative BBV test should not dissuade clinician to offer a test again as there may have been ongoing exposure.

Table 2: Conditions that may be associated with HIV Infection

Gay Bisexual Men who have sex with men (GBMSM)

- At a minimum annual testing is recommended.
- 3 monthly HIV testing is recommended for those at high risk of HIV[1]

People who are on opioid replacement therapy and/or actively injecting drugs

- At a minimum, annual testing is recommended
- More frequent testing e.g. 3 monthly is recommended if ongoing risk and/or HIV prevalence among people who inject drugs is higher e.g. GGC

Individuals selling or exchanging sex

- At a minimum annual HIV testing is recommended
- Those who fall into other risk categories such as MSM and trans women should test more 3 monthly

Table 3: Conditions that may be associated with HIV Infection

A full breakdown of the clinical indicator illnesses associated with HIV infection can be found in Appendix 2. This list is not exhaustive and any clinical suspicion of HIV or underlying immunosuppression should prompt testing.

[1] See BASHH Recommendation on STI testing for men who have sex with men in *Appendix 7*

- Any lymphadenopathy of unknown cause
- Any sexually transmitted infection or other blood borne virus
- Any unexplained blood dyscrasia including: thrombocytopenia, neutropenia, lymphopenia
- Anal cancer/dysplasia
- Cervical cancer and CIN Grade 2 or above
- Chronic diarrhoea of unknown cause
- Lymphoma
- Mononucleosis illness, where EBV testing is negative
- Multidermatomal or recurrent herpes zoster
- Oral or oesophageal candida
- Pyrexia of unknown origin
- Recurrent bacterial infections e.g. Pneumonias
- Chronic, recurrent salmonella, shigella or campylobacter infections Severe recalcitrant psoriasis
- Severe seborrhoeic dermatitis
- TB
- Weight loss of unknown cause

Table 4: Conditions associated with hepatitis B and C

- Non-specific fatigue, myalgia, anxiety, depression, poor memory or concentration (may be indicative of chronic hepatitis C infection).
- Nausea and vomiting.
- Right upper quadrant abdominal pain.
- Jaundice (with dark urine and/or pale stools if cholestasis).
- Signs of chronic liver disease (in advanced chronic hepatitis C).

Table 5: Behavioural and epidemiological risk factors

- Unprotected sexual activity with a new or partner of unknown status
- Sharing of injecting equipment
- Being born or having lived in an area of high prevalence of BBV e.g. Sub-Saharan Africa, Eastern Europe
- Seeking asylum or resettlement
- Having a history of injecting drug use
- Living in Prison
- Involvement in transactional sex
- Being the child of woman diagnosed with a BBV
- Being a man who has sexual contact with other men
- Being Trans woman
- Being sexual partner and/or close contact of those diagnosed with or at higher risk of BBVs
- Having received a blood transfusion in the UK prior to 1994 with no subsequent evidence of recent BBV testing
- Having been in receipt of medical or dental treatment in countries where infection control procedures may be suboptimal
- Having been in receipt of tattoos or body piercing in circumstances where infection control procedures are suboptimal

2.2 How to perform BBV testing

2.2.1 Types of test and taking the sample

Venous bloods

This is the preferred sample as more detailed tests can be performed on these samples at the West of Scotland Specialist Virology Centre (WoSSVC):

HIV a combined antigen/antibody test

HCV Either an antibody or PCR test will be conducted. The Specialist Virus Laboratory will decide which test to use, based on clinical and risk information provided with the sample. It is essential that clinicians provide the following information, where applicable:

- history of injecting drug use or other risk factors associated with hepatitis C
- evidence of liver disease e.g. cirrhosis, deranged LFTs
- evidence of acute hepatitis

HBV a panel of tests to determine past, acute or chronic infection. For the correct tests to be done, the clinician should clearly supply the reason for testing on the request form e.g. test for infection **or** test for post-immunisation serology

Venous Blood Testing

- A single 9 ml EDTA purple topped sample bottle is preferred for initial HIV/HBV/HCV serology and PCR. However, if this is not available fill a 4 ml Full Blood Count bottle one for serology and one if a PCR is required.
- On trakcare request HIV, Hep C, Hep B screen-set
- If no electronic ordering is available, a standard virology form can be used to request tests. Ensure that contact details are clearly appended
- Results from routine blood samples are usually available from the WoSSVC within 2 days, but are guaranteed to be reported within 5 working days and if positive, will be reported directly to the testing physician.
- Samples that require an urgent result must be marked URGENT, and the WoSSVC alerted. Email-west.ssvc2@nhs.scot
- During normal working hours, all venous and DBS samples should be sent to the West of Scotland Specialist Virology Centre (WoSSVC) Level 5 New Lister Building, Glasgow Royal Infirmary.
- For laboratory contact details please refer to Appendix 4 in this document.

Dried Blood Spot (DBS) Tests

In settings where phlebotomy is not available or patients have poor venous access, dried blood spot testing can be conducted.

Training is required to perform these tests. DBS have their own associated protocols and timescales which are communicated to those authorised to use them. Please contact the laboratory west.ssvc2@nhs.scot and/or Public Health Programme Manager for BBVs (Julie.craik2@nhs.scot) if you would like to discuss use of DBS kits in your service area.

Contact the laboratory by email: ggc.virologystockrequests@nhs.scot for DBS kits.

Centres which use **DBS only** and do not have a van collection service can post the DBS samples to the laboratory using the freepost labelling system. The freepost labels are available from the laboratory

Venous samples must never be sent in the post using the freepost label. This would constitute a serious breach of sample transport regulations.

Point of Care Tests (PoCT) or Finger Prick Tests

PoCT are limited for use in specialist settings only in NHS GGC

Home Testing Kits

BBV home testing kits have been licensed for use in the UK and are available for free via Self testing from Terrence Higgins Trust and for a fee from private providers. Any patient who reports a positive, or reactive result from a home testing kit, requires a confirmatory test via a NHS lab.

2.4.3 The Window Period

All BBV tests have a 'window period', which is a time between acquiring an infection and the test reliably being able to detect the infection.

Testing **should not** be delayed to accommodate the window period. If the person describes an acquisition risk during the window, period, then arrange further testing after the appropriate window period.

Table 4: Window Periods for BBVs

Infection	Window period *
HIV	45 days
HCV antibody	3-6 months
HCV PCR	1-2 weeks
HBV	3-6 months
HBV	3-6 months

2.5 BBV prevention

BBV testing is an opportunity to give prevention advice on reducing the risk of passing on or acquiring one or more BBVs. This advice may include:

- Discussion about safer sex including the use of condoms and lubricant and where to access them. Free condoms and lubricant are available throughout Greater Glasgow and Clyde. www.freecondoms.scot
- Signposting and/or referral to Alcohol and Drug Treatment Service for Medicated Assisted Treatment (MAT)
- Advising not to share any equipment to take drugs including spoons, filters, water needles/syringes, pipes, snorting equipment and even surfaces to prepare drugs. Sterile injecting equipment is provided free of charge from a number of settings across GGC: https://needleexchange.scot
- Alerting individuals to the availability of:
    - HIV post-exposure prophylaxis for sexual exposure (PEPSE) which can be obtained from Sandyford or Emergency Departments up to 72 hours after sexual exposure to HIV.
    - HIV pre-exposure prophylaxis (HIV PrEP) where there is ongoing risk of HIV exposure. Discuss or signpost to sexual health services. https://www.nhsinform.scot/hiv-prep-pre-exposure-prophylaxis/
    - Vaccination for hepatitis B. Referral can be made using this form

3.0 RESULTS

3.1 Interpreting the result

Confirmatory samples will be required for any positive or indeterminate/equivocal results and will be requested by the laboratory. For indeterminate/equivocal results this is because the result is currently unclear and another test is required to confirm the results. For those who have tested positive, confirmatory samples are to confirm patient identity and these will be obtained by specialist service.

HIV: A positive antigen/antibody test shows ongoing infection with HIV.

HBV: A positive hepatitis B surface antigen indicates active infection, and the need for referral to specialist services. The presence of e-antigen (HBeAg) usually indicates an earlier phase of infection, and is associated with higher viral loads and increased infectivity. In patients who are negative for surface antigen, both anti core antibodies (anti-HBc) and anti-surface antibodies (anti-HBs) are present in resolved infection. Anti-HBs in isolation indicate a response to prior vaccination. Patients with evidence of resolved infection may be at risk of reactivation if undergoing immunosupression, and such patients should be referred for specialist opinion, as prophylactic treatment may be required (see GG&C guidelines on hepatitis B reactivation). DBS samples can only screen for HBsAg and HBcore IgG (HBV core antibody). If a patient is positive for HBsAg a venous blood sample will be required to test for other HBV markers.

Table 5: Interpreting HBV results

HBsAg	Total Anti HBc	IgM antiHBc	Anti HBs	HBV DNA	Interpretation
-	-	-	-	-	Never infected, susceptible
+	--	-	-	+ or -	Early acute infection (pos or neg DNA) (or transient up to 18 days after vaccination if HBV DNA neg)
+	+	+	-	+	Acute infection
-	+	-	+	-	Recovered from past infection and immune
+	+	-	-	+	Chronic infection
-	+	-	-	+ or -	Isolated core antibody False positive (susceptible) or past infection (resolved) or "low level" chronic infection or passive transfer of antiHBc to infant born to HBsAg positive mother
-	-	-	+	-	Immune if vaccination completed or passive transfer after hepatitis immune globulin administered(for 3-6 months)

HCV:

A positive **PCR** test indicates **active infection and the need for referral**.

A negative **PCR** test means there is no active infection, except if the risk incident has occurred in the last 2 weeks.

An **antibody test** indicates if the person was ever infected with hepatitis C. A negative antibody test (HCV Ab -) indicates that the person has not been infected with hepatitis C, although this may be negative in the window period or have become falsely negative in those with distant infection. . A positive antibody test (HCV Ab +) shows that the patient has been infected at some time. Antibody positive samples will then be tested RNA (by PCR).

3.2 Giving the result

If negative:

- Check if re-testing is required due to the window period
- Explain that this negative result does not mean they are immune from infection in the future
- Discuss how to avoid future risk and the need for repeat testing, and frequency if the person is at on-going risk
- Discuss hepatitis A/B vaccination and schedule if appropriate

If positive:

- With the exception of ED, communicating the test result back to the patient is the primary responsibility of the testing team and should be via the mechanism agreed at the time of testing.
- Inform the patient and make the referral to the specialist team
- **Suspicion of Acute Hepatitis B requires to be notified to the Public Health Protection Unit (PHPU) on call 0141 211 360**
- For HBV reactivation please follow the NHS GGC Clinical Guideline
- Where there are concerns around communicating a positive result discussion with the specialist team may be appropriate for support.
- If the patient cannot be told the result despite reasonable attempts by the testing team the specialist team should be contacted for further advice.
- There is currently a "failsafe" mechanism in place for HIV results where the Sandyford team will review all new positive HIV results and monitor that the referral has happened appropriately. They may contact the testing team to confirm if required.

4.0 REFERRAL

Table 6: Referral Centres

Referral Centre	HIV	HCV	HBV	HIV/Hepatitis Co infection
Infectious Diseases Brownlee Centre	♦	♦	♦	♦
Dumbarton Joint Hospital (outreach clinic)		♦	♦	
Gastroenterology Gartnavel General Hospital Glasgow Royal Infirmary Queen Elizabeth University Hospital New Victoria Hospital Royal Alexandra Hospital Inverclyde Royal Hospital Vale of Leven		♦ ♦ ♦ ♦ ♦ ♦	♦ ♦ ♦ ♦ ♦ ♦ ♦	

Referral can be facilitated via the normal processes, by letter, phone call or SCI gateway to the appropriate treatment centre. Glasgow Royal Infirmary also accepts referrals via email to ggc.gri.livernurses@nhs.scot. The Brownlee clinical nurse specialists can be emailed GGC.Brownleecns@nhs.scot

Sandyford Shared Care/BBV Failsafe Support Service – 0141 211 8634

ggc.sandyfordsexualhealthadvisers@nhs.scot

In addition there are a range of third sector support agencies that deliver information, prevention interventions, counselling and support to those at risk of or living with BBVs. *See Appendix 5*

Appendix 1: Blood Borne Viruses

	HIV	HCV	HBV
Natural history of untreated infection	Initial seroconversion illness followed a period of asymptomatic infection then progressive symptomatic immunodeficiency	Rarely illness at time of infection. 80% will develop chronic infection usually asymptomatic or nonspecific symptoms e.g. malaise. 20% of chronic infections will result in cirrhosis over 10-20 years	Most adult carriers are asymptomatic and have chronic infection resulting from infection earlier in utero or early childhood. Chronic carriage leads to severe liver disease in around 1/3 of adults if untreated. Acute infection in adults is usually symptomatic and can be severe with liver failure but less likely to become chronic
Vaccine available	No - However PrEP (Pre Exposure Prophylaxis, which is preventative oral medication) is	No	Yes
Treatment available	Very successful lifelong treatment with combination of drugs to control infection.	Very successful curative therapy in >95% with short oral well tolerated treatment course	Very successful. Oral medication usually lifelong but some patients only require monitoring. Interferon course sometimes used.
Vertical transmission	15-25% untreated, reduced to <1% by treatment of mother and baby. Bottle feeding is recommended but breast feeding is supported for some women if certain criteria are met Guidance is available (see	5% transmission rate, no effective intervention to minimise transmission, breast feeding is not contra-indicated. Treatments are now licensed for children and it is important to test mothers at risk of HCV and refer the children of mothers affected to paediatric infectious diseases.	Variable transmission rate can be reduced by treating mother before birth and active and passive immunisation of baby. All pregnant mothers should follow GGC pregnancy protocol
Window period	45 days	3-6 months	3-6 months

Appendix 2: Clinical Indicator Conditions for HIV Infection

Please review tables 1-3 in appendix 1 of HIV Testing Guidelines (with BHIVA/BIA) 2020 | BASHH

NES has produced an e-learning module to support the recognition and diagnosis of HIV infection: Recognition and diagnosis of HIV infection | Turas | Learn (nhs.scot)

Appendix 3 – Specialist Services in NHS GGC

1) Sandyford Services

BBV Failsafe Support Service/Sexual health advisors – ggc.sandyfordsexualhealthadvisors@nhs.scot 0141 211 8634
For support, advice, assisted management or training on Testing, Diagnosis & Management, supported referral and partner notification (contact tracing) operated by Sexual Health Advisors

Sexual and Reproductive Health Clinics
Sandyford Central is the main Sandyford service near Charing Cross. Sandyford services including test only clinics are also throughout Greater Glasgow and Clyde. For details on locations and booking appointments
https://www.sandyford.scot/about-us/locations/

Professional helpline email
ggc.sandyfordprofessionalsupport@nhs.scot

2) **Infectious Diseases-**
Accept referrals for all BBVs

Main service - Brownlee Centre
Gartnavel Hospital,
1053 Great Western Road, Glasgow,
G12 0YN
Tel: 0141 211 0056/0097/1086
GGC.Brownleecns@nhs.scot

HCV and HBV - 7th floor of Gartnavel General Hospital

Community clinics provided by this team
Glasgow city centre homeless including Hunter Street and Simon community HUB (walkin 10-12.30 Mon&Th),
West Dunbartonshire including VOL, Clydebank and Dumbarton
HMP or DTTO related cases.

Gastroenterology (HBV and HCV referrals- only)

Gartnavel General
Ward 7B, Eighth Floor, Main Building
Gartnavel General Hospital
1053 Great Western Road Glasgow
G12 0YN
Tel- 0141 201 7489

Glasgow Royal Infirmary
Including Glasgow Drug Crisis Centre, Springburn HC, Shettleston HC, Bridgeton HC, Kirkintilloch HC
Walton Liver Clinic
Ground Floor, Walton Building Glasgow Royal Infirmary
84 Castle Street, Glasgow G4 OSF Tel: 0141 201 6440
email: ggc.gri.livernurses@nhs.scot

Queen Elizabeth University Hospital
1345 Govan Road Glasgow G51 4TF
Tel: 0141 201 0000

New Victoria Ambulatory Care Hospital
Grange Road Glasgow G42 9LF Tel: 0141 201 6000

Royal Alexandra Hospital
Corsebar Road Paisley
PA2 9PN
Tel: 01475 505180

Inverclyde Royal Hospital
Larkfield Road Greenock PA16 0XN
Wellpark Clinic 30 Regent Street Greenock PA15 4BP
Tel: 01475 715353

Vale of Leven
Main Street Alexandria G83 0UA
Tel: 01389 817239* OUTPATIENT REFERRALS TO BROWNLEE FOR ANY BBV

Appendix 4 – Laboratory Information

West of Scotland Specialist Virology Centre

Monday to Friday, 09:00 to 17:00 / weekends 09:00 to 14:00 email west.ssvc2@nhs.scot. During these times the email is monitored by a member of the virology clinical team.

For any out of hours, non-urgent queries, email west.ssvc2@nhs.scot and a member of the clinical team will respond to your email the following day. For urgent queries out-with these hours, the on-call virologist can be contacted via Glasgow Royal Infirmary Switchboard, Tel: 0141 211 4000.

For information on how and where to submit samples refer to the WoSSVC user manual

In normal hours the lab is able to process and produce results within 2 hours of receipt. Note that reactive samples will need to be confirmed on the next day and samples requiring RNA testing will take between 3-7 days to be processed. Contact the laboratory if urgent testing is required.

- DBS samples will be processed within 1-2 days of receipt, samples requiring HCV PCR may take between 3-7 days for results to be released.
- Testing clinicians must provide the laboratory with adequate contact details to include the name and preferably two contact numbers of the main results recipient and a deputy.
- Note that provided a CHI number is supplied, the results will also be available on the Clinical Portal.

Appendix 5 – Patient Support and Information

1) Support Organisations and Services

NHS GGC HIV Peer Support Project

Brownlee Centre
Tel: 0141 211 1074
ggc.brownlee.hiv@nhs.scot
www.brownleehiv.org

Waverley Care

www.waverleycare.org

Terrence Higgins Trust Scotland

Email: info.scotland@tht.org.uk
Tel: 0141 332 3838

2) Patient Information

Information on BBVs can be found by visiting: https://www.nhsinform.scot/

https://www.nhsinform.scot/illnesses-and-conditions/immune-system/hiv/

https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/hepatitis-b/

https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/hepatitis-c/

Appendix 6 – Training and Risk Reduction Information and Resources

1) **NHS Learn Pro –** https://nhs.learnprouk.com

   GGC: 116 Blood Borne Viruses

   GGC: 149 HIV Stigma Module

2) **Free Condoms**

   www.freecondoms.scot

3) **Injecting Equipment Provision**
   https://needleexchange.scot

4) **Scottish Drugs Forum**
   http://www.sdf.org.uk/training/

5) NHS NES- Sexual health and BBVs
   Blood borne viruses (BBV) | Turas | Learn (nhs.scot)
   Recognition and diagnosis of HIV infection | Turas | Learn (nhs.scot)
   Sexual health | Turas | Learn (nhs.scot)

Appendix 7 - National Policies and Guidelines

1. **Sexual Health and BBV Action Plan 2023-2026**
2. **Ending HIV transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-2026**
3. **UK National Guidelines for HIV Testing HIV Testing Guidelines (with BHIVA/BIA) 2020 | BASHH**
4. **UK guideline for the use of post-exposure prophylaxis for HIV (2021).** British Association for Sexual Health and HIV.
5. **BHIVA/BASSH guidelines on the use of pre-exposure prophylaxis (PrEP) (2018)**
6. **BHIVA, BASHH, BIA and RCEM joint working group: rapid guidance on opt-out blood-borne virus testing in high-prevalence and extremely high-prevalence acute medical settings and emergency departments**
7. **National clinical guidelines for the treatment of HCV in adults - Publications - Public Health Scotland**

Appendix 8 – NHSGGC BBV Clinical Guidelines/SOPs

1. HIV in Pregnancy and the Prevention of Vertical Transmission Management,
2. Adult Hepatitis C Treatment Guideline
3. Hepatitis B Infection Assessment and Management in Adults
4. Hepatitis B Reactivation
5. Hepatitis B positive, Management of women identified through antenatal screening