

Policies, Procedures, Guidelines and Protocols

Document Details		
Title	Guidelines for the testing of looked after children and young people at risk of blood-borne infections	
Trust Ref No	2241-79338	
Local Ref (optional)		
Main points the document covers	The identification and testing of looked after children and young people at risk of blood-borne infections	
Who is the document aimed at?	Healthcare professionals working in Shropshire Community Health NHS Trust	
Author	Dr Sarah Ogilvie	
Approval process		
Who has been consulted in the development of this guideline	Community Paediatric Team	
Approved by (Committee/Director)	Clinical Policy Subgroup	
Approval Date	10/01/2022	
Initial Equality Impact Screening	Y	
Full Equality Impact Assessment	N	
Lead Director	Clair Hobbs	
Category	Clinical	
Sub Category		
Review date	10/01/2025	
Distribution		
Who the policy will be distributed to	Paediatric healthcare professionals, it is particularly relevant to those professionals completing looked after children's health assessments	
Method	Via internet and DATIX alert	
Keywords	Looked after children, LAC, Blood Borne Infections, BBI	
Document Links		
Required by CQC	No	
Other		
Amendments History		
No	Date	Amendment
1	Jan22	New Policy

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1 Introduction

1.1 Background

Blood-borne infections (BBI) are caused by micro-organisms (viruses or bacteria) which are carried in the blood and cause disease in humans. The infections covered in this guidance are Hepatitis B (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV) and syphilis. They can be passed from one person to another in blood, semen or vaginal fluid. They can be passed from mother to baby during pregnancy, at delivery or when breastfeeding. They can be passed on during sexual intercourse (including oral sex). They can be transmitted through the sharing of needles during intravenous drug use or through non-sterile piercing and tattooing. Infections can be passed on through blood transfusion in countries where the blood is not screened for these infections. They are not transmitted by routine social contact e.g coughing, sneezing, kissing, sharing bathrooms, swimming pools, toilets or food. Other bodily fluids do not carry a risk of these infections unless they are visibly contaminated with blood.

Hepatitis B, HIV and Syphilis are routinely tested for when a woman is booked in for antenatal care usually around 12 weeks of pregnancy. Hepatitis C is not routinely tested for but this would be offered where it is known that the woman or her partner are past or current intravenous drug users or have arrived from a country with a high prevalence of Hepatitis C. Where an infection is diagnosed in the birth mother antenatally this situation will be managed by the obstetrician and neonatal team and this situation is therefore outside of the scope of this guidance. However women may continue to put themselves at risk of catching these infections later in the pregnancy, depending on their lifestyle, and thus the baby may be at risk but this have not been picked up before birth.

Children who have contracted a blood-borne infection may remain well for many years even when the infection has been acquired before birth. However without treatment, they may become ill with impact on their quality of life and the illness can be life-limiting. These conditions are treatable so when risk factors for these infections are identified it is important that testing is carried out as soon as possible.

Looked after children (LAC) are a population that may be at particular risk of blood-borne virus infections due to their birth mother's lifestyle having exposed them at or before birth particularly if birth mother has used intravenous drugs or engaged in sex work to pay for drugs. Looked after children may have been exposed through sexual abuse or sexual exploitation and in the case of unaccompanied asylum seekers (UASC) from risk factors on their journey including travel from a country with a higher prevalence of these infections, rape and torture. CoramBAAF have therefore produced a practice note for professionals working with Looked after children upon which this guideline is based.

1.2 Prevalence

Information on prevalence is collected by Public Health England. The overall population prevalence for these infections is relatively low in the United Kingdom. The infection rate for all BBI is much higher in some other countries in the world and this can be relevant for UASC (unaccompanied asylum seeking children/young people) and for children whose parents have come from these countries.

Infections in the United Kingdom tend to be concentrated in certain groups of the population including those with a history of intravenous drug use and migrants from higher prevalence countries and in men who have sex with men.

The United Kingdom has a prevalence of between 0.1% and 0.5% for HBV which is the lowest category of prevalence for HBV as determined by the World Health Organisation. Infections are most commonly acquired in adulthood from sexual activity or injecting drugs³

The United Kingdom has a prevalence of 0.5% - 1% of population for HCV with most having contracted it from intravenous drug use and some as migrants from high prevalence countries³

The United Kingdom has a relatively low prevalence of HIV, in 2019 it was estimated that there were 105 200 people living in the UK of whom 94% were diagnosed and the rest unaware they had the infection⁴

Syphilis is becoming more common. There were 7900 new diagnoses of syphilis in the United Kingdom in in 2021 compared to just 2646 in 2010⁵

2 Purpose

This guideline is intended to raise awareness of blood borne infections amongst professionals and to outline the Trusts approach to identification of risk and testing. The guideline is a local response to the CoramBAAF practice note 76 ¹*CoramBAAF Practice Note 76 Guidelines for the testing of looked after children and young people at risk of blood-borne infections 2001*

3 Definitions/Abbreviations

Blood-borne infection (BBI) An infection carried in the blood which in this guideline refers to Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV) and Syphilis.

HCV Hepatitis C Virus:

HBV Hepatitis B Virus

HIV Human Immunodeficiency Virus

AIDS Acquired immunodeficiency syndrome

LAC looked after children and young people under the age of 18 in the care of the local authority

UASC- Unaccompanied Asylum Seeker under the age of 18 years.

Children and Young people – those under the age of 18 years

4 Duties

4.1 Chief Executive

The Chief Executive has ultimate accountability for the strategic and operational management of the Trust, including ensuring there are effective and appropriate processes in place for the identification and medical management of LAC at risk of blood borne infections

4.2 Director of Nursing and Medical Director

The Director of Nursing and Medical Director have the responsibility of ensuring that LAC at risk of blood borne infections are offered appropriate testing and medical management and support patient safety at all times.

4.3 Service Managers

Service Managers are responsible for the day-to-day operational management and co-ordination of the identification and medical management of LAC at risk of BBI and the implementation of this clinical guideline.

4.4 All Clinical Staff

Clinical staff are key members of the multi-disciplinary team in ensuring that LAC at risk of blood borne infections are identified and tested as per the guideline. Primarily this role will fall to staff completing the initial looked after children's health assessment but it should also be considered at each review looked after children's health assessment or clinical encounter with a LAC as new issues or information may have arisen which would indicate that the child or young person is at risk. Clinical staff are required to comply with this guideline and to report any adverse care related issues to their line manager and to complete a Datix incident report in line with the Trust's Incident reporting policy.

5 Clinical aspects of Blood borne infections

5.1 Information about the different BBI

The following information is taken from a number of sources ^{1,2,3},

Human Immunodeficiency Virus (HIV)

This virus attacks the immune system and if untreated progresses to AIDS which leads to the body being overwhelmed by infections a healthy immune system would be able to fight off. Now the treatments available prevent progression to AIDS and in most cases reduce the virus to levels where it is undetectable in the blood and in this case reduces any risk of passing the virus on via sexual intercourse. HIV can be passed from mother to baby, if the mother is untreated and goes on to breastfeed her baby there is an overall risk of 25% of the baby being infected, whereas if she is treated and doesn't breastfeed the risk goes down to 0.28%. HIV can also be passed on through sexual intercourse and sharing of needles.

Hepatitis B Virus (HBV)

This virus causes inflammation of the liver, which can progress to liver damage, cirrhosis and liver cancer in some people. Most people infected as adults clear the virus completely (90-95%) but 90% of children infected at birth do not clear the virus. A small proportion of people with HBV are highly infectious. There are medications that can control symptoms if an individual does develop chronic infection. There is a 90% chance of a highly infectious mother passing the infection on to her baby. There is a vaccination to prevent HBV which is now routinely given to infants from 12 weeks of age, however if the mother is known to be infected the newborn baby would be given an accelerated schedule of vaccine with a dose at birth which reduces the risk of the baby being infected. HBV can also be passed on through sexual intercourse, sharing of needles, sharing of razors and toothbrushes contaminated with blood and non-sterile equipment used for piercing and tattoos.

Hepatitis C Virus (HCV)

This virus causes inflammation of the liver. Of people infected with HCV 15-50% clear the infection themselves and of those who don't the majority get only mild liver damage. However

in 30% of infected people HCV causes progressive liver damage and increases the risk of liver cancer. There is medication available which will allow most people to clear the virus. The virus can be passed from mother to child, the main risk is at delivery around 5% of babies will be infected if mother has active infection. There is a low risk of passing on the virus through heterosexual relationships, the main risk is from intravenous drug use and sharing of needles, or non-sterile equipment for tattooing/piercing, it is thought it may be also passed on through intranasal drug use. Since September 1991 all blood transfusions in the UK have been checked for Hepatitis C. HCV can also be passed on through sexual intercourse, sharing of needles, sharing of razors and toothbrushes contaminated with blood and non-sterile equipment used for piercing and tattoos.

Syphilis

This is a bacterial infection. When acquired sexually it initially causes sores and then progresses to rashes and more generalised symptoms and can eventually lead to death. Congenital syphilis (where the baby has acquired the infection from their mother during pregnancy) can result in damage to the brain, bones, teeth and eyes. The baby may look unwell at birth but sometimes will only present with symptoms later in early childhood. The infection can be completely treated. Congenital syphilis is preventable by treating the mother with antibiotics in pregnancy or the baby soon after birth. Syphilis may also be passed on through sexual intercourse.

5.2 Risk factors which indicate a child or young person should be tested;

5.2.1 Parent risk factors

- Birth mother has unknown BBI status – e.g she did not undergo antenatal testing, baby was abandoned so mother is unknown
- Birth mother had routine pregnancy BBI testing but may have put herself at continued risk during the pregnancy e.g unprotected sexual intercourse, intravenous drug use.
- New information that birth mother or father has a diagnosed BBI
- Parents are intravenous drug users (or have been and birth mother not tested for HCV)
- Parental lifestyle risks are unknown

5.2.2 Child/young person risk factors

- Unprotected sexual intercourse
- Victim of sexual abuse/exploitation
- Needle stick injury
- Intravenous drug use
- Unsafe tattoos or piercings
- Refugee/Unaccompanied asylum seeking child (UASC)
- Has experienced female genital mutilation

5.2.3 Obtaining information about risk factors

Health and social care professionals may identify risk factors at any point in a child's life. When a risk factor is identified it is important that this is raised with an appropriate professional e.g GP, LAC team who can consider the need for testing. Good communication between health and social care is essential.

In some situations e.g where a sexual assault, or a needle stick injury has just occurred immediate assessment and attention within 72 hours can prevent an infection developing post exposure and in these situations immediate advice should be sought within office hours from a sexual health clinic and outside of this from A&E.

The initial looked after children's health assessment is completed with 28 days of a child becoming looked after and information should be gathered for this assessment to allow consideration of blood borne infection risk. CoramBAAF publish a number of forms to allow collation of this information. Information about maternal BBI testing completed antenatally can be obtained through completion of the CoramBAAF M (maternity) form. This form requires maternal consent and allows for birth mother's antenatal records to be checked. The Local Authority should approach birth mother to obtain her consent and send the form to the safeguarding midwife at the hospital where the baby was born. Information from birth parents about their BBI risk factors can be obtained through completion of the CoramBAAF PH (parental health form) which the social worker should complete with each birth parent. These forms should be sent to the doctor completing the initial looked after children's medical. Where this information is not obtained e.g due to non-engagement of the parents then the social worker should inform the doctor of any known information through the BBI checklist see Appendix 1.

Ideally birth parents should attend the initial looked after children's health assessment and when they do so the doctor should take the time to explore their BBI risk factors with them and where testing is indicated to obtain consent for this at this appointment (see below).

Where the risk factors remain unknown testing should be recommended as it is in the child's best interest for these infections to be identified if present.

5.3 Discussion of the need for and consent for BBI testing

As these infections are potentially life threatening and treatable there should be a low threshold for testing. Despite the treatable nature of these conditions there is still stigma associated with them and often they are associated with fear. It is important for health professionals to explain the nature of the conditions, why a test is being considered and that the conditions are treatable.

Where the risk factors have been identified in the birth mother rather than the child, by definition it is implied that we are considering that the birth mother may be infected. This may have implications for other family members too e.g. other children and her partner. In some instances the birth mother may be happy to be tested instead of the child and where this is possible this may be preferable. In all instances the birth mother should be informed that testing has been advised and an appropriate explanation given. Best practice would be for the parent to have the opportunity to discuss this with the doctor recommending the test. However a letter that the social worker can share with the parents for this purpose is included in this guidance (Appendix 2). Where English is not the first language an interpreter should be used if needed.

Consent is required from someone with parental responsibility for children under 16, ideally this should be the birth parents. Every effort should be made to obtain this in the first instance. It is not necessary to have the consent of both birth parents and the rights of each parent to confidentiality about their health data must be considered. The Local Authority will share parental responsibility with the birth parents under a care order or interim care order or placement order and could consent to blood borne infection testing in the child's best interest, if one of these orders are in place. However they must inform the parent(s) of their decision and reasons and must consider the rights of parent(s) to know their own infection status. Where court proceedings are ongoing any children's guardian appointed in the proceedings should be consulted in relation to testing and the court informed of any proposals or disagreement. If the child is under 16 they can consent to treatment if they are assessed to have sufficient understanding to fully comprehend the implications of having tests for blood borne virus infections. However it would always be best practice to have parental consent. If

a young person is aged 16 or 17 they can consent for themselves and it is not necessary to have consent from someone with parental responsibility although it would be good practice. If a young person aged 16 or 17 refuses consent then this can be overridden but legal advice should be sought. The consent form is attached (Appendix 3). A copy of the completed consent form should be uploaded to the child's records. Young people have a separate consent form (Appendix 4) and information sheet (Appendix 5). Further resources translated in to other languages are available on the UASC health website <http://www.uaschealth.org>.

See Shropshire Community Health NHS Trust Consent to examination or treatment policy 1542-48761⁶ for further detailed discussion about consent in children and young people.

5.4 Testing

As maternal antibodies can be passed through the placenta to the child the presence of antibodies in a child younger than 24 months does not necessarily mean that the child is infected themselves. Negative antibody tests exclude infection so long as they are taken at least 12 weeks after the last possible exposure (including breast feeding). If a child less than 24 months has antibodies they will need further tests to determine their status. If initial tests are positive urgent discussion with an infection diseases specialist would be needed to determine correct further testing, interpretation and management.

Over the age of 24 months the child would usually have lost all maternal antibodies so the presence of antibodies would indicate infection in the child.

Following a recent exposure risk, testing can be carried out immediately but will need to be repeated at three months (HIV testing can be repeated at 2 months with combined antigen and antibody test).

In babies testing after 12 weeks of age (so long as not breast fed) and 2 weeks after any HBV vaccination will be sufficient if all tests are negative.

The test to request on SATH system is *Blood borne virus screen to include HIV, HCV and HBV and Syphilis EIA (VDRL replacement)*

5.5 Results

If all antibodies are negative and the child is at least 12 weeks after any possible exposure the negative result should be communicated to the child's carer, GP, social worker and the social worker should be asked to inform birth parents. The results should be recorded in the child's electronic record.

If the child is not at least 12 weeks after any possible exposure further testing would be required at the 12 week point.

In the event of a positive result, the child or young person will need to be referred to the appropriate specialist. The result will need to be communicated to the social worker, GP and carer, the young person themselves and the birth mother will need to be informed and advised of how to obtain testing for herself and other members of her family. This could be organised either through her GP or her local sexual health service.

- For **under 16 year olds with HIV infection or syphilis**, paediatric infectious disease consultant on call at Birmingham Heartlands Hospital will be contacted for advice- 0121 424 2000.
- For **under 16 year olds with HCV or HBV infection**, Liver team at Birmingham Childrens Hospital to be contacted
- For **16 and 17 year olds with HIV or syphilis**, Dr Ng Consultant in HIV and Genito-Urinary Medicine Midlands Partnership . HIV nurse specialist Telford 0800 178 0955 or Shropshire 0300 404 2996

- For **16 and 17 year olds with hepatitis** the gastroenterology team at SATH 01952 64122 Telford or 01743 26100 Shropshire will be contacted.

5.6 Post-diagnostic support and management

Ongoing support and management for the conditions will be provided by the relevant specialist team as above.

6. Consultation

The guideline was presented to Community Paediatric Doctors and revision subsequently circulated via email to the same group

7. Dissemination and Implementation

The guideline will be disseminated by the following methods:

1. Managers informed via DATIX system who then confirm they have disseminated to staff as appropriate
2. Staff via Team Brief
3. Published to the staff zone of the trust website

8. Monitoring Compliance

Previously an audit of identification of children at risk of blood borne virus infection in the looked after population was completed in 2019. A repeat of this audit will capture compliance with this guideline.

9. References

1. CoramBAAF Practice Note 76 Guidelines for the testing of looked after children and young people at risk of blood-borne infections 2001 <https://corambaaf.org.uk/books/practice-note-76-guidelines-testing-looked-after-children-and-young-people-risk-blood-borne>
2. Blood borne infections in looked after children – Steven B Welch. Paediatrics and Child Health 29:1 2018 15-19
3. National Health and Safety Executive <https://www.hse.gov.uk/biosafety/blood-borne-viruses>
4. National Aids Trust <https://www.nat.org.uk>
5. <https://www.gov.uk/government/publications/syphilis-quarterly-data-for-england/syphilis-in-england-2019-to-2021>)

Associated Resources

- Shropshire Community Health NHS Trust Consent to examination or treatment policy 1542-48
- UASC information <https://www.uaschealth.org>
- Assessment of BBI risk by country <https://www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide>



Shropshire Community Health

NHS Trust

Blood borne infection risk assessment sheet

If the answer to any of the following is 'yes' or 'not known' then it is likely that blood borne infection testing will be recommended, please complete the blood borne infection consent form

Child/Young person's details					
Name:		DOB:		NHS number:	

Risk factor	Please delete as appropriate
Mother is thought to have a history of intravenous drug use at any point in her life	Yes / No / Not known
Birth father has a history of intravenous drug use	Yes / No / Not known
There is a concern that child may have had exposure to IV drug use paraphernalia in the home environment or outside it.	Yes / No / Not known
Does either birth parent originate from a country outside the UK (depending on country of origin)	Yes / No / Not known If yes, please state country _____
Mother had a new sexual partner in pregnancy or whilst breast feeding	Yes / No / Not known
Mother has engaged in sex work	Yes / No / Not known
There was no antenatal care or mother did not consent to routine blood tests	Yes / No / Not known
The child is suspected to have been sexually abused	Yes / No / Not known
Name of Social Worker.....	
Signature.....	
Position.....	Date.....

Appendix 2



Shropshire Community Health
NHS Trust

PRIVATE & CONFIDENTIAL

Children and Families Services

The Stepping Stones Centre
Brunel Road
Malinslee
Telford, TF3 2BF

Tel: 01952 567300

Direct Tel: 01952 380640

Website: www.shropscommunityhealth.nhs.uk

Our Ref:
Date Typed:

Dear

Name:
Address:

DOB:
NHS No:

Blood Borne Infection Screening

I would like to organise blood borne infection testing for this child as there is a possibility that they may have been exposed to blood borne infections.

We require parental consent to carry out these tests. It would be good practice for birth mother to be informed that these tests are to be carried out and to consent to this, as a positive result would have implications for her and potentially to other family members. However as these conditions are potentially treatable it would be in a child's best interest for these to be identified and we could go ahead with Local Authority consent (where the local Authority shares parental consent) even in the absence of parental consent. If there are ongoing court proceeding any children's guardian appointed in the proceedings should be consulted in relation to testing and the court informed of any proposals or disagreement. Please see information at the end of this letter relating to blood borne infection screening that could be shared with birth mother. Arrangements can be made for this to be discussed with birth mother if she would like more information and please inform me if this is needed.

I would be grateful if you could please arrange for the attached consent form to be completed and sent back to me so that I can arrange for the tests to be carried out.

Yours sincerely

Dr
Medical Advisor to the Joint Adoption Team

Information for Parents re Blood Borne infection testing

Your child has been assessed by a Specialist Children's Doctor and they have requested that your child has a blood test to see if they have an infection in their blood. The infections the blood test is looking for are: Hepatitis B; Hepatitis C, syphilis and Human Immunodeficiency Virus (HIV). HIV, Syphilis and Hepatitis B are all tested for routinely in pregnancy. Hepatitis C is also sometimes screened for where a risk has been identified. These infections are passed from person to person during sexual intercourse or from sharing needles or other equipment when using drugs. Children who have these infections have usually had the infection passed on to them by their mother during pregnancy or after birth. These infections are all treatable and can sometimes be cured. Early detection is beneficial as treatment works better the earlier it is started. Without treatment these infections can cause people to be severely ill or die prematurely.

Information on These Infections

What is HIV? - HIV is a virus that attacks the body's defence against infection (immune system) making it vulnerable, over time, to infections that a healthy immune system would fight off. Early detection and treatment is important to ensure better outcomes for children and adults affected.

What is Hepatitis B Virus (HBV)? - Hepatitis B is a virus that causes swelling and loss of function (inflammation) of the liver, which can result in damage to the liver that may lead to scarring of liver and increased risk of liver cancer and liver failure in some people.

What is Hepatitis C Virus (HCV)? - Hepatitis C is also a virus that causes swelling and loss of function (inflammation) to the liver. The majority of people infected will only get mild liver damage. However, in some people, Hepatitis C progresses over 20-30 years to cause serious liver damage.

What is Syphilis? - syphilis is a bacterial infection that can affect the liver and cause hearing and visual problems and developmental issues in affected children. In adults it causes sores and progresses to rashes and more generalised symptoms.

There are treatments available for these conditions and it is therefore in the child's best interest if they have these conditions for them to be identified so that treatment can be offered if needed. The test involves a blood test to look for antibodies to these infections.

If your child is found to have one of these infections they will be referred to the specialist team for treatment. You will be informed of the result and you can then discuss this with your GP who can arrange testing and treatment for you if appropriate. If you require further information/discussion about this please inform the social worker so that arrangements can be made for you to speak with the doctor.



Blood Borne Infection Testing Consent Form

I understand the need for a blood test to look for Hepatitis B, Hepatitis C, HIV and syphilis and I agree for the Medical Advisor to arrange the blood test for:

Child's First Name _____ Surname _____
Child's Date of Birth _____
Child's NHS number _____

I confirm that I have parental responsibility to give this consent. I have had information about these tests given to me and had the opportunity to discuss them. I understand what is being tested for and the implications of the results

Signature _____
Name _____
Relationship to child _____
Date _____

If Children's Services has parental responsibility, and a service manager signs the form, every effort must be made to ensure that the parent/s have been given the information about the blood test and every effort has been made to obtain their consent. Children's services will have the responsibility to inform parents of the results.



Blood Borne Infection Testing Consent
Form- young people

I understand the need for a blood test to look for Hepatitis B, Hepatitis C, HIV and syphilis and I agree to have the blood test to test for these conditions. I have had information about these tests given to me and had the opportunity to discuss them. I understand that following the test I will be informed of the result and if there is a positive result I will be referred to the specialist doctor.

Name:
Date of Birth:
NHS number:
Signature:
Date:

Interpreter (where used) -

Name:
Signature:
Date:

Health professional

Name:
Signature:

Appendix 5

Blood borne infection information for young people

You have been assessed by Dr..... and they have requested that you have a blood test to see if they have an infection in their blood. The infections the blood test is looking for are: Hepatitis B; Hepatitis C, syphilis and Human Immunodeficiency Virus (HIV). HIV, Syphilis and Hepatitis B. The test involves a blood test to look for antibodies to these infections.

Information on These Infections

What is HIV? - HIV is a virus that attacks the body's defence against infection (immune system) making it vulnerable, over time, to infections that a healthy immune system would fight off. Early detection and treatment is important to ensure better outcomes for children and adults affected.

What is Hepatitis B Virus (HBV)? - Hepatitis B is a virus that causes swelling and loss of function (inflammation) of the liver, which can result in damage to the liver that may lead to scarring of liver and increased risk of liver cancer and liver failure in some people.

What is Hepatitis C Virus (HCV)? - Hepatitis C is also a virus that causes swelling and loss of function (inflammation) to the liver. The majority of people infected will only get mild liver damage. However, in some people, Hepatitis C progresses over 20-30 years to cause serious liver damage.

What is Syphilis? - syphilis is a bacterial infection that can affect the liver and cause hearing and visual problems and developmental issues in children infected at birth. In young people and adults it causes sores and progresses to rashes and more generalised symptoms.

How would I have caught one of these infections?

These infections are passed from person to person during sexual intercourse or from sharing needles or other equipment when using drugs. Children and young people who have these infections usually have had the infection transmitted from their mother during the pregnancy or at birth. You can be infected at birth and remain well for many years. Some countries have a high rate of these infections.

What would it mean if I have one of these infections?

These infections are all treatable by medicine and can sometimes be cured. Early detection is beneficial as treatment works better the earlier it is started. Without treatment these infections can cause people to become severely ill or die prematurely.

What will happen once I have had the test?

The result will take a few days to come back. You will be informed of the result. If you are found to have one of these infections you will be referred to the specialist doctor for treatment. If you have an infection the results are confidential between you and the doctor but it is important that you have support in managing your health so you will be encouraged to tell a trusted adult so that they can help you.

What should I do if I need more information?

If you require further information/discussion about this please inform your social worker so that arrangements can be made for you to speak with the doctor.