

ACIPC

Australasian College for Infection Prevention and Control Caring for people with Blood Borne Viruses in the aged care setting

Aged Care

IPC Community of Practice: Aged Care Connexion Resources Webinars



July 2024



ACIPC acknowledges Aboriginal and Torres Strait Island people as the traditional

custodians of country throughout Australia and respects their continuing connection to culture, land, waterways, community, and family.



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How to change contraction



Where are you from?

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What is your role?

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Roughly, how many ACIPC aged care IPC CoP webinars have you attended

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What CoP topics have you found valuable and like to see more of, or new topics you would like to see in the future?

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Q&A

- Questions and comments are encouraged
- Please place all questions/comments in the Q&A function of the webinar for presenters to respond
- Any unanswered questions from the webinar will be posted in the 'aged care connexion' forum.
- Webinar recording and PowerPoint will be uploaded onto the ACIPC Aged Care IPC Webinar Series webpage post the session





ACIPC Aged Care Resources

Link: https://www.acipc.org.au/aged-care/

- Aged Care IPC Links
- CoP Webinars
- Aged care conexion
- Aged Care in Focus
- Tools/Templates
- Companion Animals







ACIPC Aged Care Community of Practice -Webinar Series

Wednesday 20 August 2025, 2.00PM AEST

Speakers: Chloe Tilson – IPC Lead and Kelly Barton – Executive Director of Clinical Services – Alpine Health

In the life of an IPC lead

As the IPC Lead role was a newly created position during a time of many unknowns it has been an exciting journey becoming an IPC Lead. Becoming an IPC Lead has led to many opportunities to extend my knowledge base in the field of Infection Prevention & Control. Having a structured Infection Prevention and Control Program is very beneficial and has allowed for the IPC Lead journey to run efficiently. It gives me the ability to educate staff. Changing staff culture and educate staff on areas from audit results where there has been an increase or decline in results. Able to attend organisational and external networking meetings.





Jacqui Richmond

Jacqui is a registered nurse with a PhD who works at the Burnet Institute, in the Eliminate hepatitis C Australia Partnership. Jacqui also facilitates the BBV testing course for ACIPC and the Foundations of IPC. The broad focus of Jacqui's work is building the capacity of the health workforce to test, treat and manage the health care needs of people living with viral hepatitis.



Blood Borne Viruses (BBV)









Have you ever cared for a person living with a blood borne virus?

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Overview



- Introducing HIV, hepatitis B and hepatitis C
 - How many people are living with a Blood Borne Virus (BBV)?
 - How are BBVs spread?
 - What happens when someone has a BBV?
 - What is the treatment?
 - Ageing and BBVs
 - How do we prevent BBV transmission?
 - Universal application of standard precautions





Which Blood Borne Virus has a vaccine available?

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Human Immunodeficiency Virus (HIV) fast facts



- HIV is a virus that is spread through contact with blood and body fluids
 - Fluids must come into contact with mucous membranes or broken skin
 - Most common transmission routes:
 - Sexual
 - Parenteral (sharing injecting equipment, unsafe tattooing)
 - Vertical (mother to child)
 - Risk of contracting HIV after an occupational needle stick injury is 0.3%



HIV fast facts



HIV IS NOT TRANSMITTED BY ...





How many people have HIV?



• In 2023, ~ 39.9 million people were living with HIV

- 1.3 million people were newly infected with HIV in 2023
- 630,000 people died from an AIDS-related illness



How many people have HIV in Australia?



- •~30,010 people are living with HIV in Australia at the end of 2023
 - 92% have been diagnosed
 - 97% were receiving antiretroviral therapy (ART)
 - Of all people living with HIV in Australia, an estimated 87% had a suppressed viral load.
- Undetectable = Untransmissible







Which Blood Borne Virus has a vaccine available?

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What happens when someone has HIV?



- HIV can be treated (not cured) which reduces the morbidity (illness) and mortality (death)
- If untreated, HIV can cause immunodeficiency and a range of opportunistic illnesses and cancers, known as Acquired Immunodeficiency Syndrome (AIDS)



Ageing with HIV



- People with HIV now have a near normal life expectancy
 - A person living with HIV aged 20 years, who start Antiretroviral Therapy (ART) today has:
 - 56.6 years (female) or 54.5 years (male) years left to live
 - By 2027, the greatest proportion of people with HIV will be aged 55 to 59 years
- The success of ART means people are now ageing with HIV
- HIV can promote and accelerate age-related conditions even when the ART is supressing HIV
- Age related services may not be suited to the needs of people with HIV



Ageing with HIV



- People living with HIV are at increased risk of cardiovascular disease
- Other priorities for people with HIV as they age include:
 - Osteoporosis
 - Mental health
 - Menopause
- The National Association of People with HIV Australia (NAPWHA) have made a submission to the Department of Health and Aged Care for people living with HIV to have access to Government funded Aged Care Services from the age of 50 years – results pending (Dec 2024)



Introducing the liver

- Hepatitis is a general term that means inflammation of the liver
 - Caused by viruses, infection chemicals, alcohol, drug use or other factors
- Hepatitis A, B, C, D and E are viruses that affect the liver
 - Different transmission and treatment
 - Hepatitis A and B are vaccine preventable





Hepatitis B fast facts







Xiao et al. 2020. 'Think Hep B' in primary care: A before and after evaluation of a self-guided learning package. Australian Journal of General Practice. 2020 Jan; 49(1-2):66-69.

Chronic Hepatitis B (CHB) fast facts



- 250 million people live with CHB globally
- 219,800 people were living with CHB in 2023
 - ~31% of people living with CHB are undiagnosed
- Hepatitis B is the most common blood borne virus in Australia
 - Spread through contact with blood and body fluids
 - 30% chance of transmission after an occupational needlestick injury if the source is unvaccinated
- Estimated to be the 10th leading cause of death globally
 - 2nd most important cancer-causing agent, after tobacco



MacLachlan JH, Mondel A, Purcell I, Cowie BC. Viral Hepatitis Mapping Project: Hepatitis B National Report 2023. Darlinghurst, NSW, Australia: ASHM; 2025. https://ashm.org.au/vh-mapping-project/

Hepatitis B and Hepatocellular Carcinoma (HCC)

HEP B AND HCC WORLDWIDE

GLOBAL DISTRIBUTION OF LIVER CANCER⁴



GLOBAL PREVALENCE OF HEPATITIS B⁵





How is hepatitis B spread?



How is hepatitis B NOT spread?

-__



-

_



Prevention of hepatitis B



- Hepatitis B vaccine is the first anti-cancer vaccine
 - All babies born in Australia are offered hepatitis B vaccine at birth (0, 2, 4 and 6 months)
 - Adult course: 3 doses (0, 1 and 6 months)





Hepatitis B management



- Monitoring recommended 6-12 monthly including liver function test, hepatitis B serology and viral load
- Antiviral treatment (oral tablets, indefinite duration) is available dependent on viral load and disease activity - Tenofovir and Entecavir
- The goals of treatment are:
 - To stop the virus from reproducing
 - Limit inflammation and fibrosis (developing scare tissue)
 - Prevent cirrhosis, liver failure and cancer
 - Reduce risk of mother-child transmission



Ageing with Chronic Hepatitis B (CHB)



- Globally, older adults carry the greatest burden of CHB as they were born before childhood vaccination programs were introduced
- The longer an individual lives with CHB, the greater their risk of developing liver damage, cirrhosis, and cancer
- This emphasises the importance of maintaining active surveillance and monitoring of liver disease
- Physiological changes and the increasing prevalence of co-morbidities associated with ageing, may worsen outcomes in older people with CHB





Hepatitis C can be cured

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Global elimination of hepatitis C

- Australia has adopted the global hepatitis C elimination goal by 2030:
 - Reduce new infections, mortality and stigma
 - Increase diagnosis, treatment and cure rates



Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030





Hepatitis C is curable!



PRIMARY TREATMENTS

WHO ARE THEY FOR? ANYONE WHO HAS HEP C AND A MEDICARE CARD

MOST PEOPLE HAVE NO OR VERY MILD SIDE-EFFECTS * FOR A SMALL NUMBER OF PEOPLE, TREATMENT MAY LAST LONGER

IMPORTANT NOTE: TO MAKE SURE YOU ARE CURED, YOU NEED TO GET A PCR BLOOD TEST AT LEAST 12 WEEKS AFTER YOU FINISH YOUR TREATMENT.


Hepatitis C fast facts



- ~68,900 people living with hepatitis C at the end of 2023
 - New infections have declined
- 105,940 people have been treated for hepatitis C between 2016 and the end of 2023
- Fewer people need liver transplant for hepatitis C-related cirrhosis
- Hepatitis C is spread through blood-to-blood contact
 - ~3% risk of transmission after an occupational needle stick injury
- Over 70% of people who use drugs surveyed experienced stigma and discrimination





Hepatitis C and ageing



- No one should age with hepatitis C!
- Hepatitis C can be CURED!
- Remember hepatitis C antibodies will stay in the blood forever, even when the person is cured (and no longer has hepatitis C infection)





Caring for people with a BBV



- Delivering culturally appropriate care is an important consideration for people with HIV, hepatitis B and hepatitis C
- Stigma sensitive care is critical
 - Language matters avoid stigmatising language and terms



Stigma stops people with BBV accessing health care

- Stigma and discrimination related to BBV status can prevent access to healthcare.
- HIV, hepatitis B and hepatitis C-related stigma and discrimination is strongly associated with the risk behaviours of infection.
- People being tested for BBVs often experience marginalisation and they may face additional barriers to accessing/navigating health services.







Stigma stops people with BBV accessing health care

- Most commonly report context for hepatitis C– related discrimination is health care settings
- Infection Prevention and Control leads have an important role in identifying and challenging discriminatory behaviour
- We must model:
 - Respect
 - Empathy
 - Tolerance





What are some examples of standard precautions you use in your daily work? (1 or 2 words)

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- According to the Australian Guidelines for the Prevention and Control of Infection in Healthcare (National Health and Medical Research Council (NHMRC), 2019):
- Standard precautions should be used in the handling of all:
 - blood (including dried blood)
 - all other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood
 - non-intact skin; and mucous membranes.



www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019



- Standard precautions consist of:
 - Hand hygiene, as consistent with the 5 moments for hand hygiene
 - Use of appropriate personal protective equipment
 - Safe use and disposal of sharps
 - Routine environmental cleaning
 - Reprocessing of reusable medical equipment and instruments
 - Respiratory hygiene and cough etiquette
 - Aseptic technique
 - Waste management
 - Appropriate handling of linen (NHMRC, 2019).





- Bouchaucha and Moore (2018) interviewed 29 nurses at a large metropolitan Australian hospital and found adherence to standard precautions was influenced by:
 - Organisational culture
 - Role modelling
 - Leadership
 - Presence of contextual cues
 - Judgement/risk assessment of the patient's perceived health status



Bouchoucha SL, Moore KA. Infection prevention and control: Who is the judge, you or the guidelines? J Infect Prev. 2018 May;19(3):131-137



Which is the correct first step after a needlestick injury?

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Sometimes, depending on the patient, if it is a normal patient I don't wear gloves but if it is a patient that has very flaky skin, does not look very well kept and looked after then I would put gloves on to protect myself. You kind of eyeball the patient (Participant 15)

I can give examples of nurses getting needle stick injuries with a patient and not reporting it saying that she [the patient] doesn't look like she has HIV or anything... so I guess as well as risk assessment some of it you could classify as prejudice assessment as well (Participant 24)



Bouchoucha SL, Moore KA. Infection prevention and control: Who is the judge, you or the guidelines? J Infect Prev. 2018 May;19(3):131-137



• Another participant commented that:

[Standard Precautions] *use should be universally and there is a need for a shift in mentality so that everyone* [is viewed] *as infectious.* (Participant 12)



Bouchoucha SL, Moore KA. Infection prevention and control: Who is the judge, you or the guidelines? J Infect Prev. 2018 May;19(3):131-137



What is the most effective way to prevent BBV transmission in aged care?

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Summary



- Everyone working in healthcare needs to understand BBV transmission and the importance of standard precautions as the primary prevention strategy
- BBV-related stigma (real or fear of) prevents people from accessing health care and subsequently impacts healthcare outcomes
- We all have a role to play in addressing BBV-related stigma by educating ourselves and treating everyone in the same way





What's one thing you've learned today that you'll take back to your team?

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ACIPC BBV testing course





www.acipc.org.au/education/blood-borne-virus-testing-course

BBV testing policies





The Testing Policies are for health professionals ordering HIV, hepatitis C and hepatitis B tests and receiving, interpreting and delivering results to patients. They set out a framework for providing quality testing and removing real and perceived barriers to testing.

The web based provision of the policies allows for regular revision and access to related resources with download and print functions.

Expert Reference Committees guide the development and updating of each testing policy.

https://testingportal.ashm.org.au/





ASHM Health – BBV info for health professionals





Consumer information on HIV - National Association of People with HIV Australia (NAPWHA)



Hepatitis Australia





https://www.hepatitisaustralia.com/

Hepatitis B resources







www.svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources#publications



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