



COVID-19 Response

Blood Borne Virus and Sexually Transmissible Infections (BBV/STI) Services

Introduction

This information provides guidance to Blood Borne Virus and Sexually Transmissible Infections (BBV/STI) services to support the continued delivery of essential frontline services in response to the COVID-19 pandemic via safe and alternative means that support the most vulnerable members of the community. It is essential that consumers continue to receive ongoing services where possible throughout the COVID-19 pandemic.

Testing and treatment services for BBV/STI are defined as **essential services** and continuity should be maintained during the COVID-19 outbreak.

Non-essential BBV/STI programs (workforce training, peer education, community-based care and support) should be transitioned to on-line platforms where possible.

- **Continued access** to essential BBV/STI testing, treatment and harm reduction services will minimise transmission in at risk populations and broader Victorian population.
- **Continuity of treatment** access will ensure individuals' health is maintained including undetectable viral loads for PLHIV, management of hepatitis B and cure for hepatitis C.
- **Adapting** outreach, community-based counselling and support to online and telephone platforms will ensure those at highest risk due to social isolation, age, an underlying health condition or a mental health condition will benefit from social and emotional support and a connection to community services.
- **Pausing** all non-essential face to face activities, including workforce training, will assist in preventing community transmission of COVID-19.

This guidance should:

- **Build** upon the pandemic and business continuity planning already underway by the BBV/STI sector. These plans should be continually reviewed and refined to align with current COVID-19 advice.
- **Inform** alternative modes of service delivery and support the continued delivery of essential services to consumers, without compromising the health and wellbeing of consumers or the workforce.

General advice

Guidance is current at the date of publication. As the pandemic progresses, settings are likely to change. Services should refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> or ring clinical advice line 1800 675 398 to seek current advice if unsure.

All services are encouraged to:

- Keep up-to-date with current COVID-19 advice and information for health providers on the Department of Health and Human Services' website: <https://www.dhhs.vic.gov.au/coronavirus>
- Refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> for the guidelines for health services and general practitioners, including transmission reduction and physical/social distancing measures
- Stay up to date by following the Chief Health Officer on Twitter (<https://twitter.com/victoriancho?lang=en>) or subscribe to the newsletter by emailing: COVID-19@dhhs.vic.gov.au

Services should also be aware that for vulnerable patients or vulnerable health practitioners, new bulk-billed non-admitted items have been introduced for telehealth. Further information can be found at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

Alternative models of service delivery

DHHS recommends that BBV/STI providers **develop and implement actions** to move to an alternative service delivery model based on several principles:

- Ensure the **continued delivery of essential services** and ensure that back up plans are in place if there are workforce shortages or staff are redirected to other COVID-19 duties
- Deliver essential services in **different and safe ways** which contribute to the reduction of COVID-19 infection and transmission rates for workers and the community. This includes **reducing face to face contact** wherever possible and **aligning with current COVID-19 physical distancing advice**
- **Prioritise access as needed** and in consideration of workforce availability to those people that need services the most, based on vulnerability, risk and need
- Ensure that Personal Protective Equipment (PPE) is prioritised and used in accordance with current DHHS advice at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Key Actions

Maintaining business continuity for essential Victorian BBV/STI services (primary and secondary care, harm reduction, clinical and treatment services) will:

- Ensure **access to treatments** and care for people living with chronic infections such as HIV, hepatitis B and C and complex co-morbidities
 - Ensure **access to means of prevention**, including safer sex resources, sterile injecting equipment, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for prevention of HIV
 - Ensure **access to testing** for BBV/STI to diagnose infection, provide treatment and reduce onward transmission of infections/diseases
 - Maintain **continuity of treatment access** to trans and gender diverse hormone replacement
 - Ensure **access to harm reduction** services such as needle and syringe exchange programs and opioid replacement therapies to reduce transmission of BBVs and maintain health and wellbeing.
1. **Retain** essential primary care and secondary specialist clinical BBV/STI and trans and gender diverse service delivery, including Melbourne Sexual Health Centre, Centre Clinic (St Kilda) and Equinox.
 2. **Prioritise** HIV, hepatitis B and C treatment access and where required move to phone consultation and postal delivery for medications.
 3. **Prioritise** essential home visits for people living with HIV (PLHIV) or newly diagnosed who require treatment adherence/access will continue with phone support provided to clients where possible.
 4. **Pause** face-to-face counselling and community-based support services such as group activities and move to operating remotely through online platforms and telephone.
 5. **Pause** workforce development and clinical training face-to-face training programs and move to online platforms. Where trainees are part way through programs, theoretical components of the courses will be managed online to enable completion and accreditation.
 6. **Pause** all volunteer and outreach face-to-face activities for any volunteers who fall into the risk categories, including over those in their 60s and older.
 7. **Transition and adapt** resources to address any emerging issues for vulnerable communities such as extending the food pantry service into a home delivery service for PLHIV and potentially older members of the LGBTIQ communities experiencing social isolation.
 8. **Practice** universal precautions and infection control procedures at both individual and service level, including for example regularly cleaning phones, keyboards and shared workspaces.

9. **Prioritise essential face to face appointments only** for at risk or high needs clients and practice standard infection control precautions. If face to face support is **deemed professionally essential**, please follow current DHHS guidance to stay safe: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>. **Decisions** about the need to conduct a short face-to-face visit is at nurse/doctor and **service provider discretion** in line with clinical judgement and business continuity/pandemic plans.
10. **Only use full PPE in accordance with current DHHS guidance** at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>. Advice on the correct usage of PPE, including how to put PPE on and take it off is available at <https://www.dhhs.vic.gov.au/coronavirus> under the heading 'resources for health professionals'. Given the worldwide PPE shortage, DHHS will provide additional advice about the provision of PPE for the delivery of **essential** services for suspected or confirmed COVID-19 cases.

BBV/STI workforce health and availability

It is anticipated and should also be planned for that staff of BBV/STI programs may be impacted by COVID-19 and need to self-isolate or be quarantined. This will impact capacity to deliver BBV/STI testing and treatment services and should be considered as part of your Business Continuity Planning and risk management strategies.

If BBV/STI service providers or staff are concerned that an employee or employee's family member may have or have been exposed to COVID-19, they should:

- Follow DHHS advice on <https://www.dhhs.vic.gov.au/coronavirus>
- Contact the 24 hour/7 day per week dedicated COVID-19 hotline 1800 675 398

Additional Information

- Clinical guidelines for pharmacotherapy service delivery in Victoria will be issued in separate advice.
- The department is continuing to ensure adequate supply and distribution of Needle and Syringe Program (NSP) consumables. NSP clients should consider taking reasonable levels of additional sterile injecting equipment and sharps containers to cover any periods of self-isolation.
- On 11 March 2020, the Prime Minister, the Hon. Scott Morrison MP, announced a \$2.4 Billion health plan to fight COVID-19 to protect all Australians, including vulnerable groups such as the elderly, those with chronic conditions and Indigenous communities, from the coronavirus (COVID-19).
- Bulk-billed video-conference consultation services, which can be provided by GPs, specialists are now available.

Service agreements, funding and reporting

DHHS recognises the critical role of EPCs in the health and wellbeing of infants, children and families.

The Department has published advice on the Funded Agency Channel addressing the funding implications for services during the COVID-19 pandemic. This advice can be found at <https://fac.dhhs.vic.gov.au/funding-and-service-delivery-responding-covid-19>.

Agencies should be reassured that DHHS:

- Will continue to provide funding and will not recoup funds for suspended services
- Understands funding may need to be redirected by services to implement alternative service delivery responses
- Understands that participation rates and targets may be impacted by COVID-19
- Expects that current year unspent funding will be rolled over to the following financial year to support BBV/STI programs

Services should have a prior discussion with their DHHS Area Agency Performance and System Support (APSS) Manager about any service closures or major service changes that will require significant redirection of funding.

To receive this publication in an accessible format, email covid-19projectmanagementoffice@dhhs.vic.gov.au

For more information about COVID-19, call the Coronavirus Health Information Line on 1800 020 080.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health and Human Services March 2020