INITIATING HEPATITIS C TESTING

Hepatitis C testing is a normal part of preventive health care. New treatments can cure 95% of patients. Testing is recommended for people with risk factors for hepatitis C transmission, which include: people with a history of injecting drug use; people born in a high prevalence

country; people of Aboriginal or Torres Strait Islander descent; and people with a history of unsterile tattoos, medical or dental procedures. Patients may choose not to volunteer information about risk factors. This should not preclude testing.





TALKING TESTING

TESTING CHECKLIST	PRACTICE TIPS	TALKING TESTING
Good medical practice Clinician-patient partnership Effective communication 	A good rapport with your patient is important when testing for hepatitis C. Talking about hepatitis C can be difficult for some patients due to stigma associated injecting drug use. Many people report a history of discrimination, including in medical settings. Consider how people's experiences, behaviours, and beliefs may impact on their understanding of hepatitis C and the experience of being tested. Assess the need for an interpreter.	New treatments that can cure hepatitis C in 95% of people are now available. We are offering hepatitis C tests to everyone this month. Which language do you prefer to speak when using this service?
Confidentiality Notification	Explain clearly how your service manages health records and privacy. Explain the notification requirements and offer de-identified testing if patients are concerned about having their name associated with a hepatitis C test.	If any results are positive, some details are sent to the health department for public health purposes, including name and address. Information is kept securely and is not shared outside the health department. Is that OK? If not, we offer de-identified testing here at our service.
□ Testing history	Ask about the patient's history of testing. This helps to: • Identify their hepatitis C knowledge (health literacy) and and status • Know if a patient has previously had negative experiences with hepatitis C testing and care (aim to keep people engaged in medical care)	 Have you ever been tested for hepatitis C? If so: When? Do you remember the result from that test? What was that experience like?
 Basic information about hepatitis C 3 month window period 	Two blood tests are required to confirm a hepatitis C diagnosis. Positive HCV-Ab serology should be followed up with confirmatory HCV/RNA (PCR). Repeat HCV-Ab testing is recommended for people who may be in a test window period. Some people with a history of injecting may have difficulty with vein access which can create a barrier to testing and treatment. Experienced phlebotomists, such as those working in busy testing centres, will be equipped with strategies to optimise vein access.	The blood test looks for hepatitis C antibodies, which means the test can tell if you have ever had hepatitis C. A hepatitis C antibody negative result means you do not have hepatitis C, but the test does not detect recent infections. If there have been any exposures in the last 3 months, a follow up test may be needed. A hepatitis C antibody positive result means you have had the hepatitis C virus at some time in the past. Another test is needed to see if you still have the virus.

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 Basic information about hepatitis C Health literacy 	Use open-ended questions and support the patient's health literacy. Reiterate or clarify the basic information about hepatitis C. Ask the patient to repeat the main points to you.	What is your understanding of hepatitis C? Hepatitis C is an infection that affects the liver. People can live with hepatitis C for many years without symptoms. Excellent tablet-based treatments are available, and more than 95% of people can be cured. Without treatment, hepatitis C can cause serious liver problems and sometimes liver cancer.
□ Stigma sensitive discussion about risk and transmission	Direct questioning about practices associated with transmission is not required for testing and may cause discomfort for both the patient and the clinician. If further discussion about transmission risks occurs, preferred terms may include: Use Avoid People who use/injects drugs -Abusers- Use Dirty syringe- Drug use/dependence -Drug habit/addiction/misuse- No longer using drugs -Clean/drug free	Hepatitis C can be passed on when blood from someone with hepatitis C enters another person's bloodstream. This is often the result of unsterile injecting of drugs, including steroids. It can also be passed on through unsterile medical, dental and tattoo procedures. There is a low risk of transmission during childbirth. Would you like us to talk more about how hepatitis C is passed on? Do you have any concerns about transmission that you'd like to discuss?
 Patient is prepared for the test result 	 Explain when and how the results will be given. If the results will not be given in person, discuss where to get further information or who to contact in the event of a positive result. Despite the availability of treatments, some people may be distressed about the possibility of testing positive. If appropriate, refer to Hepatitis Australia National Infoline 1800 437 222 for details of local peer support, information and support services. 	What concerns will you have if the test result is positive? If this test shows that you have hepatitis C, it's important to know that treatment can cure 95% of people. Treatment involves taking tablets daily up to 3 months, and most people experience few or no side effects. You can access treatments through a GP or a range of other community-based treatment services.
□ Informed consent	Assess whether the patient has understood the information, the benefits of testing, and the possible implications. A lack of informed consent prior to testing is likely to increase the shock and distress of a positive result and may negatively impact engagement with healthcare services.	Do you have any questions or anything you'd like to talk more about? Do you want to have the hepatitis C test? It's your choice.