

5 Hepatitis C Brief Overview

Goal:

This module will present a basic overview of hepatitis C.

Learning Objectives:

At the end of this module participants will be able to:

1. Describe what is hepatitis C
 2. Assess who should be tested for hepatitis C
 3. Identify the different types of hepatitis C testing
 4. Provide appropriate counseling based on the client's test result
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What is HCV?

- **RNA virus**
- **Transmitted primarily by blood (mostly IDU)**
- **Approximately 4 million with HCV in U.S.**
 - **50-75% unaware of infection**
- **Causes chronic infection in 3 out of 4 people exposed**
- **Can cause liver disease, liver cancer, death**
- **Can be treated and, in some case, cured**
- **There is no preventable vaccine for hepatitis C**

HCV: Who Should be Tested?

- Ever injected drugs, even once, years ago*
- HIV-positive*
- Liver disease, unexplained elevated liver enzymes
- Received blood transfusions before July 1992
- Received clotting factor; organs before 1988
- Children >1 year born to HCV+ mothers
- Known exposure to HCV+ blood
- Ever on hemodialysis
- People born during 1945-1965**

* Priority groups for HCV testing in non-healthcare settings

** Draft recommendation by CDC; final recommendation expected by late summer 2012

Types of Hep C Tests

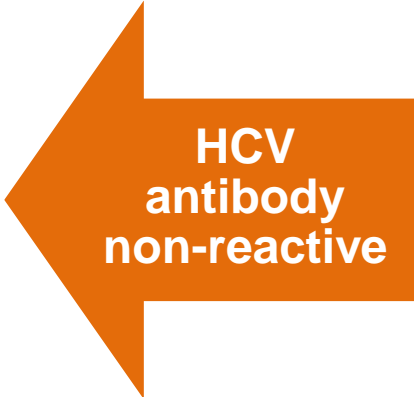
- **HCV antibody**

- Used to detect the presence of the hepatitis C antibodies
- It confirms there was an infection but it does not tell us if there is a current or chronic infection
 - About one in four people exposed to hepatitis C virus clear the virus naturally without treatment. These people will have antibodies but no virus
- Unlike HIV this is not a diagnostic test
- Testing can be rapid or lab based

- **HCV nucleic acid test (NAT)**

- Used to detect the presence of the hepatitis C virus
 - This tests confirms current infection
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What Happens After Someone is Tested?



HCV
antibody
non-reactive

- Discuss window period (2 weeks to 6 months)
- Risk reduction
- Referrals



HCV
antibody
reactive

- Referral to diagnostic testing
 - Evaluation by primary care provider
 - Discuss social support
 - Make plan until follow-up testing
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6 The Counseling Session

Goal:

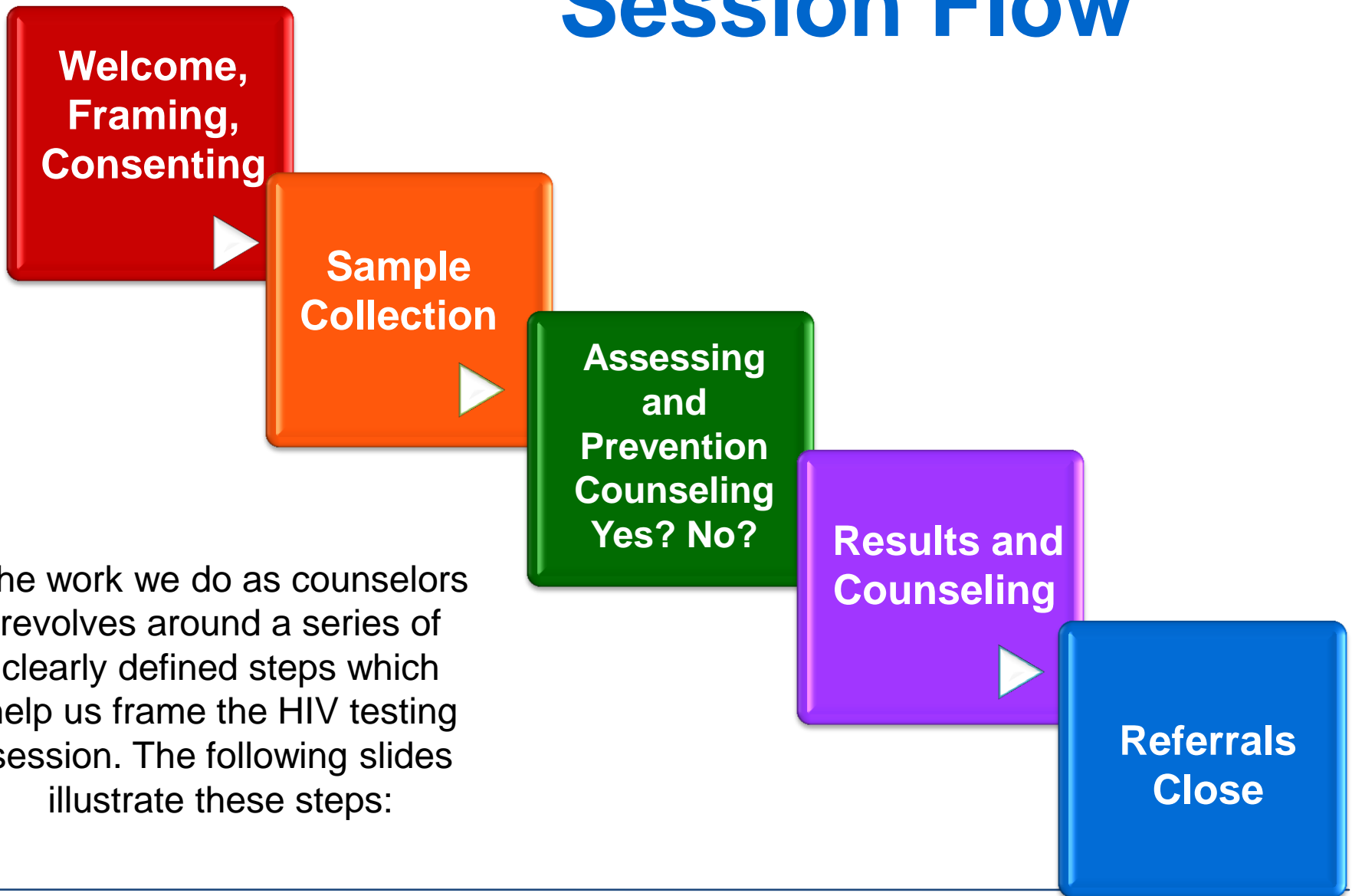
This module will present what HIV test counselors do and introduce you to the nuts and bolts of a counseling session.

Objectives:

At the end of this module participants will be able to:

1. Differentiate each of the steps of an HIV counseling session
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Session Flow



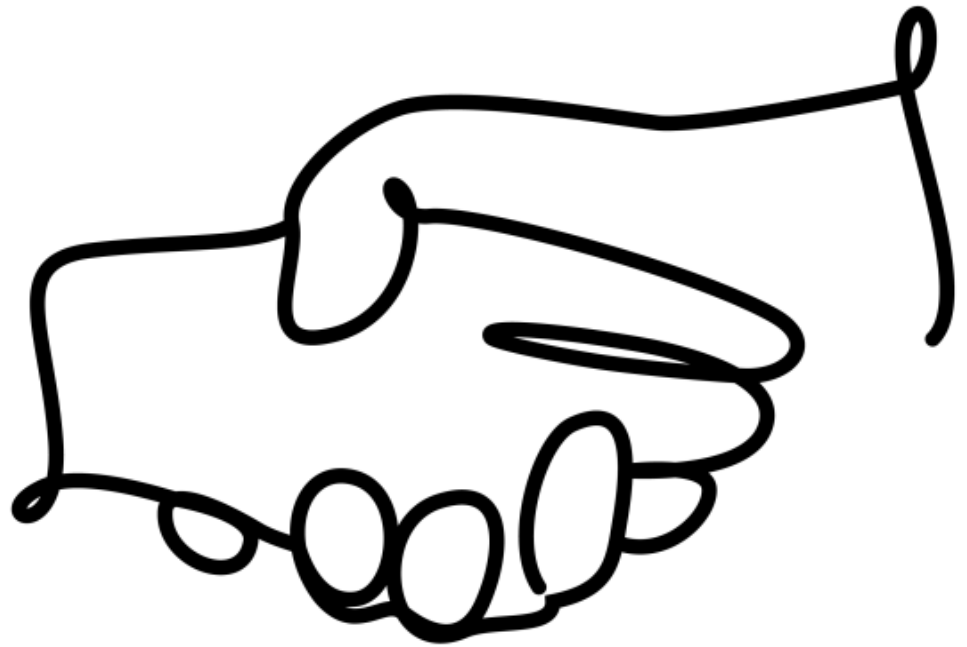
The work we do as counselors revolves around a series of clearly defined steps which help us frame the HIV testing session. The following slides illustrate these steps:

Greeting the Client

The first few minutes of the counseling session might be the most important. This is your chance to make sure that your client feels comfortable and respected.

Basically, the goals in greeting a client are:

- Establish rapport
- Explain the counseling and testing process
- Ask for questions
- Get informed consent in writing from the client



Establish Rapport



Your clients have shown tremendous courage in testing for HIV. For some people, it is uncomfortable talking about sexual and reproductive health. Make them feel as much at ease as possible:

- Provide a private, quiet counseling area
 - Introduce yourself in a warm, friendly manner
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Framing the Process

- Explain what will happen during the session and when the client will receive test results
- For rapid tests, make sure the client knows that a preliminary positive result requires a confirmatory test
- **Check for questions and concerns**

Written Consent

- Consent means that the client understands what is going to happen and agrees to the procedure:
 1. **The test is an antibody test**
 2. **It could take from 3 to 6 months for antibodies to show up in the test**
 3. **If reactive, a confirmatory test must be performed**
 4. **All positive confirmed tests must be reported to the state health department**

 - Have client give written consent to the test
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The Rapid Test

- Is sometimes performed on an oral sample but most often performed on a blood sample, usually from a finger stick
 - Takes between 2 to 20 minutes to develop a result depending on the brand of rapid test being used and the result of the test (Stat-Pak takes at least 15 minutes if the result is negative and from 1 to 15 minutes if the result is reactive)
 - Looks for the antibodies that the body creates to fight HIV infection (4th generation rapid tests look for antigens also)
 - Is a “screening” test and not intended to diagnose an illness.
 - Is over 99% accurate
 - Most can detect antibodies for both HIV 1 and HIV 2
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The Counseling Session

Part of the session involves gathering contextual information.

This includes:

- environmental factors
- sexual and drug use behaviors
- personal beliefs and feelings

With this information we can help clients explore activities in their lives that could result in HIV transmission. And part of the session involves helping the client come up with a plan to reduce their level of harm.



Rapid Test Results

There are three possible rapid test results:

1. Reactive / preliminary positive test result: the test very likely detected HIV antibodies and a second rapid test will be run to *verify* the results of the first test. The individual is very likely infected with HIV. Preliminary positive results must be confirmed by an outside laboratory. If the confirmatory test is also reactive, it is considered a positive result and the client could pass HIV to others.

2. Negative test result means that no antibodies to HIV were detected in the sample. The person is either not infected with HIV, or the person is infected but has not yet produced enough HIV antibodies to show up in the test.

3. Invalid test result is very rare. If it occurs, the test must be redone with a new sample.

(With 4th generation antigen testing, there could also be antigen reactive and antibody/antigen reactive results)

Disclosing HIV-Negative Results

- State results in a **direct, neutral tone**
 - Help clients make sense of their result
 - what does it mean for them?
 - revisit the window period
 - Support them in protecting themselves from HIV
 - Give referrals to help with HIV prevention in the future
 - Continue the prevention counseling conversation, revisit their plan
 - Explore re-testing
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Disclosing Reactive / Preliminary Positive Results

- State results in a **direct, neutral tone**
 - Help clients make sense of their result...what does it mean for them?
 - Provide a supportive environment for the client to express feelings about the result.
 - Provide linkage to medical care
 - Discuss disclosure and partner services
 - Help them consider their next steps
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Close the Session

When closing your session, thank your clients for coming in and remind them to test again in six months, if their result was negative (MSM, IDU, TFMS).

At the end of your session, all of the participants' issues will not be resolved. An HIV test counselor ensures that participants leave knowing they have specific and appropriate steps to take in the present, and options for further follow-up in the future.

Let's review what makes a referral a good referral.



Giving a Good Referral

- 1. APPROPRIATE:** The referral is appropriate for the client: the service is needed, the service will be accessible, the client will feel comfortable in the setting, etc.
 - 2. WRITTEN:** The information is written down in easy-to-read fashion. Clients should be given the name, phone number, and address of the referral.
 - 3. PURPOSE IS CLEAR:** The purpose of the referral is clearly stated to the participant. For example, —This is a place where you can talk to someone regularly about your plans to reduce your substance use.
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Giving a Good Referral

- 4. GIVE A NAME** : Whenever possible give the name of a contact person to the participant. If you can add something about what this person has to offer, it may help clients feel more comfortable following through on the referral.
- 5. EXPLORE OBSTACLES AND SOURCES OF SUPPORT FOR FOLLOW-THROUGH**: Many people do not follow through on referrals. Discuss this frankly with clients and problem-solve ways to overcome obstacles, if they exist.
- 6. INVITE FEEDBACK**: Ask clients to let you know if the referral does not work out for any reason. Such feedback can alert you early on to changes in or misunderstandings about your referral resources.

Regardless of HIV status, clients should be referred to STD testing !
