NHS
National Institute for
Health and Clinical Excellence

Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection

# Practice-based implementation advice for commissioners, service leads and others providing training for professionals

December 2012

NICE Public Health Implementation Tools

NICE public health guidance 43

This implementation advice accompanies the NICE public health guidance (available online at: www.nice.org.uk/guidance/PH43).

It draws from the learning and experience of others to provide support for users who may wish to develop an action plan to implement certain aspects of the guidance. **It is not NICE guidance**. Professionals responsible for implementing the recommendations in the guidance may find this document useful.

This document includes example pathways and signposts to resources from other organisations that may help. While NICE is satisfied that they broadly support the guidance at the point of publication of this document, NICE cannot be held responsible for the content of resources produced by other organisations. Refer to the NICE guidance for any queries or concerns about the relationship between the NICE guidance and the example pathways or resources. **Issue date:** 2012

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Implementation of the guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

# Contents

## Introduction

To implement the NICE public health guidance ‘Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection’ a number of barriers may need to be overcome. In consultation with a range of experts we found that barriers to referring to testing may exist in the following 3 areas:

- lack of awareness and knowledge about hepatitis B and C and populations at increased risk
- low confidence in raising the issue of testing with people at increased risk
- out of date knowledge about the effectiveness of treatments

This practice-based implementation advice draws on a range of resources and examples from practice to provide suggested actions to help implement recommendation 3 of the guidance which is aimed at developing the knowledge and skills of healthcare professionals and others providing services for people at increased risk of hepatitis B or C infection.

## Suggested actions

## Awareness and knowledge about hepatitis B and C and populations at increased risk

There is currently a lack of general awareness among health and social care professionals about the conditions and of populations at increased risk, and this may contribute to a low uptake of testing. It is important that professionals working in this area have the ability to help people make informed choices and the knowledge to identify people who may be at increased risk. As recommended in the guidance, providers of training should ensure that a targeted and ongoing education programme is in place to help raise awareness about hepatitis B and C and who is at increased risk. All professionals (see recommendation 3 of the guidance) who work with people at increased risk should have access to such an education programme.

Providers of training may want to consider the following when developing training programmes:

- An online learning module produced by the Royal College of General Practitioners is an example education programme. This is aimed at generalist clinicians such as GPs and nurses working in primary care, and covers detection, diagnosis and management of hepatitis B and C in primary care. Others working with people at increased risk may also find it useful and it is free and available to all: click on ‘Hepatitis B & C’, then log in or register using an email address.

- Another example of a targeted education programme about hepatitis C is that delivered in Bedford by a hepatology team and a consultant hepatologist. In this example the education session was delivered to GPs, practice nurses, medical consultants, specialist nurses and students as well as people from voluntary services and service users. The session comprised: background and epidemiology, local experience and referral pathway, hepatitis C virus quiz, a request for attendees to allow a viral hepatitis nurse specialist to visit their surgeries to raise awareness and offer testing to patients and patient experiences. This project has been published and the reference for the associated paper is: Greyson O (2012). Hepatitis C awareness among South Asians. Nursing Times; 108: 32/33, 21-23.

- In line with consideration 3.6 of the guidance, training providers may want to check staff, depending on their role, are aware of:
    - epidemiology, public health impact and clinical consequences of hepatitis B and C infection
    - risk factors for hepatitis B and C and population groups at increased risk of infection
    - detection and diagnosis of hepatitis B and C
    - factors to consider in a pre- and post-test discussion and how these discussions should be conducted

  - the importance of repeat testing and harm reduction interventions for people who remain at risk of infection, including hepatitis B vaccination
  - social and cultural barriers to testing and treatment (for example, stigma)
  - local testing, treatment and referral pathways
  - the main features of treatment for hepatitis B and C, in line with current best practice guidelines
  - tests used to monitor liver health
  - the benefits and risks of current treatment options, including their effectiveness, adverse events and barriers and facilitators to treatment adherence.

- Supplying health professionals, and those working with high risk groups, with information and training resources to help raise their awareness of hepatitis B and C and of those at risk. Resources include: Hepatitis B FAQs for health professionals, Hepatitis C FAQs for health professionals, Hepatitis B foundation resources, Health protection agency epidemiology data, NHS choices 'get tested get treated' information, Hepatitis C trainer's manual, British Liver Trust's professional guides, Hepatitis Scotland resources for health professionals, NHS health Scotland's 'hepatitis C: what you need to know'.

Commissioners and service leads may wish to consider the following when planning staff training:

- It may be appropriate to allocate dedicated time for health professionals to attend training or work through relevant e-learning modules. For example, Nottingham City delivered a targeted training programme to GPs by hosting educational afternoons and funding locum cover. This meant that attendance was high and it resulted in an increase in referrals for testing. Appendix A gives details of this training programme, and feedback from GPs who attended.

- Making the training as accessible as possible, for example by providing training at a range of times and venues, including staff places of work, may help increase attendance. The Drug Action Teams in Wirral, Southampton, Portsmouth and Hampshire raise local awareness of hepatitis C, screening and treatment through their peer education programmes. Volunteers have personal experience of testing and treatment for hepatitis C and have been trained and endorsed by the Hepatitis C Trust, as well as supported by drug treatment providers and the respective Drug Action Teams. The peer educators deliver group talks and 1-to-1 education sessions about their experiences across their areas in a wide variety of settings to at-risk groups, professionals, health practitioners and support service staff to encourage hepatitis C testing and treatment. In Wirral these sessions are used in combination with dried blood spot testing to maximise screening opportunities. See appendix B for Southampton's testing and treatment care pathway, which includes the peer-to-peer team. The Hepatitis C Trust's peer-to-peer education programme is nationally available; for more information see the Hepatitis C Trust website.

- Consider funding a part time coordinator post if implementing a peer-to-peer team. For the proposal Southampton made to fund this post, see appendix B.

- If working in a drug treatment service, consider supporting education by providing an outreach nurse within the service. Southampton's hepatology outreach nurse initiative has helped to increase levels of screening, confirmatory tests and engagement in vaccination and treatment protocols within drug treatment services. The specialist liver nurse works in the local drug treatment service where the needle exchange is based. The nurse's remit is primarily educational, working with clients, staff and the public to help them better understand blood-borne viruses, eliminate some of the myths and misinformation and to build trust.

- Consider developing a learning and workforce development framework and identifying a workforce and development lead. This lead could review needs and implement a co-ordinated approach. These are actions set

within the 'Hepatitis C action plan for Scotland: phase ii' and may help to ensure that the workforce is knowledgeable skilled and confident. You can view the 'hepatitis C workforce education and development: outline of requirements' here.

## Raising the issue of testing with those at high risk

Pre-test information aims to prepare people for hepatitis B and C testing and to sufficiently equip them to give informed consent. When a person requests or is offered a test, this is an opportunity for the practitioner to give appropriate information about risk, points of referral and assurances about confidentiality and privacy, and to assess the person's preparedness to be tested. Written information in the person's first language (if available) may be provided during the pre-test discussion.

The recommendations within the guidance assume that people being tested for hepatitis B and C are offered pre- and post- test discussions. Suggested actions to support this draw predominantly from the RCGP Part 1 Certificate in the detection, diagnosis and management of hepatitis B and C in primary care, and also from the following resources: the Government of Western Australia Department of Health's Hepatitis C pre and post test discussion guide for GPs (click on the link for the discussion guide) and the Australian National hepatitis C testing policy.

Providers of training may wish to consider including the initiation and delivery of pre- and post-test discussions in the targeted ongoing education programme. The RCGP online module covers this. See appendix C for the pre- and post- test discussion sheet from the module. Training content could include:

- How the offer of a test for hepatitis B or C ideally should:
    - address issues of confidentiality and anxiety
    - be accompanied by an agreed mechanism for providing the result to the person being tested

  - be phrased in a way that suits the person's age, culture and literacy level and is respectful and non-judgmental
  - take into account potential barriers to testing, such as the stigma associated with hepatitis B and C or lack of access to services
  - include information to enable people to make informed choices about their care should they test positive and to reduce their risk of hepatitis B and C infection should they test negative
  - be accompanied by details of support available for clinical and non-clinical needs, both while waiting for test results and following diagnosis.

- How specific areas to discuss before a test are likely to include:
  - checking the person understands why the test is being suggested
  - how to reduce the risk of themselves and others becoming infected
  - the benefits of the test for the person, including brief details of the natural history and treatment options for hepatitis B and C if this is appropriate
  - giving reassurance about confidentiality and the way results will be provided
  - giving reassurance that negative tests will not be reported to organisations such as insurance companies or mortgage lenders, but informing the person that positive tests may have an impact; also reassure them that if they test positive it is usually possible to treat hepatitis C (Many people who begin treatment for hepatitis C can now expect to achieve a sustained virologic response, which is considered a purported 'cure') and manage hepatitis B
  - alternatives for testing, especially if venepuncture may be a problem

  - the implications of a positive result, the potential need for further confirmatory testing
  - the implications of a negative test, any risk activities the person has been involved in, and ongoing harm reduction
  - making sure the person is aware of the relevant ‘window’ periods for seroconversion
  - allowing time to ask and answer questions, and address any concerns the person might have
  - checking what support resources the patient has
  - ensuring there is informed consent for testing
  - making firm plans for how the result will be given
  - offering a test in a way that suits the person’s age, culture and literacy level and is respectful and non-judgmental

- How at the time of testing, there is an opportunity to remind the person that:
  - results are always and only given in person, regardless of whether they are negative or positive, and to reinforce plans for how the result will be given
  - they may wish to have someone with them for support when the result is given
  - they may be actively sought if they do not attend the appointment for giving the result

- How when giving a negative result there is an opportunity to remind the person about:
  - ‘window’ periods, and arrange retesting if necessary
  - risk behaviour, and to reinforce harm reduction advice.

- How when giving a positive result they consider covering the following areas:
  - checking that the person has a good understanding of what the result means

- giving them the opportunity to ask questions, and address any mistaken beliefs about hepatitis B or C
- checking what support the patient has and offer follow up support if needed
- reinforcing transmission, prevention and harm reduction advice
- encouraging them to share the result with others whenever this is appropriate
- discussing the next steps, which might include further testing or referral, and making sure the person has grasped fully what is going to happen; answering any questions about treatment
- providing them with written information to take away and/or directing them to reliable sources of information online
- at an appropriate time, giving advice about legislative requirements (notification, contact tracing, storage and coding).

## Awareness of effective and successful treatment

Awareness of effective treatments may have a positive impact on testing. If health professionals are not aware of the effectiveness of current treatments they cannot pass this knowledge on to people at risk. In turn, if people believe that hepatitis B and C are untreatable, they may feel there is no benefit in testing. The treatment of chronic hepatitis C has improved significantly since the introduction of combination therapy with peginterferon alpha and ribavirin, and newer oral drugs called direct-acting antivirals (boceprevir and telaprevir). Many people who begin treatment for hepatitis C can now expect to achieve a sustained virologic response, which is considered a purported ‘cure’ (Information taken from the RCGP online learning module).

Providers of training may want to consider covering the effectiveness, aims, benefits and risks of current treatment options in the targeted and ongoing education programme for those working with groups at increased risk. Training content could include:

- Conveying the fact that treatments for Hepatitis C are available that are effective in children; therefore referral for testing as soon as possible is beneficial. (taken from the RCGP online learning module)

- How to deliver advice to people when referring them for testing that is positive about the effectiveness of new treatments for hepatitis B and C.

- How to inform people referred for testing that early referral for treatment for hepatitis C may be advantageous because treatment is most effective when given in the early stages of the disease. (taken from the RCGP online learning module)

- For further information on treatment options for hepatitis B and C please refer to the following related technology appraisals and guidance:

  - Hepatitis C (genotype 1) – boceprevir. NICE technology appraisal 253 (2012)
  - Hepatitis C (genotype 1) – telaprevir. NICE technology appraisal 252 (2012)
  - Hepatitis C – peginterferon alfa and ribavirin. NICE technology appraisal 200 (2010)
  - Hepatitis B – tenofovir disoproxil fumarate. NICE technology appraisal 173 (2009)
  - Hepatitis B – telbivudine. NICE technology appraisal 154 (2008)
  - Hepatitis B – entecavir. NICE technology appraisal 153 (2008)
  - Hepatitis C – peginterferon alfa and ribavirin. NICE technology appraisal 106 (2006)
  - Hepatitis B (chronic) – adefovir dipivoxil and pegylated interferon alpha-2a. NICE technology appraisal 96 (2006)
  - Hepatitis C – pegylated interferons, ribavirin and alfa interferon. NICE technology appraisal 75 (2004)
  - current best practice guidelines on managing hepatitis B and hepatitis C

## Further support from NICE

The guidance, patient version, baseline assessment tool and the costing template are available on the NICE website.

**NICE pathways** (http://pathways.nice.org.uk) are an online tool that provides quick and easy access, topic by topic, to the range of guidance from NICE, including quality standards, technology appraisals, clinical and public health guidance and NICE implementation tools. NICE pathways are simple to navigate and allow you to explore NICE recommendations and advice in increasing detail, giving you confidence that you are up to date with everything we have recommended.

**NHS evidence** (www.evidence.nhs.uk) is a web-based portal that gives access to authoritative clinical and non-clinical evidence and best practice. It helps you find and use high quality clinical information.

**Shared learning.** Do you have tips to share with other organisations on implementing NICE clinical or public health guidance? Or would you like to learn from other people's experiences? If so, NICE's Shared learning database can help.

The **ERNIE** (Evaluation and review of NICE implementation evidence) database is a source of information on the implementation and uptake of NICE guidance. ERNIE provides:

- a bank of guidance-specific NICE implementation uptake reports
- references to external literature
- a simple classification system summarising the uptake of NICE guidance.

## Acknowledgements

NICE would like to thank the Centre for Public Health Excellence and the Programme Development Group, in particular Opal Greyson, Will Irving, Emily Kam-Yin Lam, Danny Morris, April Wareham and the following people for their help in developing this document:

- Steven Gavin, Drug Crime Programme Manager, NHS Wirral
- Dr Stephen Willott, GP and Clinical Lead for Drug Misuse and Alcohol, NHS Nottingham City
- Colin McAllister, Southampton Drug Action Team
- Dr Robert Coates, Consultant in Public Health Medicine, NHS Southampton City
- Leila Reid, Hepatitis C trust.

## What do you think?

Did the implementation tool you accessed today meet your requirements, and will it help you to put the NICE guidance into practice?

We value your opinion and are looking for ways to improve our tools. Please complete this short evaluation form.

If you are experiencing problems accessing or using this tool, please email implementation@nice.org.uk

# Appendix A Example training session content

**Training session topic: Lets be positive – all you need to know about testing for Hepatitis B and C and HIV**

**Background and reason for delivering the session:**

- insufficient testing/case finding in primary care for all blood borne viruses (BBVs) despite Chief Medical Officer letters 2007 for HIV & 2008 for hepatitis B and C
- lack of appropriate targeting of high risk groups
- recent cluster of HIV cases amongst Nottingham injecting drug community.

**Key messages to be delivered:**

- up-to-date epidemiology, including estimated numbers of undiagnosed BBVs at practice level for each individual GP practice
- technical issues of informing about new treatment advances for (especially) Hep B and C, but also HIV- involve some Q&A's from consultants
- referral issues- how & who to refer directly to secondary care & who to involve
- how to bring up testing with people at increased risk? Appropriate counselling- including minimal pre test & being more opportunistic
- future of dried blood spot testing
- harm reduction advice and how to deliver this.

**Feedback from GPs who attended the training session**

Workshop speakers:

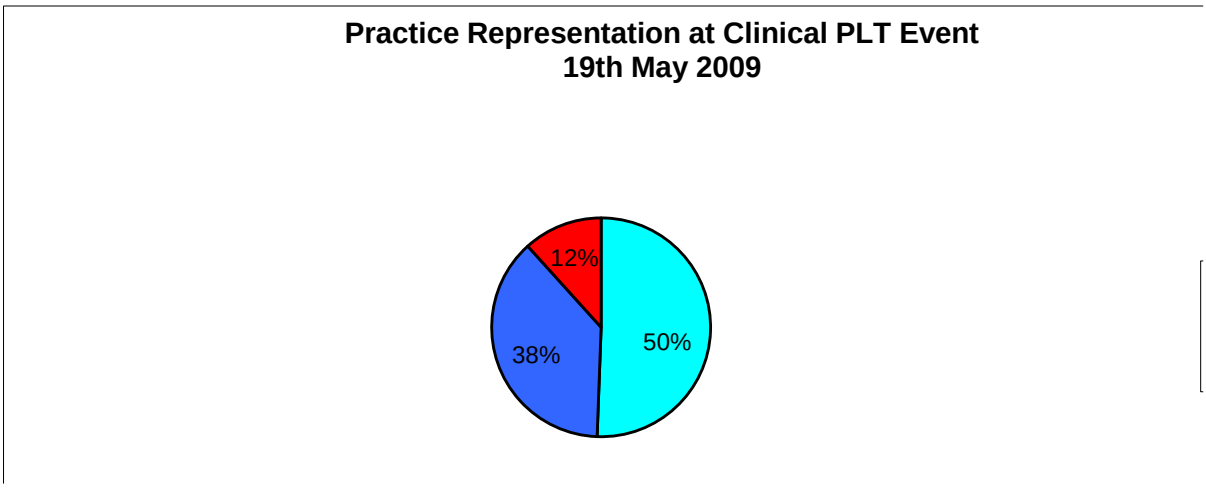
- Dr P Vankatesan, Consultant in I.D.
- Dr Stephen Ryder, Consultant Hepatologist
- Mr Will Irving, Consultant Virologist
- Dr Marcus Bicknell, GP with Special Interest
- Dr Brian Thomson, GP
- Dr Morgan Evans, Senior Registrar
- Kate Jack, Clinical Nurse Specialist Hep C

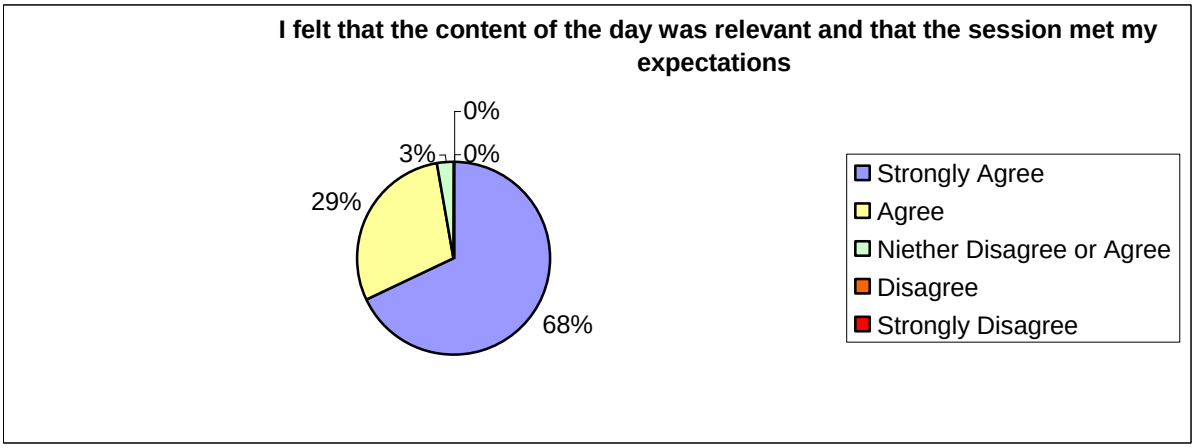
- Sue Pennant, Clinical Nurse Specialist HIV

Number of GPs attended: 125

**Clinical representation**

1. The ratings of the training day, which reflects the feelings of delegates




2. What was the most useful part of the today?

- Increased awareness of who to test/interpretation of results
- Clear advice on testing x 9

- All speakers – enthusiastic and directed focus to Primary Care x 17
- The lab testing with Dr Irving – useful links & time scales helpful for identifying diagnostic thoughts, which samples to send & what the results mean x 28
- Patient with HIV his contribution was so valuable, he was very brave x 38
- Hep C and case study x 9
- The quiz re-enforced what was learnt x 11
- Fact & figures relating to Nottingham
- Expert opinion were valuable
- Q&A session – suggestions of screening new registered patients x 4
- The handouts/pack info very informative and useful
- Being able to ask consultants about results

3. Please complete the following sentence:

As a result of the information gained and ideas generated at this session I intend to:

- Review my knowledge
- Modify my practice in a major way
- Revisit this area of medicine periodically
- Test more patients x 30
- Felt that I have increased confidence in being able to speak to patients
- Consider more screening
- Think more about assessing new patients with regards to ethnic background & offer more Hep C testing
- More confident about offering testing and better understanding of test results for Hep B&C
- I intend to be more aware of patients that may be at risk
- Learned about Hep C now more aware
- Consider discussing with patients the appropriateness of testing for certain infections and vaccinating for Hep B
- Discuss with partners how to test in the practice

- More aware of the possibility of these infections and ask more questions about past history

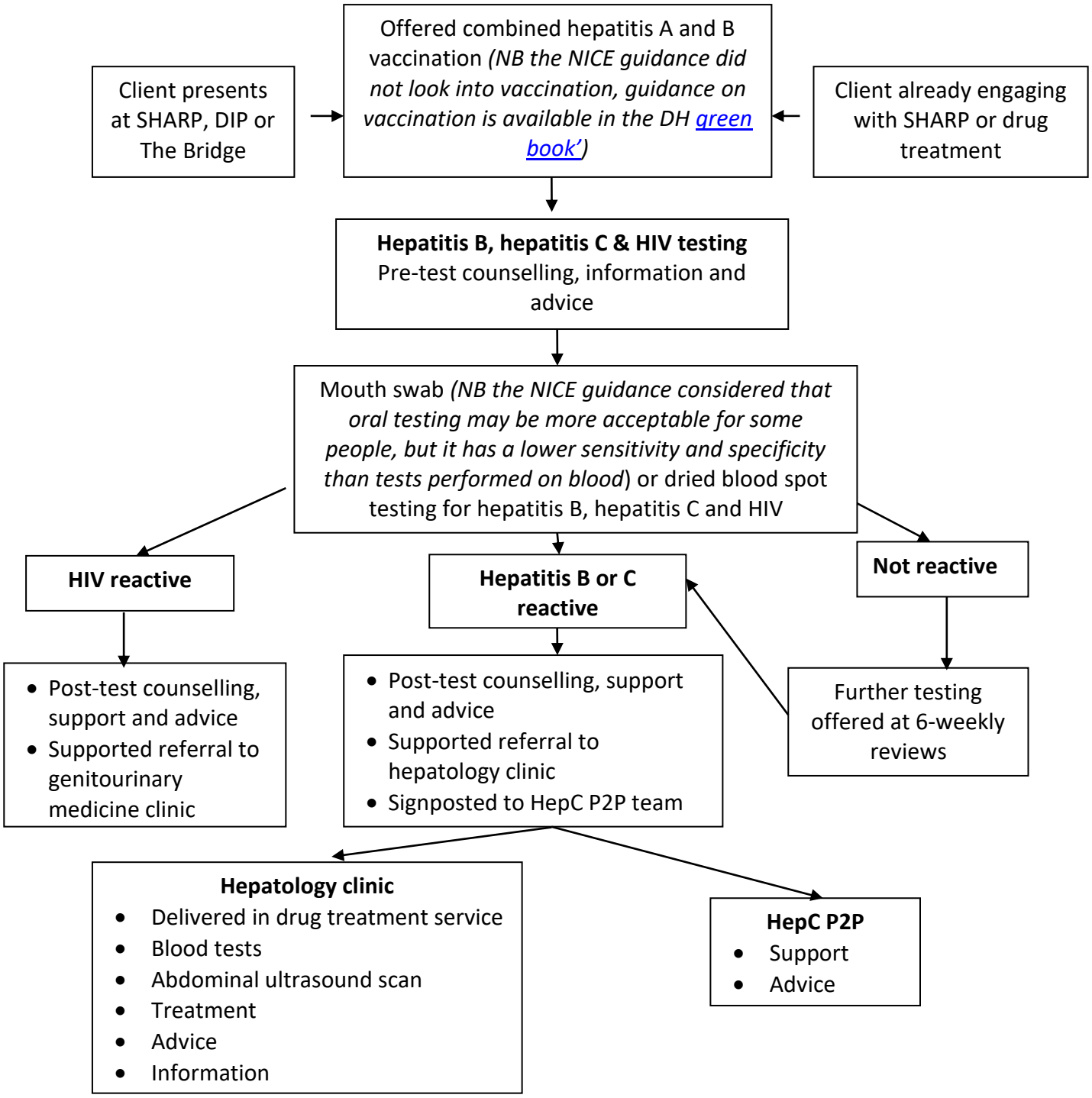
4. Do you have any other comments about the day?

- Screening issue needed more time – Big issue including cost just mentioned and not really explained but very good venue
- Invites to such training should be sent directly to person not practice managers
- More info re Hep B testing & treatment would have been good x 4

# Appendix B Example peer-to-peer hepatitis C testing and treatment pathway and business case proposal to promote and facilitate this programme

The Southampton hepatitis C peer-to-peer team (HepC P2P) is a team of volunteers, trained by the Hepatitis C Trust, supported by drug treatment providers and Southampton drug action team, who:

- deliver talks across Southampton, in a wide variety of settings to ‘at-risk groups’, clients, professionals, health practitioners and support service staff to encourage hepatitis C testing and treatment
- support people throughout testing and treatment for hepatitis C.




**Definitions:**
**SHARP:** Southampton Harm Reduction Partnership
**DIP**: Drug Intervention Programme
**The Bridge**: offers advice and information, harm reduction, one to one and group work and referral to other services or agencies.

# Proposal to promote and facilitate the Southampton hepatitis C peer-to-peer education and support volunteer programme

## *Hep C P2P*

In June 2012 Southampton drug action team, in collaboration with colleagues from Hampshire and Portsmouth drug action teams commissioned the Hepatitis C Trust to train volunteers with personal experience of hepatitis C with the view to create a local team of peer educators to promote access to testing and treatment for hepatitis C.

## *Background*

Hepatitis C is a major public health issue. The most recent epidemiological data from the 2011 Health Protection Agency (HPA) 'Hepatitis C in the UK' report indicates that around 216,000 people have chronic hepatitis C in the UK.

Research has shown that injecting drug use is the most common route of transmission for hepatitis C, the cause of up to 90% of all new cases. The National Treatment Agency (NTA), in conjunction with the HPA, estimates that the prevalence among people who inject drugs is approximately 50%.

Drug services are charged by the NTA to achieve an aspirational target of 90-100% of current or previous injecting drug users (IDUs) being offered, and accepting, a hepatitis C test. In addition the HPA has two major public health recommendations that are particularly relevant for drug services:

- Commissioners and providers of services for IDUs need to sustain and improve the current broad range of prevention services (including needle and syringe programmes) to minimise on-going transmission of hepatitis C

- Testing in those attending specialist services for drug users needs to be sustained and enhanced, and the potential use of non-invasive specimens for testing in other settings should be considered.

However, achieving target rates of hepatitis C testing is proving problematic in every region of the UK. In large part, this is due to widespread myths and inaccurate information which persists among drug-using communities. Significant work is required to combat this and ensure people understand the realities of hepatitis C transmission, prevention, treatment and care.

In addition, many people who have been tested elect not to pursue or take up the offer of treatment. Greater encouragement and support for 'at risk' groups to take up the offer of testing and treatment must be successful if we are to make significant progress to reduce hepatitis C prevalence locally.

## *A local drug and alcohol action team and Hepatitis C Trust collaboration*

The Hepatitis C Trust runs a national peer to peer education (P2P) programme that delivers key messages to clients of drug services in a clear, concise and non-judgmental way. The feedback from these sessions is always very positive and indicates that we are not only enabling service users to understand more about hepatitis C but that people are taking action based on these sessions and following up with testing and even treatment. There is greater buy-in from the audience due to the fact that the P2P Educators have personal experiences of injecting drug use as well as diagnosis with and treatment of hepatitis C.

> '*The feedback to the Peer 2 Peer talks has been fantastic. The clients were very impressed with the knowledge you have given to them but also with the way you put this across to them. Many have gone ahead with their hep C testing and some have decided to seek treatment after detox especially seeing for themselves the health gains from you.'*
>
> *'The main outcomes of your talk are an increase in the number of people getting BBV tested, in fact I didn't take enough tests that day so I actually went back the following week and did more tests and have had a steady flow following this.*'

## *Southampton Hep C P2P programme*

A team of five Southampton-based volunteers has now graduated from this training programme as accredited HepC P2P educators. Interest is growing and requests for sessions delivered by this team are already being received from medical students, hostels, prisons and drug service users. These educators are working alongside our local hepatology departments.

But this programme is breaking new ground and will need substantial support to get up and running

Without appropriate support there is a significant risk that the true potential of this service will be missed. This team of volunteers requires support.

## *The proposal*

To fund a suitable worker to work one day a week, for 6 months to support the development and consolidation, of our newly formed P2P team to deliver peer education sessions across the city to injecting drug users, health professionals, drug workers, drug service users and the wider community to raise awareness of Hep C and encourage Southampton citizens, who have risked Hep C infection, to access testing and, where necessary, treatment.

Whilst it is recognised that this team of volunteers requires support in their formation, this proposal is time limited as the ultimate aim of the project is that it becomes self sustaining.

# Appendix C Example hepatitis C pre- and post-test discussion sheet

The information in this discussion sheet has been taken from the RCGP online learning module.

### Pre-test discussion

Patients should always be made aware of the implications of positive and negative results to enable informed consent.

### Clarify the following points are understood

- The testing procedure.
- Transmission of the virus.
- Lifestyle or activity changes needed to reduce future risk to self and transmission to others.
- Antibody test = exposure only. If positive, then further blood test shows if the virus is still active (antibody & RNA can be taken together).
- The window period for antibody testing. (Testing within 6 months of exposure may miss a positive diagnosis. Always test immediately but advise that a follow up test is required after 6 months.)
- Give enough information about the long-term implications of a positive result. (Discuss and provide literature to take away.)
- Treatment regimes are continuing to improve all the time.
- Alcohol can accelerate disease progression. Advise and support to make changes to drinking habits.
- Support the patient has whilst waiting for and particularly after receiving a positive test result.
- Confidentiality issues.
- Life insurance and mortgage issues. (A positive test needs reporting. This, or a history of IV drug use, may make getting a life insurance policy or mortgage linked to a life policy more difficult to take out. False information invalidates the policy.)

## Pre-testing education and harm reduction advice

Cover modes of transmission and those at risk which includes:

- Anyone who has EVER injected drugs by sharing **any** equipment including filters, spoons, swabs, needles and syringes.
- Anyone who has ever snorted or smoked drugs and shared notes, straws or pipes.
- Body piercings/tattoos done abroad or in unsterile conditions in the UK.
- Regular sexual partners of those with hepatitis C virus.
- Children born to mothers with hepatitis C virus (test after 18 months old, may be maternal antibodies before this time.)
- Recipients of medical treatment in countries where sterilised, single use equipment is not used.
- Recipients of blood (pre 1991) or blood products (pre 1986 in UK). (Please refer to pages 7-9 of the NICE guidance for a list of those at increased risk of hepatitis B and C).

## Harm reduction

- Cover all cuts and clean up blood spills with bleach and disposable cloths.
- Don’t share personal items like toothbrushes and razors.
- Use barrier protection contraception.
- Allay fears of infecting family members and/or children and put into context as required.
- Explain the progression of the disease and the long-term prognosis without treatment.
- Be aware of all modes of transmission as above. Protect yourself from others, and protect them against potential transmission from you.
- Advise, again, no sharing of any injecting or snorting equipment, and about the risks of hepatitis B virus and HIV infection/co-infection and hepatitis C virus re-infection.

## Potential disadvantages of testing

- Is the timing right? Negative result could give false reassurance if sample is taken within window period.

- Anxiety whilst awaiting the result.
- Coping with a positive result will require adaptation.
- The uncertainty of the prognosis of HCV, even with treatment, social stigma and concerns of transmitting the infection to others can cause depression and anxiety leading to risk of increased drug use, relationship problems etc.

**Post-test discussion**

**Giving the result**

- Ideally the person who took the test should give the patient their result.
- Make the return appointment at the time of the test.
- Explain that results are always given in person whether they are positive or negative.
- If patients do not attend for their result, they should be proactively sought out. (As many as 1 in 5 patients do not receive/return for their test results, with implications for them and continued virus transmission.)

**Negative results**

- If antibody test result is negative, harm reduction should be completed as above.
- Repeat testing is advised if the patient is believed to be in the 3 to 6 month window period.

**Positive results**

- If antibody test result is positive ensure the patient clearly understands the result, and the need for further testing.
- Review understanding of the pre-test discussion.
- Arrange/complete hepatitis C virus RNA PCR testing. It may be beneficial to do referral bloods at the same time.
- Consider return appointments/referral to local support groups/national helpline numbers as appropriate.
- If hepatitis C RNA PCR result is positive discuss and complete referral to hepatology for review of treatment options.