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# Hepatitis C Counseling and Testing



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## About the Guide

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The purpose of the *Guide to Comprehensive Hepatitis C Counseling and Testing* is to provide guidance for counseling and testing of individuals who are at risk for or potentially infected with the hepatitis C virus (HCV). This Guide is just one component of comprehensive client-centered care. While the Guide specifically focuses on hepatitis C, it is important to note that hepatitis C counseling and testing should be combined, when appropriate, with other related services, such as HIV and STD screening.

Counselors should provide information from the Guide in a manner that is appropriate to the client's culture, language, gender, sexual orientation, age, and health literacy. It is also very important to confirm that the client understands the terms used and the information provided. To help facilitate counselor-client conversations, each of the sections contains sample dialogue that can be used as needed. Counselors are encouraged to use those sections of the Guide that are appropriate for their service settings and their clients.

The Guide is organized according to the following sections:

- ◆ Introduction and background
- ◆ Testing session
- ◆ Antibody Negative/Nonreactive Test Results
- ◆ Antibody Positive/Reactive Test Result
- ◆ Confirmatory Testing: HCV Positive/RNA Positive
- ◆ Confirmatory Testing: HCV Positive/RNA Negative
- ◆ HCV Rapid Antibody Testing

## Basic Facts about Hepatitis C

*Hepatitis* means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its functioning can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis, but hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C.

**Hepatitis C** is a liver disease that results from infection with the hepatitis C virus.

**Acute Hepatitis C** virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis C virus. Approximately 15%–25% of people will clear the virus from their bodies without treatment and do not develop chronic infection; the reasons for this are not well known.

For most people, acute infection leads to chronic infection.

**Chronic Hepatitis C** virus infection is a long-term illness that occurs when the hepatitis C virus remains in a person's body. Without treatment, hepatitis C can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) liver failure, and even liver cancer.

- ◆ There is no vaccine available for hepatitis C.
- ◆ Once a person is infected with the hepatitis C virus, he or she will always have antibodies to the virus.
- ◆ If a person clears the hepatitis C virus, he or she can be re-infected. In other words, getting infected and clearing the virus does not protect you in the future.
- ◆ Of those people who become infected with hepatitis C virus, 75%-85% will develop a chronic, lifelong infection.
- ◆ About 3.2 million people in the United States are estimated to have chronic hepatitis C, and most do not know they have it.
- ◆ Over time, approximately 60%-70% of people with chronic hepatitis C develop liver disease, and 1%-5% will get liver cancer and die.
- ◆ More than 16,000 people die from chronic hepatitis C every year in the U.S.

## How HCV Is Transmitted

The hepatitis C virus is transmitted, or spread, when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected.

Today, most people become infected with hepatitis C by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply began in 1992, hepatitis C was also spread through blood transfusions and organ transplants.

Although uncommon, outbreaks of hepatitis C have occurred in medical settings, most often from lapses in infection control.

Hepatitis C can be transmitted through sex although experts believe this does not occur very often. However, there is some research showing that men who have sex with men (MSM), who are HIV-positive, and have multiple sex partners have an increased risk for hepatitis C.

There is little evidence that hepatitis C is transmitted by getting tattoos in licensed, commercial facilities, but whenever tattoos or body piercings are given in informal settings (such as prisons) or with non-sterile instruments, transmission of hepatitis C and other infectious diseases is possible.

Hepatitis C is not transmitted by kissing; hugging; shaking hands; sharing food, glasses, or utensils; coughing; sneezing; mosquitos; or animals.

## How to Prevent Getting Hepatitis C

- ◆ Do not share any injection equipment including needles, water, cottons, cookers, or preparation surfaces to inject drugs, cosmetic substances, or steroids. Washing hands before preparing an injection is also very important.
- ◆ Do not use any personal items that may have come into contact with the blood of a person infected with hepatitis C. This includes medical equipment, such as glucose monitors.
- ◆ Do not get tattoos, piercings, or body art from an unlicensed facility or in an informal setting.
- ◆ Please note that bleach does not kill the hepatitis C virus; this is a common misconception.



### Symptoms of Hepatitis

- ◆ Many people with hepatitis C do not have symptoms.
- ◆ If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after exposure.
- ◆ Symptoms of chronic hepatitis C can take decades to develop.
- ◆ Since infection with the hepatitis C virus can harm the liver, symptoms for both acute and chronic hepatitis C are similar.
- ◆ Symptoms can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, grey-colored stools, joint pain, and jaundice.
- ◆ Hepatitis C can silently cause liver damage without causing any symptoms.
- ◆ Unfortunately, with chronic infection, when symptoms do appear, they often are a sign of advanced liver disease.

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## CDC Recommendations for Testing for Hepatitis C

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CDC's recommendations for hepatitis C testing are outlined below:

- ◆ Adults born during 1945 through 1965 should be tested once for hepatitis C virus (HCV) infection without prior ascertainment of HCV risk factors.
- ◆ Persons who should be tested for hepatitis C virus (HCV) infection include those who:
  - ◇ Currently inject drugs
  - ◇ Ever injected drugs, including those who injected once or a few times many years ago
  - ◇ Have certain medical conditions, including persons:
    - who received clotting factor concentrates produced before 1987
    - who were ever on long-term hemodialysis
    - with persistently abnormal alanine aminotransferase levels (ALT)
    - who have HIV infection
  - ◇ Were prior recipients of transfusions or organ transplants, including persons who:
    - were notified that they received blood from a donor who later tested positive for HCV infection

- received a transfusion of blood, blood components, or an organ transplant before July 1992
- ◇ Persons with a recognized exposure including:
  - Healthcare, emergency medical, and public safety workers after needlesticks, sharps, or mucosal exposures to HCV-infected blood
  - Children born to women with hepatitis C

Counselors should determine the need for ongoing/additional hepatitis C testing based on their client's behavior and risk profile.

### **Hepatitis C and People Born from 1945-1965 (Baby Boomers)**

Risk-based testing strategies have had limited success, as evidenced by the substantial number of hepatitis C-infected persons who remain unaware of their infection. Because of the limited effectiveness of risk-based testing and the rising hepatitis C-associated morbidity and mortality, the Centers for Disease Control and Prevention issued recommendations that all adults born from 1945-1965 ("Baby Boomers") receive a one-time test for hepatitis C. People born from 1945-1965 account for 75% of people with hepatitis C, and most are unaware of their infection.

The following year, the U.S. Preventive Services Task Force (USPSTF) also issued a recommendation for one-time hepatitis C screening for all adults born from 1945 through 1965.

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## **Testing for Hepatitis C**

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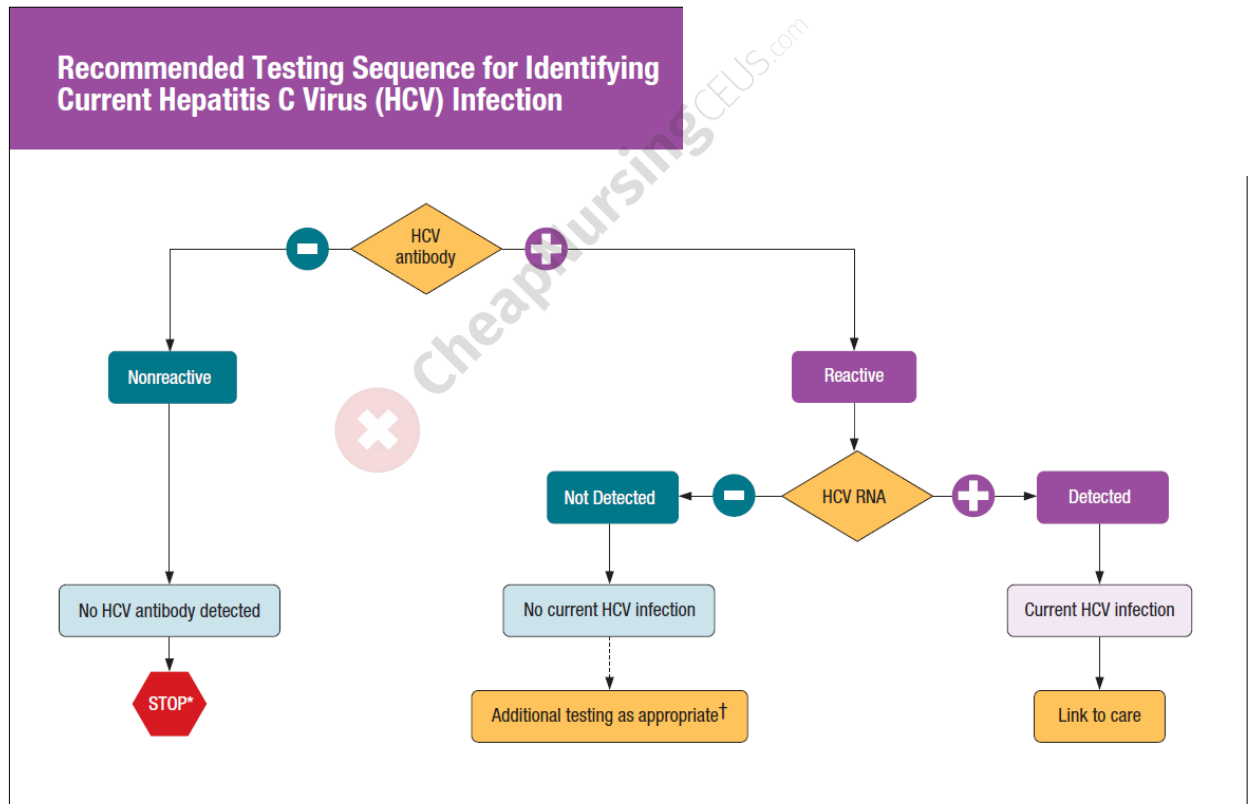
A hepatitis C antibody test is a blood test used to find out if a person has ever been infected with the hepatitis C virus. The hepatitis C antibody test, sometimes called the Anti-HCV Test, looks for antibodies to the hepatitis C virus. A reactive, or positive, antibody test result means that hepatitis C antibodies were found in the blood and that the person tested has been infected with the hepatitis C virus at some point in time.

If the antibody test is positive/reactive, an additional blood test is needed to determine if a person is currently infected with hepatitis C. This test is called a Ribonucleic acid (RNA) test. Another name used for this test is a polymerase chain reaction (PCR) test. If the RNA test is negative, this means a person does

not have a current hepatitis C infection. If the RNA test is positive, this means a person currently has hepatitis C. Unfortunately, this test cannot determine whether the person has been recently infected or has been living with hepatitis C for years.

The best course of action is to link those with positive RNA tests to medical care, preferably with a doctor experienced in diagnosing and treating the disease. The doctor will most likely conduct a thorough assessment and may perform additional medical and blood tests to find out if the person was recently infected (acute infection) or has a long-term (chronic) infection.

The algorithm below provides a recommended testing sequence for identifying current HCV infection.



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## Treating Hepatitis C

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It is important that anyone who is infected with hepatitis C be examined by a doctor experienced with hepatitis C. The physician can determine the most appropriate medical care in consultation with the client. Decisions about starting antiviral treatment are based on many factors, such as the genotype of the virus, the condition of the liver, and other health factors. For hepatitis C, appropriate medical monitoring and evaluation are very important, as not everyone needs or can benefit from treatment. Keep in mind that hepatitis C is rarely diagnosed in the acute stage, although among people with ongoing risk factors, this is possible.

Advances in treatment and new medications are also being developed for hepatitis C that will increase the number of people who are cured and reduce the length of treatment.

There are some “natural,” herbal, or other products that are sold as treatments or cures for hepatitis C. There is no herbal supplement or vitamin that has been proven safe and effective for treating hepatitis C. Some herbal products are dangerous for the liver. People with hepatitis C should always talk to their doctor before taking any medicine or herbal supplement.

For up-to-date information on hepatitis C treatment, please visit:

- ◆ American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA) – Recommendations for Testing, Managing, and Treating Hepatitis C
- ◆ AASLD Hepatitis C Practice Guidelines
- ◆ Food and Drug Administration (FDA)

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## The ABCs of Hepatitis

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It is important to understand the distinctions between the different types of viral hepatitis and the corresponding vaccination and testing recommendations. Depending on a person’s risk behaviors, he or she may need to also be tested for hepatitis B and/or vaccinated for hepatitis A and hepatitis B.

# The ABCs of Hepatitis

	<b>HEPATITIS A</b> is caused by the Hepatitis A virus (HAV)	<b>HEPATITIS B</b> is caused by the Hepatitis B virus (HBV)	<b>HEPATITIS C</b> is caused by the Hepatitis C virus (HCV)
<b>U.S. Statistics</b>	<ul style="list-style-type: none"> <li>Estimated 3,000 new infections in 2012</li> </ul>	<ul style="list-style-type: none"> <li>Estimated 19,000 new infections in 2012</li> <li>Estimated 1.2 million people with chronic HBV infection</li> </ul>	<ul style="list-style-type: none"> <li>Estimated 22,000 new infections in 2012</li> <li>Estimated 3.2 million people with chronic HCV infection</li> </ul>
<b>Routes of Transmission</b>	Ingestion of fecal matter, even in microscopic amounts, from: <ul style="list-style-type: none"> <li>Close person-to-person contact with an infected person</li> <li>Sexual contact with an infected person</li> <li>Ingestion of contaminated food or drinks</li> </ul>	Contact with infectious blood, semen, and other body fluids primarily through: <ul style="list-style-type: none"> <li>Birth to an infected mother</li> <li>Sexual contact with an infected person</li> <li>Sharing of contaminated needles, syringes, or other injection drug equipment</li> <li>Needlesticks or other sharp instrument injuries</li> </ul>	Contact with blood of an infected person primarily through: <ul style="list-style-type: none"> <li>Sharing of contaminated needles, syringes, or other injection drug equipment</li> </ul> Less commonly through: <ul style="list-style-type: none"> <li>Sexual contact with an infected person</li> <li>Birth to an infected mother</li> <li>Needlestick or other sharp instrument injuries</li> </ul>
<b>Persons at Risk</b>	<ul style="list-style-type: none"> <li>Travelers to regions with intermediate or high rates of Hepatitis A</li> <li>Sex contacts of infected persons</li> <li>Household members or caregivers of infected persons</li> <li>Men who have sex with men</li> <li>Users of certain illegal drugs (injection and non-injection)</li> <li>Persons with clotting-factor disorders</li> </ul>	<ul style="list-style-type: none"> <li>Infants born to infected mothers</li> <li>Sex partners of infected persons</li> <li>Persons with multiple sex partners</li> <li>Persons with a sexually transmitted disease (STD)</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Household contacts of infected persons</li> <li>Healthcare and public safety workers exposed to blood on the job</li> <li>Hemodialysis patients</li> <li>Residents and staff of facilities for developmentally disabled persons</li> <li>Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of <math>\geq 2\%</math>)</li> </ul>	<ul style="list-style-type: none"> <li>Current or former injection drug users</li> <li>Recipients of clotting factor concentrates before 1987</li> <li>Recipients of blood transfusions or donated organs before July 1992</li> <li>Long-term hemodialysis patients</li> <li>Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV)</li> <li>HIV-infected persons</li> <li>Infants born to infected mothers</li> </ul>
<b>Incubation Period</b>	15 to 50 days (average: 28 days)	45 to 160 days (average: 120 days)	14 to 180 days (average: 45 days)
<b>Symptoms of Acute Infection</b>	<b>Symptoms of all types of viral hepatitis are similar and can include one or more of the following:</b> <ul style="list-style-type: none"> <li>Fever</li> <li>Fatigue</li> <li>Loss of appetite</li> <li>Nausea</li> <li>Vomiting</li> <li>Abdominal pain</li> <li>Gray-colored bowel movements</li> <li>Joint pain</li> <li>Jaundice</li> </ul>		
<b>Likelihood of Symptomatic Acute infection</b>	<ul style="list-style-type: none"> <li>&lt; 10% of children &lt; 6 years have jaundice</li> <li>40%–50% of children age 6–14 years have jaundice</li> <li>70%–80% of persons &gt; 14 years have jaundice</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 1% of infants &lt; 1 year develop symptoms</li> <li>5%–15% of children age 1–5 years develop symptoms</li> <li>30%–50% of persons &gt; 5 years develop symptoms</li> </ul> <p><b>Note:</b> Symptoms appear in 5%–15% of newly infected adults who are immunosuppressed</p>	<ul style="list-style-type: none"> <li>20%–30% of newly infected persons develop symptoms of acute disease</li> </ul>
<b>Potential for Chronic Infection</b>	None	<ul style="list-style-type: none"> <li>Among unimmunized persons, chronic infection occurs in &gt;90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults</li> </ul>	<ul style="list-style-type: none"> <li>75%–85% of newly infected persons develop chronic infection</li> <li>15%–25% of newly infected persons clear the virus</li> </ul>
<b>Severity</b>	Most persons with acute disease recover with no lasting liver damage; rarely fatal	<ul style="list-style-type: none"> <li>Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal</li> <li>15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer</li> <li>1,800 persons in the United States die with HBV-related liver disease as documented from death certificates</li> </ul>	<ul style="list-style-type: none"> <li>Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage.</li> <li>60%–70% of chronically infected persons develop chronic liver disease</li> <li>5%–20% develop cirrhosis over a period of 20–30 years</li> <li>1%–5% will die from cirrhosis or liver cancer</li> <li>17,000 persons in the United States die with HCV-related liver disease as documented from death certificates</li> </ul>

	HEPATITIS A	HEPATITIS B	HEPATITIS C
<b>Serologic Tests for Acute Infection</b>	<ul style="list-style-type: none"> <li>IgM anti-HAV</li> </ul>	<ul style="list-style-type: none"> <li>HBsAg in acute and chronic infection</li> <li>IgM anti-HBc is positive in acute infection only</li> </ul>	<ul style="list-style-type: none"> <li>No serologic marker for acute infection</li> </ul>
<b>Serologic Tests for Chronic Infection</b>	<ul style="list-style-type: none"> <li>Not applicable—no chronic infection</li> </ul>	<ul style="list-style-type: none"> <li>HBsAg (and additional markers as needed)</li> </ul>	<ul style="list-style-type: none"> <li>Screening assay (EIA or CIA) for anti-HCV</li> <li>Verification by an additional, more specific assay (e.g., nucleic acid testing (NAT) for HCV RNA)</li> </ul>
<b>Screening Recommendations for Chronic Infection</b>	<ul style="list-style-type: none"> <li>Not applicable—no chronic infection</li> </ul> <p>Note: Screening for past acute infection is generally not recommended</p>	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> <li>All pregnant women</li> <li>Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of <math>\geq 2\%</math>)</li> <li>U.S.—born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of <math>\geq 8\%</math>)</li> <li>Infants born to HBsAg-positive mothers</li> <li>Household, needle-sharing, or sex contacts of HBsAg-positive persons</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Patients with elevated liver enzymes (ALT/AST) of unknown etiology</li> <li>Hemodialysis patients</li> <li>Persons needing immunosuppressive or cytotoxic therapy</li> <li>HIV-infected persons</li> <li>Donors of blood, plasma, organs, tissues, or semen</li> </ul>	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> <li>Persons born from 1945–1965</li> <li>Persons who currently inject drugs or who have injected drugs in the past, even if once or many years ago</li> <li>Recipients of clotting factor concentrates before 1987</li> <li>Recipients of blood transfusions or donated organs before July 1992</li> <li>Long-term hemodialysis patients</li> <li>Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV)</li> <li>HIV-infected persons</li> <li>Children born to infected mothers (do not test before age 18 mos.)</li> <li>Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)</li> <li>Donors of blood, plasma, organs, tissues, or semen</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>No medication available</li> <li>Best addressed through supportive treatment</li> </ul>	<ul style="list-style-type: none"> <li>Acute: No medication available; best addressed through supportive treatment</li> <li>Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs</li> </ul>	<ul style="list-style-type: none"> <li>Acute: Antivirals and supportive treatment</li> <li>Chronic: Regular monitoring for signs of liver disease progression; new direct acting antiviral medications offer shorter durations of treatment and increased effectiveness, including higher rates of sustained virologic response (SVR) which is a marker for cure</li> </ul>
<b>Vaccination Recommendations</b>	<p>Hepatitis A vaccine is recommended for:</p> <ul style="list-style-type: none"> <li>All children at age 1 year</li> <li>Travelers to regions with intermediate or high rates of Hepatitis A</li> <li>Men who have sex with men</li> <li>Users of certain illegal drugs (injection and non-injection)</li> <li>Persons with clotting-factor disorders</li> <li>Persons who work with HAV-infected primates or with HAV in a research laboratory</li> <li>Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease</li> <li>Family and care givers of recent adoptees from countries where Hepatitis A is common</li> <li>Anyone else seeking long-term protection</li> </ul>	<p>Hepatitis B vaccine is recommended for:</p> <ul style="list-style-type: none"> <li>All infants at birth</li> <li>Older children who have not previously been vaccinated</li> <li>Susceptible sex partners of infected persons</li> <li>Persons with multiple sex partners</li> <li>Persons seeking evaluation or treatment for an STD</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Susceptible household contacts of infected persons</li> <li>Healthcare and public safety workers exposed to blood on the job</li> <li>Persons with chronic liver disease, including HCV-infected persons with chronic liver disease</li> <li>Persons with HIV infection</li> <li>Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients</li> <li>Residents and staff of facilities for developmentally disabled persons</li> <li>Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of <math>\geq 2\%</math>)</li> <li>Unvaccinated adults with diabetes mellitus 19–59 (for those aged <math>\geq 60</math> years, at the discretion of clinician)</li> <li>Anyone else seeking long-term protection</li> </ul>	<p>There is no Hepatitis C vaccine.</p>
<b>Vaccination Schedule</b>	2 doses given 6 months apart	<ul style="list-style-type: none"> <li>Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule</li> <li>Adults: 3 doses given over a 6-month period (most common schedule)</li> </ul>	No vaccine available



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## Goals of a Hepatitis C Antibody Testing Session

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When testing a client for hepatitis C, assess his or her individual needs and address these accordingly. Goals of this session could include:

- ◆ Increasing a client's knowledge of hepatitis C
- ◆ Increasing a client's knowledge of his or her personal risk for contracting hepatitis C
- ◆ Helping a client understand the benefits of getting tested and knowing test results
- ◆ Helping a client prepare to receive test results
- ◆ Answering questions about being tested

### Testing Session – Checklist

- ☐ Welcome client
- ☐ Assess client's need for testing:
  - ☐ Born 1945-1965 (Baby Boomer) – Test without ascertainment of prior risk
  - ☐ Past risk factors – Test
  - ☐ Current risk behavior – Test, and re-test as needed. Provide additional services, such as risk-reduction counseling and referrals for treatment
- ☐ Educate client on hepatitis C as needed
- ☐ Provide information on HCV antibody testing and benefits of getting tested
  - ☐ Rapid test (results delivered same day)
  - ☐ Standard laboratory test (client returns for results)
- ☐ Provide information on potential test results

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## Build Rapport

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To establish initial rapport with the client, you should convey positive regard, genuine concern, and empathy toward him or her. This connection will help build trust and will set the tone for the rest of the session. It is important to be professional and respectful toward the client and to recognize that some risk behaviors, such as drug use, may be sensitive topics and difficult for the client to discuss.

The client should be helped to feel comfortable with the test procedures, understand the role of the counselor, and be clear about the content and purpose of the session.

sample  
conversation



### Introduction

*Hello, my name is \_\_\_\_\_. I'll be talking with you about hepatitis C and the test you will have today.*

### Explain role

*My role as your counselor is to work with you to understand hepatitis C and how getting tested for hepatitis C could be a benefit for you.*

### Purpose

*What we talk about now will help you understand the meaning of the tests and the results you might receive. Please stop me if I am not being clear.*

### Confidentiality

*I want you to know that everything we talk about today will be kept confidential. (explain facility policies)*

### Address client needs

*Before we go any further, what concerns or questions would you like to talk about now?*



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## Educate as Needed

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Depending on the time available, you may choose to provide the client with information about the seriousness of the disease and the possible long-term health effects or provide a brief explanation of the liver and how it can be damaged by hepatitis C.

For detailed information on hepatitis C, including the differences between hepatitis A, B, and C, please see the Introduction and Background section.

sample  
conversation



### Educate about hepatitis

*“Hepatitis” means inflammation or swelling of the liver. The liver is an important organ that processes food, cleans the blood, and fights germs. When the liver is inflamed, it doesn’t work well. Hepatitis is most often caused by a virus. In the U.S. there are three common types of hepatitis – hepatitis A, hepatitis B, and hepatitis C.*

### Educate about HCV transmission

*Hepatitis C is primarily transmitted through blood-to-blood contact. This can happen when people use or share drug-injection equipment or surfaces, either intentionally or by accident. Injecting drugs with other people can significantly increase the chances of becoming exposed to the virus.*

*Even if you only injected drugs once or twice a very long time ago and have no symptoms, you could still have gotten hepatitis C.*

### Educate about need for testing

*Hepatitis C can lead to serious liver disease. People with hepatitis C may not know they are infected, as they may not have any symptoms for many years.*

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## Assess Risk

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It is important to assess your clients’ risk and tailor your counseling session accordingly. Some clients may have ongoing risk factors for hepatitis C (e.g., currently injecting drugs or having injected drugs in the past). Some clients may have other reasons for screening including blood transfusion prior to 1992, occupational exposure, or HIV infection. For clients born during 1945–1965, there is no need to ascertain risk; everyone born during these years should be tested for hepatitis C.

Helping clients to understand their risk of exposure to hepatitis C is an important step in getting them to understand both the benefits of HCV antibody testing and the need to make changes in their risk behaviors. The client may be resistant, uncomfortable, or embarrassed to discuss risk behaviors. Clients are

more likely to be honest and forthcoming with a counselor who is compassionate, nonjudgmental, and who communicates emotional safety and confidentiality. It is important to recognize the client's vulnerability in sharing private, stigmatizing, and/or risky behaviors with a counselor. Helping a client feel safe when discussing relevant experiences may require requesting information indirectly and asking probing questions.

If your agency has a risk assessment form, you may use that to assess client risk. Alternatively, we present some options for assessing risk below.

**For clients born during 1945–1965 (Baby Boomers):**

sample  
conversation



**Indicate the rationale  
for the test**

*The Centers for Disease Control and Prevention (CDC) recommend that {people your age} be tested for hepatitis C.*

**OR**

*People can have hepatitis C for decades, 30 years or more, without knowing it. Many people have no symptoms. So the only way to know you have hepatitis C is by having the blood test.*

**For clients who you believe have previous risk factors:**

sample  
conversation



**Assess risk**

*We have talked about several ways that hepatitis C is transmitted. How or when do you think you may have been exposed to hepatitis C?*

**Probe for risky  
behaviors (if  
appropriate)**



*Injection drug use is one of the most common ways to contract hepatitis C. Even if you only injected once or twice a very long time ago and have no symptoms, you could still have hepatitis C.*

## For clients who you believe have current risk factors:

sample  
conversation



### Assess risk

*We have talked about several ways that hepatitis C is spread. How or when do you think you may have been exposed to hepatitis C?*

### Probe for risky behaviors (if appropriate)

*Injection drug use is one of the most common ways to contract hepatitis C.*

### Discuss need for retesting

*If you have injected drugs in the last six months, it will be important to repeat the HCV antibody test.*

## Promote the Benefits of Getting Tested

You may wish to help your client understand the benefits of getting tested and knowing their HCV status. If the client understands the value of being tested, he or she may be more likely to return for test results and adhere to recommendations.

sample  
conversation



### If the client is reluctant to be tested

*There are many benefits to knowing your HCV status. Many people with hepatitis C are able to stay healthy and take care of themselves.*

*Some benefits to knowing your status may be:*



*If not infected, you can be assured that you do not have hepatitis C (unless you engaged in risky behavior during the last six months).*

*If Infected:*

- ◆ *You can go see a doctor as soon as possible.*
- ◆ *You can find out if you have liver damage.*
- ◆ *You can find out if medical treatment is right for you.*
- ◆ *You can start doing things to take care of your liver and prevent more damage.*
- ◆ *You can prevent transmitting the virus to others.*

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## Inform About HCV Tests

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You may want to help the client understand the meaning of the term *antibodies* and how the immune system works to fight the hepatitis C virus. Without the client understanding the concept of antibodies, it will be difficult to explain the testing that will take place. After you have explained the concept of antibodies, it is advised that you confirm with the client his or her understanding of what you have discussed.

sample  
conversation



### Describe testing

*Since people with hepatitis C usually don't have symptoms, they often don't know they have the infection. The only way to tell if you have hepatitis C is through blood tests. The test you are having today is called the hepatitis C antibody test. With this test doctors are looking for antibodies to the hepatitis C virus in your blood.*

- ◆ *Your body makes antibodies to fight against any foreign invader, like the hepatitis C virus.*
- ◆ *Sometimes the antibodies can fight the hepatitis C virus and get rid of it from your body.*
- ◆ *But most of the time antibodies do not get rid of the virus and a chronic infection develops.*
- ◆ *Whether the virus is cleared or stays in the body, there will always be antibodies in the blood.*
- ◆ *The blood test checks for hepatitis C antibodies.*

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## Prepare the Client to Receive Test Results

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At this point, you may also want to explain the possible antibody test results. This may help your client prepare to receive the actual test results.

If you are using the rapid test, let the client know the procedures followed at your facility and when the results will be available, usually in about 20 minutes.

If you are using standard laboratory testing methods and results will not be provided during the same visit, you should secure a commitment from the client to return for the test results. You should also encourage the client to ask any questions that he or she may have.

sample  
conversation



**Introduce client to  
potential test results**

*Let me explain what the possible results might be and when to expect them. I will let you know your results by \_\_\_\_\_. (Explain procedures in facility and whether the rapid or standard test is used.)*

**A negative/nonreactive  
test result**

*If you are told that your antibody test is negative, or nonreactive, it means no antibodies were found in your blood. This usually means that you don't have hepatitis C.*

**A positive/reactive test  
result**

*If you are told that your antibody test is positive, or reactive, it means that antibodies to the hepatitis C virus were found in your blood and you will also need another kind of blood test that looks for the presence of the virus, in order to be sure you are infected.*

**Ask questions**

*What questions do you have about the test and the meaning of the results?*

**For HCV tests conducted in standardized laboratory-based settings,  
counseling about the importance of returning for results is a priority.**

Research has shown that it is important to address denial and other possible barriers in order to facilitate the client's returning for test results. Allow the client the opportunity to express fears about knowing the test results. For some clients, it may help them to talk about their fears.

The client needs to make a commitment to follow through with all the steps in the screening process, including returning for test results. If the client does not have a positive attitude toward being tested, subsequent behaviors, such as keeping appointments, may be less likely to occur.

sample  
conversation



**Probe**

*How confident are you that you can come back to get your antibody test results?*

**Help generate  
solutions**

*Let's talk about what we can do to make it easier for you to return for test results.*

Please note that the rapid test has significant benefits for people who inject drugs, as research shows that these clients may not always come back for their test results. A more thorough discussion of the rapid test can be found in the rapid test section.

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## Goals in Disclosing an Antibody Negative/Nonreactive Test Result to a Client

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- ◆ Provide test result in a way that is sensitive and appropriate to the client's needs and level of comprehension
- ◆ Help the client understand the meaning of the test result
- ◆ If there is ongoing risk, help the client understand how to prevent infection with the hepatitis C virus
- ◆ If there is ongoing risk, help the client understand the need for retesting

### Post-test Counseling Session Negative/Nonreactive Result Checklist

- ☐ Welcome client and review session (establish rapport)
- ☐ Provide test results and assess need for re-testing
  - ☐ Born during 1945-1965 (Baby Boomer) – additional testing not necessary
  - ☐ Past risk factors (additional testing not necessary)
  - ☐ Current risk behavior (repeat testing necessary)
    - ☐ Educate client on hepatitis C as needed
    - ☐ Help client understand how to prevent infection with the hepatitis C virus

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## Establish Rapport

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Ideally, HCV antibody test results should be communicated through personal contact by a clinician, counselor, or other trained staff member. One-on-one communication provides the best opportunity to help a client who has ongoing risk behaviors develop or revise a plan to prevent infection with HCV.

**If the rapid test was used and you will be providing test results during the same visit, you can skip directly to the next section on disclosing results. Otherwise, review the following steps to establish rapport.**

If your client is returning and you have previously met him or her, welcome back the client. If you have **not** yet met, remember to establish rapport with the new client.

sample  
conversation



**Welcome former client back**

*Welcome back. I am glad you returned to get your hepatitis C antibody test result.*

**Introduce self to new client**

*Hello, my name is \_\_\_\_\_. I will be talking with you about the results of your hepatitis C antibody test.*

**Explain role of counselor**

*My role as your counselor is to explain your test results and what they mean and to answer all your questions.*

**Reaffirm confidentiality**



*I want you to know that your test results and everything we discuss here today is strictly confidential. (explain facility policies)*

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## Disclose Test Result and Discuss Repeat Testing

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Some counselors will use the term *antibody negative*, whereas others prefer to use the term *nonreactive*. Sometimes when a negative/nonreactive antibody test result is communicated, a client may experience such a sense of relief that he or she fails to hear other important messages that must be conveyed during the session. You should allow the client to express those feelings of relief first.

### sample conversation



#### Provide result

*I have your test result.*

*The result of your test was negative/nonreactive. That means that you do not have antibodies to the hepatitis C virus and you are not infected.*

#### A simple explanation of antibodies

*I want you to understand what your test results mean. Antibodies are a kind of protein/substance produced by your body's immune system when it detects harmful substances, like bacteria and viruses, like the hepatitis C virus. The test did not find any antibodies to the hepatitis C virus in your blood.*

If your client has recent or ongoing risk, you may wish to provide the client with additional information about their test result or discuss the issue of a “window” or “lag” period. Clients with ongoing risk behavior should be re-tested in 6 months.

### sample conversation



#### Discussion of lag or window period

*I need to tell you that if you may have been exposed to hepatitis C recently, there is a still chance that you could have hepatitis C even though no antibodies were found in your blood. It takes time, sometimes months, for the body to develop antibodies to hepatitis C.*

- ◆ *After a person gets infected with the hepatitis C virus, it can take 8 or 9 weeks until the body makes antibodies that can be measured by the HCV antibody test.*
- ◆ *Within 6 months after becoming infected, almost everyone has antibodies in their blood that can be measured by the hepatitis C antibody test.*

*If you have injected drugs, shared equipment, or been exposed to someone's blood in the last 6 months, it is possible that you got infected since then and the antibody test was not able to detect the antibodies. If so, it is a good idea to return for another test.*



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## Explain Other Test Results

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Ideally, viral hepatitis testing should be integrated with HIV and STD counseling and testing in venues that serve those with elevated risk of infections. Clients may also be returning to receive the results of other tests during the same session. The challenge is to clearly explain the meaning of the results of each test and to clarify the differences. You should review other laboratory results before the session. The following resources may be of help:

### **Sexually Transmitted Diseases Treatment Guidelines, 2010**

<http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>

### **Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings**

<http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>

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## Educate as Needed

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This may be a good time to provide the client with some basic information about hepatitis C. Asking the client what he or she knows about hepatitis C may help you uncover misinformation or confusion about HCV.

For more detailed information on hepatitis C, please see the **Introduction and Background** section.

sample  
conversation



#### **Educate about hepatitis**

*"Hepatitis" means inflammation, or swelling, of the liver. The liver is an important organ that processes food, cleans the blood, and fights germs. When the liver is inflamed, it doesn't work well. Hepatitis is most often caused by a virus. In the U.S. the most common type of viral hepatitis is hepatitis C. Hepatitis C can lead to serious liver disease.*

#### **Educate about HCV transmission**

*Hepatitis C is transmitted, or spread, through blood-to-blood contact. Preparing and injecting drugs with other people is the most common way hepatitis C is transmitted. It can happen when people use each other's equipment, either intentionally or by accident.*

---

## Help Client Stay Hepatitis C Negative

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An important goal of the post-test session with a client who has just received a HCV negative/nonreactive antibody test result and who has ongoing risk factors is helping him or her understand ways to minimize their risk of becoming infected with HCV.

sample  
conversation



**Assess knowledge  
about HCV  
transmission**

*Can you tell me what you know about how to avoid getting hepatitis C?*

**Educate about how to  
avoid HCV**

*Do not share needles, syringes, or any other equipment to prepare or inject drugs.*

*Wash hands before and after injecting.*

*Do not use personal items that may have been exposed to an infected person's blood, such as razors, nail clippers, toothbrushes.*

*Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.*

*Use of a latex condom if having sex with an infected person may decrease the risk, especially if you have HIV.*

**Invite questions**

*Are there other ways for hepatitis C to be transmitted that you have heard about/are concerned about?*

**Educate about how  
HCV is not transmitted**

*Hepatitis C is not spread by kissing; hugging; shaking hands; sharing food, glasses, or utensils; coughing; sneezing; mosquitos; or animals.*

---

## Help Client Process Information

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Clients may only be interested in receiving their test results and leaving. They may be reluctant to accept a longer counseling session. However, there are a number of reasons why post-test counseling with HCV antibody negative/nonreactive clients with ongoing risk is important:

- ◆ Knowledge of hepatitis C may not be as widespread as with HIV and other STDs.
- ◆ Awareness of a negative/nonreactive test result can lead to behavioral disinhibition ("Since my test is negative, whatever I have been doing/whatever risks I am taking now must be ok").
- ◆ An antibody negative/nonreactive test result may be perceived as reflecting lifelong immunity.
- ◆ If the client has injected drugs or been exposed to someone's blood in the last 6 months, he or she should be re-tested.

---

## **You have had a hepatitis C antibody test**

### **Your test result is antibody negative/nonreactive**

This means:

- You are not infected with hepatitis C since no antibodies to the hepatitis C virus were found in your blood.
- If you shared drugs or drug equipment or have been exposed to someone's blood in the last 6 months, you should be tested again.
- You are NOT protected from getting hepatitis C in the future and you should take precautions to prevent hepatitis C.

### **How to PREVENT becoming infected with hepatitis C:**

The hepatitis C virus is very infectious and is passed through blood, so:

- Do not share needles, syringes, or other equipment to inject or prepare drugs, steroids, or cosmetics.
- Do not get tattoos, piercings, or body art in informal or unlicensed settings (like homes or jails) where sterile or clean equipment or ink may not be used or available.
- Do not share any personal items that could have infected blood on them, including razors and toothbrushes.

Remember that bleaching needles or syringes does not kill the hepatitis C virus.

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## Goals in Disclosing an Antibody Positive/Reactive Result to a Client

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- ◆ Provide the antibody test result in a way that is sensitive and appropriate to the client's needs and level of comprehension
- ◆ Help the client understand the meaning of the test result
- ◆ Help the client cope with the test result and address any concerns about family support, HCV transmission, barriers to returning for additional testing, and concerns about potential illness
- ◆ Help the client understand the need for the confirmatory test

### Post-test Counseling Session – Positive/Reactive Results Checklist

- ☐ Welcome client (establish rapport)
- ☐ Provide test results
- ☐ Explain the confirmatory test and next steps
- ☐ Educate client on hepatitis C

---

## Establish Rapport

---

HCV positive antibody test results should ideally be communicated through personal contact by a clinician, counselor, or other trained staff member.

**If the rapid test was used and you will be providing test results during the same visit, skip directly to the next section on disclosing results. Otherwise, review the following steps to establish rapport.**

If your client is returning and you have met him or her previously, welcome the client back. If you have **not** yet met, remember to establish initial rapport with the new client.

sample  
conversation



**Welcome former client  
back**

*Welcome back. I am glad you returned to get your hepatitis C antibody test result.*

**Introduce self to new  
client**

*Hello, my name is \_\_\_\_\_. I'll be talking with you about the results of your hepatitis C antibody test.*

**Explain role of  
counselor**

*My role as your counselor is to explain your test results and what they mean and to answer all your questions.*

**Reaffirm  
confidentiality**

*I want you to know that your test results and everything we discuss here today is strictly confidential. (Explain facility policies)*

**Invite questions**

*What questions do you have for me now?*

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## Disclose Test Result

---

When first hearing the test result, the client may have a strong emotional reaction or he/she may immediately want additional information. If the client is upset, providing new information may be inappropriate. Take a cue (nonverbal and verbal) from the client's reaction and expression. It is important not to rush the client from this initial disclosure to information about the next steps.

sample  
conversation



**Disclose results**

*I have your test result.*

*Your antibody test result is positive/reactive, which means that you have been infected with the hepatitis C virus at some point.*

*You will need to have an additional test to determine if you are currently infected. In some cases, someone who has been infected with hepatitis C can clear the virus, but that is not very common. This next test will determine if you are currently infected with hepatitis C or if you have cleared the virus.*

**Ask questions**

*What questions do you have for me?*

If the client is upset or scared about the antibody test result, it is important to convey a positive message of hope about hepatitis C, even if the test result has not been confirmed.

sample  
conversation



**Convey a positive message**

*I am glad you got the first test. That was an important step. The next step is to get a second test to confirm whether you are currently infected with the hepatitis C virus.*

**Provide positive reinforcement**

*It is also important to remember that many people with hepatitis C remain healthy throughout their lives.*

- ◆ *Many people live with few or no symptoms.*
- ◆ *There is a lot that people with hepatitis C can do to keep themselves healthy – like avoiding alcohol, which can accelerate liver damage.*
- ◆ *Treatments are also improving, and there are options that can cure hepatitis C.*

When the client has had the opportunity to express his/her feelings and discuss the need for social/emotional support, you can provide information about the meaning of the test results and the need for further testing.

You may want to discuss the concept of antibodies and how the immune system works to fight the hepatitis C virus. Because of the role of antibodies in the test process, it is important that clients have a clear understanding of these concepts, in order to process their test results. The explanation of the meaning of the test result can be brief and may include a simple overview of antibodies. You should still be prepared to answer more specific questions. It is also important to verify that the client understands that the antibody test result does not tell whether or not he or she is currently infected.

sample  
conversation



**Explain results**

*Let's talk about your test result. In this test doctors were looking for antibodies to the hepatitis C virus in your blood.*

- ◆ *An antibody is a protein produced by the body's immune system when it detects harmful substances, like bacteria and viruses.*
- ◆ *Sometimes the antibodies can fight the hepatitis C virus and clear it, or get rid of it, from your body.*
- ◆ *But for about 8 in 10 people, the antibodies do not get rid of the virus, and a chronic infection develops.*

*Once someone is infected with the hepatitis C virus, he or she will always have the antibodies whether or not the virus was cleared. The antibody test is only able to tell if you have had the hepatitis C virus at some time in your life. You will need further testing to determine if you are still infected.*

**Verify comprehension**

*What questions do you have about the information that I just provided to you?*

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## Discuss Testing to Confirm Infection and Next Steps

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The next step in the testing process is testing for the genetic material (RNA) in the hepatitis C virus. Results of this test will confirm if the client has a current infection or if the client has cleared the virus and has antibodies from a past infection.

**If the RNA test has already been conducted on the blood sample from the antibody test and the test confirms that your client has a current HCV infection, continue to the section on confirmatory results.**

If the RNA test has not been conducted on the blood from the antibody test, you will want to recommend that the client arrange for the RNA test to confirm infection. Depending on the facility, you may:

- ◆ Refer the client to another facility to receive the test.
- ◆ Immediately send the client to a laboratory in your facility for the blood draw.

In either case, the client will need to have information about the purpose of the second/follow-up test, the need to return for the test results, and the procedures you use. When the patient has had a chance to verify his or her understanding of the antibody test result, you will be able to determine how much detailed information to provide about the RNA test.

sample  
conversation



### Educate on confirmatory test

*Once someone is infected with the hepatitis C virus, there will always be antibodies in his/her blood. To determine if you are currently infected with the hepatitis C virus, a second test is needed.*

*The second test, called an RNA test, looks for the presence of the hepatitis C virus. When the second test is positive, this means a person is currently infected and has the virus, not just antibodies, in his or her blood.*

*While there is a small chance you could have cleared the infection, this is not very common and chances are that you are currently infected. Nearly 8 in 10 people remain infected.*

*Until you get the results from the RNA test, you may want to act as if you have hepatitis C. Make sure no one comes in contact with your blood. Do not share any personal items that could have blood on them, including razors and toothbrushes and do not share needles, syringes, or any other equipment to inject drugs, steroids, or cosmetics.*

*What questions do you have for me about the confirmatory RNA test?*

It is important that the client see the value in following up with the confirmatory RNA test. You may wish to identify potential barriers to follow-up and help the client identify solutions. Allow the client the opportunity to express fears about knowing the test results. How much of a concern is this for your client? For some clients, it might help them to talk about their fears. You should assess your client's level of technical comprehension: will your client understand and desire information about confirmatory testing? Which terms are appropriate to use?

**sample  
conversation**



**Promote the benefits  
of the confirmatory  
test**

*Some benefits to knowing your status may be:*

*If not infected, you can be assured that you do not have a current hepatitis C infection (unless you had risky behavior during the last 6 months).*

*If Infected:*

- ◆ *You can go see a doctor as soon as possible.*
- ◆ *You can find out if you have liver damage.*
- ◆ *You can find out if medical treatment is right for you.*
- ◆ *You can start doing things for yourself to take care of your liver and prevent more damage.*
- ◆ *You can prevent the spread of the virus to others*

**Discuss follow up**

*How confident are you that you will go for your confirmatory test?*

*Do you have family or friends to talk to about this?*



*What are some things in your life that might make it a problem for you to get back here to get your results?*

**Help generate  
solutions**

*Let's talk about what we can do to make it easier for you to get the confirmatory test.*

## Educate as Needed

If your client has had little or no knowledge of hepatitis C, you may want to provide some basic information about hepatitis C at this point in the session. Clients may have questions and want to have some basic information about hepatitis C and why and how they might have been exposed to the virus.



sample  
conversation



**Assess knowledge  
about HCV**

*Please tell me what you know about hepatitis C.*

**Educate about  
hepatitis**

*"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.*

**Educate about HCV  
transmission**

*The hepatitis C virus is passed from person to person by contact with infected blood.*

**OR**

*Hepatitis C is primarily transmitted, or spread, through blood-to-blood contact. Injecting drugs with other people is a common way hepatitis C is transmitted. It can happen when people use each other's equipment, either intentionally or by accident.*



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## Help Client Process Information

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Clients may only be interested in receiving their test results and leaving. They may be reluctant to accept a longer counseling session, particularly if they are upset about receiving a positive/reactive test result. However, there are a number of reasons why post-test counseling with HCV antibody positive/reactive clients is important:

- ◆ Clients may believe that the antibody test result means they are infected even if the confirmatory test has not been done.
- ◆ They may not understand the next step in confirming HCV infection.
- ◆ Knowledge of hepatitis C may not be as widespread as with HIV and other STDs.
- ◆ People may mistakenly believe that their knowledge of how to prevent HIV (use condoms, clean needles with bleach) is adequate in prevention of hepatitis C.
- ◆ An antibody positive/reactive test result may be perceived as reflecting lifelong immunity; the client may be confused about the different types of viral hepatitis and any previous hepatitis A or B test results or immunization.

If your client is reluctant to talk further, consider giving him or her the test-results information card on the following page or other educational material to take home with a message about the meaning of their test result and next steps, including appropriate referrals.

---

## You have had a hepatitis C antibody test

### Your test result is antibody positive/reactive

This means:

- You have been infected with the hepatitis C virus at some point in time.
- You may or may not currently have hepatitis C since some people are able to clear the virus, although most do not.
- You will need to have another blood test to find out if you currently have hepatitis C.
- It is important to get the second test, called the RNA test, to see if you have hepatitis C.

### *What to do next:*

#### **Get the second test, called the RNA test, to find out if you have hepatitis C.**

Until you get the test, you may want to act as if you have hepatitis C.

The hepatitis C virus is very infectious and is passed through blood, so:

- Do not share any personal items that could have blood on them, including razors and toothbrushes.
- Avoid sharing or reusing needles, syringes or any other equipment to prepare and inject drugs, steroids, hormones, or other substances.
- Do not get tattoos, piercings, or body art in informal or unlicensed settings (like homes or jails) where sterile or clean equipment or ink may not be used or available.

Remember that bleaching needles or syringes does not kill the hepatitis C virus.

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## Explain Other Test Results

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Ideally, viral hepatitis testing should be integrated with HIV and STD counseling and testing in venues that serve those with elevated risk of blood-borne infections. Clients may also be returning to receive the results of other tests during the same session. The challenge is to clearly explain the meaning of the results of each test and to clarify the differences. You should review other laboratory results before the session.

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## Daily Living While Waiting for the RNA Test

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Clients should understand that they will not know if they are currently infected until the results of the RNA test confirm infection. The main message for clients with only an HCV antibody positive/reactive test result is that they need to have the confirmatory test done.

However, it is prudent to tell clients that until they get the results from the test that confirms infection, they should behave “as if” they are infected with hepatitis C. An important consideration is how likely your clients are to return for confirmatory results and if there are resources in your community to support the client in getting the confirmatory test.

You may want to review key prevention points with all of your HCV antibody-positive clients, in the event that they do not hear it from another counselor or are never able to see a healthcare provider.

A fact sheet or brochure can also be given to supplement individual counseling. In the interest of time, the counselor may choose to review the key messages.

sample  
conversation



**Personalize the discussion**

*Let's talk about what it means for your day-to-day life now that you have a positive/reactive antibody test.*

**Reassure client**

*You may have some questions about how hepatitis C can be transmitted. Since this is a blood-borne infection,*

- ◆ *HCV is **not** spread by sneezing, hugging, holding hands, coughing, sharing eating utensils or drinking glasses, or through food or water.*
- ◆ *You can cook and eat together with your family.*
- ◆ *However, sharing personal items that might have blood on them, such as toothbrushes or razors, can pose a risk to others.*
- ◆ *Cover any wounds or open sores that cause you to bleed so that no one can come in contact with your blood.*

**Discuss contact with blood**

*In case you are infected, you should be careful about preventing exposure to others, especially any friends or family with whom you live – keep items to yourself that might have your blood on them, like toothbrushes or razors.*

*If you get a cut or sore that causes you to bleed, be sure to keep it covered with a bandage so no one can come in contact with your blood.*

**Discuss sex**

*While the hepatitis C virus can be passed during sex, it is uncommon. If you have one, long-term, steady sexual partner, the chance is very low that you will give hepatitis C to that person through sexual activity.*

*However, having multiple sex partners, or HIV, or engaging in rough or anal sex have been shown to increase the risk of transmitting the virus.*

*Although there are no research studies showing that condoms are effective in preventing sexual transmission of hepatitis C, anyone with multiple sex partners should use condoms to protect against other STDs and HIV.*

*Do you have any other concerns about spreading hepatitis C to your spouse/partner?*

## Alcohol Education

Anyone with hepatitis C should avoid alcohol since it can increase the speed of liver damage. It is important to educate clients about the interaction of HCV and alcohol on liver disease. The American Association for the Study of Liver Diseases (AASLD) and the National Institutes of Health (NIH) Consensus statement recommend that all HCV patients avoid alcohol.

You may have limited time available to counsel clients on alcohol reduction and abstinence, but you do have a “teachable moment,” and this is one of the most important behavior changes your client can make. Take the opportunity during the post-test session to conduct a brief personalized assessment, identify triggers, outline a preliminary behavior plan, and provide referrals, as appropriate.



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## Goals in Disclosing a Positive Confirmatory Test

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- ◆ To provide information about the confirmatory test that is sensitive and appropriate to the client's level of comprehension
- ◆ To help the client understand the meaning of the results
- ◆ To help the client understand the need for entry into health care and to connect him or her with resources/services
- ◆ To help the client cope with the test results and address concerns about family, stigma, transmission, disclosure, illness, and death

---

## Disclose Test Result

---

Test results that confirm a diagnosis of hepatitis C virus infection should be communicated confidentially through personal contact by a clinician, counselor, or other trained staff. When first hearing the test result, your client may have a strong emotional reaction or he/she may immediately want additional information. If the client is upset, providing new information may be inappropriate. Take a cue from his or her reaction and expression. It is important not to rush the client from this initial disclosure to information about the next steps.

### If providing results for both the antibody and confirmatory test:

sample  
conversation



#### If providing both antibody and confirmatory results

*I have both your test results.*

*Your antibody test result is positive/reactive and your confirmatory test is positive, which means that you have hepatitis C.*

#### Provide positive reinforcement

*It is important to remember that many people with hepatitis C remain healthy throughout their lives.*

- ◆ *Many people live with few or no symptoms.*
- ◆ *There is a lot that people with hepatitis C can do to keep themselves healthy – like avoiding alcohol (which can accelerate liver damage), following a healthy diet, and staying physically active.*
- ◆ *Treatments are also improving, and there are options that can cure hepatitis C.*

## If providing results for only the confirmatory test:

sample  
conversation



**If client is returning  
only for confirmatory  
result**

*Your previous antibody test result was positive and your confirmatory test result was also positive, which means that you have hepatitis C.*

**Provide positive  
reinforcement**

*It is important to remember that many people with hepatitis C remain healthy throughout their lives.*

- ◆ *Many people live with few or no symptoms.*
- ◆ *There is a lot that people with hepatitis C can do to keep themselves healthy – like avoiding alcohol (which can accelerate liver damage), following a healthy diet, and staying physically active.*
- ◆ *Treatments are also improving, and there are options that can cure hepatitis C.*

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## Educate as Needed

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If your client has little or no knowledge of hepatitis C, you may want to provide some basic information about hepatitis C at this point in the session. Clients may have questions and want to have some basic information about hepatitis C. ]





## Post-test Counseling Messages

Persons infected with HCV can benefit from the counseling messages below.

- ◆ You should see a healthcare provider with experience in caring for people with hepatitis C. This can be either a primary-care clinician or a specialist in hepatology, gastroenterology, or infectious disease. This person can provide:
  - ◇ A medical evaluation of your health and your liver
  - ◇ Advice on possible treatment options and strategies
  - ◇ Advice on how to monitor liver health, even if treatment is not recommended
- ◆ Protect the liver from further harm by:
  - ◇ Considering hepatitis A and B vaccination if susceptible and if liver disease is present
  - ◇ Reducing or discontinuing alcohol consumption
  - ◇ Avoiding new medicines, including over-the-counter and herbal agents, without first checking with a healthcare provider
  - ◇ Obtaining HIV risk assessment and testing
- ◆ For persons who are overweight (BMI  $\geq 25\text{kg/m}^2$ ) or obese (BMI  $\geq 30\text{kg/m}^2$ ):
  - ◇ Consider weight management or losing weight
  - ◇ Follow a healthy diet and stay physically active
- ◆ To minimize the risk for transmission to others:
  - ◇ Do not donate blood, tissue, or semen
  - ◇ Do not share equipment or personal items that might come into contact with blood, such as toothbrushes, dental appliances, blood glucose monitors, razors, and nail clippers.

## Questions on Transmission

Your client may ask how they could have gotten hepatitis C, especially if they do not report any risk behaviors. It may be reassuring to tell some clients that many people do not know how, when, and where they were infected. Try to focus on the present by encouraging them to look at ways to preserve their health. If they have engaged in any past risk behaviors, clients may feel a sense of guilt or responsibility. Again, it may be more helpful to focus on immediate steps to care for their health and avoid any comments or judgments on past behavior. If your client asks about modes of transmission, provide as much detail as is appropriate to the situation. Keep in mind that CDC data report that as many as 45% of those infected with hepatitis C have no known reported risk factors.

## Talk About Friends and Family

A common concern expressed by clients newly diagnosed with hepatitis C is the potential impact on their friends, families, and other people with whom they are close. You may want to raise these concerns directly. Rather than giving the client a list of precautions, it is important to personalize the discussion to the client's living situation.

The client may be reluctant to ask about specific concerns. Probe questions can be phrased as: "Some people have asked about ...", "Sometimes people worry that ...", "What questions do you have about that?"

sample  
conversation



### Personalize the discussion

*Let's talk about what having hepatitis C means for your day-to-day life.*

### Reassure client

*You may have some questions about how hepatitis C can be transmitted. Since this is a blood-borne infection, hepatitis C is **not** spread by casual contact, kissing, hugging, sneezing, coughing, breastfeeding, or by sharing food, eating utensils, or glasses. You can cook and eat together with your family.*

### Discuss contact with blood

*You should be careful about preventing exposure of your blood to others, especially any friends or family with whom you live.*

*Since hepatitis C is a blood-borne infection, keep items to yourself that might have your blood on them, like toothbrushes or razors. If you get a cut or sore that causes you to bleed, be sure to keep it covered with a bandage so no one comes in contact with your blood.*

### Discuss sex

*While the hepatitis C virus can be passed during sex, it is uncommon. If you have one, long-term, steady sexual partner, the chance is very low that you will give hepatitis C to that person through sexual activity.*

*However, having multiple sex partners, HIV, or engaging in rough or anal sex have been shown to increase the risk of transmitting the hepatitis C virus.*

*Although there are no research studies showing that condoms are effective in preventing sexual transmission of hepatitis C, anyone with multiple sex partners should use condoms to protect against other STDs and HIV.*

*What concerns do you have about spreading hepatitis C to your spouse/partner?*

### Pregnancy and childbirth

*Some people want to know about having children when the woman has hepatitis C. If the mother is infected, there is a very low risk of spreading the virus to a baby. Hepatitis C is not transmitted through breastfeeding so there is no need for a woman with hepatitis C to avoid breastfeeding.*

## Alcohol Education

Messages to decrease alcohol use should be provided to anyone with hepatitis C, since alcohol can increase the speed of liver damage. It is important to educate clients about the interaction of HCV and alcohol on liver disease.

Alcohol screening and brief interventions (SBI) can reduce the number of drinks consumed per week and episodes of binge drinking. SBI includes screening patients for excessive alcohol consumption, brief counseling for those who screen positive, and referral to specialized alcohol treatment for patients with possible alcohol dependence. The brief intervention is also an opportunity to communicate the HCV-associated risks posed by alcohol consumption and provide options for behavioral change. To reduce alcohol misuse, the U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to be used in primary-care settings.



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## Goals in Disclosing a Negative RNA Confirmatory Test

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- ◆ To provide information about the confirmatory test that is sensitive and appropriate to the client's level of comprehension
- ◆ To help the client understand the meaning of the results
- ◆ If there is ongoing risk, help the client understand how to prevent infection with the hepatitis C virus
- ◆ If there is ongoing risk, help the client understand the need for re-testing

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## Disclose Test Result

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Ideally, test results should be communicated through personal contact by a clinician, counselor, or other trained staff member. One-on-one communication provides the best opportunity to help a client who has ongoing risk behaviors develop or revise a plan to prevent infection with HCV.

### If providing results for both the antibody and confirmatory test:

sample  
conversation



**If providing both  
antibody and  
confirmatory results**



*I have both your test results.*

*Your antibody test result was positive/reactive but your confirmatory test was negative, which means that you do not currently have hepatitis C. However, because you have antibodies for hepatitis C that means you were infected at some previous time.*

**Explain about clearing  
the virus**

*While most people who get infected with the hepatitis C virus develop a chronic, lifelong infection, some people who get infected with hepatitis C are able to clear, or get rid of, the virus.*

### If providing results for only the confirmatory test:

sample  
conversation



**If client is returning  
only for confirmatory  
result**

*Your previous antibody test was positive, but your confirmatory test result was negative, which means that you do not have hepatitis C. However, because you have antibodies for hepatitis C, that means you were infected at some previous time.*

**Explain about clearing  
the virus**

*While most people who get infected with the hepatitis C virus develop a chronic, lifelong infection, some people who get infected with hepatitis C are able to clear, or get rid of, the virus.*

**If your client has ongoing risk behavior, they should be encouraged to be re-tested using RNA tests at intervals consistent with your organization's policies.**

sample  
conversation



**Encourage current-risk clients to be re-tested.**

*Getting infected with hepatitis C virus and clearing the infection does not protect you from getting infected again. Even though your RNA test shows that you are not currently infected, if you have injected drugs, shared equipment, or been exposed to someone's blood in the last 6 months, we should test you at regular intervals.*

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## Educate as Needed

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If your client has little or no background knowledge of hepatitis C, you may want to provide some basic information about hepatitis C at this point in the session. Clients may have questions about hepatitis C and why and how they might have been exposed to the virus.



## Help Client Stay Hepatitis C Negative

An important goal of the post-test session with a client who has just received an HCV positive/RNA negative test result and who has ongoing risk factors is helping him or her understand ways to minimize the risk of becoming infected with HCV.

sample  
conversation



### Assess knowledge about HCV transmission

*Can you tell me what you know about how to avoid getting hepatitis C?*

### Educate about how to avoid HCV

*Do not use personal items that may have been exposed to an infected person's blood, such as razors, nail clippers, toothbrushes.  
Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.  
Use of a latex condom when having sex with an infected person may decrease the risk, especially if you have HIV.*

### Educate about how to avoid HCV if there is ongoing drug use

*The best way to prevent hepatitis C infection is to stop injecting. However, if a person is unable or unwilling to stop, then there are steps he or she can take to reduce the risk of becoming infected with hepatitis C.*

- ◆ *Always use a new needle and syringe and sterile preparation equipment for every shot. In other words, use an entirely new kit for every hit! All equipment used to prepare and inject drugs is equally infectious when contaminated and shared.*
- ◆ *Use low dead-space syringes (rather than high dead-space needles).*
- ◆ *Use new preparation equipment, such as cookers, filters, ties, water, alcohol swabs, etc.*
- ◆ *Wash hands with soap and water before and after injecting, especially when injecting others.*
- ◆ *Clean injection site with alcohol before injecting – but not after because it increases scarring.*
- ◆ *Set up a clean surface before placing down your injection equipment to reduce the chances of being exposed to hepatitis C.*
- ◆ *Do not inject another person.*
- ◆ *Do not touch another person's injection equipment.*

### Ask questions

*Are there other ways for hepatitis C to be transmitted that you have heard about/are concerned about?*

### Educate about how HCV is not transmitted

*Hepatitis C is not spread by kissing; hugging; shaking hands; sharing food, glasses, or utensils; coughing; sneezing; mosquitos; or animals.*

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## Help Client Process Information

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Clients may only be interested in receiving their test results and leaving. They may be reluctant to accept a longer counseling session. However, there are a number of reasons why post-test counseling with an HCV antibody positive/RNA negative client with ongoing risk is important:

- ◆ Knowledge of hepatitis C may not be as widespread as with HIV and other STDs.
- ◆ Awareness of a negative test result can lead to behavioral disinhibition ("Since my test is negative, whatever I have been doing must be ok").
- ◆ If the client has injected drugs or been exposed to someone's blood in the last 6 months, he or she should be re-tested.



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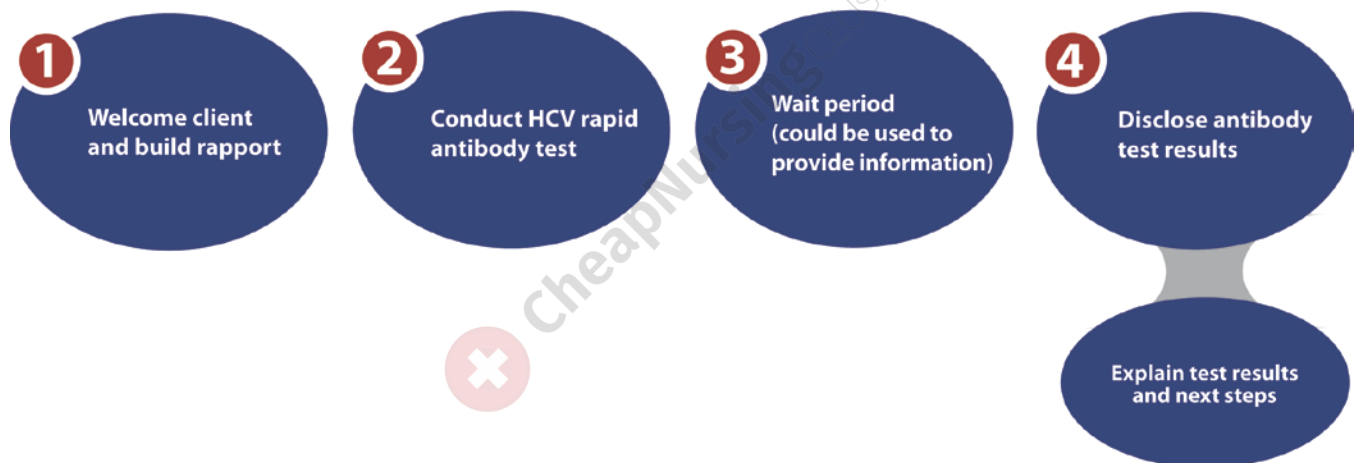
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## Goals for an HCV Rapid Antibody Testing Session

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- ◆ Increase a client's knowledge of hepatitis C
- ◆ If there is ongoing risk, increase a client's knowledge of his or her personal risk for contracting hepatitis C
- ◆ Help a client understand the benefits of getting tested and knowing test results
- ◆ Help a client prepare to receive test results
- ◆ Answer any questions about being tested
- ◆ Answer any questions about test results and next steps

## HCV Rapid Antibody Testing





# Waiting Period

You may choose to use the waiting period as an opportunity to provide the client with the information below about hepatitis C and the HCV rapid antibody test.

## Education about Hepatitis C

Depending on the time available, you may choose to provide the client with information about how hepatitis C is transmitted, prevention messages, information on the seriousness of the disease and possible long-term health effects, or to provide a brief explanation of the liver and how it can be damaged by hepatitis C.

For detailed information on hepatitis C, including the differences between hepatitis A, B, and C, please see the **Introduction and Background** section.

sample  
conversation



### Educate about hepatitis

*"Hepatitis" means inflammation of the liver. The liver is an important organ that processes food, cleans the blood, and fights germs. When the liver is inflamed, it doesn't work well. Hepatitis is most often caused by a virus. In the U.S. there are three common types of hepatitis – hepatitis A, hepatitis B, and hepatitis C.*

### Educate about HCV transmission

*The hepatitis C virus is transmitted, or spread, when blood from a person with the virus gets into the body of an uninfected person. The hepatitis C virus is very infectious, which means it passes easily from the blood of an infected person to the blood of an uninfected person.*

*There are several ways that HCV can be spread. Hepatitis C can be spread when a person who injects drugs comes into contact with surfaces, equipment, or objects that are contaminated with infected blood, even in amounts too small to see.*

*Hepatitis C can also be spread when tattoo, piercing, or cutting equipment is contaminated with the hepatitis C virus and used on another person. Although rare, hepatitis C can be spread through sex. Hepatitis C seems to be more easily spread through sex when a person also has HIV or an STD. People who have rough sex or numerous sex partners seem to get hepatitis C more often.*

*Although uncommon, outbreaks of hepatitis C have occurred from poor infection control in healthcare settings. Accidental needlesticks with blood from a person with HCV (for example, doctors, nurses, or emergency medical personnel). Babies born to mothers with hepatitis C can get infected during childbirth.*

### Educate about need for testing

*Hepatitis C can lead to serious liver disease. People with hepatitis C may not know they are infected, because they may not have any symptoms for many years. But liver damage could still be occurring.*

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## Promote the Benefits of Getting Tested

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You may wish to help your client understand the benefits of getting tested and knowing their HCV status. If the client understands the value of being tested, he or she may be more likely to return for test results and adhere to recommendations.

sample  
conversation



**If the client is  
reluctant to be  
tested:**

*There are many benefits to knowing your HCV status. Many people with hepatitis C are able to stay healthy and take care of themselves.*

*Some benefits to knowing your status may be:*

*If not infected:*

- ◆ *You can be assured that you do not have hepatitis C (unless you engaged in risky behavior during the last 6 months).*

*If Infected:*

- ◆ *You can start doing things to take care of your liver and prevent more damage.*
- ◆ *You can prevent transmitting the virus to others.*
- ◆ *You can go see a doctor to get medical care.*
- ◆ *You can find out if you have liver damage.*
- ◆ *You can find out if medical treatment is right for you.*



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## Inform About the HCV Rapid Antibody Test

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You may want to help the client understand the meaning of the term *antibodies* and how the immune system works to fight the hepatitis C virus.

sample  
conversation



### Describe testing

*Since people with hepatitis C usually don't have symptoms, they often don't know they have the infection. The only way to tell if you have hepatitis C is through blood tests. The test you are having today is called the hepatitis C antibody test. In this test, doctors are looking for antibodies to the hepatitis C virus in your blood.*

- ◆ *Your body makes antibodies to fight against any foreign invader, like the hepatitis C virus.*
- ◆ *Sometimes the antibodies can fight the hepatitis C virus and clear it, or get rid of it, from your body.*
- ◆ *But most of the time antibodies do not get rid of the virus and a chronic infection develops.*
- ◆ *Whether the virus is cleared or stays in the body, there will always be antibodies in the blood.*
- ◆ *The blood test checks for hepatitis C antibodies.*

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## Prepare the Client to Receive Test Results

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At this point, you may also want to explain the possible antibody test results. This may help your client prepare to receive the actual test results.

sample  
conversation



### Introduce client to potential test results

*Let me explain what the possible results might be.*

### A negative/nonreactive test result

*If you are told that your antibody test is negative, or nonreactive, it means no antibodies were found in your blood. This usually means that you don't have hepatitis C.*

### A positive/reactive test result

*If you are told that your antibody test is positive, or reactive, it means that antibodies to the hepatitis C virus were found in your blood, and you will need another kind of blood test that looks for the presence of the virus, in order to be sure you are infected.*

### Invite questions

*What questions do you have about the meaning of these results?*

# Antibody Negative/Nonreactive Result

## Disclose Test Results

Sometimes when a negative/nonreactive antibody test result is communicated, a client may experience such a sense of relief that he or she fails to hear other important messages that must be conveyed during the session. You should allow the client to express those feelings first.

sample  
conversation



### Provide result

*I have your test result.*

*The result of your test was negative/nonreactive. That means that you do not have antibodies to the hepatitis C virus and you are not infected.*

### A simple explanation of antibodies

*I want you to understand what your test results mean. Antibodies are a kind of protein/substance produced by your body's immune system when it detects harmful substances, like bacteria and viruses, like the hepatitis C virus. The test did not find any antibodies to the hepatitis C virus in your blood.*

If your client has recent or ongoing risk, you may wish to provide the client with additional information about their test result or discuss the issue of a “window” or “lag” period. Clients with ongoing risk behavior should be re-tested.

sample  
conversation



### Discussion of lag or window period

*I need to tell you that if you may have been exposed to hepatitis C recently, there is a still chance that you could have hepatitis C, even though no antibodies were found in your blood. It takes time, sometimes months, for the body to develop antibodies to hepatitis C.*

- ◆ *After a person gets infected with the hepatitis C virus, it can take 8 or 9 weeks until the body makes antibodies that can be measured by the HCV antibody test.*
- ◆ *Within 6 months after becoming infected, almost everyone has antibodies in their blood that can be measured by the hepatitis C antibody test.*

*If you have injected drugs, shared equipment, or been exposed to someone's blood in the last 6 months, it is possible that you got infected since then and the antibody test was not able to detect the antibodies. If so, it is a good idea to return for another test.*

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## Help Client Stay Hepatitis C Negative

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An important goal of the post-test session with a client who has just received a HCV negative/nonreactive antibody test result and who has ongoing risk factors is helping him or her understand ways to minimize the risk of becoming infected with HCV.

sample  
conversation



### Educate about how to avoid HCV

*Do not share needles, syringes, or any other equipment to prepare or inject drugs.*

*Wash hands before and after injecting.*

*Do not use personal items that may have been exposed to an infected person's blood, such as razors, nail clippers, toothbrushes.*

*Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.*

*Use of a latex condom if having sex with an infected person may decrease the risk of HCV infection, especially if you have HIV.*

### Invite questions

*Are there other ways for hepatitis C to be transmitted that you have heard about/are concerned about?*

### Educate about how HCV is not transmitted

*Hepatitis C is not spread by kissing; hugging; shaking hands; sharing food, glasses, or utensils; coughing; sneezing; mosquitos; or animals.*



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# Antibody Positive/Reactive Result

## Disclose Test Results

### ◆ HCV Antibodies Were Found

sample  
conversation



#### Disclose results

*I have your test result.*

*Your antibody test result is positive/reactive, which means that you have been infected with the hepatitis C virus at some point.*

*You will need to have an additional test to determine if you are currently infected. In some cases, someone who has been infected with hepatitis C can clear the virus, but that is not very common. This next test will determine if you are currently infected with hepatitis C or if you have cleared the virus.*

#### Ask questions

*What questions do you have for me?*

When first hearing the test result, the client may have a strong emotional reaction, or he/she may immediately want additional information. If the client is upset, providing new information may be inappropriate. Take a cue (nonverbal and verbal) from the client's reaction and expression. It is important not to rush the client from this initial disclosure to information about the next steps.

If the client is upset or scared about the antibody test result, it is important to convey a positive message of hope about hepatitis C, even if the test result has not been confirmed.

sample  
conversation



#### Convey a positive message

*I am glad you got the first test. That was an important step.*

*The next step is to get a second test to confirm whether you are currently infected with the hepatitis C virus.*

#### Provide positive reinforcement

*It is also important to remember that many people with hepatitis C remain healthy throughout their lives.*

- ◆ *Many people live with few or no symptoms.*
- ◆ *There is a lot that people with hepatitis C can do to keep themselves healthy – like avoiding alcohol, which can accelerate liver damage.*
- ◆ *Treatments are also improving, and there are options that can cure hepatitis C.*

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## Discuss Testing to Confirm Infection and Next Steps

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The next step in the testing process is testing for the genetic material (RNA) in the hepatitis C virus. Results of this test will confirm if the client has a current infection or if the client has cleared the virus and has antibodies from a past infection.

sample  
conversation



### Educate on confirmatory test

*Once someone is infected with the hepatitis C virus, there will always be antibodies in his/her blood. To determine if you are currently infected with the hepatitis C virus, a second test is needed.*

*The second test, called an RNA test, looks for the presence of the hepatitis C virus. When the second test is positive, this means a person is currently infected and has the virus, not just antibodies, in his or her blood.*

*While there is a small chance you could have cleared the infection, this is not very common and chances are that you are currently infected. Nearly 8 in 10 people remain infected.*

*Until you get the results from the RNA test, you may want to act as if you have hepatitis C. Make sure no one comes in contact with your blood. Do not share any personal items that could have blood on them, including razors and toothbrushes, and do not share needles, syringes, or any other equipment to inject drugs, steroids, or cosmetics.*

*What questions do you have for me about the confirmatory RNA test?*



It is important that the client see the value in following up with the confirmatory RNA test. You may wish to identify potential barriers to follow-up and help the client identify solutions. Allow the client the opportunity to express fears about knowing the test results. How much of a concern is this for your client? For some clients, it might help to talk about them. You should assess your client's level of technical comprehension: Will your client understand and desire information about confirmatory testing? Which terms are appropriate to use?

sample  
conversation



**Promote the benefits  
of the confirmatory  
test:**

*Some benefits to knowing your status may be:*

*If not infected:*

- ◆ *You can be assured that you do not have a current hepatitis C infection (unless you had risky behavior during the last 6 months)*

*If Infected:*

- ◆ *You can go see a doctor as soon as possible.*
- ◆ *You can find out if you have liver damage.*
- ◆ *You can find out if medical treatment is right for you.*
- ◆ *You can start doing things for yourself to take care of your liver and prevent more damage.*
- ◆ *You can prevent the spread of the virus to others*

**Discuss follow-up**

*How confident are you that you will go for your confirmatory test?*

*Do you have family or friends to talk to about this?*

*What are some things in your life that might make it a problem for you to get your results?*

**Help generate  
solutions**

*Let's talk about what we can do to make it easier for you to get the confirmatory test.*



Provide tips on what the client can do while waiting for the confirmatory test. Until the results of the second follow-up test, you can offer the following advice:

- ◆ Consider getting vaccinated against hepatitis A and hepatitis B. (Where can the client go for this?)
- ◆ Don't share personal things that could have infected blood on them (toothbrushes, razors).
- ◆ Don't donate blood.
- ◆ Don't share needles, syringes, equipment for injecting drugs.

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## Daily Living While Waiting for the RNA Test

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Clients should understand that they will not know if they are currently infected until the results of the RNA test confirm infection. The main message for clients with only an HCV antibody positive/reactive test result is that they need to get the confirmatory test done.

However, it is prudent to tell clients that until they get the results from the test that confirms infection, they should behave "as if" they are infected with hepatitis C. An important consideration is how likely your clients are to return for confirmatory results and if there are resources in your community to support the client in getting the confirmatory test.

You may want to review key prevention points with all of your HCV antibody-positive clients, in the event that they do not hear it from another counselor or are never able to see a healthcare provider.

A fact sheet or brochure can also be given to supplement individual counseling. In the interest of time, the counselor may choose to review the key messages.

## sample conversation



### Personalize the discussion

*Let's talk about what it means for your day-to-day life now that you have a positive/reactive antibody test.*

### Reassure client

*You may have some questions about how hepatitis C can be transmitted. Since this is a blood-borne infection,*

- ◆ *HCV is not spread by sneezing, hugging, holding hands, coughing, sharing eating utensils or drinking glasses, or through food or water.*
- ◆ *You can cook and eat together with your family.*
- ◆ *However, sharing personal items that might have blood on them, such as toothbrushes or razors, can pose a risk to others.*
- ◆ *Cover any wounds or open sores that cause you to bleed so that no one can come in contact with your blood.*

### Discuss contact with blood

*In case you are infected, you should be careful about preventing exposure to others, especially any friends or family with whom you live – keep items to yourself that might have your blood on them, like toothbrushes or razors.*

*If you get a cut or sore that causes you to bleed, be sure to keep it covered with a bandage so no one can come in contact with your blood.*

### Discuss sex

*While the hepatitis C virus can be passed during sex, it is uncommon. If you have one, long-term, steady sexual partner, the chance is very low that you will give hepatitis C to that person through sexual activity.*

*However, having multiple sex partners, or HIV, or engaging in rough or anal sex have been shown to increase the risk of transmitting the virus.*



*Although there are no research studies showing that condoms are effective in preventing sexual transmission of hepatitis C, anyone with multiple sex partners should use condoms to protect against other STDs and HIV.*

*Do you have any other concerns about spreading hepatitis C to your spouse/partner?*

## Alcohol Education

Messages to decrease alcohol use should be provided to anyone diagnosed with hepatitis C, since alcohol can increase the speed of liver damage. It is important to educate clients about the interaction of HCV infection and alcohol on liver disease.

Alcohol screening and brief interventions (SBI) can reduce the number of drinks consumed per week and episodes of binge drinking. SBI includes screening patients for excessive alcohol consumption, brief counseling for those who screen positive, and referral to specialized alcohol treatment for patients with

possible alcohol dependence. The brief intervention is also an opportunity to communicate the HCV-associated risks posed by alcohol consumption and provide options for behavioral change. The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults in primary-care settings.

You may have limited time available to counsel clients on alcohol reduction and abstinence, but this is one of the most important behavior changes your client can make.



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"This course was developed from the public domain document: A Guide to Comprehensive Hepatitis C Counseling and Testing – National Center for HIV & AIDS, Viral Hepatitis, STD & TB Prevention, Center for Disease and Control (CDC)."