Section 5: HCV test counselling in the context of limited access to PCR

Médecins du Monde
Training “Hepatitis C and HR for PWUD”, 26th-30th Sept. 2016, Dar es Salam, Tanzania
Learning objective of the session:
Understanding the objective of HCV test counselling
Applying a range of steps to provide hepatitis C test counselling
The “5 Cs”

WHO has defined five key components for HIV testing services. They do apply as well for viral hepatitis testing.

These components are:

» Consent
» Confidentiality
» Counselling
» Correct test results
» Connection/linkage to prevention, care and treatment.
Pre-test counselling

The objective of pre-test counselling for HCV is to allow the client to understand the main benefits and risks of testing for HCV and to take an informed decision.

Key steps:

1. Establish a trusting relationship by dialogue and exchange

2. Explain HCV with simple words, starting from what the client already knows and using images/metaphors

3. Explain possible test results: the antibody test will allow you to know if you have been in contact with the virus but not if you are currently infected

4. The test can be postponed or reconsidered by the client or the counsellor (balance benefits and risk of HCV test)
Post-test counselling is...

- **NECESSARY**: must accompany all HCV testing services
- **APPROPRIATE**: based on the specific test result and HCV status reported
- **TAKES TIME**: a good post-test individual counselling process takes time, especially if you have tested for different pathologies

Make sure you have enough time to explain the test results in detail. Calculate at least 15 minutes per tested disease, especially for people who are being tested for the first time.

Ideally, testing and counselling shouldn’t be done for more than 2 diseases at once.
Scenario 1: the person has a negative RDT/antibody test

1. Explain the result: you haven’t been in contact with the virus in the past.
   - If the person has taken risks during the last 3 months, **recommend to do the test again in 3 months** (**window period**).
   - Take into consideration that if the client is has a suppressed immune system (e.g. HIV positive clients), the anti-body test might give a false negative result.
   - Warmly recommend to **get tested at least once a year**

2. Prevent infection:
   - Discuss with the client his/her practice (drug use, tattoos, piercings) and provide adapted prevention messages.
   - Consider OST if available
Scenario 2: the person has a positive RDT/antibody test

1. Explain the test result. Explain what is chronic infection and fibrosis.
   - Explain what Antibody + means
   - Explain that only RNA + can confirm chronic infection.
   - Warmly recommend to get tested at least once a year

2. Recommend further test and medical care

3. Prevent transmission

4. Prevent liver damage:
   - assess alcohol use
   - recommend HIV and HBV testing (and HBV vaccination).
   - assess drugs intake
     
     • Some drugs harm liver functions, therefore mention to any of your doctors that you had a positive antibody test for hepatitis C, if currently under HIV or TB treatment advise the doctor
For more information consult MdM HCV test counselling recommendations

HEPATITIS C TEST COUNSELLING RECOMMENDATIONS

In condition of limited access to PCR and/or treatment

S2AP 2015
Videos on HCV test counselling

MdM-F has developed a set of 4 pedagogical video on HCV test counselling in the context of limited access to PCR/viral load test. They can be used as training material:

Video 1 : pre-test counselling part 1 : What is counselling? What is hepatitis C?
-> https://www.youtube.com/watch?v=0mMONkroqSE

Video 2 : pre-test counselling part 2 : What is hepatitis C testing?
-> https://www.youtube.com/watch?v=-a9iZoVaRxE

Video 3 : post-test counselling part 1 : How to announce a negative HCV test result?
-> https://www.youtube.com/watch?v=Qli7tNMS5kk

Video 4 : post-test counselling part 2 : How to announce a positive HCV test result?
-> https://www.youtube.com/watch?v=QN1cE5nDK84
## Facilitation tips (1/2)

In order to make this session more interactive you can provide the following table to participants (or to groups of participants).

<table>
<thead>
<tr>
<th>Key elements of <strong>pre-test counselling</strong></th>
<th>Key elements of <strong>post-test counselling</strong> (in case of HCV positive test result)</th>
<th>Key elements of <strong>post-test counselling</strong> (in case of HCV negative test result)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common elements :</td>
<td>Specific elements :</td>
<td>Specific elements :</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Facilitation tips (2/2)

1. Ask participants to fill the first column. Screen the two first MdM videos on HCV test counselling:
   - Video 1: https://www.youtube.com/watch?v=0mM0NkroqSE
   - Video 2: https://www.youtube.com/watch?v=-a9iZoVaRxE
   After screening the video ask participants to list the key elements of HCV pre-test counselling (write down answers on a paperboard before showing the slides)

2. Ask participants to fill the rest of the table. Screen the two last MdM videos on HCV test counselling:
   - Video 3: https://www.youtube.com/watch?v=Qli7tNMS5kk
   - Video 4: https://www.youtube.com/watch?v=QN1cE5nDK84
   After screening the video ask participants to list the key elements of HCV post-test counselling (write down answers on a paperboard before showing the slides)
Exercise: role-plays

Ask participants to « play » the following scenarios of counselling situations. After the play, facilitate a collective discussion and feed-back of the counselling. The objective of this exercise is to reflect collectively on challenging counselling situations and on how to best address them.

NB: below are some examples of scenarios that can be used for role-plays but any scenarios can be built on local/program experienced situations

>> Scenario 1

Pre-test counseling for HCV antibody test: the client feels uncomfortable to perform the test because he is afraid of rejection from the community when HCV positive. Moreover, he is also afraid confidentiality.

Information to provide to counsellor: pre-test counselling for HCV antibody
Scenario 2: Post-test counseling for HCV antibody negative result: The patient is active user, and he comes to the DIC because he wants to take MMT. He is not using other drugs. But he does not care about HCV infection.

Information to provide to counsellor: post-test counselling for HCV antibody, negative result. Client is active user.

Scenario 3: Post-test counseling for HCV antibody positive result. The client is high, he has difficulties to understand the test result, and he is confusing hepatitis C, hepatitis B and HIV.

Information to provide to counsellor: post-test counselling for HCV antibody, positive result.

Scenario 4: Post-test counseling for HCV antibody positive result. The client doesn’t want to do confirmatory test because he has no symptoms.

Information to provide to counsellor: post-test counselling for HCV antibody, positive result.
Scenario 5
Post-test counseling for HCV antibody, negative result
The patient has been tested positive for HIV last year. He is injecting many times a day. He is in a bad shape, recently one of the family member died. He does not meet MdM often, he is sometimes sharing needle with his peers.

Information to provide to counsellor: post-test counselling for HCV antibody, negative result. Client is active user. He has been tested positive for HIV last year. He is not meeting MdM team often.

Scenario 6
Post-test counseling for HCV antibody negative result
The patient is active user, he does not share needles but he re-uses his own syringe and needles. Sometimes he buys drugs with friends and they water to mix heroin.

Information to provide to counsellor: post-test counselling for HCV antibody, negative result. Client is active user.
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