Hepatitis B, C and HIV testing: Towards best practice

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Strategies, policies and best practice

Eliminate HIV and hepatitis B, C as public health priorities

- Diagnosing 90% of all people living with chronic hepatitis B/ C, 95% of HIV
- Link to support, care and treatment
- Eliminate HIV, hepatitis C and hepatitis B stigma
- National testing policies: NEW basis for proficiency/ competency
- BBV Best practice consultation: Normalise and upscale testing



Stigma-sensitive practice

- Stigma-sensitive practice involves health practitioners acknowledging that stigma may significantly impact on people's experiences of being tested for BBVs.
- It involves consciously creating an environment where clients feel safe, where cultural context and identity are respected, and where confidentiality and privacy is maintained and preserved to the highest possible degree.
- Managing own judgements and belief systems



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Language, assumptions and stigma

- Consider terms that challenge stigma and encourage open discussion
- Talking about drug use (not drug abuse/ addiction, not all injecting is problematic)
- Never assume a sexual partner is of the opposite sex





Pre test discussion **Gaining informed consent**

☑ Confidentiality and notification

Open - ended questions

✓ Informed consent

"Have you ever been tested before? How was that?"

✓ Testing history

"These viruses are passed on through blood via \dots (state activities)".

☑ Health literacy

"What do you know about HIV, hepatitis B and/ or C?"

☑ Basic information about BBVs

(health literacy, BBV information)

☑ Stigma-sensitive discussion

about risk & transmission

"We can either discuss your reason for testing and any specific concerns you have, or I can just go through the basic information about HIV and the testing process

☑ Implications of positive result

without needing to talk about your personal situation." (Stigma sensitive)

and supports

"When was the last time you had to share injecting

equipment?" (Stigma sensitive)

✓ Process of delivering the result

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Window period for blood tests

Test	Window period
HIV combined antibody/ antigen test (4 th generation test)	Up to 6 weeks
Hepatitis C antibody test Hepatitis C PCR test	Up to 3 months Up to 3 weeks
Hepatitis B surface antigen	Up to 3 months

- A blind spot on the test: A person may test negative despite having virus and being
- Period of time from when the virus enters the body and when the it is detectable by the

"If the test we do today is positive, that means that you have hepatitis C antibodies."

"A positive result for antibodies does not mean you have a current infection. A further test, looking for the virus itself is needed to confirm if you have a current infection."



Post test discussion | Conveying the result

Negative

- ☑ Give result and allow response
- ☑ Check window period, need for further testing
- ☑ Partners and contacts

Positive

- ✓ In person or over the phone?
- **☑** Prepare
- ✓ Immediate needs on the day of diagnosis
- ☑ Information about transmission and prevention
- ✓ Support, disclosure and contact tracing
- ✓ Follow up appointment



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Resources

- National HIV, hepatitis C and hepatitis B testing policies
- Decision-making charts
- HIV, viral hepatitis & STIs: A guide for primary care providers

www.ashm.org.au/resources

 HIV and hepatitis pre and post test discussion in Victoria: Consultation report (November 2017) <u>HIV and hepatitis</u> pre and post test discussion in Victoria (PDF File 1.4 MB)

