INITIATING HEPATITIS B TESTING

Hepatitis B testing is a normal part of preventive health care. More than 218 000 Australians have chronic hepatitis B (CHB). In 2017, 37% were undiagnosed and 73% were not in care. 15–25% of people with CHB not in care will die from CHB-related complications.

Routine screening is recommended for people born in high prevalence regions. Of Australians living with CHB, 38% were born in Asia Pacific, 10% born in Europe, 7% born in Africa and the Middle East. Nine percent are of Aboriginal and Torres Strait Islander descent.





| TESTING CHECKLIST | PRACTICE TIPS | TALKING TESTING |
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| Good medical practice Effective communication | Offer an interpreter to people even if they have good conversational English, as this discussion may be unfamiliar and complex. If possible, brief the interpreter on terminology, and discuss which words or concepts might support the client's understanding. | Hepatitis B is very common in most parts of the world. There are many people in Australia who have hepatitis B but do not know it. Would you like to know more about hepatitis B testing? |
| Culturally safe and sensitive practice | Seek to understand more than just people's cultural background and preferred language. Consider how people's experiences, behaviours, and beliefs, may impact on their understanding of hepatitis B and the experience of being tested. | Which language do you prefer to speak when using this service? |
| | Bilingual written information is helpful. (www.healthtranslations.vic.gov.au) | |
| Confidentiality | Explain clearly how your service manages health records and privacy. | If any results are positive, some details are sent to the health department for public health purposes, including name and address. Information is kept securely within the health department. Is that OK? |
| Notification | De-identified testing can be offered if patients have concerns about their name being associated with a hepatitis B test (for example, people from small communities, or with concerns about visa status). | |
| Testing history | Ask about the patient's history of testing and vaccination. This helps to identify hepatitis B status as well as health literacy. | Have you ever been tested for hepatitis B? Have you been vaccinated against hepatitis B? Is there a family history of liver sickness/problems? |
| Basic information about the hepatitis B test | People can choose whether they want to be tested. The test is free with a Medicare card. | The blood test for hepatitis B shows if someone has it or not. If they do, it's called a positive result. If a person does not have hepatitis B, the test can tell if they have ever had it, or if they have been vaccinated. |
| Basic information about hepatitis B | Building rapport is more important than providing detailed information. | What is your understanding of hepatitis B? |
| | Use open ended questions and support patient health literacy. | What does hepatitis B mean in your community? |
| □ Health literacy | Consider providing some specific prevalence information, such as in many Asia-Pacific countries more than 1 in 10 people have hepatitis B. | Hepatitis B is an infection in the liver. Hepatitis B can cause serious liver problems including liver cancer. These problems can often be avoided with regular check-ups and treatment if needed. Most people with hepatitis B got it at birth or as small children, and often other people in the family have it too. Vaccination can protect people who don't have it. |

TALKING TESTING

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| Stigma sensitive discussion about risk and transmission | Discussions about hepatitis B may be embarrassing or difficult for some patients due to stigma and shame, specific cultural beliefs, or fear of being isolated from friends or family. Take care when discussing the familial and interpersonal aspects of transmission. Direct questioning about practices associated with transmission (eg unprotected sex, sharing injecting equipment) is not required for testing and may cause discomfort for patients and providers. Briefly explain transmission and then invite questions. | Babies often get hepatitis B at birth if their mother has hepatitis B. Hepatitis B is passed on in blood and sexual fluids so it can be passed on through having sex without a condom with someone who has hepatitis B, or if their blood gets into your blood. Hepatitis B can not be passed on from hugging or sharing food. Would you like us to talk a bit more about how hepatitis B is passed on? |
| Patient is prepared for the test result | Explain when and how the results will be given. If results will not be given in person discuss where to get further information or who to contact in the event of a positive result. If appropriate, refer to Hepatitis Australia National Infoline 1800 437 222 for details of local peer support, information and support services. | If this test shows that you have hepatitis B it's important to know that 6 monthly check-ups, and medicines for some people, can stop you from getting sick. There are also community- based support services. People with hepatitis B can choose who they tell. For people born with hepatitis B, it could mean there are others in their family who also have hepatitis B. |
| Informed consent | Assess whether the patient has understood the information, the benefits of testing, and the possible implications. A lack of informed consent prior to testing is likely to increase the shock and distress of a positive result, and may negatively impact engagement with care. | Do you have any questions or anything you'd like to talk more about? Do you want to have the hepatitis B test? It's your choice. |

This resource is derived from findings from the following report: Jen Johnson and Emily Lenton (2017). HIV and hepatitis pre and post test discussion in Victoria Consultation report. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. https://www.latrobe.edu.au/__data/assets/pdf_file/0011/972236/Talking-Testing-Hepatitis-B.pdf