

TALKING TESTING: BEST PRACTICE IN HEPATITIS B AND HEPATITIS C PRE AND POST TEST DISCUSSION

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Background: Health care providers' capacity to initiate and normalise discussions about diagnostic testing significantly impacts hepatitis B (HBV) and hepatitis C (HCV) treatment and care cascades. This Victorian project aimed to describe the components of quality HBV and HCV testing encounters in the era of elimination.

Methods: Data were collected from interviews and focus groups (n=40) with clinical and community-based testing providers, plus key informants from community-based, research, policy, and workforce education settings. Inductive, thematic analysis was undertaken to identify how best practice in hepatitis testing discussion was defined in real world testing settings.

Results: Normalised provider-initiated HBV test discussions should emphasise prevalence in the patient's community or country of origin, and de-emphasise sexual and injecting risk factors associated with transmission. Newly diagnosed people need culturally appropriate support to build their understanding of transmission, and to integrate the key concept of asymptomatic disease. Discussions should consider the cultural and individual meanings of chronic HBV, and support people to control the method and timing of family testing and contact tracing.

The availability of curative HCV treatments substantially contributes to the normalising of HCV testing, however cure does not necessarily eliminate stigma from the testing experience nor mitigate the impact of a new diagnosis. Stigma sensitive communication approaches, along with patient-led discussions about risk and prevention, are important for increasing quality provider-initiated HCV testing and improving pathways into care for people who inject.

Conclusion: Health care providers do not need to possess expert knowledge in HBV or HCV epidemiology, risk assessment, prevention or management in order to initiate testing conversations as a component of general health care. Initiatives which improve provider awareness of the impact of stigma on the experience of testing and diagnosis will contribute significantly to improving HBV and HCV care cascades.

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