

# **Hep C & You: A Users Guide to the Latest Information**

*Treatment, Testing and Much More*

## **Facilitator Guide**

## **Acknowledgements**

AIVL thanks the Australasian Society of HIV, Hepatitis and Sexual Health Medicine (ASHM), The Kirby Institute, Gilead Sciences and AbbVie Australia for support and guidance in developing this module. Additional thanks go to Gilead Sciences for enabling the rollout of the training.

## INTRODUCTION

### How to use this facilitator guide

This facilitator guide provides all the information that a facilitator will need to lead participants through a basic introduction to hepatitis C using the *Hep C & You* modules. Facilitators are encouraged to adapt the material to their style of facilitation and to the needs of the audience – some participant groups may move through the material quickly, some may need a little longer.

You should read this guide before facilitating your first group session. It covers the topics in the *Hep C & You* modules in more detail to help you answer questions from participants. It is a good idea to bring this guide with you to the education sessions so that you can look up this information if needed.

The *Hep C & You* modules are written for an audience with little or no understanding of hepatitis C and aim to give a basic understanding of the virus and empower participants to know how to prevent transmission, seek a hepatitis C test, begin hepatitis C treatment and prevent re-infection after treatment ends. They also cover the impact of hepatitis on the liver and ways participants can keep their liver healthy.

AIVL prioritises the principle of peer education and encourages these modules to be delivered by people with lived experience of injecting drug use and hepatitis C to ensure that information can be presented in a way that resonates with people who inject or have injected drugs. However, AIVL acknowledges that it may not always be possible for training sessions to be delivered by a person with lived experience. Therefore, this guide also includes extensive information about issues relevant to people who inject drugs which enables these modules to be presented by a person without lived experience of injecting drug use or hepatitis C.

It is also important to note that many of the figures and processes relating to hepatitis C have been written in the Australian context. AIVL encourages facilitators from other countries to use this guide and the training modules and adapt them for their local conditions and context.

## **Hep C & You education modules: An overview**

The injecting drug user community is the community most affected by the hepatitis C epidemic and the *Hep C & You* modules are designed to provide a basic overview of liver health and hepatitis C for people living with or at risk of hepatitis C transmission.

This module has been written and developed by people with lived experience of hepatitis C and hepatitis C treatment and provides insights and information unique to this community.

### **Module structure**

There are three modules. The topics/learning objectives included in each module are:

#### **Module 1: Liver Health**

- Why your liver is important
- What causes liver disease
- How you can test the health of your liver
- What you can do keep your liver healthy

#### **Module 2: Hepatitis C Testing**

- What is hepatitis C and how you get it
- How you can protect yourself from hepatitis C
- What tests you should get for hepatitis C

#### **Module 3: Hepatitis C Treatment**

- How is hepatitis C treated now
- What you should expect on treatment
- What the benefits are of getting treated
- How you can protect yourself from re-infection

Each module concludes with summary and activity components.

### **Additions, corrections and suggestions**

If you have delivered the *Hep C & You* modules and have suggestions about additional content, how the modules can be improved or any errors contained within, please send your thoughts to the Australian Injecting and Illicit Drug Users League at [info@aivl.org.au](mailto:info@aivl.org.au).

## FIRST SESSION – MODULE 1: LIVER HEALTH

<b>Session Overview</b>	
Title	Module 1: Hepatitis and your liver
Format	PowerPoint presentation and activity
Level	Basic
Participants	All participants are peers with some lived experience of illicit drug use All participants should be able to speak English
Materials	<ul style="list-style-type: none"> <li>• Pre-session survey (Appendix 1)</li> <li>• Facilitator guide</li> <li>• PowerPoint slides (e-copy and/or print outs)</li> <li>• Computer and data projector</li> <li>• Pencils/pens</li> <li>• Notepads</li> <li>• Post-session survey (Appendix 2)</li> </ul>
Learning objectives	<ul style="list-style-type: none"> <li>• Why your liver is important</li> <li>• What causes liver disease</li> <li>• How you can test the health of your liver</li> <li>• What you can do keep your liver healthy</li> </ul>
<b>Session Structure</b>	
Task	<ul style="list-style-type: none"> <li>• Arrive and set-up before participants</li> <li>• Welcome group and introductions</li> <li>• Pre-session evaluation form</li> <li>• Module topics: <ul style="list-style-type: none"> <li>○ Where is the liver and what does it do?</li> <li>○ What is liver disease?</li> <li>○ What are the tests for liver disease?</li> <li>○ How to keep your liver healthy</li> <li>○ Summary</li> <li>○ Teach back activity</li> </ul> </li> </ul>
<b>Session Preparation</b>	
<i>Before the session remember to</i>	<ol style="list-style-type: none"> <li>1. Print and bring copies of: <ul style="list-style-type: none"> <li>○ Pre-session evaluation form at Appendix 1</li> <li>○ Post-session evaluation form at Appendix 2</li> <li>○ Module slides (copies for participants)</li> <li>○ Any other material you want to provide, like AIVL's Safer Injecting Guide</li> <li>○ This facilitator guide</li> </ul> </li> <li>2. Make sure you have an electronic copy or your own print out of the module slides</li> <li>3. Bring pencils/pens and notepads so that participants can take notes and complete surveys</li> </ol>

## **Topic 1: Introduction**

**Slide Numbers:** 1-4

**Learning outcome:** Participants orientated to the program, module and topics

### **Facilitator notes**

This education program focuses on hepatitis and how the liver is affected

Viral hepatitis is one of the most common viruses across the world

There are five unique types of viral hepatitis – A, B, C, D and E (D and E are very uncommon in Australia. They are most common in developing countries).

Viral hepatitis causes inflammation of the liver which can stop the liver working properly. In some cases, this can lead to liver cancer.

This module focuses on hepatitis C as this is the type of hepatitis that is most common amongst people who inject drugs in Australia and worldwide

Across the world, between 130-150 million people live with chronic hepatitis C virus, meaning that they have lived with the virus for six months or more

The illegal status of drug use across world has created an environment where the tools for preventing the spread of hepatitis C and maintaining good health more broadly, are largely unavailable to people who inject drugs in the majority of countries (UNODC)

In Australia, there are about 230,000 Australians are known to be living with hepatitis C and there are around 5,400 new infections annually, with about 90% of these from people sharing injecting equipment.

New hepatitis C treatments provide a new environment for drug user organisations to promote hepatitis C information widely and encourage treatment uptake and support, and these training modules support this environment

This module is designed to help explain the role of the liver in the body.

Learning objectives for this module are for participants to know:

- Why your liver is important
- What causes liver disease
- How you can test the health of your liver
- What you can do keep your liver healthy

### **Housekeeping**

Where are the toilets?

What are the rules for the group? (e.g. drug use, where equipment can be accessed or disposed)

How long will the session run?

When are the cigarette breaks?

Confidentiality – remind participants that everything that is said is confidential and should not be repeated outside the group

Introduction activity to help participants get to know each other – this can help build relationships and networks for sharing information later on

### **Evaluation**

- Before moving to the next topic, distribute the pre-session evaluation forms and ask participants to complete them. These are provided at Appendix 1. You may ask participants to complete the pre-session evaluation questions for all three modules, or just Module 1.
- As the forms are handed back, briefly review the answers as this will give some idea of the existing level of knowledge within the group, and which topics might need to be more heavily emphasised and explored.

#### **Further information and resources**

- It's a good idea to include some data on how many people live with hepatitis in your country. The World Health Organisation's *Global Health Sector Strategy on Viral Hepatitis 2016-2021* is a good place to start [<http://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/>]. Your national or local government may also have data.

## **Topic 2: Where is the liver and what does it do?**

**Slide Number:** 5-7

**Learning outcome:** Participants know what the liver is, its location and its role in the body

**Facilitator notes:**

*Slide 5 – Introduction activity*

- Introduction activity: what do you know about the liver?
  - Facilitator asks question to participants as group and encourages discussion. Record the responses on a flipchart, butchers paper or whatever you have available
  - There is no need for the facilitator to provide correct answers where participants provide incorrect ones – the aim is to gauge current understanding of the liver

*Slide 6 – Where is the liver and what does it do?*

- *Location:* The liver is in the upper right hand corner of the abdomen, where it takes up most of the space under the ribs, and also extends a little under the left ribs. It has two major parts – the larger right lobe and a connected smaller left lobe. The gall bladder is tucked in behind the liver. The liver is the largest solid organ in your body. In adults the liver weighs around 1.6kg. A healthy liver is smooth and firm to the touch.
- *Function:* You would not be able to live without your liver. People with very severe liver disease are sometimes given a liver transplant. Blood coming from the digestive organs (like the stomach) flows through a large vein to the liver, carrying nutrients from food, medication and also toxic substances. It also processes the drugs you use and is essential to assimilation and enjoyment of your drug of choice. Once everything reaches the liver, these substances are processed, stored, altered, detoxified, and passed back into the blood or released into the bowel to be eliminated. In this way the liver cleans the blood of toxins, breaks down the food you eat so that your body can use it for energy, stores vitamins and minerals, and builds protein. These proteins are important for many body functions like blood clotting which stops bleeding when you cut yourself or you inject drugs. The liver also removes alcohol from your blood and gets rid of waste products from the breakdown of medications.

*Slide 7 - Scenario – the liver*

Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** You've got a friend who asks why he/she should care about his/her liver.

What would you tell your friend? Think about what the liver does for your body.

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings

### Topic 3: Liver disease

Slide Number: 8-9

**Learning outcome:** Participants understand what liver damage is and how it is caused

*Slide 8 – What is liver disease? Healthy vs diseased liver*

- The three pictures show:
  - A healthy liver
  - A liver affected by fibrosis (liver fibrosis occurs when the healthy tissue of your liver becomes scarred and therefore cannot work as well)
  - A liver affected by cirrhosis (severe scarring)
- Progression of liver disease from a healthy liver to cirrhosis or cancer usually occurs quite slowly, over a number of years.
- A damaged liver is unable to perform its functions properly. The symptoms of liver disease some people experience are:
  - Nausea (feeling sick)
  - Vomiting
  - Yellow skin (jaundice)
  - Weakness and fatigue or tiredness
  - Weight loss

*Slide 9 – What causes liver disease?*

- Major causes of liver disease are:
  - Heavy alcohol intake
  - Fatty liver (build-up of fat in the liver)
  - Some medications
  - **Hepatitis**
- If you have liver disease, things that can make it worse are:
  - Obesity
  - Older age
  - Co-infection with HIV. If you have hepatitis C you can also have HIV at the same time.
  - Co-infection with different types of viral hepatitis (A, B, C, D or E).
  - Continued alcohol intake

#### Topic 4: What are the tests for liver disease?

**Learning outcome:** Participants can describe the tests for liver damage

**Slide Number:** 10-12

*Slide 10 – What are the tests for liver disease? Liver function tests (LFTs)*

- If you have any of these risk factors, especially hepatitis, it's important to know if you have any liver damage and how much.
- If you've ever injected drugs, you should also get tested to know if you have any liver damage
- If your liver is damaged it won't be working or functioning properly
- The first step is to get a Liver Function Test to see how well your liver is functioning. This test gives an indication if the liver is not working properly by looking for the enzymes in the blood that the liver releases when it is impaired
- Liver Function Tests (LFTs) are blood tests
- LFTs look for certain chemicals called liver enzymes in the blood
- High levels of enzymes tell your doctor that your liver may be damaged. Liver enzyme tests include ALT (Alanine transaminase) and AST (Aspartate transaminase).

*Slide 11 – What are the tests for liver disease? Tests for liver scarring (fibrosis)*

- If your liver function is compromised, there are two options for testing how much damage you have: a fibroscan and APRI test
- The good news is that there is no longer any need for liver biopsies. Biopsies were used in the past and involved a small needle inserted into the liver to collect a tissue sample for testing.
- Currently, there are two options for liver disease tests:
  1. Fibroscan
    - A fibroscan is a pain-free test, similar to an ultrasound
    - A fibroscan tests the stiffness of your liver. The stiffer the liver, the more damaged it is.
    - The greater the stiffness of your liver, the greater the severity of scarring
    - You receive the result of the test immediately. This is a score which indicates how stiff or scarred (damaged) the liver is.
      - A score of less than 7.5 means there is no damage and the liver is normal.
      - A score between 7.5 and 12.4 means the liver is a little stiff. This is called fibrosis.
      - A score of more than 12.5 means that the liver is scarred, or cirrhosis is present.
  2. APRI test
    - APRI stands for Aspartate Aminotransferase to Platelet Ratio Index
    - It is a simple blood test
    - The test produces an APRI Score which can tell how much scarring is on your liver

- The type of test that you have will depend on the type of equipment that your doctor or nurse has available. Not every clinic will have access to a Fibroscan machine.
- The good news is that the liver has the ability to repair. So if you find out you have some liver scarring (cirrhosis) or damage caused hepatitis C for example, this can be significantly improved by hepatitis C treatment

### **Additional Material**

- The 'Liver Life' project explains the Fibroscan in more detail with photos. See the Liver Life website here: [<http://www.liverlife.org.au/?section=fibroscan>]

### *Slide 12 – Scenario*

Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** You've got a friend who is worried their liver is damaged.

- How would you describe why a healthy liver is important to your friend?
- How would you describe the test to check for liver damage? How can you get a test done in this particular centre?
- What would you recommend your friend does?

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings

### **Topic 5: How to keep your liver healthy**

**Learning outcome:** Participants can identify ways in which they can keep their liver healthy

**Slide Number:** 13

- You can take steps to keep your liver healthy, whether or not you have existing liver disease.
- You can:
  - Limit alcohol, especially if you already have liver scarring. Heavy alcohol intake will make liver damage worse
  - Eat a healthy, well-balanced diet with plenty of vegetables and fruit and that is low in sugar, salt and fat can help your liver function better
  - Take regular exercise like going for a walk
  - Be careful using drugs like benzodiazepines. An impaired liver can make it easier to overdose as the drugs can't be processed as quickly
  - Ask your doctor or nurse about testing for hepatitis

**Activity suggestion:** Break people into small groups (or keep as a large group if appropriate) and ask people to think about the suggestions on this slide and what they can do to adapt them into their lives.

Example:

- Eating healthy on a limited budget – does the local drug user group offer free fruit or healthy breakfasts?
- Exercise – walk to the next bus stop along the line

## **Topic 6: Summary**

### **Slide Number: 14**

- The liver is important for filtering and removing toxins from the blood
- Heavy alcohol intake and hepatitis infection can damage the liver. This can lead to liver cirrhosis or scarring over time.
- A fibroscan is a quick, painless test that shows if the liver is damaged.
- You may not need a fibroscan – often doctors can tell the health of your liver from a blood test
- Treat your liver with as much care as possible and get tested for hepatitis at regular intervals

## **Topic 7: Activity**

### **Slide Number: 15**

- Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** What do you recommend that a friend do to:

- Find out more about liver health
- Keep their liver healthy

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings

## **Evaluation**

- Post-session evaluation forms should be distributed and completed after the Teach Back activity. Remember – you can complete the relevant questions after each section of the module, or wait until the end of the entire module and ask participants to complete them all in one go
- These forms can be found at Appendix 1
- Answers to each questions can be found at Appendix 2

## SECOND SESSION – MODULE 2: HEPATITIS C TESTING

<b>Session Overview</b>	
Title	Module 2: Hepatitis C Testing
Format	PowerPoint presentation and activity
Level	Basic
Participants	All participants are peers with some lived experience of illicit drug use All participants should be able to speak English
Materials	<ul style="list-style-type: none"> <li>• Pre-session survey (Appendix 1)</li> <li>• Facilitator guide</li> <li>• PowerPoint slides (e-copy and/or print outs)</li> <li>• Computer and data projector</li> <li>• Pencils/pens</li> <li>• Notepads</li> <li>• Post-session survey (Appendix 1)</li> </ul>
Learning objectives	<ul style="list-style-type: none"> <li>• What is hepatitis C and how you get it</li> <li>• How you can protect yourself from hepatitis C</li> <li>• What tests you should get for hepatitis C</li> </ul>
<b>Session Structure</b>	
Task	<ul style="list-style-type: none"> <li>• Arrive and set-up for start time</li> <li>• Welcome and introductions</li> <li>• Pre-session survey</li> <li>• Module topics:               <ul style="list-style-type: none"> <li>○ What is hepatitis?</li> <li>○ How do you get hepatitis C?</li> <li>○ Why get tested and cured?</li> <li>○ How do you know if you have hepatitis C?</li> <li>○ Summary</li> <li>○ Teach back activity</li> </ul> </li> </ul>
<b>Session Preparation</b>	
<i>Before the session remember to</i>	<ol style="list-style-type: none"> <li>1. Print and bring copies of:           <ul style="list-style-type: none"> <li>○ Pre-session evaluation form at Appendix 1</li> <li>○ Post-session survey at Appendix 2</li> <li>○ Module slides (copies for participants)</li> <li>○ Other material you want to provide, like AIVL’s Safer Injecting Guide</li> <li>○ This facilitator guide</li> </ul> </li> <li>2. Make sure you have your own electronic copy or print-out of the module slides</li> <li>3. Bring pencils/pens and notepads so that participants can take notes and complete surveys</li> </ol>

## **Topic 1: Introduction**

**Slide Numbers:** 1-4

**Learning outcome:** Recap of Module 1, participants orientated to this module and topics

### **Facilitator notes**

These education modules focus on hepatitis and how the liver is affected

Module 1 focussed on why you should care about your liver. Hepatitis is a common cause of liver damage. Left untreated, it can progress over time to cause scarring (cirrhosis) and in some people liver cancer.

Learning objectives for this module are for participants to know:

- What is hepatitis C and how you get it
- How you can protect yourself from hepatitis C
- What tests you should get for hepatitis C

### **Housekeeping**

Where are the toilets?

What are the rules for the group? (e.g. drug use, where equipment can be accessed or disposed)

How long will the session run?

When are the cigarette breaks?

Confidentiality – remind participants that everything that is said is confidential and should not be repeated outside the group

Introduction activity to help participants get to know each other – this can help build relationships and networks for sharing information later on

Introduction activity to help participants recall key messages (learning objectives) of Module 2 (only if the group has not already completed Module 1)

### **Evaluation**

- Before moving to the next topic, distribute the pre-session evaluation forms and ask participants to complete them. These are provided at Appendix 1. You may ask participants to complete the pre-session evaluation questions for all three modules, or just Module 2.
- As the forms are handed back, briefly review the answers as this will give some idea of the existing level of knowledge within the group, and which topics might need to be more heavily emphasised and explored.

## Topic 2: What is viral hepatitis and how do you get it?

Slide Number: 5-10

**Learning outcome:** Participants can define what hepatitis is, the multiple types of viral hepatitis and how it is transmitted

### *Slide 5: What is viral hepatitis?*

- Introduction Activity: what do you know about hepatitis C?
  - Facilitator asks question to participants as group and encourages discussion. Record the responses on a flipchart, butchers paper or whatever you have available
  - There is no need for the facilitator to provide correct answers where participants provide incorrect ones – the aim is to gauge current understanding of hepatitis C
- Hepatitis is inflammation of the liver
- The word 'hepatitis' can be broken down – 'hepat' refers to the liver, 'itis' means to be inflamed
- Living with hepatitis for a long time can cause liver scarring (also known as 'fibrosis' or cirrhosis when scarring becomes particularly bad), which stops the liver functioning properly and can even lead to liver cancer
- Viruses can cause hepatitis. One of the most common viruses that cause liver inflammation is hepatitis C.
- RECAP things that can cause liver damage or make it worse (Module 2 Slide 5); one of these things is hepatitis

### *Slide 6: What is viral hepatitis (cont'd)*

- This slide shows the progress of liver disease.
- The healthy liver is the on the left and liver with cirrhosis is on the right

### *Slide 7: A, B, C of viral hepatitis*

- There are at least five types of viruses that cause hepatitis: hepatitis A, B, C, D and E
- Hepatitis A, B and C are the most common types of hepatitis viruses
- Hepatitis A and B
  - The most common types of hepatitis viruses across the world
  - Both A and B have vaccinations. This is called Twinrix and is available through your GP
  - Hepatitis B can be treated with a course of medication, although there is not currently a cure
  - There is no treatment for Hepatitis A. Hepatitis A may cause some short term discomfort but generally goes away naturally
- Hepatitis C:
  - Hepatitis C is the most common type of hepatitis virus among people who inject drugs
  - There is currently no vaccination to prevent hepatitis C transmission, but there are other ways you can protect yourself (covered later in Module 2)

- Hepatitis C is curable with medicines called 'direct acting antivirals' or 'DAAs'.
- This training module focuses on hepatitis C

*Slide 8: How do you get hepatitis C?*

- Hepatitis C is a blood borne virus spread by contact with infected blood
- The infected blood needs to exit the body and then has to enter the blood stream of another person
- The most common way for you to contract hepatitis C is by sharing injecting equipment
- This is not just needles and syringes but spoons, water, tourniquets and other bits of equipment that you might use
- Other ways that hepatitis C can be easily transmitted is by sharing any of the following that are contaminated with the virus:
  - Razors and toothbrushes
  - Tattooing, body piercing and scarification equipment
  - Straws, bank notes and pipes if you're snorting or smoking
- Note: it is impossible to tell whether any of these items have blood contaminated with hepatitis C on them. **The safest thing to do is never share.**
- Hepatitis C can also be transmitted through unprotected sex when blood is present, however this is lower risk
- Hepatitis C can be transmitted by mother to child during breast feeding however this is also low risk

*Slide 9: How does chronic (ongoing) hepatitis C develop?*

Hepatitis C has two distinct stages: acute and chronic

- The acute stage occurs when hepatitis C is first transmitted. In the first six months after infection, you may feel:
  - Fever
  - Tired
  - Vomiting
  - Stomach pain
  - High liver function test results
  - During this stage, 1 in 4 people naturally get rid of the virus
- The chronic stage occurs when the infection stays in the body longer than six months and starts to cause damage to your liver
  - 3 out of 4 people progress to this stage
  - Some people don't feel sick at all, even though the virus is in the body and causing damage. This stage can last a lifetime and cause liver disease if left untreated.
- Other symptoms such as loss of appetite, trouble stopping bleeding after injecting, spider-like veins on your chest and even breast enlargement in men can indicate the presence of hepatitis C

### *Slide 10: Scenario*

Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** You've got a friend who has never heard of hepatitis C.

- How would explain hepatitis C to your friend, making sure they know what it is, what it does to your body and how it is transmitted?

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings

### **Topic 3: Why should you get tested and treated for hepatitis C?**

**Slide Number:** 11

**Learning outcome:** Participants can identify the benefits of knowing their hepatitis C status and getting treated

There are a range of benefits in getting both tested and treated for hepatitis C. These include:

- Knowing your hepatitis C status. Hepatitis C doesn't always have noticeable symptoms in its early stages and liver damage may not occur until a decade or more. It is important to get tested as you might:
  - have been exposed to the virus without knowing
  - have been exposed many years ago and forgotten about it, or
  - have done something that can transmit hepatitis C, like sharing a toothbrush or injecting equipment with someone you think might have the virus, and want to know for sure if you've contracted hepatitis C
- Feeling better
  - As the virus progresses, hepatitis C can cause pain in the liver or abdominal area, make you feel tired or nauseous/sick, or even contribute to mental health issues like depression
  - Getting tested and treated can help relieve these symptoms and make you feel better
- Prevent more damage to your liver
  - Treatments for hepatitis C can stop more scarring and damage to the liver occurring
  - Treatments can't reverse the damage but they can stop it from getting worse
- Preventing transmitting the virus to someone else
  - Knowing your hepatitis C status or getting treated if you have hepatitis C can give you peace of mind that you're not going to accidentally transmit the virus to someone else
  - We know from research that people who inject drugs and who know their hepatitis C status often become more careful during injecting to prevent transmission
- Being cured
  - New treatments for hepatitis C are quicker, have less side effects and are more successful, with up to 95% of people who get treated being cured of the virus

## Topic 4: How do you know if you have hepatitis C?

Slide Number: 12-18

**Learning Outcome:** Participants can describe each type of hepatitis C test, what the results will tell them and ways to maximise successful blood taking

*Slide 12: What is the test for hepatitis C?*

- When you decide to get tested for hepatitis C, you will need at least two blood tests. There are two things that your blood is tested for:
  - The first is called an Antibody test. The antibody test tells whether you have ever been exposed to hepatitis C (in the past).
  - If you have been exposed to hepatitis C within 6-12 weeks, there is a period of time known as the 'Window Period' where the virus may not show up in an Antibody test. The second test, however, will show the presence of the virus
  - The second test is a Ribonucleic Acid test (an 'RNA' test). This test might also be called a Polymerase Chain Reaction (a 'PCR' test), which is a type of RNA test. The RNA test tells whether you are living with hepatitis C now. Around 25% of people who contract hepatitis C will clear the virus through the body's immune system without the need for treatment, so the RNA/PCR test is necessary to see whether you have cleared the virus or are still living with hepatitis C now.
- Ask your doctor or nurse to take extra blood the first time you give blood so that it is enough for the Antibody and RNA tests. This save will you save having to have a second blood test if your veins aren't in the best condition

*Slide 13 - Do you have hepatitis C now?*

- This slide summarises what the combination of results of the Antibody and RNA tests mean. There are three possible scenarios:
  1. Positive Antibody and RNA tests mean that you have **hepatitis C now**.
  2. A positive Antibody and negative RNA test means that you have been exposed to **hepatitis C in the past** but do not have it now. You got rid of the virus either by the body's immune system (which happens for around 25% of people) or you may have had treatment in the past.
  3. A negative Antibody test means that you have **never been exposed to Hepatitis C**. In this case a RNA test is not needed as you will not be living with hepatitis C now.

*Slide 14 - Recap – What are the tests for liver disease when chronic hepatitis C is present?*

- When you progress to chronic hepatitis C:
  - Liver Function Tests look to see how well your liver is working. If your liver isn't working properly, it releases enzymes in your blood and this test looks to see how much of those enzymes are present
  - There are two ways of testing how much scarring (fibrosis) is on your liver:
    - APRI: stands for Aspartate Aminotransferase to Platelet Ratio Index and is a blood test that looks at how scarred your liver is

- Fibroscan: A fibroscan tests the stiffness of your liver. The stiffer the liver, the more damaged it is. The greater the stiffness of your liver, the greater the severity of scarring

*Slide 15 – What strain of hepatitis C do you have?*

- If you have hepatitis C now, your RNA test will also tell you what strain of hepatitis C you have.
- There are six strains of hepatitis C and these are known as ‘genotypes’
- The most common strains in Australia are genotype 1 and genotype 3.
- It is possible to be infected with more than one genotype
- It’s important to know that the new treatments can cure all genotypes. The doctor or nurse will decide which DAA treatment will be most effective for your genotype.

*Slide 16: How much virus is there?*

- A viral load blood test measures the amount of hepatitis C virus in your blood
- If you have hepatitis C now, the viral load test result is a number
- If the result is undetectable, it means that you don’t have hepatitis C now
- The doctor or nurse might arrange repeat blood tests to check if your viral load changes over time

*Slide 17: Summary*

- Hepatitis C is a virus found in the blood that causes inflammation of the liver
- Sharing injecting equipment is the most common way of transmitting hepatitis C as blood on the equipment can contain the virus and there is no way of telling if virus is present
- A blood test can be done to see if you have hepatitis C now, or if you’ve had it in the past

*Slide 18: Scenario – hepatitis C testing*

Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** You’ve got a friend who has never heard of hepatitis C...

- Your friend is worried that they may have hepatitis C. How can they find out for sure? What do you recommend they do?

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings

### **Post-session evaluation**

- Post-session evaluation forms should be distributed and completed after the Teach Back activity. Remember – you can complete the relevant questions after each module, or wait until the end of the module and ask participants to complete them all in one go
- These forms can be found at Appendix 1
- Answers to each questions can be found at Appendix 2

## THIRD SESSION – MODULE 3: HEPATITIS C TREATMENT

<b>Session Overview</b>	
Title	Module 3: Hepatitis C treatment
Format	PowerPoint presentation and activity
Level	Basic
Participants	All participants are peers with some lived experience of illicit drug use All participants should be able to speak English
Materials	<ul style="list-style-type: none"> <li>• Pre-session survey (Appendix 1)</li> <li>• Facilitator guide</li> <li>• PowerPoint slides (e-copy and/or print outs)</li> <li>• Computer and data projector</li> <li>• Pencils/pens</li> <li>• Notepads</li> <li>• Flipchart/butchers paper for recording responses to activity questions</li> <li>• Post-session survey (Appendix 2)</li> <li>• Asking the Important Questions handout (Appendix 3)</li> </ul>
Learning objectives	<ul style="list-style-type: none"> <li>• How is hepatitis C treated now</li> <li>• What you should expect on treatment</li> <li>• What the benefits are of getting treated</li> <li>• How you can protect yourself from re-infection</li> </ul>
<b>Session Structure</b>	
Task	
<ul style="list-style-type: none"> <li>• Arrive and set-up for start time</li> <li>• Welcome and introductions</li> <li>• Pre-session survey</li> <li>• Module topics: <ul style="list-style-type: none"> <li>○ How has hepatitis C treatment changed?</li> <li>○ What should you expect while on treatment?</li> <li>○ Who can get treated?</li> <li>○ What can you expect after cure?</li> <li>○ How can you get tested and treated?</li> <li>○ Keeping healthy if you're not ready for treatment</li> <li>○ How to protect yourself from hepatitis C</li> <li>○ Summary</li> <li>○ Teach back activity</li> </ul> </li> </ul>	
<b>Session Preparation</b>	
<i>Before the session remember to</i>	<ol style="list-style-type: none"> <li>1. Print and bring copies of: <ul style="list-style-type: none"> <li>• Pre-session evaluation form at Appendix 1</li> <li>• Post-session evaluation form at Appendix 2</li> <li>• Module slides (copies for participants)</li> <li>• The 'Asking the Important Questions' handout at Appendix 3</li> <li>• Any other material you want to provide, like AIVL's Safer Injecting Guide</li> <li>• This facilitator guide</li> </ul> </li> <li>2. Make sure you have an electronic copy or your own print out of the module slides</li> <li>3. Bring pencils/pens and notepads so that participants can take notes and complete surveys</li> </ol>

## **Topic 1: Introduction**

**Slide Numbers:** 4

**Learning outcome:** Recap of Module 1 & 2, participants orientated to this module and topics

### **Facilitator notes**

These education modules focus on hepatitis and how the liver is affected

Module 1 focussed on why you should care about your liver. Hepatitis is a common cause of liver damage. Left untreated, it can progress over time to cause scarring (cirrhosis) and in some people liver cancer.

Module 2 explained what hepatitis is, how it is transmitted, and how to get tested for hepatitis C and liver damage

This third module will cover how to get treated for hepatitis C

Learning objectives for this module are for participants to know:

- How is hepatitis C treated now
- What you should expect on treatment
- What the benefits are of getting treated
- How you can protect yourself from re-infection

### **Housekeeping**

Where are the toilets?

What are the rules for the group?

How long will the session run?

Confidentiality – remind participants that everything that is said is confidential and should not be repeated outside the group

Introduction activity to help participants get to know each other – this can help build relationships and networks for sharing information later on

Introduction activity to help participants recall key messages (learning objectives) of Module 1 and 2 (only if the group has not already completed Module 1 and 2)

### **Evaluation**

- Before moving to the next topic, distribute the pre-session evaluation forms and ask participants to complete them if they haven't already done so. These are provided at Appendix 1.
- As the forms are handed back, briefly review the answers as this will give some idea of the existing level of knowledge within the group, and which topics might need to be more heavily emphasised and explored.

## Topic 2: How has hepatitis C treatment changed?

Slide Number: 5

**Learning Outcome:** Participants can describe what treatment with DAAs involves

- Introduction Activity: what do you know about hepatitis C treatment?
  - Facilitator asks question to participants as group and encourages discussion. Record the responses on a flipchart, butchers paper or whatever you have available
  - There is no need for the facilitator to provide correct answers where participants provide incorrect ones – the aim is to gauge current understanding of hepatitis C treatment
  
- Hepatitis C was previously treated with interferon-based therapies, which involved regular injections for up to 12 months and had severe side effects like headaches, fatigue, nausea depression and weight loss. Because these treatments took so long, you might not have been offered them if you were on a previous short sentence
- Only around 60% of people were successfully cured on interferon-based treatments
- Hepatitis C is treated with new types of medication called ‘Direct Acting Antivirals’ also known as ‘DAAs’.
- DAAs are nothing like the old interferon treatments. The new treatments:
  - Are shorter in duration, with most people being treated for 8-12 weeks, although some might need a 24 week course of medication, so it’s easier to do while you’re serving your time
  - Have fewer side effects. Some people might still feel a little nauseous/sick, tired or have trouble sleeping while on treatment however this is not common and much less severe than on old treatments
  - No longer require injections – DAAs are tablets taken each day
  - Are much more likely to lead to a cure – more than 95% of people who complete treatment are cured of hepatitis C

## Topic 3: What should you expect while on treatment?

Slide Number: 6

**Learning Outcome:** Participants can describe the treatment process and what to expect while on treatment

- After you’ve started treatment, there are a few things to expect:
  - Regular visits to the doctor or with a nurse
    - During treatment you might need to have additional tests to see how your treatment is progressing and to make sure there aren’t any unexpected complications
    - This might include blood tests after the first four weeks to check your liver function, kidney function and your blood count
    - Some doctors might also check the amount of the hepatitis C virus (called a ‘viral load’) that is still in your body
  - Other medications

- Some medications can't be used with DAAs. Be sure to let your doctor know what other medications you are on
    - Pharmacotherapies are not affected
  - Taking your medications every day and for the full course will help ensure you have a successful outcome
    - The treatments will work best if you take your medications every day and for the full length of treatment
    - You need to take your medication every day to ensure that there is enough of the drug in your system to fight the virus
    - If you miss a dose, take it as soon as you can but if it's close to the next dose, it is better to wait – don't double dose or take extra pills if you miss your dose on one day
  - Fewer side effects
    - New DAAs have fewer side effects than older treatments – you might even start to feel better after a few weeks
    - If you feel anything unusual, check with your doctor
- If you need peer support or advice while you are on treatment, make sure you contact your local drug user organisation as they can help you out.

#### **Topic 5: Who can get treated? Current drug users are eligible**

##### **Slide Number: 7**

**Learning Outcome:** Participants understand people are eligible regardless of current drug status.

- The Australian government has subsidized treatment, meaning that almost everyone living with Hepatitis C is eligible, even if you're in prison or still using. Treatment can cost as little as \$6.30 per month for a script if you have a concession card
- However, there are a few things to be aware of:
  - Still using, still eligible
    - You don't have to stop using if you want to start treatment, however you'll need to be able to keep your appointments and stick to the treatment regime
    - You can still get treated if you are on pharmacotherapies
  - Vein issues
    - You will need to have blood tests during treatment
    - Many people who have injected for a long period of time have trouble finding a vein to take blood
    - Keep on persevering and don't let this stop you from getting treated. Your local drug user organization can help find good medical staff that can take blood from people whose veins aren't the best, or you can even ask to take your own blood
    - AIVL has a range of resources to help you get a blood test if your veins are damaged
  - Being pregnant or under 18
    - DAAs aren't recommended for people under 18 years of age or if you're pregnant
    - Even after treatment, you should avoid pregnancy for 24 weeks

## **Additional information**

- Not all participants will be familiar with drug user organisations. In each state and territory, there are non-judgmental organisations made up of people with lived experience of drug use and hepatitis C that provide harm reduction advice and services. Many can provide hepatitis C treatment advice. AIVL is the national body. See AIVL's website for the contact details of drug user organisations in each jurisdiction [[www.aivl.org.au](http://www.aivl.org.au)].

## **Topic 6: What happens after a cure?**

**Learning Outcome:** Participants can describe what happens after hepatitis C treatment is completed and understand the risk of reinfection

### **Slide Number: 8**

- After your treatment course is completed, the treating doctor will take a final blood test four weeks after you finish your medication to see the results of your treatment
- For 95% of people, DAAs successfully clear the virus, meaning that a person no longer has hepatitis C
- About 5% of people don't clear the virus with their first DAA treatment. For these people, there are still positives to getting treatment:
  - Treatment still prevents liver disease getting worse, even if it hasn't completely cleared the virus
  - It's possible to try treatment again with a different combination of DAAs – your doctor can help with this
- Successful treatment means that the virus is no longer actively attacking your liver and causing inflammation and damage. The liver is the only organ that can heal itself so over time, much of the damage can be reversed, except when cirrhosis has occurred
- Most people who finish treatment experience many benefits including:
  - They feel stronger, have more energy and don't get tired so easily. This can happen as early as 2 weeks after starting treatment, and improve after being cured of hepatitis C.
- You'll still need to monitor your liver health, even after cure. Speak to your doctor about how often you'll need to do this.
- It's important to remember that being free of hepatitis C is not the same as being immune to hepatitis C
  - You can become reinfected with the same or a different strain of hepatitis C, or other blood borne viruses like Hep B and HIV, so try as hard as you can to always use new fits and tattooing equipment for each person. Be careful of ways or equipment that transfer blood and expose you to these viruses

## **Topic 7: Scenario – Hepatitis C treatment**

### **Slide Number: 9**

Teach Back Activity (10 minutes depending on group size; this can be done individually or as a group)

**Scenario:** You've got a friend who has hep C. They don't want to have treatment because they've heard it is really hard and makes you feel sick. What would you say to your friend about what it's like to have treatment? What would you recommend they do?

Facilitators should ask for volunteers to share their advice to a friend and note where there are any misunderstandings or incorrect explanations. Facilitators should then go back to the relevant slides and reinforce the learnings.

## **Topic 8: How can you get tested and treated for hepatitis C?**

**Slide Number:** 10

**Learning Outcome:** Participants can identify the practical steps they need to take to access testing and treatment, and questions they need to ask before undergoing treatment

### **Activity 1:**

- Facilitate some discussion by asking group members about the actions they can take today to get tested, treated, or protect themselves from hepatitis C.
- Action items might include:
  - Ask about hepatitis C testing or treatment, or about having a fibroscan. You can ask your GP (family doctor), drug and alcohol centre, or locate local hepatitis service here: <https://www.hep.org.au/nsw-directory/>
  - Call the Hepatitis Infoline on 1800 803 990 for more information

### **Activity 2 and further discussion**

- Pass around the 'Asking the Important Questions' handout at Appendix 3.
- The modules aim to provide participants with a basic overview of hepatitis C and hepatitis C treatment, however supporting participants to be engaged in their treatment and ask questions of their doctor can be an empowering process.
- Below are a list of example questions that participants take with them to their appointment to make sure they are fully informed of what testing and treatment means. This list is not meant to be exhaustive but to prompt participants to think about any questions that they might still have about Hepatitis C and Hepatitis C treatment.
- Example questions to ask before treatment:
  - Can I take over the counter medications or herbal remedies while I am taking my hepatitis C medications?
  - What else can I do to improve my chances of my hepatitis C medications working?
  - If I have side effects how and who will help me manage these?
  - Do I have to stop using and/or drinking?
  - Do I have to see a specialist?
  - Do I need to do anything to prepare for treatment, or to make it work better?
  - Is there anything I should tell my doctor about before starting treatment?
- Example questions to ask while on treatment:
  - Who else can ask for help, information or support while on treatment?

- I also have hepatitis B - how can I manage my hepatitis B while on hepatitis C treatment?
- Does it really matter if I take my medication at the same time every day?
- Do I need to take it with food?
- Example of questions to ask after treatment:
  - When will I know that treatment has worked or not?
  - My treatment has cured me of hepatitis C, do I need to monitor my liver anymore?
  - I didn't do my final blood tests after completing treatment, what do I do now?
  - What are my future options if this treatment fails?
- Use the above list of questions as a starting point for further discussion about questions that participants still have about hepatitis C and hepatitis C treatment
- Encourage participants to spend time as a large group, small groups or as individual to brainstorm additional questions
- Have participants call out their questions and record these on a white board (or similar). The 'Asking the Important Questions' handout at Appendix 3 provides space for participants to write in their own questions that they want to ask their doctor about Hepatitis C testing.
- Encourage participants to copy down the questions that group identifies
- **Remember:** the facilitator's role is to encourage participants to think about the questions that they want to ask their doctor. Don't feel you need to be able to answer these additional questions.

## Topic 9: Keeping healthy if you're not ready for treatment

**Slide Number:** 11

**Learning outcome:** Participants understand ways they can reduce the impact of hepatitis C if they are not ready to start treatment right now

- Even though hepatitis C testing and treatments are a lot better than they used to be, some people just aren't ready to start treatment, for whatever reason
- While you're getting yourself ready, there are things you can do to keep yourself healthy and slow down any damage to your liver:
  - Be careful of drugs like benzodiazepines – a damaged liver will process these drugs at a much slower rate, which can make it easier to overdose
    - Also be careful of using natural medicines like St John's Wort as these can exacerbate liver damage
  - Reduce your alcohol intake – drinking alcohol is a key factor in liver damage
  - Exercise where you can, like walking to the next bus stop along the line or walking between your appointments
  - Try to add some more fruit and vegetables to your diet and cut back on fatty foods
  - Practice safer injecting
- Remember to keep in touch with your local drug user organisation. They can give you advice and support and help you get ready for treatment.

## Topic 10: How to protect yourself from hepatitis C?

**Slide Number:** 12

**Learning outcome:** Participants understand things they can do to reduce the risk of hepatitis C transmission

- You don't have to see blood for HCV to be there so you can reduce your risk of getting hepatitis C by being 'blood aware'
- This is knowing where you might come across blood that has the hepatitis C virus, even if you can't see any blood
- You can be more blood aware by:
  - practicing safer injecting
  - disinfecting surfaces where blood might have spilled, preferably with a bleach solution
  - not sharing injecting paraphernalia like waters, spoons and tourniquets
  - cleaning surfaces where blood might have spilled
  - safer sex (using condoms)
  - using new tattoo needles, inks and piercing equipment for every person
- Safer injecting tips:
  - Before injecting yourself or anyone else, remember to wash your hands. If you can't wash your hands, swab your hands with a sterile alcohol wipe
  - Watch out for blood on your fingers, on your tourniquets, on the table and on sleeves and clothes
  - When mixing up, place a piece of paper or some other barrier on the surface where you intend to mix up and don't put more than one fit in the mix. If you have to, make sure it's a new fit.
  - After removing your fit, don't use your thumb to stop the blood – use something clean that is also disposable like the cotton ball from your fit pack, a clean tissue or toilet paper
    - Note: alcohol swabs won't stop the bleeding and may actually increase blood flow, so don't use them
  - After injecting, rinse your fit and safely dispose of anything that might have blood on it
- If you can't access new equipment, there are a couple of ways that will help reduce, but not eliminate, the risk of hepatitis C transmission:
  - Use the 'rinse-bleach-flush' process
    - Find three separate containers, like plastic cups
    - Fill two of the containers with cold tap water and one container with full strength bleach
    - **Rinse:** Take one of the containers with water and draw up the water to fill your syringe. Squirt the water into a sink. Repeat at least five times
    - **Bleach:** Then take your syringe apart and place the pieces into the container with the bleach. Soak for at least two minutes. If you can't soak for that long, draw the bleach into the syringe and shake for 30 seconds. Squirt the bleach into the sink. Repeat at least one more time
    - **Flush:** Fill your syringe with fresh water from the other container. Squirt the water into the sink. Repeat at least six times.
    - **Remember not to share any of the containers or water with anyone else.**
    - This process helps reduce the risk of hepatitis C transmission but isn't 100% effective. New equipment on every occasion is best

- If you don't have access to bleach, try using your drug another way, like snorting, swallowing, smoking or shafting (up your bum)

### **Additional material**

- AIVL has a safer injecting guide that may be useful for participants to take away. You can find the guide here: [<http://www.aivl.org.au/resource/a-guide-to-safer-injecting/>]
- AIVL has a guide on cleaning used syringes that may also be useful for participants to take away. You can find the guide here: [[http://www.aivl.org.au/wp-content/uploads/cleaning\\_used\\_syringes\\_v2\\_5\\_28July09.pdf](http://www.aivl.org.au/wp-content/uploads/cleaning_used_syringes_v2_5_28July09.pdf)]

### **Topic 11: Summary**

#### **Slide Number: 13**

- Hepatitis C is a blood borne virus that causes inflammation of the liver which can stop the liver working properly.
- Hepatitis C is the most common type of hepatitis virus found in people who inject drugs
- Using injecting equipment that has been contaminated with hepatitis C is one of the most common ways hepatitis C can be transmitted, however sharing other things with contaminated blood on them, such as tattooing equipment, razors and toothbrushes are other ways that Hepatitis C can be transmitted
- There is currently no vaccination for hepatitis C but there are effective treatments
- The first step to getting treated is to get tested. A blood test can test for hepatitis C antibodies to see if you have ever been exposed to the virus, and for RNA to see if you have hepatitis C now and need to be treated.
- *Everyone* can be treated for hepatitis C with DAAs. DAAs cure hepatitis C in more than 95% of people. There are very few side effects and no injections.
- After being cured most people feel much and have more energy. Their liver inflammation is reversed. However, you can get hepatitis C again and so need to protect yourself.

### **Topic 12: Activity**

#### **Slide Number: 14**

- Teach Back Activity (10 minutes depending on group size; can be done individually or as a group)

#### **Scenario**

You've got a friend who just finished hepatitis C treatment. What would you tell them to do so they don't get reinfected?

What are some safer injecting practices that you can do on the inside? What are some other ways to protect yourself against hepatitis C reinfection?

#### **Evaluation**

- Post-session evaluation forms should be distributed and completed after the Teach Back activity.
- These forms can be found at Appendix 1
- Answers to each questions can be found at Appendix 2

## Appendix 1 – Pre-Session and Post-Session Evaluation Form

### **Participant Demographics**

Age:

Gender:

Which organisation are you doing the training with? \_\_\_\_\_

How long have you been working with the drug using community? \_\_\_\_\_

Are you a member of the drug using community? \_\_\_\_\_

Have you been tested for HCV? \_\_\_\_\_

Have you been treated for HCV? \_\_\_\_\_

Do you think we can improve the training in any way (please tell us we want our work to be the best it can be; we owe it to our community)?

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### **Module 1: Hepatitis and Your Liver**

1. Where is your liver located? In your:

- Abdomen
- Chest
- Leg
- Lower Back

2. What is cirrhosis?

- Inherited liver disease
- Severe scarring of the liver
- Liver failure
- Kidney disease
- Stomach cancer

3. Which of the following are tests for liver disease (choose one or more):

- |                          |                    |                          |                       |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Blood test         | <input type="checkbox"/> | Day surgery procedure |
| <input type="checkbox"/> | Visual examination | <input type="checkbox"/> | Liver Function Test   |
| <input type="checkbox"/> | Fibroscan          | <input type="checkbox"/> | Blood glucose test    |
| <input type="checkbox"/> | Urine Test         |                          |                       |

**Module 2: Hepatitis C testing**

4. What is inflammation of the liver called?

- Tonsillitis
- Hepatitis
- Pancreatitis
- Retinitis

5. Can an infection with hepatitis C virus cause liver cancer?

- Yes
- No

6. How can hepatitis C be transmitted? Choose all that apply:

- Blood-to-blood contact in fights
- Sharing injecting equipment
- Sharing tattoo and scarification equipment
- Sharing razors
- Kissing

7. Is there a vaccine that prevents infection from hepatitis C?

- Yes
- No

8. What does it mean if you have a positive hepatitis C antibody test?

- You are infected with hepatitis C
  - You are not infected with hepatitis C
  - You have been infected with hepatitis C but don't know if you are actively infected now
9. What does it mean if you have a positive hepatitis C PCR test (also known as an RNA test)?
- You are infected with hepatitis C
  - You are not infected with hepatitis C
  - You have been infected with hepatitis C but don't know if you are actively infected now

**Module 3: Hepatitis C Treatment**

10. What are the chances of cure following DAA treatment?
- Hepatitis C can't be cured
  - Next to none (less than 10%)
  - Not very common (less than 25%)
  - Reasonable (at least 50%)
  - Very good (more than 90%)
11. Hepatitis C treatment is now different from the past because (tick all that apply):
- Nearly everyone can be cured
  - Most people don't experience side effects
  - There are no injections
  - It makes you immune to hepatitis C in the future
12. Most people who undergo new hepatitis C treatments have no side effects and some start to feel better within a few weeks.
- True
  - False

13. People who cannot have DAAs for hepatitis C are (tick all that apply):

- People who are currently injecting drugs
- Pregnant women
- People who also have hepatitis B
- People who also have HIV
- Obese people
- People with certain hepatitis C virus genotypes (strains)
- People who have already been treated for hepatitis C

14. For most people, DAA treatment for hepatitis C includes (tick one):

- Injections and tablets
- Injections only
- Tablets only

15. DAA interactions with other drugs:

- Are a major problem and need specialist review
- Are simple to check online
- Patients must stop most medications while on treatment
- There are no drug-drug interactions

16. The ways to protect yourself from hepatitis C include:

- Not sharing injecting equipment with others
- Rinsing injecting equipment with Fincol and water
- Eating healthy food
- Getting vaccinated against hepatitis C
- Disinfecting surfaces that blood has touched
- Not sharing razors

17. Which of the steps below can help make your liver healthy? Tick all that apply:

- Limiting your consumption of alcohol

- Limiting your intake of salt to one teaspoon a day
- Getting vaccinated against hepatitis A and hepatitis B
- Maintain a healthy body weight and get regular exercise
- Disinfecting surfaces that blood has touched

18. Which of the following can increase your chance of developing chronic (ongoing) liver disease? Tick all that apply:

- Drinking alcohol in excess
- Being overweight
- Eating fatty foods in excess
- Having diabetes
- Having high blood pressure
- Having hepatitis B co-infection
- Smoking marijuana/cannabis
- Using heroin
- Using stimulants like methamphetamine
- Excessive use of aspirin or paracetamol

## Appendix 2 – Pre-session and Post-session evaluation form answers

### Module 1: Hepatitis and Your Liver

1. Where is your liver located? In your:

- Abdomen**
- Chest
- Leg
- Lower Back

2. What is cirrhosis?

- Inherited liver disease
- Severe scarring of the liver**
- Liver failure
- Kidney disease
- Stomach cancer

3. Which of the following are tests for liver disease (choose one or more):

- |  |  |
|--|--|
| <input type="checkbox"/> Blood test                  | <input type="checkbox"/> Day surgery procedure                 |
| <input type="checkbox"/> Visual examination          | <input checked="" type="checkbox"/> <b>Liver Function Test</b> |
| <input checked="" type="checkbox"/> <b>Fibroscan</b> | <input type="checkbox"/> Blood glucose test                    |
| <input type="checkbox"/> Urine Test                  |  |

### Module 2: Hepatitis C Testing

4. What is inflammation of the liver called?

- Tonsillitis
- Hepatitis**
- Pancreatitis
- Retinitis

5. Can an infection with hepatitis C virus cause liver cancer?

**Yes**

No

6. How can hepatitis C be transmitted? Choose all that apply:

**Blood-to-blood contact in fights**

**Sharing injecting equipment**

**Sharing tattoo and scarification equipment**

**Sharing razors**

Kissing [it is not possible to contract hepatitis C through kissing; hepatitis C can be transmitted during sex if blood is present, however this is a lower risk activity]

7. Is there a vaccine that prevents infection from hepatitis C?

Yes

**No**

8. What does it mean if you have a positive hepatitis C antibody test?

You are infected with hepatitis C

You are not infected with hepatitis C

**You have been infected with hepatitis C but don't know if you are actively infected now**

9. What does it mean if you have a positive hepatitis C PCR test (also known as an RNA test)?

**You are infected with hepatitis C**

You are not infected with hepatitis C

You have been infected with hepatitis C but don't know if you are actively infected now

### Module 3: Hepatitis C Treatment

10. What are the chances of cure following DAA treatment?

- Hepatitis C can't be cured
- Next to none (less than 10%)
- Not very common (less than 25%)
- Reasonable (at least 50%)
- Very good (more than 90%)**

11. Hepatitis C treatment is now different from the past because (tick all that apply):

- Nearly everyone can be cured**
- Most people don't experience side effects**
- There are no injections**
- It makes you immune to hepatitis C in the future [reinfection is possible, even after cure]

12. Most people who undergo new hepatitis C treatments have no side effects and some start to feel better within a few weeks.

- True**
- False

13. People who cannot have DAAs for hepatitis C are (tick all that apply):

- People who are currently injecting drugs
- Pregnant women** [DAA treatment is not recommended for women who are pregnant]
- People who also have hepatitis B
- People who also have HIV
- Obese people
- People with certain hepatitis C virus genotypes (strains)
- People who have already been treated for hepatitis C

14. For most people, DAA treatment for hepatitis C includes (tick one):

- Injections and tablets
- Injections only
- Tablets only**

15. DAA interactions with other drugs:

- Are a major problem and need specialist review**
- Are simple to check online
- Patients must stop most medications while on treatment
- There are no drug-drug interactions

16. The ways to protect yourself from hepatitis C include:

- Not sharing injecting equipment with others
- Rinsing injecting equipment with Fincol and water
- Eating healthy food** *[a healthy diet is not a protector against hepatitis C transmission, however can slow potential liver damage if you have already contracted the virus]*
- Getting vaccinated against hepatitis C
- Disinfecting surfaces that blood has touched
- Not sharing razors

17. Which of the steps below can help make your liver healthy? Tick all that apply:

- Limiting your consumption of alcohol**
- Limiting your intake of salt to one teaspoon a day**
- Getting vaccinated against hepatitis A and hepatitis B**
- Maintain a healthy body weight and get regular exercise**

18. Which of the following can increase your chance of developing chronic (ongoing) liver disease? Tick all that apply:

- Drinking alcohol in excess**
- Being overweight**
- Eating fatty foods in excess**
- Having diabetes
- Having high blood pressure
- Having hepatitis B co-infection**
- Smoking marijuana/cannabis
- Using heroin
- Using stimulants like methamphetamine
- Excessive use of aspirin or paracetamol**

### Appendix 3 – Module 3 – Asking the Important Questions

If you decide to get tested or treated for hepatitis C, the following questions can help make sure that you fully understand what is involved and how you can give yourself the best chance of your treatment being successful.

Take these questions along to your appointment and work through the relevant questions with your doctor. There is space at the bottom for any other questions that you might think of.

- **Questions to ask before treatment:**
  - Can I take over the counter medications or herbal remedies while I am taking my HCV treatment medications?
  - If I have side effects how and who will help me manage these?
  - Do I have to stop using and/or drinking?
  - Do I have to see a specialist?
  - Do I need to do anything to prepare for treatment, or to make it work better?
  - Is there anything I should tell my doctor about before starting treatment?
  
- **Questions to ask during treatment:**
  - Who else can I talk to for help while on treatment?
  - I also have hepatitis B - how can I manage my hepatitis B while on hepatitis C treatment?
  - Does it really matter if I take my medication at the same time every day?
  - Do I need to take it with food?
  
- **Questions to ask after treatment:**
  - When will I know that treatment has worked or not?
  - My treatment has cured me of hepatitis C, do I need to monitor my liver anymore?
  - I didn't do my final blood tests after completing treatment, what do I do now?
  - What are my future options if this treatment fails?

**Other questions:**

1.

2.

3.

4.

5.