



GGD

Rotterdam-Rijnmond

Guideline for Counselling of Chronic Hepatitis B Virus Infected Patients

This guideline was developed by the Public Health Service Rotterdam-Rijnmond (GGD Rotterdam-Rijnmond), in collaboration with Erasmus University Medical Center Rotterdam, and with support from the Dutch Digestive Diseases Foundation (MLDS).

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Introduction

The purpose of this manual is to offer support with the counselling of patients with a chronic Hepatitis B Virus (HBV) infection and has been prepared for professionals (doctors, nurse practitioners, public health nurses, etc.). The manual is not intended as a replacement for a medical or nursing dossier, but it can be used as a supplement to the local HBV protocol. In the manual the protocol in place in GGD Rotterdam is referred to.

The content is the result of the combination of a 'needs survey' involving more than 50 patients with chronic HBV infection with various social psychological theories regarding behavioural change. In compiling the manual the following **objectives** of counselling were used as a basis:

The chronic hepatitis B patient

- cooperates with Source and Contact Tracing (SCT).
- visits the GP or specialist in accordance with the applicable guidelines for referral.
- follows hygiene measures in order to prevent blood-to-blood contact with unvaccinated family members and other contacts.
- is pro-active in dealing with or solving coping problems
- uses condoms in the correct manner during sexual contact with (current or future) partner until such time as the partner has been vaccinated.
- cooperates with the complete vaccination of other members of the household and partners against HBV.

The manual is designed to achieve the objectives of counselling efficiently. In the manual, use is made of the term *items*. Items refer to an action or subject in the consultation, which often form the determinants of the desired behaviour. Due to the complexity of the disease and the number of objectives of counselling it is advised to have at least two counselling consultations per patient. If a 2nd appointment is not possible then a telephonic feedback of the agreements made should take place in any case.

The manual consists of several sections. The following table gives a summary of the content and the use of various sections in the manual.

Section	Short description of content	When and how to use
Summary	The numbers on the summary (items) refer to information which is described in the remainder of the manual. The items are more or less in chronological order, this order can be deviated from.	During the consultation. The summary can be used as guideline for the counselling sessions. The items can be ticked off if they have been discussed so that it becomes clear which items require attention another time.
Objectives and examples	In this section the various change objectives are described. Examples for discussions and points requiring special attention are given. The items are in alphabetical order, grouped per subject.	Before and after the consultation
Background information	Provides for most items information regarding the origin and significance of the code.	Before and after the consultation (for those who are interested)
Appendix 1	Illustration of transmission routes	During the consultation (tips for use can be found in the appendix)
Appendix 2	Illustrations of blood sampling and vaccination	During the consultation
Appendix 3	Example. Order and limits when carrying out Source and Contact Tracing	During the consultation
Appendix 4	Example. Summary of agreements made regarding Source and Contact Tracing	During the consultation
Appendix 5	Example. Information letter for contacts and GP	Hand over at the end of the consultation
Appendix 6	Example. Information letter regarding annual check-up (in 6 languages)	Hand over at the end of the consultation
Appendix 7	Example. Information letters for visit to specialist via the GP (in 6 languages)	Hand over at the end of the consultation
Appendix 8	Example. Information letters for visit to specialist by direct referral (in 6 languages)	Hand over at the end of the consultation

Patient Contact Data:

SESSION I			SESSION II	
		Items		Items
	Short description			Short description
<input type="checkbox"/>	Introduction	1	<input type="checkbox"/>	Opportunity to ask questions
<input type="checkbox"/>	Explanation session		<input type="checkbox"/>	Repetition agreements hygienic measures
<input type="checkbox"/>	Opportunity to ask questions		<input type="checkbox"/>	Repetition agreements source tracing and contact notification
<input type="checkbox"/>	Knowledge transmission routes	2	<input type="checkbox"/>	Was agreement hygienic measures carried out? Unnecessary measures?
<input type="checkbox"/>	Awareness risk other people in daily life		<input type="checkbox"/>	(Knowledge vaccination of newborn)
<input type="checkbox"/>	Knowledge function vaccination (protection)	V1	<input type="checkbox"/>	Confidence in the working of vaccination
<input type="checkbox"/>	Knowledge follow-up (when patient asks about course of disease)	C1	<input type="checkbox"/>	Knowledge condom use
<input type="checkbox"/>	Knowledge reasons source tracing and contact notification examination	B1	<input type="checkbox"/>	Motivation condom use
<input type="checkbox"/>	Motivation to examine risk situations in the past	B2	<input type="checkbox"/>	Knowledge buying condoms
<input type="checkbox"/>	Risk inventory (questionnaire)	B3	<input type="checkbox"/>	Motivation condom use partner
<input type="checkbox"/>	<i>Write down personal data of persons that are selected for examination</i>		<input type="checkbox"/>	Expectation discussing with partner
<input type="checkbox"/>	Motivation source and contact tracing		<input type="checkbox"/>	Skills condom use
<input type="checkbox"/>	Menu of choice options source tracing and contact notification examination	B4	<input type="checkbox"/>	Was agreement source and contact tracing carried out?
<input type="checkbox"/>	<i>Write down agreements in patient file</i>		<input type="checkbox"/>	Knowledge annual check-up by GP
<input type="checkbox"/>	Expectations informing people about source and contact tracing	B5	<input type="checkbox"/>	<i>Write down year and month visit GP</i>
<input type="checkbox"/>	Expectations reactions source and contact tracing		<input type="checkbox"/>	Motivation yearly visit
<input type="checkbox"/>	Menu of choice options hygienic measures	H1	<input type="checkbox"/>	Knowledge visit specialist
<input type="checkbox"/>	<i>Write down agreements in patient file</i>		<input type="checkbox"/>	Skills to visit specialist
<input type="checkbox"/>	Expectations hygienic measures	H2	<input type="checkbox"/>	Worries about infectiousness
<input type="checkbox"/>	Topics next consultation	3	<input type="checkbox"/>	Hand out data for finding useful information
<input type="checkbox"/>	Persons preferably present at next session			
			SESSION I or II	
			<input type="checkbox"/>	(Misconceptions symptoms)
			<input type="checkbox"/>	(Misconceptions blood test)
			<input type="checkbox"/>	(Misconceptions patient infectiousness)
			<input type="checkbox"/>	(Misconceptions other people infectiousness)

GENERAL ITEMS

1**INTRODUCTION****EXPLANATION SESSION****OPPORTUNITY TO ASK QUESTIONS****CHANGE OBJECTIVE**

The client states willingness for the discussion.

EXAMPLES FOR DISCUSSIONS

Refer to reason for
request for blood test

Do you know why you have been invited to come here?

If necessary, explain:

Together with you, I am going to look, amongst other things, at where the disease comes from and what can be done in order to prevent its spreading to other people. We will make an appointment for a second visit.

Ask questions:

Have you any further questions about this? Is it clear so far? During the course of this discussion I will try as far as possible to answer all your questions.

2**KNOWLEGDE OF TRANSMISSION ROUTES**


**Tool in
Appendix 1**

CHANGE OBJECTIVE

The client names transmission routes and concrete examples of risk objects and risk moments.

EXAMPLES FOR DISCUSSIONS

Knowledge:

What do you know about the infectiousness of HBV? Which objects on this illustration could be infectious? How in your opinion does that infection occur?

Consciousness-raising:

If you follow your daily routine / if you describe what you do on an average day, which actions could then pose a risk? Do you sometimes have guests staying with you? Are others also at risk of infection? Why / why not?

3**TOPICS FOR THE NEXT CONSULTATION****PERSONS PREFERABLY PRESENT AT NEXT SESSION****CHANGE OBJECTIVE**

The client knows what to expect at the next consultation and is planning to turn up for this appointment.

EXAMPLES FOR DISCUSSIONS

Subjects	Next time we will go back over the agreements which we have made. We will also discuss the subject of safe sex.
Persons present	It is important that your partner is present next time. Should you think of any more questions after this discussion, write these down so that you can ask them next time. If you are unable to come, you can change the appointment by telephoning the number given on the appointment card.

POINTS REQUIRING SPECIAL ATTENTION

Provide a paper copy of the agreements which are made regarding SCT (source and contact tracing) and hygiene measures.

The use of excessive fear-inducing messages can be counterproductive. An undesired consequence could be avoidance of the problem. It is best to communicate a message whereby people are made to feel responsible with regard to HBV, without them trying to ignore all that the disease involves. **Some people can be frightened off by the introduction of the discussion subject 'safe sex'. If this assessment is made the option can be chosen not to mention safe sex and simply to state that it is important that the partner also comes along.**

**OPPORTUNITY TO ASK QUESTIONS****REPETITION AGREEMENTS HYGIENIC MEASURES****REPETITION AGREEMENTS SOURCE AND CONTACT TRACING****CHANGE OBJECTIVE**

The client remembers the agreements made regarding hygiene measures and approaching sources and contacts.

EXAMPLES FOR DISCUSSIONS

Reiteration:	Last time we discussed hygiene measures. Do you have any further questions in this respect? Can you remember what you were going to do in order to reduce the risk of infection of other people? Last time we discussed which people should be examined in order to find out <u>'from whom'</u> you contracted the disease and <u>'to whom'</u> you may have given the disease. Do you have any further questions in this respect? Can you remember what you were going to do in order to ensure that these people come forward for an examination? (This was noted in the dossier at the last consultation)
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ITEMS SOURCE AND CONTACT TRACING

B1

KNOWLEDGE OF THE REASONS SOURCE AND CONTACT TRACING

CHANGE OBJECTIVE

The client can quote the 2 reasons for carrying out SCT.

EXAMPLES FOR DISCUSSIONS

Knowledge:	As a result of your infection we are going to check a number of people. Have you any idea why? Together with you we would like to look at 'from whom' you contracted the disease and 'to whom' you may have given the disease. Do you understand what I mean by that?
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B2

MOTIVATION TO EXAMINE RISK SITUATIONS IN THE PAST



Tool in Appendix 1

CHANGE OBJECTIVE

The client is prepared to investigate, together with the health care practitioner, the moments of risk in the past.

EXAMPLES FOR DISCUSSIONS

Motivation:	What would you think if we charted out all the risks from the past? Or; In order to see if we can find out from whom you contracted the disease and to whom you may have passed on the disease, I would now like to chart out the risks from the past. What do you think of that? Do you understand it?
If necessary, increase motivation:	<p>Provide information: This is one of the few things you can do to discover where the disease comes from. This is one of the things you can do in order to get a grip on the disease.</p> <p>Provide Information: Others can be protected (the source might not know that he has HBV, HBV does not always show symptoms)</p> <p>Play along with feelings of guilt: Do you think that people would want to know that they themselves are infectious? How would you feel if these people did not get to know about their illness?</p>
If necessary, clear up any misunderstandings. (See M1, M2 and M3)	

POINTS REQUIRING SPECIAL ATTENTION

It can be awkward discussing the responsibility for the alerting of people about the possible infectiousness without causing fear or sounding accusatory.

B3**RISK INVENTORY (QUESTIONNAIRES)****WRITE DOWN PERSONAL DATA OF PERSONS THAT ARE SELECTED FOR EXAMINATION****MOTIVATION SOURCE AND CONTACT TRACING****Tool in
Appendix 3****CHANGE OBJECTIVE**

The client can quote the advantages of having possible sources and contacts examined.

EXAMPLES FOR DISCUSSIONS

Motivation:	We have now discussed/ found a number of people <u>from whom</u> you could have contracted HBV and <u>to whom</u> you could have given HBV. We have now found a number of people who possibly also have HBV. We would like to examine these people. What do you think of that?
If necessary, increase motivation:	Provide information: This is one of the few things you can do to discover where the disease comes from. This is one of the things you can do in order to get a grip on the disease. Provide information: Others can be protected (the source might not know that he has HBV, HBV does not always show symptoms) Play along with feelings of guilt: Do you think that people would want to know that they themselves are infectious? How would you feel if these people did not get to know about their illness?
If necessary, clear up any misunderstandings. (See M1, M2 and M3)	

B4**MENU OF CHOICE OPTIONS WITH REGARD TO SOURCE AND CONTACT TRACING****WRITE DOWN AGREEMENTS IN PATIENT FILE****Tool in
Appendix 4, 5****CHANGE OBJECTIVE**

The client states his choice: approach possible source(s) and contact(s) himself or have it done by the GGD (Public Health Service).

EXAMPLES FOR DISCUSSIONS

Choice menu:	I know from experience that some people are happy that the GGD approaches everyone whilst others prefer to keep matters in their own hands as far as that is concerned. What do you think is the best idea? What would work well for you? Or: What would you be able to do in the immediate future (for example until the next consultation) in order to ensure that these people get themselves examined?
If necessary give choices	We have a list of the people who could be asked whether they would like to be examined. In general we can do the following things: 1. The GGD approaches all these people (following approval of the client) 2. You approach all these people * 3. You approach all these people and the GGD approaches a number of people * * I'll come back to this agreement and the GGD will take it over if necessary.

If necessary help with choice

Advantage of approach by the GGD: this does not require any effort on the part of the client. The client does not need to have any contact with the person. If desired, the client can remain anonymous to the person being approached. The person being approached may possibly take the advice more seriously.

Advantage of approach by client: the client can make agreements with the person being approached regarding the issue of the result (the GGD will not pass the result on to the client). Only upon the notification that he himself is a carrier may the client offer something to the person being approached: tests and maybe also vaccination.

POINTS REQUIRING SPECIAL ATTENTION

It can be tempting to write down a 'vague' agreement, for example: 'The client will ask his brother whether he will let himself be examined the next time that he sees him.' In this case it is awkward to come back to the agreement because nothing has been agreed with regard to when 'the next time' will be. Allow the client to formulate, in his own words, what, how and when who will be alerted. Write the agreements made down in clear terms; describe precisely who will do what and when. If it is not possible to come back to the agreement during the next consultation (for example because the client will only alert a contact after the next consultation) then make an agreement for a telephonic feedback.

B5

EXPECTATIONS REGARDING INFORMING PEOPLE ABOUT SOURCE AND CONTACT TRACING

EXPECTATIONS REGARDING REATIONS SOURCE AND CONTACT TRACING

CHANGE OBJECTIVE

The client expects that it will be possible to inform possible source(s) and contact(s).

EXAMPLES FOR DISCUSSIONS

Expectations:	Do you think it will be possible to inform this person / these persons about hepatitis and to explain that they must be examined? Why, why not? How do you think this person will react? How will you handle this?
If necessary, clear up any misunderstandings. (See M1, M2 and M3)	



B6

WAS AGREEMENT SOURCE AND CONTACT TRACING CARRIED OUT?

CHANGE OBJECTIVE

The client describes whether he has been successful in implementing the agreements made with regard to Source and Contact Tracing.

EXAMPLES FOR DISCUSSIONS

Implementation :	What things have you done with regard to the agreements which we made last time? Last time we discussed that you would approach a number of people with regard to examination. How did it go?
In case agreements have not been implemented:	
Motivation / barriers:	How did you experience alerting these people? Why was the ... not successful?
If necessary, clear up any misunderstandings (M3 and M4)	
Discuss follow-up actions:	<ol style="list-style-type: none"> 1. The client will start again with the alerting of contacts and/or the nurse takes over the tasks of the client if need be; 2. Another appointment is made for a (telephonic) feedback. After this follow-up discussion the Source and Contact Tracing is closed or it is taken over by the GGD. 3. In cases of lack of examinations of the people with a high priority the GGD will preferably take over the alerting of contacts.

POINTS REQUIRING SPECIAL ATTENTION

When asking about the reasons why the activities were not successful, try to ask further questions: does the blame lie internally or externally and is that realistic and can it be influenced?

ITEMS FOLLOW-UP

C1**KNOWLEDGE REGARDING FOLLOW-UP (WHEN PATIENT ASKS ABOUT COURSE OF DISEASE)****CHANGE OBJECTIVE**

The client states that he needs to be examined by a specialist or GP.

EXAMPLES FOR DISCUSSIONS

Knowledge:	Many people find it important to exercise control over the disease. One of the things you can do is have a regular check-up by the GP or the specialist. I will now do a blood test to see if you need to go and see the specialist or the GP. The result will be available at our next appointment. Regular examinations or treatment can prevent problems at a later stage.
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POINTS REQUIRING SPECIAL ATTENTION

This subject regarding referral to GP or specialist is discussed preferably at the end of the second consultation. If the client asks earlier about the course of the illness or the possibility of exercising control over the illness it can however be useful to name the checks. Do not make the story too complicated, do not give unsolicited explanations regarding the serological structure of the virus.

C2**KNOWLEDGE WITH REGARD TO ANNUAL CHECK-UP BY GP
WRITE DOWN YEAR AND MONTH VISIT GP**


**Tool in
Appendix 6**

CHANGE OBJECTIVE

The client expresses what the importance is of the need for an annual check-up over a period of three years with the GP.

C3**MOTIVATION YEARLY VISIT****CHANGE OBJECTIVE**

The client demonstrates a positive attitude with regard to the need for an annual check-up over a period of three years with the GP.

EXAMPLES FOR DISCUSSIONS

Motivation:	What can you still remember about the advice regarding check-ups? What do you think about it? Do you think you will succeed in going to see the GP every year? If not, why do you think that you will not succeed? What will have to happen in order to ensure that you do go to the GP?
If necessary increase motivation:	

<p>Provide information: if the results of the check-ups are good for three years we expect that the virus will keep itself calm, if necessary you can be quickly referred to a specialist.</p> <p>Provide information: Without check-ups you can not find out what the status of the illness is. (M1)</p> <p>If necessary lower the barrier:</p> <p>Fear of the result or the pain of the examination: What precisely are you frightened of? (is the fear justified?). Maybe the blood sample can be taken at a time when other things are being checked. Explain that as opposed to the anxiety about the result, there is always the possibility of reassurance.</p>
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POINTS REQUIRING SPECIAL ATTENTION

Mention that the client himself must think about and make the agreement. Discuss the possibility of introducing an aide-mémoire such as a note in the diary, on the calendar or in the mobile telephone. In order to emphasize the explanation, the months and years for the annual check-up by the GP can be stated in the Information Letter regarding the annual check-up.

C4

KNOWLEDGE WITH REGARD TO VISIT SPECIALIST

SKILLS TO VISIT SPECIALIST

**Tool in
Appendix 7
and 8**

CHANGE OBJECTIVE

The client states that he qualifies for an examination by the specialist.

The client feels himself able to make an appointment with the specialist and to turn up for the appointment.

EXAMPLES FOR DISCUSSIONS

Knowledge:	What can you still remember of the advice regarding visits to the specialist?
Skills:	Do you think you will succeed in making an appointment with the specialist? Do you know how to make the appointment?
If necessary explain the procedure, including referral by the GP.	

POINTS REQUIRING SPECIAL ATTENTION

When discussing this subject, try to make a comparative assessment between the client's own responsibility and skills (language, understanding). In order to get an appointment with the specialist a client must have a referral from the GP and make contact with the right department of the hospital. There are various steps in this process of referral whereby it can go wrong (partly due to language problems). The GGD staff can increase the chance that someone will get an appointment with the specialist by means of making an appointment with the specialist on behalf of the client, after the GP has given his consent to this.

ITEMS HYGIENIC MEASURES

H1**MENU OF CHOICE OPTIONS WITH REGARD TO HYGIENIC MEASURES****WRITE DOWN AGREEMENTS IN PATIENT FILE**

**Tool in
Appendix 1**
CHANGE OBJECTIVE

The client gives examples of how blood-to-blood contact can be prevented.
The client describes his choice with regard to hygiene measures.

EXAMPLES FOR DISCUSSIONS

Choice menu:	We've just talked about the risks which are present in daily life. Do you have any idea how you can reduce those risks for other people? What are your habits in this regard? What would you already be able to do in order to reduce the risk in the immediate future (for example tomorrow)?
If necessary provide ideas:	Agree with family members that they may not use your toothbrush, razor, or nail scissors due to possible blood-to-blood contact; place a sticker on the items which may only be used by you; keep toothbrush, razor, nail scissors in a place where others can not easily get to them; Inform guests as to which items are infectious.

POINTS REQUIRING SPECIAL ATTENTION

Do not try to give unsolicited advice. Let the client come up with ideas in the first instance. If this is not successful, ask if you can give some examples.

Record the intentions of the client in specific terms: 'Mr ... will henceforth keep his toothbrush and razor in his wardrobe instead of in the bathroom.'

The illustrations of the transmission routes can be used as follows during discussion of the hygiene measures: Following explanation of the concepts 'blood-to-blood contact' and 'sexual contact' the transmission routes will be discussed. The client can be asked which of the illustrated risks could be or become important now or in the future in order to prevent further infection. Thereafter, the measures can be discussed which the client can and wants to take in order to reduce as much as possible the risks for other people.

H2**EXPECTATIONS HYGIENIC MEASURES****CHANGE OBJECTIVE**

The client expects that he will be successful in taking hygiene measures.

EXAMPLES FOR DISCUSSIONS

Expectations:	What do you think of these measures? Do you think it will work? Why, why not? That seems to me to be a major change...
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H3**WAS AGREEMENT HYGIENIC MEASURES CARRIED OUT?
UNNECESSARY MEASURES?****CHANGE OBJECTIVE**

The client describes whether he has been successful in implementing the agreements made regarding hygiene measures.

EXAMPLES FOR DISCUSSIONS

Implementation:	Last time we discussed what you could do to reduce the risks of blood-to-blood contact. What have you done in order to prevent blood-to-blood contact?
Unnecessary measures?	In case unnecessary measures are taken in connection with Hepatitis B, such as cleaning the toilet, keeping cutlery separate, talk again about the risks.
In case agreements have not been implemented: Motivation / barriers	Why were you not successful in keeping to the agreements?
If necessary, clear up any misunderstandings. (M3 and M4)	

POINTS REQUIRING SPECIAL ATTENTION

When asking about the reasons why the activities were not successful, try to ask further questions: does the blame lie internally or externally and is that realistic and can it be influenced?

ITEMS MISCONCEPTIONS

M1**MISCONCEPTIONS REGARDING SYMPTOMS OF HBV****CHANGE OBJECTIVE**

The client understands that HBV does not always show symptoms.

EXAMPLES FOR DISCUSSIONS

Symptoms	Do you (still) know what sort of symptoms people with HBV have? Emphasize that some people have no symptoms at all and that people sometimes do not know that they themselves are a carrier. I often hear from people that they think that...
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M2**MISCONCEPTIONS REGARDING BLOODTEST****CHANGE OBJECTIVE**

The client understands that with a random blood test a check for HBV is not always carried out.

EXAMPLES FOR DISCUSSIONS

Blood test	Do you know whether one of these people (the people who need to be examined) has at any time been checked for HBV? Emphasize that with a random blood test a check for HBV is not always carried out. I often hear from people that they think that...
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M3**MISCONCEPTIONS REGARDING PATIENT INFECTIOUSNESS**


**Tool in
Appendix 1**

M3 CHANGE OBJECTIVE

The client understands that HBV is always infectious and that infection can still take place even after a long time.

EXAMPLES FOR DISCUSSIONS

Infectiousness	Do you mind if I give some information about infectiousness? - Hepatitis B is 100 times more infectious than HIV - Carriers remain infectious their whole life long - If partners have been together for a very long time and have not yet infected each other then that is a question of pure luck
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M4**MISCONCEPTIONS OF OTHERS REGARDING INFECTIOUSNESS OF HBV****Tool in
Appendix 1****CHANGE OBJECTIVE**

People in the proximity of the client (partner, family members, co-inhabitants, etc.) understand that HBV is always infectious and that infection can still take place even after a long period of time.

EXAMPLES FOR DISCUSSIONS

If present:	Discuss together with partner, family members, co-inhabitants, where the risks lie in the daily routine.
If not present:	Discuss with client if people in the proximity are not present, which misunderstandings there are amongst the people in the proximity of the client, how he can discuss the subject with his partner, family members, co-inhabitants etc. For example: how did you react to the person who thought that you were no longer infectious? What else would you be able to say to him?

ITEMS COPING

N1**WORRIES ABOUT INFECTIOUSNESS****CHANGE OBJECTIVE**

The client describes his own infectiousness in a realistic manner

EXAMPLES FOR DISCUSSIONS

Coping:	What do you think about the fact that you are infectious? Do you still worry about infectiousness? Do you ever have doubts about whether or not things are infectious? Are there any things which have changed in the daily routine/ daily life because you are infectious?
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N2**HAND OUT DATA FOR FINDING USEFUL INFORMATION****CHANGE OBJECTIVE**

The client names the sources from whom he can obtain additional information with regard to HBV.
The client states that it will be possible to ring the GGD if he has further questions about being a carrier of HBV.

EXAMPLES FOR DISCUSSIONS

Coping:	Should you have any questions in the future, do you know how you can obtain information? Do you think this will work? In case of language problems, agree for example who will ring.
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ITEMS CONDOM USE

S1

KNOWLEDGE OF THE USE OF CONDOMS

CHANGE OBJECTIVE

The client states that he must use a condom with his current or future partner as long as this partner is not yet fully vaccinated.

EXAMPLES FOR DISCUSSIONS

Knowledge:	During the last discussion we spoke about what you would be able to do in order to avoid sexual risk, do you still know what this was? (no sex, use of condoms, vaccination) Do you still know for how long the use of condoms is advised? Until such time as your partner is fully vaccinated you must always use a condom.
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POINTS REQUIRING SPECIAL ATTENTION

State the duration of the vaccination series and the period of protection of the vaccination. Remember the misunderstanding: 'sex is only infectious if there is also blood.' Report clearly what has been agreed with regard to the use of condoms.

S2

MOTIVATION REGARDING CONDOM USE

CHANGE OBJECTIVE

The client demonstrates a positive attitude with regard to the use of condoms.

EXAMPLES FOR DISCUSSIONS

Motivation	What do you think about the fact that you must (temporarily) use a condom? or How important is it for you to always use a condom?
If necessary	Do you mind if I give you some information about infectiousness? (see M3)

POINTS REQUIRING SPECIAL ATTENTION

When asking about the reasons why the activities were not successful, try to ask further questions: does the blame lie internally or externally and is that realistic and can it be influenced?
When a client clearly states that he is not motivated to follow this advice, the safe sex advice, for couples who have been together for more than 10 years, could be limited until after the second vaccination. It is then possible to do an intermediate anti-HBs. By so doing, the safe sex is limited to 3 months, which is easier to sustain.

S3

KNOWLEDGE BUYING CONDOMS

CHANGE OBJECTIVE

The client can name places where he can and wants to buy condoms

EXAMPLES FOR DISCUSSIONS

Experience	Have you ever used condoms before? Did you buy them yourself? Have you ever bought condoms before? Where will you buy them now?
If necessary name places (and internet e.g.: www.condoomfabriek.nl)	

POINTS REQUIRING SPECIAL ATTENTION

If the client intends to buy condoms outside the Netherlands or he still has some condoms left, discuss the *CE Quality mark*.

S4**MOTIVATION OF THE PARTNER REGARDING CONDOM USE****CHANGE OBJECTIVE**

The partner states that he or she wants to use condoms.

EXAMPLES FOR DISCUSSIONS

If the partner is present:	ask what the partner thinks about the use of condoms.
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S5**EXPECTATIONS REGARDING DISCUSSING CONDOM USE WITH PARTNER****CHANGE OBJECTIVE**

The client demonstrates confidence in discussing the use of condoms with his partner

EXAMPLES FOR DISCUSSIONS

<p>If the partner is not present or the client does not have a partner at the present time, the expectations with regard to discussion of the use of condoms with the partner can be anticipated.</p> <p>Do you think that you will be able to discuss this with your partner? How do you think that will go? When will you bring up the subject and how do you think your partner will react? How confident are you that you will be able to discuss this?</p>

POINTS REQUIRING SPECIAL ATTENTION

If a client does not feel able to hold a discussion regarding the use of condoms, or would prefer to use a condom without ending up in a discussion, then a non-verbal strategy can be used (1).

S6**SKILLS CONDOM USE****CHANGE OBJECTIVE**

The client describes the steps for the correct use of condoms or gives a demonstration of condom use.

EXAMPLES FOR DISCUSSIONS

Skills	Have you ever used condoms before? If so, did that always work properly? If necessary: can you describe what went wrong?
Demonstration if necessary	Name thereby the various steps. Let the client repeat the steps. Depending on the experience and preference of the client the choice can be made to let the client first give a condom demonstration. If necessary give instructions or corrections.

ITEMS VACCINATION

V1**KNOWLEDGE FUNCTION VACCINATION (PROTECTION)****Tool in
Appendix 2****CHANGE OBJECTIVE**

The client names the function of vaccination (protection of contacts against HBV)
The client names the reason for blood testing.

The people who are eligible for vaccination (partner and co-inhabitants of the carrier) describe the function of vaccination.

The people who are eligible for blood testing describe the reason for blood testing.

EXAMPLES FOR DISCUSSIONS

Knowledge of vaccination: What do you know about how someone can protect himself against HBV?

Use clear terminology:

- Injection / vaccination in order to ensure that you will not contract hepatitis B any more. (and repeat how many vaccinations are still to come)
- Blood test to find out whether you have hepatitis B
- Blood test to find out whether the injections are working and that you can't get HBV any more (emphasize protection)
- Blood test to see if you need to see the specialist or GP.

Have you any further questions about this?

V2**(KNOWLEDGE REGARDING VACCINATION OF NEWBORN)****CHANGE OBJECTIVE**

The pregnant client names the various steps in the process of HBV vaccination of the baby.

EXAMPLES FOR DISCUSSIONS

Discuss only with pregnant women:

Knowledge: Do you know what we can do in order to ensure that your child will not get HBV?
Discuss with the pregnant woman the steps in the process of HBV vaccination of the baby.

For example:

1. You will get a prescription from the midwife for HBIg.
2. You take this prescription to the chemist and you collect HBIg
3. You keep this in the refrigerator until you give birth
4. The midwife will administer the HBIg within 24 hours
5. You will receive an appointment card from the child health clinic
6. You take your child and the appointment card to the clinic

POINTS REQUIRING SPECIAL ATTENTION

Although several parties are involved in the careful performance of the process of vaccination of the baby it is advisable to give the mother-to-be a 'checking' function. Emphasize further that it is wise not to change the clinic

appointments unless it is absolutely necessary. A delay in the HBV vaccination plan can result in the vaccine providing less protection.

V3**CONFIDENCE IN THE WORKING OF VACCINATION?****CHANGE OBJECTIVE**

The client is convinced of the functioning of the vaccine.

EXAMPLES FOR DISCUSSIONS

Confidence

What do you think of the fact that everyone needs to be vaccinated? Do you still know what this injection is for? Do you know how many of these injections someone gets in total? What sort of practical consequences does it have if someone is fully vaccinated? What precisely does that vaccination mean for the hygiene measures you are taking at the moment?

Background information

item	
Opportunity to ask questions (1)	By first answering or inventorising burning questions you increase the relevance of the information which is given during the discussion. The 'relevance' principle appears to increase the quality of the intervention (2). One of the functions of providing information is that it stimulates realistic expectations in clients. In particular the fear of imaginary threats can be removed by providing information. The giving of information can also help with recognizing real threats. Patients can then prepare themselves better for the threat. Furthermore, the stimulation of patient participation (by for example allowing the patient to ask questions) appears to increase the feeling of control (3). Especially people with a lower socio-economic status should be encouraged to express their uncertainties and preferences (4).
Knowledge of transmission routes (2)	<p>Knowledge of transmission risks is essential for following the advice regarding hygiene measures, safe sex, and the performance of <i>Source and Contact Tracing</i>.</p> <p>Of the chronic carriers who in 2002 and 2003 visited the GGD Rotterdam, approximately half, with the passage of time, possessed incorrect knowledge regarding transmission routes and risks despite the fact that according to the dossiers counselling had been given about this.</p> <p>According to the Elaboration Likelihood Model (5) people are more likely to remember information if it is presented in a surprising, personally-relevant manner and people are stimulated to absorb the information in an active manner.</p>
Topics for the next consultation (3)	Blackwell (6) writes, with regard to effective interventions for increasing therapy fidelity, that some improvements such as the combination of verbal and written information are relatively simple to implement. Furthermore, the author also pleads for the use of several or combined interventions for various sub-objectives. Mullen (7) also pleads for the use of several 'communication channels' for behavioural change. Unfortunately education alone is not enough, if there is no supervision therapy fidelity decreases drastically. This support can originate from healthcare workers, family members, friends, etc. The healthcare worker is often a source of support for people who have been vaccinated. In order to develop a successful cooperation there needs to be an agreement between both parties. The client for example, must know precisely what is expected of him in the area of treatment.
Knowledge of the reasons for SCT (B1)	<p>After about a year most of the chronic carriers who visited the GGD Rotterdam in 2002 and 2003 knew only partly why it was necessary that a number of people in their social circle or family were examined. People knew that they were infectious and they stated that co-inhabitants, partner and children had to be examined to 'see if they had also become infected'.</p> <p>None of the clients however gave 'find out where the infection came from' as a reason for the examination, whilst people did state regularly that they would like to know where they contracted the infection.</p>
Motivation to examine risk situations in the past (B2)	Because people are dependent to a large extent on the client for the performance of <i>Source and Contact Tracing</i> it is important to motivate the client to cooperate in this. Of the carriers who visited the GGD Rotterdam in 2002 and 2003 almost one third of the reasons for not having sources and contacts examined is due to a misunderstanding. As a result of erroneous ideas which some clients hold, they find for example that cooperation with Source and Contact Tracing is not really necessary. They do not appreciate what the importance of examination can be for themselves or for others. In the descriptions of clients misunderstandings emerge in three different areas.

	These are misunderstandings regarding blood testing, the symptoms of Hepatitis B and the infectiousness. (See M1, M2 and M3).
Menu of choice options with regard to SCT (B4)	The giving of a 'menu of choice options' is a technique which is used with 'Motivational Interviewing' (8). One of the ideas behind the use of a choice menu is that clients will be more likely to implement the behaviour for which they themselves have chosen.
Expectations regarding informing people about SCT (B5)	Investigations (9) show that where Sexually Transmitted Diseases are concerned warning of the partner by the client is less effective than warning of the partner by a healthcare worker. If the client chooses to approach a number of people himself it is crucial that the healthcare worker takes on a coaching role and supports the client where necessary. (9). As healthcare worker, by asking about the expected reaction of sources and contacts, possible problems can be anticipated. In this way also, an estimate can be made of whether the client possesses the necessary skills or whether it is indeed better that the nurse takes over the task. (Only, of course, with the agreement of the client).
Was agreement regarding SCT carried out? (B6)	A method which can be used to motivate people to particular behaviour is 'goal setting'. The theory of 'goal setting and task performance' (10) assumes that the setting of goals leads to a better performance because people with goals put in more effort, are more energetic, concentrate better and when necessary develop strategies for performance of specific behaviour. A goal must be specific and measurable or observable and it must be formulated in terms of behaviour. The setting of a goal is probably not effective if the task is too complex. In that case the healthcare worker can, for example, give sub-goals or suggest strategies. Even if people believe that it is important that they keep to agreed goals, they often still need a 'prod in the back' in order to actually adhere to the agreement. The fact that clients know that the agreement will be brought up again can be precisely the 'prod in the back' that they need (11).
Knowledge regarding Follow up (C1)	The manner in which someone reacts behaviourally, cognitively and emotionally to circumstances which require adjustment, such as illness, is known as coping. The coping style refers to the manner in which someone handles a stressful occurrence such as illness. There are two different main functions of coping efforts: Problem-solving or emotion-regulating (12). A problem-solving function involves taking the problem in hand and focusing the efforts either on the handling or changing of the threatening situation. Seeking treatment, or changing a stressful job are examples of efforts to change problems in the proximity of the person. Emotion-regulating functions include efforts to regulate emotional unrest which is the result of the threat, for example by minimizing the danger or by avoiding the news.
	We have known for a long time that having the feeling of 'control' over stressful occurrences can help people deal effectively with stress. The term 'observed control' is the idea that someone can determine his own behaviour, can influence his own surroundings and bring about the desired results. Because control can be a problem for individuals who have little opportunity to exercise control, everything which can influence the observed control can help these people (13).
	Examples of interventions which help a client to deal with the chronic illness are: psychotherapy, patient education, support groups, cognitive behavioural interventions or a combination of the approaches mentioned above (14). Most of these interventions are extremely labour intensive and are carried out by trained behaviour therapists or other professionals.

	<p>During a consultation there are three things which could help a chronic carrier when learning to deal with the illness:</p> <ol style="list-style-type: none"> 1. Good patient education whereby misunderstandings are discovered and disproved. Irrelevant earlier experiences and social myths can dominate the interpretation process ('what does this news that I have Hepatitis B mean'). By providing information these incorrect ideas become replaced by information which is coherent and true. 2. Respond to coping style. On the basis that not all clients have the same needs as regards information, an attempt can be made to adapt the message to the coping style of the client. Although the coping style is very individual and there is no particular preference for a style, an assessment can be made as to whether someone wants more information about tackling the problem (problem-focused coping style) or learning to cope with the emotional consequences of the problem (emotion-focused coping style). The first one could involve emphasizing the control possibilities, the giving of informative websites or attempting to discover the cause. The second one could involve discussion regarding the mobilization of support or providing information with regard to patient organizations. 3. Finally, an attempt could be made to make certain subjects discussible which could possibly lead to problems later. This could include discussion of consequences in the area of sexuality. This could be done for example in conjunction with the advice to use a condom.
<p>Knowledge with regard to annual check-up at GP (C2)</p> <p>Knowledge with regard to visit to specialist (C4)</p>	<p>In 1996, the infectious diseases department of the GGD Rotterdam (Public Health Service Rotterdam), in cooperation with the Erasmus MC, developed a guideline for the identification and referral of chronic HBV carriers for medical examination by a specialist. The guideline selects carriers (HBs-Ag positive patients) with an active infection (HBe-Ag positive patients) and/or increased liver functions (ALT >ULN). These clients are referred to their GP who will refer them to a hospital which is specialized in the evaluation and treatment of HBV infections. The carriers who do not qualify for a visit to the specialist are advised to have the infection checked annually by the GP over a period of three years.</p>
	<p>As a result of a retrospective evaluation survey of the guideline by Mostert et al. (15) a number of changes have been implemented.</p> <ul style="list-style-type: none"> • Firstly, two different letters were drafted for clients with a chronic infection: one for clients with an active infection and one for clients with an inactive infection. The letters, which are available in different languages, describe the consequence of HBV and explain the GGD advice for referral to the hospital or an annual check-up by the GP. People assumed that in this way the client would feel more responsible for his own illness and treatment. These letters can be found in Appendix 6 and 7 • Information regarding chronic HBV, treatment and options and the HBV referral sequence is attached to the letter with serological results from the GGD to the GP. • Courses about HBV for GPs in Rotterdam.
	<p>From interviews with HBV carriers which were carried out in 2002 and 2003 at the GGD Rotterdam, it appeared that extra attention needs to be paid to the motivation of carriers to follow the advice to visit the GP annually. The two most important causes for not keeping to the advice are firstly the fear of examination or the results and secondly not realizing the importance of the examination.</p>

Menu of choice options with regard to hygiene measures (H1)	<p>With regard to the chronic HBV carriers who visited the GGD Rotterdam e.o. in 2002 and 2003, approximately one year after their visit, their knowledge of infection risks was measured. This knowledge proved to be reasonably good, the vast majority of people knew that blood-to-blood contact and sexual contact form risks. Unfortunately, the possession of correct knowledge with regard to risks did not automatically result in people taking preventative measures in the area of blood-to-blood contact. Of the 35 people with correct knowledge regarding transfer of HBV 22 people in total took good hygiene measures such as keeping the toothbrush separate and/or razors and 11 people took unnecessary hygiene measures such as keeping the cutlery separate. This could be to do with the existence of incorrect ideas in addition to the possession of correct knowledge, were it not for the fact that of the people who <i>only</i> saw blood-to-blood contact as risk and/or saw sexual contact as risk for infection, four people still took unnecessary preventative measures.</p> <p>Almost everyone (41 clients) was informed about hygiene measures during the consultation at the GGD. We saw that at the time of interview not everyone had this information at the ready. At the time of the interview misunderstandings existed with regard to what are and what are not risks for the transfer of HBV. It is not possible to say whether these misunderstandings already existed at the time of counselling at the GGD or whether they arose over a period of time. What we do know is that the people who were informed at the GGD with regard to hygiene measures, can no longer reproduce these with the passage of time.</p>
Misconceptions regarding symptoms of HBV (M1)	<p>With the group of people who visited the GGD Rotterdam e.o. in 2002 and 2003 in connection with chronic Hepatitis B, the misunderstanding existed that the disease is always coupled with symptoms. This is notable because these people are informed about the symptoms of HBV during a consultation.</p>
Misconceptions regarding blood test (M2)	<p>In a number of cases, with the group of people who visited the GGD Rotterdam e.o. in 2002 and 2003 it was unclear that with a random blood test HBV is not always checked for. These clients seem to have the idea that if a blood test is carried out, all abnormal things would automatically be revealed. They do not know that specific tests need to be carried out in order, for example, to be able to see HBV in the blood. They sometimes also assume that if someone donates blood, that that person will be informed of a possible infection with HBV. This applies to the Dutch situation but not to all foreign countries.</p>
Misconceptions regarding infectiousness (M3)	<p>Some people have misinterpreted information which they have at some time obtained with regard to infectiousness and therefore consider it unnecessary that others are examined. This misconception is for example applicable to the cooperation with <i>Source and Contact Tracing</i> .</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>They have not been called up and they have not of their own accord thought: let's get ourselves checked up. All the more so because it appears that there are 2 varieties of hepatitis, the one variety is extremely infectious and the other is not so infectious. In our case it was the less infectious variety as a result of which we did not worry about it. (Woman, aged 45 years)</i></p> </div>
Misconceptions of others regarding infectiousness of HBV (M4)	<p>Much of the advice which is given during the consultation also has an effect on people in the proximity of the client, such as partner, family members and co-inhabitants. It is therefore important that misunderstandings which exist with these people are discovered and disproved.</p>
Worries about infectiousness (N1)	<p>The extent to which the disease is experienced as a source of psychological stress, is partly dependent upon experiences, cultural background and the</p>

	<p>personal and social abilities of the patient. Learning to deal with the disease goes in stages in which various psychological and social problems can occur. Although most HBV carriers have few or no symptoms of the disease, (thinking about) the disease sometimes causes psychological and social problems. Being frightened and feeling insecure can cause other psychological problems such as irritability, brooding and loneliness. The effect of HBV on the social life was primarily concerned with bodily <i>complaints</i> as a result of HBV or the <i>feeling of being infectious</i>. The reaction of people in the social environment is seldom rejection although clients had often expected rejection.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>I am sometimes alone, no people, no nothing. I am so lonely ... If I go to other people's homes or we go to other people's homes and there are small children, then I probably won't have any contact any more because I am ill. (man, aged 42 years)</i></p> </div> <p>Research has shown that attention paid to the whole range of problems and taking into account the feelings and ideas about the disease, also known as 'illness experience' are effective dimensions of communication (16).</p>
<p>Knowledge of the use of condoms (S1)</p>	<p>In the earlier stages of the counselling discussion the sexual transmission route of hepatitis B is explained. If no or unclear advice is given regarding safe sex this can be confusing for the client. For example, advice such as 'be careful' can be interpreted in many different ways and can therefore be confusing.</p>
<p>Motivation regarding condom use(S2)</p>	<p>By far the most carriers whom we sought in 2002 and 2003 for our survey had a permanent partner. Most of the clients with a permanent relationship were positive towards the use of condoms. Sometimes it was difficult for people to believe in the risk that they ran via unsafe sexual contact. This applies in particular if partners have been together for years without having infected each other. It was then a major change to start using a condom. (Disadvantage: change in sexual behaviour). On the other hand, people felt themselves responsible for the protection of their surroundings.</p>
	<div style="border: 1px solid black; padding: 5px;"> <p><i>Yes, that (use a condom until such time as my wife has been vaccinated) was said but they think that I was born with it and I have been with my wife for a long time without her having got it. Why would I then use a condom? But I have done it anyway because if I don't do it I will probably do harm to others. My wife and children. (man, aged 44 years)</i></p> </div>
	<p>In cases of people with casual sexual contacts the doubts about risk described above ('why after so many years would I still be able to infect my partner') do not apply. People who are starting a relationship, or have a casual contact mainly regard it as a disadvantage that they might be rejected if they tell about their infection with HBV.</p>
<p>Motivation of the partner for the use of condoms(S4)</p>	<p>Research has shown that the assessment of the opinion of the partner regarding the use of condoms, the behaviour of the partner in this respect (sexual partner norm) and communication regarding the use of condoms, encourages the use of condoms (17).</p>
<p>Expectations regarding discussions with partner (S5)</p>	<p>Verbal and direct strategies are considered to be the most effective strategies in condom negotiations. Both cultural differences and differences between the sexes in communication style, show that people do not always negotiate verbally or directly with regard to condoms. Other strategies are, for example, non-verbal and indirect: putting a condom on, buying condoms, putting condoms in a place where the partner can see them. Abstinence from sex by means of physically resisting the sexual advances of a partner and seductive</p>

	<p>and emotionally persuasive techniques (for example keeping an emotional distance).</p> <p>Verbal and direct methods of condom negotiation is more in harmony for people with a Western orientation in communication whilst non-verbal and indirect condom negotiations are more suitable for people with an Asian orientation for communication. Attention to non-verbal and indirect forms of condom negotiation is also important for Asians due to the strong taboos which dominate in the Asian culture and which limit open discussion of sexuality.</p>
	<p>Furthermore, there are important differences between the sexes in non-verbal and indirect condom negotiations. Research has revealed that women use more non-verbal and indirect communication styles than men (18).</p>
Skills in the use of condoms (S6)	<p>The expectations regarding the use of condoms will usually be related to the user's own skills and earlier experiences. If, for example, someone has in the past already used a condom (read: has bought, has brought the subject up in conversation, has used in the correct manner) he will possibly be more likely to do this in the future.</p>
	<p>It speaks for itself that the advice to HBV carriers to use a condom is also given to those who already use them. With such habitual behaviour a person will not weigh up the advantages and disadvantages before the behaviour is implemented, people implement the behaviour to a greater or lesser degree automatically.</p>
Knowledge regarding the function of vaccination (V1)	<ol style="list-style-type: none"> 1. Knowledge regarding the function of vaccinations is essential for understanding of the advice about hygiene measures and safe sex, and can have an influence on coping with the disease. 2. Of the chronic carriers who visited the GGD Rotterdam in 2002 and 2003, misunderstandings existed after a period of time amongst approximately a quarter of the people with regard to the working of the vaccinations. 3. Repeatedly naming the function of vaccination is relatively simple because people keep coming back for vaccination. According to the Elaboration Likelihood Model (5) people are more likely to remember information if this is repeatedly presented and people are stimulated into processing the information in an active manner. 4. By explaining what the blood test is for the result can be anticipated. This stimulates the involvement of the client during the procedure and the feeling of control, this again has a favourable effect on, amongst other things, the tendency to keep to agreements.
Knowledge regarding the vaccination of newborn (V2)	<p>TNO wrote in its report regarding the data from 2002 that nationally, according to estimates, 65% of the children are not being immunized in accordance with the schedule and that in the case of 26% of the children this was risky in such a way that the child was possibly (temporarily) insufficiently protected (19). As was apparent from the database of the <i>Provinciale Ent-administratie</i> (Provincial Immunization Administration) 82% of the children in Rotterdam in 2003 were not vaccinated in accordance with the schedule and in 71% of cases that was risky to such an extent that there was a risk for the child.</p>
Confidence in the effectiveness of vaccination (V3)	<p>In the case of the chronic HBV carriers who visited the GGD Rotterdam in 2002 and 2003, it appeared that in any case a small number of the carriers, a year after their visit, were not completely convinced of the effectiveness of the vaccine. They showed that they remained frightened of infecting family members despite the fact that these were protected by vaccinations.</p>

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Appendices

- Appendix 1 Illustration of transmission routes
- Appendix 2 Illustrations of blood sampling and vaccination
- Appendix 3 Example. Order and limits when carrying out Source and Contact Tracing
- Appendix 4 Example. Summary of agreements made regarding Source and Contact Tracing
- Appendix 5 Example. Information letter for contacts and GP
- Appendix 6 Example. Information letter regarding annual check-up (in 6 languages)
- Appendix 7 and 8 Example. Information letters for visit to specialist (in 6 languages)

Tips for the use of Appendix 1

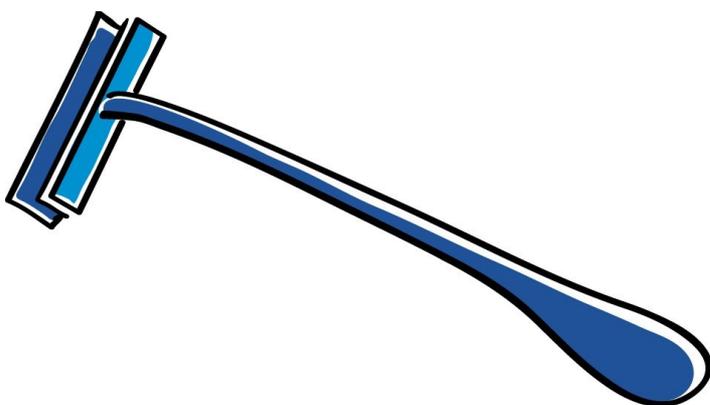
- When using illustrations as support during the communication of knowledge regarding transmission routes, it must always be explained (by the client or social worker) precisely *why* the act is infectious. There are various ways in which the illustrations can be used:

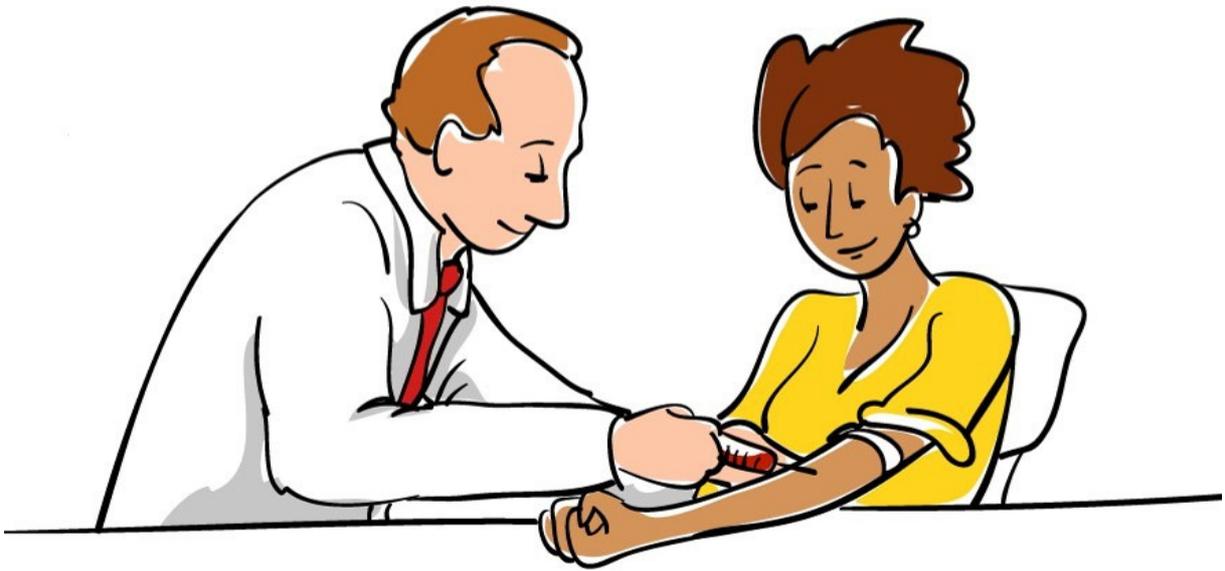
Prior to the explanation regarding transmission routes the client can be asked to think about the similarity between the illustrations. Thereafter an explanation can be given with regard to the transmission routes on the basis of ideas of the client about infectiousness. The client can also be asked if he can explain, per illustration, precisely why the act is infectious.

Following explanation of the concepts 'blood-to-blood contact' and 'sexual contact' the client can be asked to come up with examples. With the help of the illustrations it can then be explained why these examples are correct or incorrect.

With regard to SCT: Following explanation of the concepts 'blood-to-blood contact' and 'sexual contact' the transmission routes are discussed. The client can be asked which of the illustrated 'risks' in the past could have caused HBV.

During discussions regarding hygiene measures: Following explanation of the concepts 'blood-to-blood contact' and 'sexual contact' the transmission routes are discussed. The client can be asked which of the illustrated 'risks' could be or become important now or in the future in order to prevent further infection. Thereafter it can be discussed which measures the client can and wants to take in order to reduce as much as possible the risks for others.





ORDER AND LIMITS FOR CARRYING OUT SOURCE AND CONTACT TRACING (SCT)

CHRONIC HBV INFECTION

What do you ask about?	Which details should be noted? *	Who will be examined?	Regarding the agreement warning**	Should the result be included in the dossier?
1. Who are your father, mother, brothers, sisters, children?	- N, S, D, (A, T, E)	1 st Priority: All co-inhabitants and children 2 nd Priority: Other children, parents, brothers and sisters (only if parents have not been examined or are positive and originate from an intermediate or high endemic country)	Come back on this after 2 weeks and if necessary again after 2 months Do make agreements, no feedback.	Must Try
2. Moments of risk up to one year ago (see structured question list)	- for person: N, S, D, (A, T, E) - for institution: N, A, T	In the first instance no-one	Not applicable	Must
3. Sexual contacts insofar as these are traceable (with the exception of one-night stands)	- N, S, D, (A, T, E)	1 st priority: Current partner 2 nd priority: Previous partner(s)	Come back on this after 2 weeks and if necessary again after 2 months Do make agreements, no feedback.	Must Try

* N- name, S- sex, D- date of birth, A- address, T- daytime telephone number, E- email address

** For an overview the agreements made can be put in a table (see example)

SUMMARY OF SCT AGREEMENTS MADE

Relation with index	Person ... (personal details)	Will be approached by... (name of client or GGD employee)	Via... (personal contact, telephone, email, letter)	Before ... (date)	Feedback is on via.... (date) (personal contact, telephone, email, letter)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Visiting address:****Postal address:****E-mail:****Fax:****Contact person:****Telephone:****Our reference:****Number of pages:****Number of appendices:****Re:** information letter for contacts and GP

Dear _____ ,

Date:

You have had contact with someone who has the disease hepatitis B. Hepatitis B is an infectious disease which can cause damage to the liver. There is a small chance that you also have this disease. You do not have to have any symptoms of this yet. If you have the disease then you could at a later stage develop problems with your liver or you could infect other people in your environment.

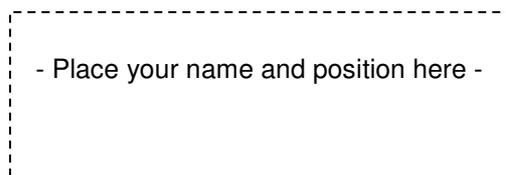
It is therefore important that you have your blood tested. If you live in the area of _____ then you can have this done at the GGD _____. Call telephone number 000-0000000 in order to make an appointment for this.

You can also visit your own GP. In that case please take this letter along with you so that your GP will know what he has to check. Hepatitis B is not detected in a standard blood test, so therefore even if you have recently had a blood test a check-up is still necessary! We would like to know your result and would ask you to request your GP to send the result through to us (see overleaf). You can also call us yourself about the result.

If, as a result of this letter, you have any further questions then you may call the GGD _____. on telephone number 000-0000000.

Many thanks for your cooperation.

With kind regards,



P.T.O. (For the attention of the GP)

- This section is for the attention of the GP -

Dear colleague,

The GGD _____ performs source and contact tracing with regard to hepatitis B. We attempt to chart out the results of the contact tracing carried out. Please would you, if your patient gives his permission, send the results through to us?

Please fax to GGD _____ Fax number: 000-0000000

Or by letter to _____

Thank you for your cooperation.

- Place your name and position here -

- Place your logo here -

Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
DUTCH

Date:

Geachte heer/mevrouw _____ ,

Er is bij u een infectie met het hepatitis B virus vastgesteld. Uit bloedonderzoek blijkt dat het in uw geval verstandig is om u jaarlijks, gedurende drie jaar, te laten controleren door uw huisarts.

Hiervoor moet u zelf een afspraak maken met uw huisarts.

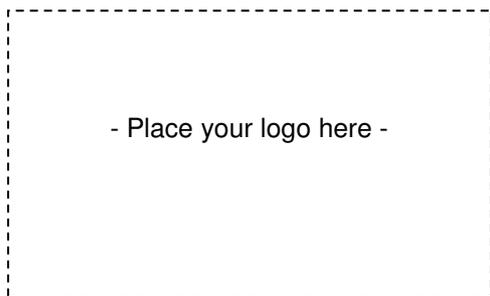
Maand en jaar 1^e controle: _____

Maand en jaar 2^e controle: _____

Maand en jaar 3^e controle: _____

- Place your name and position here -

Meer informatie over Hepatitis B is verkrijgbaar bij de GGD Rotterdam e.o. (tel.: 000-0000000) of het Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl en internet: www.hepatitis.nl.



Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
ARABIC

Date:

سيدي المحترم، سيدتي المحترمة،

لقد تم العثور لديك على التهاب بفيروس التهاب الكبد ب. كما اتضح من فحص الدم أنه في حالتك الشخصية يكون من المستحسن أن تجري مراقبة من قبل طبيب الأسرة مرة في السنة خلال مدة ثلاث سنوات.

من أجل إجراء مثل هذا الفحص يجب أن تتصل أنت شخصياً بطبيب الأسرة الخاص بك.

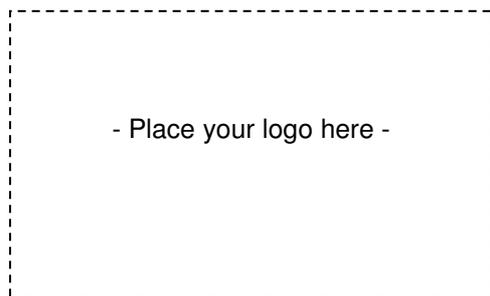
شهر وسنة المراقبة الأولى:

شهر وسنة المراقبة الثانية:

شهر وسنة المراقبة الثالثة:

- Place your name and position here -

ويمكنك الحصول على المزيد من المعلومات حول مرض التهاب الكبد ب لدى مصلحة GGD بمدينة روتردام (الهاتف 000-0000000) أو لدى المركز الوطني لالتهاب الكبد (الهاتف 033-4220980)، البريد الإلكتروني info@hepatitis.nl والموقع الإلكتروني: www.hepatitis.nl



Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
ENGLISCH

Date:

Dear Sir/Madam _____ ,

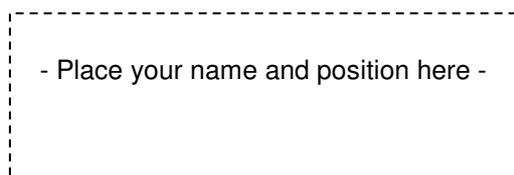
It has been confirmed that you have a hepatitis B Virus infection. In your case, blood tests have shown that it would be advisable to have an annual check-up, for a period of three years, with your general practitioner.

You yourself need to make an appointment for this with your general practitioner.

Month and year 1st check-up: _____

Month and year 2nd check-up: _____

Month and year 3rd check-up: _____



Further information about Hepatitis B can be obtained from the GGD Municipal Health Service Rotterdam and Environs (tel.: 000-0000000) or the National Hepatitis Centre (tel.:033-4220980), e-mail: info@hepatitis.nl and internet: www.hepatitis.nl.

- Place your logo here -

Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
MANDARIN

Date:

尊敬的先生/女士_____，

根据诊断，您感染了乙肝病毒。血液检查显示根据您的情况建议您3年之内每年接受一次您的家庭医生的身体检查。

您需要同您的家庭医生进行预约。

第一次检查的年份与月份:_____

第二次检查的年份与月份:_____

第三次检查的年份与月份:_____

- Place your name and position here -

欲知更多关于乙肝病毒的信息，请联系地区健康权威机构“鹿特丹GGD”。（电话：000-0000000）或联系国家肝炎中心（电话：033-4220980），电子邮件：info@hepatitis.nl，网址：www.hepatitis.nl

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Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
PORTUGAN

Date:

Prezado senhor/Prezada senhora _____ ,

Constatou-se está contagiado/a com o vírus da hepatite B. A análise de sangue indica que no seu caso é recomendável que se deixe controlar anualmente pelo seu médico de família, durante um período de três anos.

Para isso deve marcar pessoalmente uma consulta com o seu médico de família.

Mês e ano do 1º controlo: _____

Mês e ano do 2º controlo: _____

Mês e ano do 3º controlo: _____

- Place your name and position here -

Mais informações sobre a hepatite B podem ser obtidas na GGD Rotterdam e.o. (tel.: 000-0000000) ou no Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl e Internet: www.hepatitis.nl.

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Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter yearly check-up GP,
TURKISCH

Date:

Sayın Bay/Bayan _____,

Sizde Hepatit B virüs enfeksiyonu tespit edildi. Yapılan kan tahlilinin sonucu, üç yıl boyunca her yıl ev doktorunuza muayene olmanızın doğru olacağını göstermiştir.

Muayene için kendinizin ev doktorunuz ile randevu yapmanız gerekmektedir.

1. muayenenin yapılacağı ay ve yıl: _____

2. muayenenin yapılacağı ay ve yıl: _____

3. muayenenin yapılacağı ay ve yıl: _____

- Place your name and position here -

Hepatit B ile ilgili ayrıntılı bilgi için: GGD Rotterdam e.o. (telefon 000-0000000) veya Nationaal Hepatitis Centrum (telefon 033-4220980), e-mail info@hepatitis.nl ve internet www.hepatitis.nl.



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Re: information letter referral specialist
DUTCH

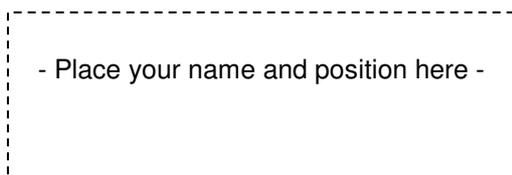
Date:

Geachte heer/mevrouw _____,

Er is bij u een infectie met het hepatitis B Virus vastgesteld. Uit bloedonderzoek blijkt dat in uw geval het virus op termijn uw lever zou kunnen beschadigen. Daarom is het verstandig dat u zich laat onderzoeken bij een specialist in het ziekenhuis.

Een specialist kan met onderzoek vaststellen of u in aanmerking komt voor behandeling.

Voor een onderzoek door een specialist, moet u zelf contact op nemen met uw huisarts. Uw huisarts zal u een verwijfsbrief geven waarmee u een afspraak kunt maken bij de specialist.



Meer informatie over Hepatitis B is verkrijgbaar bij de GGD Rotterdam e.o. (tel.: 010-0000000) of het Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl en internet: www.hepatitis.nl.



Visiting address:

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Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter referral specialist
ARABIC

Date:

سيدي المحترم، سيدي المحترمة،

لقد تم العثور لديك على التهاب بفيروس التهاب الكبد ب. كما اتضح من فحص الدم أنه في حالتك الشخصية قد يضر الفيروس بكبدك مستقبلاً. لذلك من المستحسن أن يجري لك فحص لدى الطبيب الاختصاصي في المستشفى حيث أن الطبيب الاختصاصي قد يتأكد من أنك تحتاج إلى علاج.

من أجل إجراء مثل هذا الفحص يجب أن تتصل أنت شخصياً بطبيب الأسرة الخاص بك. ويعطيك طبيب الأسرة رسالة إحالة لكي تحدد موعداً مع الطبيب الاختصاصي.

- Place your name and position here -

(أو 000-0000000 بمدينة روتردام (الهاتف GGD ويمكنك الحصول على المزيد من المعلومات حول مرض التهاب الكبد لدى مصلحة والموقع الإلكتروني: info@hepatitis.nl، البريد الإلكتروني 033-4220980) لدى المركز الوطني لالتهاب الكبد (الهاتف www.hepatitis.nl

- Place your logo here -

Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter referral specialist
ENGLISCH

Date:

Dear Sir/Madam _____,

It has been confirmed that you have a hepatitis B Virus infection. In your case, blood tests show that the virus could eventually damage your liver. It would therefore be advisable for you to be examined by a specialist in the hospital.

With tests, a specialist can determine whether you should have treatment.

In order to be seen by a specialist, you yourself need to contact your general practitioner. Your general practitioner will give you a referral letter with which you can then make an appointment with the specialist.

- Place your name and position here -

Further information about Hepatitis B can be obtained from the GGD Municipal Health Service Rotterdam and Environs (tel.: 000-0000000) or the National Hepatitis Centre (tel.:033-4220980), e-mail: info@hepatitis.nl and internet: www.hepatitis.nl.



Visiting address:

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Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter referral specialist

MANDARIN

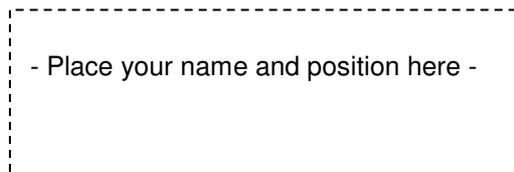
Date:

尊敬的先生/女士 _____，

根据诊断，您感染了乙肝病毒。血液检查显示您所感染的病毒最终可能损伤您的肝部。因此，建议您前往医院接受专家的检查。

通过检查，专家将告诉您是否需要进行治疗。

如果您希望专家为您检查，请与您的家庭医生进行联系。 您的家庭医生会为您开一封介绍信，您可以通过此介绍信预约专家。



欲知更多乙肝病毒的信息，请咨询地区健康权威机构“鹿特丹GGD”。（电话：000-0000000）或联系国家肝炎中心（电话：033-4220980），电子邮件：info@hepatitis.nl，网址：www.hepatitis.nl

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E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter referral specialist
PORTUGAN

Date:

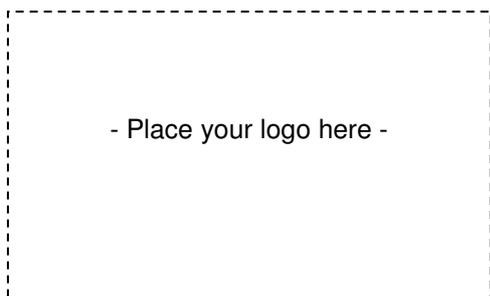
Prezado senhor/Prezada senhora _____ ,

Constatou-se está contagiado/a com o vírus da hepatite B. A análise de sangue indica que no seu caso o vírus poderia provocar danos ao seu fígado a longo prazo. Por isso é recomendável que se submeta a uma exame médico por um especialista no hospital. Através do exame, o especialista poderá verificar se deve seguir um tratamento.

Para o exame por um especialista, deve marcar pessoalmente uma consulta com o seu médico de família. O seu médico de família lhe dará uma carta de remissão com a qual poderá marcar uma consulta com o especialista.

- Place your name and position here -

Mais informações sobre a hepatite B podem ser obtidas na GGD Rotterdam e.o. (tel.: 000-0000000) ou no Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl e Internet: www.hepatitis.nl.



Visiting address:

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Our reference:

Number of pages:

Number of appendices:

Re: information letter referral specialist
TURKISCH

Date:

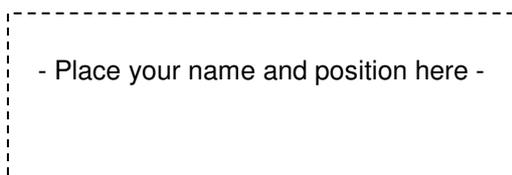
Sayın Bay/Bayan _____,

Sizde Hepatit B virüs enfeksiyonu tespit edildi. Sizde bulunan virüsün zamanla karaciğerinize zarar verebileceği, yapılan kan tahlilinin sonucundan anlaşılmaktadır. Bu nedenle, hastanede bir uzman doktora muayene olmanızı tavsiye ediyoruz.

Uzman doktor sizi muayene ettikten sonra, tedaviye gerek olup olmadığına karar verir.

Uzman doktora muayene olmak için, kendinizin ev doktorunuzla irtibat kurması gerekir.

Ev doktorunuzun vereceği bir havale mektubu yoluyla, uzman doktorla randevu yapabilirsiniz.



Hepatit B ile ilgili ayrıntılı bilgi için: GGD Rotterdam e.o. (telefon 000-0000000) veya Nationaal Hepatitis Centrum (telefon 033-4220980), e-mail info@hepatitis.nl ve internet www.hepatitis.nl.

- Place your logo here -

Visiting address:

Postal address:

E-mail:

Fax:

Contact person:

Telephone:

Our reference:

Number of pages:

Number of appendices:

Re: information letter referral Erasmus MC
DUTCH

Date:

Geachte heer/mevrouw _____,

Er is bij u een infectie met het hepatitis B Virus vastgesteld. Uit bloedonderzoek blijkt dat in uw geval het virus op termijn uw lever zou kunnen beschadigen. Daarom is het verstandig dat u zich laat onderzoeken bij een specialist in het ziekenhuis.

Een specialist kan met onderzoek vaststellen of u in aanmerking komt voor behandeling.

Wij hebben voor u een afspraak gemaakt bij het Erasmus Medisch Centrum.

U zult thuis een brief ontvangen met datum en tijd waarop u de afspraak in het Erasmus Medisch Centrum heeft. U wordt verzocht deze afsprakenbrief mee te nemen naar de afspraak.

Ook moet u een verwijsbrief meenemen. Deze verwijsbrief kunt u bij de huisarts ophalen.

- Place your name and position here -

Meer informatie over Hepatitis B is verkrijgbaar bij de GGD Rotterdam e.o. (tel.: 010-0000000) of het Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl en internet: www.hepatitis.nl.



Visiting address:

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Contact person:

Telephone:

Our reference:

Number of pages:

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Re: information letter referral Erasmus MC ARABIC

Date:

سيدي المحترم، سيدي المحترمة،

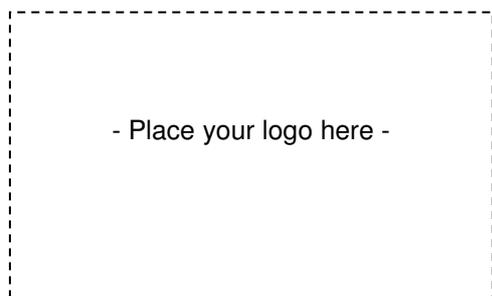
لقد تم العثور لديك على التهاب بفيروس التهاب الكبد ب. كما اتضح من فحص الدم أنه في حالتك الشخصية قد يضر الفيروس بكبدك مستقبلاً. لذلك من المستحسن أن يجري لك فحص لدى الطبيب الاختصاصي في المستشفى حيث أن الطبيب الاختصاصي قد يتأكد من أنك تحتاج إلى علاج.

لقد حددنا لك موعداً مع الطبيب الاختصاصي في المستشفى إراسموس (Erasmus Medisch Centrum)

ستستلم في بيتك رسالة يذكر فيها تاريخ وتوقيت الموعد في المستشفى إراسموس. نطلب منك أن تأخذ معك تلك الرسالة عندما تأتي إلى المستشفى. كما يجب أن تأخذ رسالة إحالة ويمكن أن تطلبها من طبيب الأسرة الخاص بك.

- Place your name and position here -

(أو 000-0000000 بمدينة روتردام (الهاتف GGD ويمكنك الحصول على المزيد من المعلومات حول مرض التهاب الكبد ب لدى مصلحة الموقع الإلكتروني: info@hepatitis.nl، البريد الإلكتروني 033-4220980) لدى المركز الوطني لالتهاب الكبد (الهاتف www.hepatitis.nl



Visiting address:

Postal address:

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Telephone:

Our reference:

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Re: information letter referral Erasmus MC
ENGLISCH

Date:

Dear Sir/Madam _____ ,

It has been confirmed that you have a hepatitis B Virus infection. In your case, blood tests show that the virus could eventually damage your liver. It would therefore be advisable for you to be examined by a specialist in the hospital.

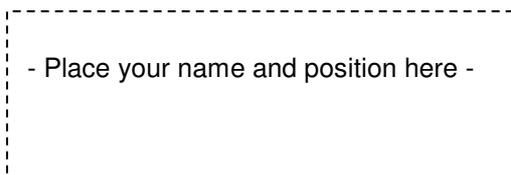
With tests, a specialist can determine whether you should have treatment.

We have made an appointment for you at the Erasmus Medical Centre.

You will receive a letter at home stating the date and time of your appointment at the Erasmus Medical Centre. You are kindly requested to take this appointment letter with you when you attend the hospital for your appointment.

You also need to take a referral letter. This referral letter can be collected from your general practitioner.

.



Further information about Hepatitis B can be obtained from the GGD Municipal Health Service Rotterdam and Environs (tel.: 000-0000000) or the National Hepatitis Centre (tel.:033-4220980), e-mail: info@hepatitis.nl and internet: www.hepatitis.nl.



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Telephone:

Our reference:

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Number of appendices:

Re: information letter referral Erasmus MC
MANDARIN

Date:

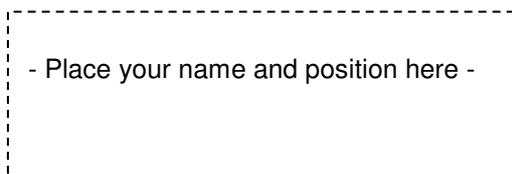
尊敬的先生/女士 _____，

根据诊断，您感染了乙肝病毒。血液检查显示您所感染的病毒最终可能损伤您的肝部。因此，建议您前往医院接受专家的检查。

通过检查，专家将告诉您是否需要进行治疗。

我们已经为您在伊拉兹马斯医疗中心 (Erasmus Medisch Centrum) 进行了预约。

您将会收到一封标明您在伊拉兹马斯医疗中心进行的预约的日期与时间的信件。请在赴约时携带此信件。您还需要携带介绍信。请您前往家庭医生去取此介绍信。



欲知更多乙肝病毒的信息，请咨询地区健康权威机构“鹿特丹GGD”。（电话：000-0000000）或联系国家肝炎中心（电话：033-4220980），电子邮件：info@hepatitis.nl，网址：www.hepatitis.nl

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Contact person:

Telephone:

Our reference:

Number of pages:

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Re: information letter referral Erasmus MC
PORTUGAN

Date:

Prezado senhor/Prezada senhora _____ ,

Constatou-se está contagiado/a com o vírus da hepatite B. A análise de sangue indica que no seu caso o vírus poderia provocar danos ao seu fígado a longo prazo. Por isso é recomendável que se submeta a uma exame médico por um especialista no hospital.

Através do exame, o especialista poderá verificar se deve seguir um tratamento.

Marcámos para o senhor/a senhora uma consulta no Erasmus Medisch Centrum.

Receberá em casa uma carta com a data e a hora da sua consulta no Erasmus Medisch Centrum. Pede-se que leve consigo esta carta com a data e hora da consulta quando se apresente para a consulta.

Além disso deve levar uma carta de remissão. Esta carta de remissão pode ser obtida junto ao seu médico de família.

- Place your name and position here -

Mais informações sobre a hepatite B podem ser obtidas na GGD Rotterdam e.o. (tel.: 000-0000000) ou no Nationaal Hepatitis Centrum (tel.:033-4220980), e-mail: info@hepatitis.nl e Internet: www.hepatitis.nl.



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TURKISCH

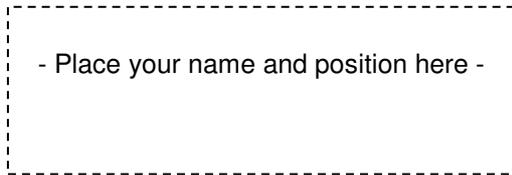
Date:

Sayın Bay/Bayan _____,

Sizde Hepatit B virüs enfeksiyonu tespit edildi. Sizde bulunan virüsün zamanla karaciğerinize zarar verebileceği, yapılan kan tahlilinin sonucundan anlaşılmaktadır. Bu nedenle, hastanede bir uzman doktora muayene olmanızı tavsiye ediyoruz. Uzman doktor sizi muayene ettikten sonra, tedaviye gerek olup olmadığına karar verir.

Erasmus Medisch Centrum hastanesinden sizin için bir randevu aldık.

Erasmus Medisch Centrum hastanesinden alınan randevunun tarih ve saatinin belirtildiği bir mektup evinize gönderilecektir. Randevunuza giderken bu randevu mektubunu birlikte götürmenizi rica ederiz. Ayrıca, ev doktorunuzun vereceği havale mektubunu da birlikte götürmeniz gerekmektedir. Havale mektubunu ev doktorunuzdan alabilirsiniz.



Hepatit B ile ilgili ayrıntılı bilgi için: GGD Rotterdam e.o. (telefon 000-0000000) veya Nationaal Hepatitis Centrum (telefon 033-4220980), e-mail info@hepatitis.nl ve internet www.hepatitis.nl.