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Background

Initially, the aim was to identify existing hepatitis B and C leaflets that could be used to provide pre-test information to migrants offered screening. This was done through a search, assessment and selection process (read about this here: http://hepscreen.eu/wp-content/uploads/2014/12/HEPscreen_Leaflet-search-and-assessment_March-2013.pdf).

Unfortunately, it became apparent that although a significant number of leaflets were available, none was ideal and all suffered from a variety of drawbacks: not aimed at testing; available in too few languages or more often only one; not aimed at migrants; too detailed; or a mixture of these. It was therefore agreed that to develop a bespoke leaflet with a single content and translate it into a wide variety of languages to reflect both EU countries and the countries of origin of the main migrant groups likely to have significant prevalence of hepatitis B or C in at least the six HEPscreen study countries (the UK, Germany, the Netherlands, Hungary, Italy and Spain). This leaflet would be customisable using a simple online tool and then downloadable for printing; customisation would include choice of languages and the ability to add the details of the testing, such as time and location, and the details and logo of the testing organisation.

1. Topic/content development

Content was developed with input both from migrant groups in the UK and from NGOs working with migrant groups in the UK, Germany and France. This input stressed the need for simplicity, brevity, clarity and cultural sensitivity, together with migrant concerns about legal repercussions of being tested and found to be positive. As a consequence we again reviewed all the published leaflets and distilled the common information about hepatitis B and C to provide the basis for informed consent but in a way that highlighted the positive aspects of getting tested. We omitted detail about transmission routes to avoid cultural sensitivity about some of them such as sex and injecting drug use. As a result of previous focus groups that had indicated that feeling well was a key barrier to testing, we stressed that both hepatitis B and C can be causing liver damage without any feeling of ill-health. Since the leaflets are to be used to support testing, we highlighted the positive aspects of a test, including prevention of serious liver disease and

onward transmission. Although the exact amount and type of information that should be given to people before a test is the subject of ongoing debate, there is a definite trend away from the extensive pre-test 'counselling' that was once deemed necessary towards shorter more simplified messages. This leaflet was developed with that in mind.

2. Development

Considerable thought was also given to design and centred on the concept of having the leaflet in two languages side by side – the language of the EU country where the testing takes place and the native language of the migrant group being tested to enable those who do the testing know exactly what information is being given. We also considered the possibility of delivering the messages entirely in images given that some of the target audience could be completely illiterate, even in their native language. However, this was rejected as being too complex. It was decided to have key messages on the cover, the main text inside and prevalence maps on the back cover to illustrate how common hepatitis B and C are around the world. To account for cultural sensitivity about some transmission routes, it was decided to concentrate on the fact that migrants are being offered testing because they come from particular countries, not because they have engaged in certain behaviours. The back cover also has a large text box where details of the testing can be entered.

The final design was a leaflet that could be double-side printed on a single A4 sheet of paper on a simple printer, making the leaflet extremely cheap to produce. However, a slight compromise was required on the font size of some of the text, which is quite small since no way was found to enlarge without cutting key parts of the text or seriously compromising the design. We have also included an option to print the leaflets in a single language on a double-sided A4 sheet, requiring a second sheet for a second language.

3. Pre-testing with target groups

The completed leaflets were tested in two focus groups in London – one was with a Black African group using an English/French version and the second was with a Turkish group using an English/Turkish version. The overall feedback was extremely positive, in particular concerning the simplicity and clarity. Participants were very happy to hand out such a leaflet to people in their community. The only substantive feedback, from the Turkish group only, suggested that

some people in the community might have such low levels of literacy that the leaflet should be made still more simple.

4. Revision based on pre-test

Based on this feedback, we used online software to check the leaflet's literacy level in English. After adjustment to the text the leaflet in English has a reading age of 10-11. The translators were then asked to match this in each language.

5. Language selection

The languages for the leaflet were selected on the following basis. The country of origin of the groups most affected by chronic hepatitis B in the six HEPscreen study countries was determined through the work done in HEPscreen Work Package 4 (read about this here: <http://hepscreen.eu/health-challenge/epidemiology/hepscreen-study-countries/>) and then the key language spoken identified through the CIA database. The Hepatitis C Trust in the UK provided data through its contacts with other patient groups in Europe on the key groups and relevant languages for chronic hepatitis C. This was supplemented by languages identified through the earlier leaflet search, these mainly being smaller South East Asian such as Khmer, Burmese and Korean. It was then decided to incorporate all EU languages with the exception of Maltese (small population, about 90% speak English) and Irish (close to 100% speak English) in order to make the leaflets as widely useful as possible (Table 1 shows the full list). The leaflets are therefore available in a total of 42 languages, which allows 861 different combination leaflets with two languages.

Table 1: List of selected languages for translation of pre-test content:

EU (22)	Other (20)
▶ Bulgarian	▶ Albanian
▶ Croatian	▶ Arabic
▶ Czech	▶ Bahasa (Indonesian)
▶ Danish	▶ Bengali
▶ Dutch	▶ Burmese
▶ English	▶ Chinese-Cantonese
▶ Estonian	▶ Chinese-Mandarin

▶ Finnish	▶ Dari
▶ French	▶ Filipino
▶ German	▶ Hindi
▶ Greek	▶ Khmer
▶ Hungarian	▶ Korean
▶ Italian	▶ Pashtu
▶ Latvian	▶ Punjabi
▶ Lithuanian	▶ Russian
▶ Polish	▶ Thai
▶ Portuguese	▶ Turkish
▶ Romanian	▶ Ukrainian
▶ Slovak	▶ Urdu
▶ Slovene	▶ Vietnamese
▶ Spanish	
▶ Swedish	

6. Inclusion of maps

The maps are based on the latest US CDC estimates of prevalence. However, it was decided to use qualitative categories (high, high intermediate, low intermediate and low) to make them as simple as possible. Furthermore the maps are included primarily to make the point that viral hepatitis is common in many parts of the world, as a way of destigmatising testing and of any positive result.



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