

How primary care providers can offer opportunistic testing: Finding patients at risk of liver disease due to chronic viral hepatitis

GPs, community nurses and professionals in public health or sexual health services are well-placed and well-trusted to offer testing for hepatitis B and C. Opportunistic testing in primary care complements existing programmes where viral hepatitis testing is offered such as in antenatal care, in harm reduction services and as part of prison health services. This short guide is aimed at primary care services focused on the general population.



Chronic hepatitis B and chronic hepatitis C infections are generally asymptomatic and therefore often hidden to both the patient and the clinician. Without treatment, the disease can progress over a period of 20-30 years towards liver cirrhosis and cancer. Since a history of risk factors is often neither requested nor disclosed to doctors, a reason to offer testing may not present itself. When early symptoms do occur, they are largely non-specific common symptoms. Consequently, the diagnosis of HCV or HBV infection can be easily missed. This is why screening is important – to identify otherwise ‘healthy’ people through accurate diagnostic tests and to refer to specialist care for further evaluation and treatment. **Being alert to which patient groups could be at risk and the possibility of chronic viral hepatitis as a cause of abnormal liver function tests will allow early diagnosis and the offer of effective treatment.** Advanced antiviral treatment is very effective and knowledge of the potential to control or cure the infection can motivate patients and clinicians to participate in and offer screening.

Opportunistic testing can be offered during any patient consultation. But as time can be limited, there are some more suitable opportunities where the issue could be discussed and testing offered more easily, such as:

- ▶ the GP registration process for new patients at which important questions can be asked, including country of birth
- ▶ routine or lifestyle checks
- ▶ sexual or reproductive health checks
- ▶ travel advice visits

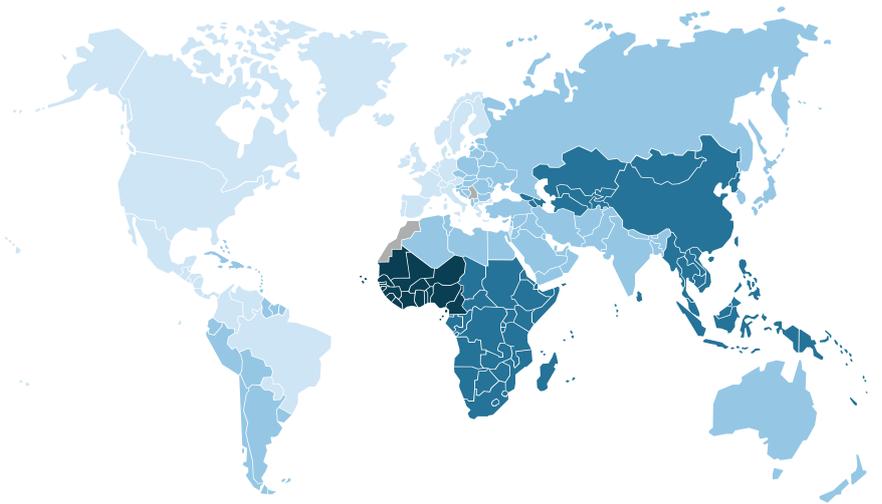
But who should be offered testing?

The table below provides an overview of the priority populations for offering testing from a public health perspective. It is not intended as an exhaustive list or screening guideline. The aim is to support clinicians to identify people in their service who may be at risk of developing liver disease related to chronic viral hepatitis but are hidden i.e. undiagnosed, unaware of their infection and asymptomatic.

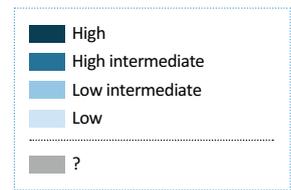
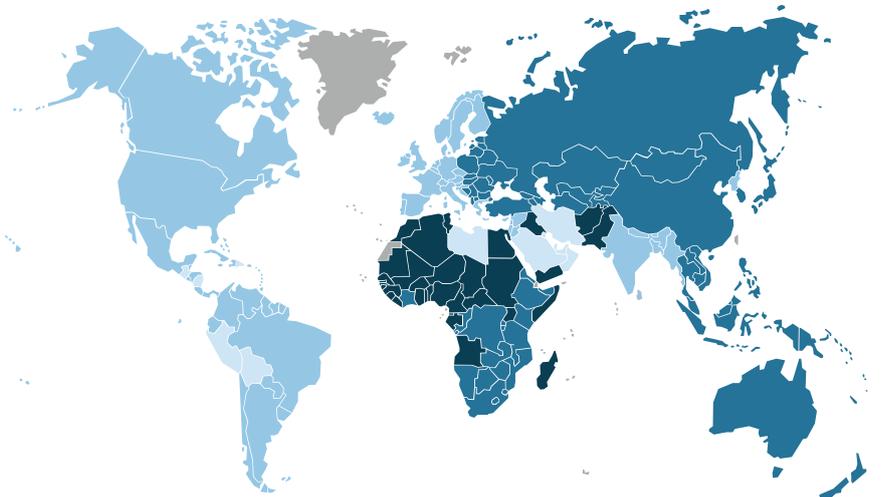
Priority populations: people born in (i.e. migrated from) a country with a medium or high prevalence (>2%) of chronic hepatitis B and C.

As shown in the maps below, this includes all countries in Africa, Asia, some areas of Latin America, Central, Eastern and Southern Europe, the Middle East, and the Pacific Islands. In medium or high prevalence countries, HBV is mostly transmitted perinatally or among infants and children in the household whereas most HCV transmission is via unsterile medical, dental or shaving practices and equipment.

Prevalence of Hepatitis B



Prevalence of Hepatitis C



Vulnerable groups

- ▶ Asylum seekers
- ▶ Children born to mothers with a chronic hepatitis B (HBsAg positive) or hepatitis C infection
- ▶ Close contacts (sexual, household or family) of someone known to be chronically infected with hepatitis B or C
- ▶ People who received a blood transfusion or blood products, when and where infection control may have been inadequate. In Europe, this is mostly pre-1992 but a lack of blood screening and uncertain infection control procedures means this still remains a risk in some parts of the world.
- ▶ People already diagnosed with HIV or either of hepatitis B or C.
- ▶ Individual or family history of chronic liver disease, liver cirrhosis or hepatocellular carcinoma
- ▶ Patients undergoing chemotherapy or immunosuppressive therapy (risk of reactivation of hepatitis B infection) or dialysis

Behavioural risk groups

- ▶ People who have ever injected drugs
- ▶ Men who have sex with men
- ▶ Sex workers

The symptoms of chronic viral hepatitis are highly variable or non-existent

Symptoms of chronic viral hepatitis associated with early and/or slowly progressive liver disease are generally non-specific. Individuals may complain of tiredness, anorexia, nausea, intolerance to fatty foods, and abdominal discomfort, particularly in the right upper quadrant region. Others report general feelings of being unwell but are unable to elaborate further. Fevers, jaundice and night sweats can also occur. Clinical suspicion of chronic viral hepatitis infection may occur in the context of:

- ▶ evaluation of abnormal liver function tests;
- ▶ chronic liver disease or liver cirrhosis;
- ▶ hepatocellular carcinoma (liver cancer);
- ▶ acute hepatitis.

What to discuss – pre-test information for people offered testing

To support clinicians to discuss viral hepatitis screening, a pre-test discussion checklist has been prepared. This is accompanied by a multi-lingual leaflet with accurate, brief and culturally appropriate information aimed at people offered screening and available in any combination of two languages from a list of 42, or over 800 combinations including all EU languages and those spoken by the most affected migrant communities in Europe. These are available here: <http://www.hepscreen.eu/what-can-we-do-about-it/pre-test-information/>

What to do after testing – post-test counselling and referral

The 'How to test for hepatitis B and C' guide produced by HEPscreen provides a short overview of the different blood markers of hepatitis B/C infections along with follow up advice for patients with specific results. Patients with a suspected chronic infection based on serology should be managed according to local protocols. A diagnosis of chronic viral hepatitis can have significant implications for a patient's emotional well-being, lifestyle and social network and post-test counselling should be provided to help people to cope. Post-test counselling can ensure that people understand the consequences of the test results, what can be expected in future both in terms of the virus and in service delivery, and can adopt preventative measures to avoid onward transmission to others. Post-test counselling can improve knowledge and awareness among patients, increase acceptance of treatment and other clinical interventions and reduce patient 'drop-out'. Source and contact tracing and HBV vaccination should also be offered to the family/social network of people in line with local protocols. Resources to support clinicians to provide post-test counselling to chronic viral hepatitis patients are available on the HEPscreen Toolkit. Primary care providers can play an important role in providing counselling and testing and vaccination of contacts. For further clinical investigation and possible antiviral treatment patients should be referred to specialist services .



Co-funded by
the Health Programme
of the European Union

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