

Hepatitis C Counseling



BEST PRACTICE MANUAL

Acknowledgements

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About The Hepatitis C Harm Reduction Project:

The Hepatitis C Harm Reduction Project is a NYC City Council-funded technical assistance project initiated in late 2003 based on advocacy efforts of the Injection Drug User Health Alliance (IDUHA). The Project exists to:

- Increase the capacity of syringe exchange and community-based ESAP programs, (and allied health care and drug treatment centers serving IDUs) to address the hepatitis C epidemic among drug users
- Develop interventions to ensure that IDUs have access to a full spectrum of hepatitis C prevention, education, health care and treatment services—including hepatitis A and B vaccination, HCV diagnostic testing, and liver disease monitoring, support, and treatment options for those already infected.
- Promote effective IDU-based HCV program models within SEP and ESAP; Adapt models implemented in these settings to community-based organizations, drug treatment, and health care settings that serve current and former drug users.
- Advance policies to improve drug user health, increase hepatitis C prevention, care and treatment options, and advocate for resources to address this epidemic among IDUs.

About the Harm Reduction Coalition:

The Harm Reduction Coalition (HRC) is a nonprofit organization committed to improving the health and well-being of drug users and communities affected by drug-related harm. HRC promotes effective harm reduction services and policies at the national, regional and local levels; through education and training, community organizing, policy advocacy, and publications. HRC locates itself as part of a broader movement for progressive change that challenges social, cultural and economic structures—including current drug policy—that foster and sustain disadvantage, discrimination, and denial of civil liberties and human rights.

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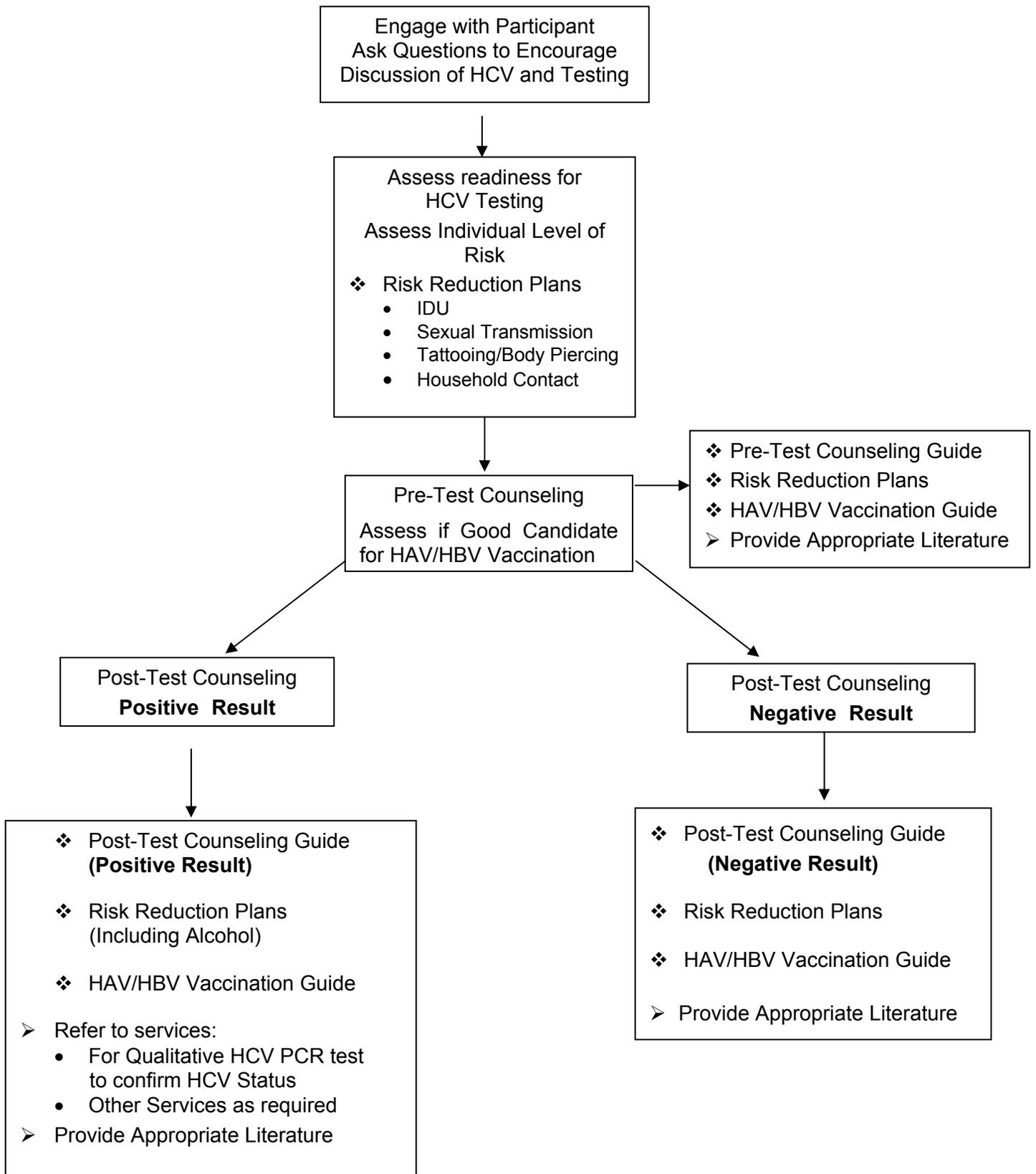
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Hepatitis C Counseling Manual

Flow Chart



❖ Refers to Guides provided in The Hepatitis C Counseling Manual

Hepatitis C Counseling Best Practice Manual

Introduction

This Hepatitis C Counseling Manual is written for practitioners/workers that will be providing needle exchange participants Hepatitis C testing and discussing risk reduction strategies. These are guidelines that assume a basic understanding of the Hepatitis C Virus and its medical consequences.

Counseling participants about Hepatitis C gives an opportunity to:

- Provide knowledge about Hepatitis C disease
- Help participant's address risk behaviors and develop individualized risk reduction plans.
- Provide education and introduce strategies to reduce transmission to others
- Address other health needs
- Discuss current supports for the participant
- Provide referral to further services

Hepatitis C Screening is an opportunity to initiate these discussions.

Hepatitis C Counseling is an ongoing process that allows a partnership and rapport to develop between participant and counselor. In this relationship, the participant's concerns are addressed as they arise and harm reduction strategies are introduced as appropriate.

Hepatitis C Pre & Post-Test Counseling Guides

When providing Hepatitis C antibody testing, these Pre and Post-Test Counseling Guides can be placed in the participant's files as ongoing reminders of what each counseling session covers or should cover.

Pre-test counseling Guide

The purpose of Pre-test counseling is to:

- Help the participant determine their readiness for Hepatitis C antibody testing.
- Prepare the participant for a Hepatitis C antibody test.
- Clarify information about Hepatitis C, including transmission risks and disease progression.
- Explain the value and implications of knowing a positive or negative antibody test result.
- Facilitate discussion about ways to cope with this information.
- Ensure that Hepatitis C antibody testing is provided with informed consent and counseling sessions are confidential.

Positive Post–Test Counseling Guide

The Positive Post–Test Counseling Guide can be referred to at anytime after the participant has received a Positive Hepatitis C result.

This will provide an opportunity to revisit some of the topics that may not have been covered when the participant initially received his/her result, or the participant may not have been ready or able to address at the time.

- For some participants a Positive Hepatitis C result can create a great deal of anxiety, especially when they are informed at an already stressful time in their lives.
- There may be concerns about the impact their Hepatitis C antibody status will have on them and significant others and they may worry about feeling isolated.
- Dealing with a chronic illness and potentially shortened life span, often combined with a lack of knowledge about the Hepatitis C Virus, can lead to feelings of low self-worth, apathy or sadness.
- You can collaborate with participants to develop individualized strategies that enable and motivate them to address issues and pursue services and supports that will help them to manage both the disease and the personal impact it has on their lives.
- A positive result from the Hepatitis C Antibody Test is not definitive sign of chronic infection and can be confusing for the participant, who may wonder if they are actually chronically infected with Hepatitis C and what that means for them. It is important that the Hepatitis C antibody test and its limitations are clearly explained. Participants should be encouraged to see a doctor for a Qualitative or Quantitative PCR test, (see glossary of blood tests).
- Often participants will leave a counseling session with questions about how they can protect others from being infected with Hepatitis C, how they can look after themselves and what they can or should do now.

Through ongoing interactions, you can reinforce that participants can take steps to maintain and improve their health. This guide will help you provide practical strategies, alleviate fears and motivate the participant to address their concerns.

Risk Reduction Plans

Each individual may participate in variety of risk behaviors. These Risk Reduction Plans while by no means exhaustive, are provided as a tool to initiate discussions about various risk behaviors and provide a sample of strategies that may reduce the risk from these behaviors.

The Risk Reduction Plans are intended to help counselors to encourage the participant to set his/her own goals and strategies.

These plans are tools to prompt discussions and convey basic messages to the participant. The plans include sample open-ended nonjudgmental questions to explore both risk behaviors and the strategies and support that the participant already implements to manage these risks. Lastly there is a selection of harm reduction strategies that the counselor can suggest and the participant can adopt where appropriate.

The goal of the risk reduction plans is to foster a partnership between counselor and participant that will help the participant to develop his/her own strategies and individual goals, with viable, incremental steps to change behavior. This process needs to recognize and validate the current attempts to change behavior. At the same time, discussions should clarify with the participant any ongoing risks that could be addressed.

Brochures/Written Information

Brochures are useful tools for reinforcing discussions and to allow participants to absorb the information in their own time.

However, it is important to keep in mind the relevance of the information:

- Is the information accurate and up to date, especially concerning disease progression and treatment?
- Is the brochure actually addressing the issue the participant has raised?
- Does it address the information you want the participant to consider?
- Is it understandable to the participant, e.g. does it use medical language/jargon that the participant will find confusing?
- Is it in a language that the participant can read, e.g. Spanish?
- Is the participant **able** to read it, e.g. is the participant literate or do they have poor eyesight?

It is advisable to become familiar with the brochures and information available ahead of time, so that you can readily assess when they will be useful to the participant and when to provide them.

Hepatitis C Screening

Who is a good candidate for Hepatitis C Antibody Testing?

- IDU's (even if only once, many years ago)
- HIV+
- Liver Disease
- Unexplained Abnormal Liver Function Tests
- Hemodialysis
- Transfusion or transplant before 1992
- Sex with Hepatitis C or HIV Positive partner
- >40 lifetime sexual partners
- Tattoo or body piercing by a non-professional (jail, etc)
- Medical Occupational Exposure
- Anyone who has concerns about direct blood-to-blood contact

Hepatitis C is **NOT** transmitted by:

- Coughing or sneezing (casual contact)
- Hugging & Kissing
- Food or beverages
- Sharing eating utensils or cups
- Breast Feeding
(unless nipples are cracked or bleeding)

Messages to Convey the Importance of Hepatitis C Antibody Testing

Why get tested now

- If you know you have Hepatitis C, you can take care of your liver by avoiding things that harm it, (like alcohol) and by doing things that help it, (like eating well, getting lots of rest, relieving stress and getting vaccinated for hepatitis A and B).
- If you're Hepatitis C antibody negative, discovering you're **not** infected can be a big relief.
- You can't get treated if you don't know you're infected. For some, Hepatitis C can be life threatening. Hepatitis C can be treated, and it is possible to eliminate the virus. The sooner you get tested, the sooner you can start exploring whether treatment is an option for you.
- If you have HIV, you should be tested for Hepatitis C because some HIV medications may harm the liver and Hepatitis C often progresses faster in people with HIV.
- Symptoms can't tell you whether or not you have Hepatitis C. Many people with Hepatitis C don't feel sick, may not have any symptoms, but can still have significant liver damage. Similarly symptoms that may be perceived as other viral infections may be symptoms of acute or advanced Hepatitis C, e.g. Low grade fever, fatigue, appetite loss, abdominal pain or nausea and vomiting.

If previously tested Hepatitis C Negative, Why get tested again?

- To verify ongoing Hepatitis C Negative status.
- If there has been possible recent exposure, but were tested during the Window Period, (Average 8-9 weeks, within 6 months of exposure, 97% will develop antibodies). A follow-up test would be advisable to confirm negative status.
- If Hepatitis C is detected when in acute infection, there are treatments that are effective for those with new infection. However, this Hepatitis C treatment is not appropriate for all individuals and needs to be discussed with a specialist.
- Early detection will allow the participant to adjust lifestyle factors and therefore, reduce potential damage to the liver
- Early detection will allow the participant to reduce risk behaviors and reduce the chance of Hepatitis C transmission to others.
- If HIV Positive the Hepatitis C Antibody Test may not be accurate (false negative, due to significant immune suppression). Therefore, a Qualitative or Quantitative PCR test is advised.
- The frequency of Routine Testing needs to be discussed case-by-case, depending on level of on-going risk behaviors. It has been suggested that those that have ongoing risk behaviors should be encouraged to have routine testing for Hepatitis C every 6 months. Those that have participated in risk behaviors in the past 6 months should re-test within 6 months.

Why get tested later?

- A Positive Hepatitis C antibody result can add more stress to the participant's life, and may have a negative impact on their emotional/mental health.
- Other people may learn the participant's Hepatitis C positive status, which may lead to negative consequences, (e.g. effect personal relationships or may be vulnerable to discrimination). It may be beneficial to discuss with the participant strategies of whether to and how to inform others of a positive Hepatitis C result before testing is pursued.

Questions to encourage discussion of Hepatitis C and Testing.

- What do you know about Hepatitis C?
- Have you thought about getting tested for Hepatitis C?
- Have you ever been tested for Hepatitis C?
- When was the last time you were tested for Hepatitis C?
- What concerns do you have about Hepatitis C?
- What would be your response if you found out you have Hepatitis C?
- When you were previously tested and found that you were Hepatitis C Positive, did you have any questions about what sort of Hepatitis you had?
- When you were previously tested and found that you were Hepatitis C Positive, did you have further tests to confirm that you were currently infected (Qualitative or Quantitative PCR)?
- Do you have contact with a health service that could do further monitoring of your Hepatitis C Status?

HCV Pre-Test Counseling Guide

1. Identify Participants Concerns & Transmission Risk

Clarify knowledge of modes of transmission of Hepatitis C:

- Blood-to-blood contact (IDU, tattooing, transfusions, etc)
- Injecting drug use is the most common mode of transmission
- Sexual transmission is not common but it does occur – risks are greater with STD's, the presence of blood and/or skin tears.
 - ▶ **Refer to Risk Reduction Plan IDU, Tattoo/Body Piercing, Sexual Transmission and Household Contact, as required.**

2. Clarify and Provide Information about Hepatitis C:

- Slowly progressing liver disease ▶ **see Hepatitis C Disease Progression Chart**
- In some people Hepatitis C can cause liver damage (cirrhosis, cancer), however many people live with this virus for years and do not develop liver damage.
- Treatments are available

3. Describe Test and What Results Mean:

- The test for Hepatitis C Virus antibodies tells you if you were ever infected, but it doesn't tell you if you are **currently** infected.

Positive:

- Means participant was infected with Hepatitis C at some stage, and it is likely that the participant is chronically infected (60–85%, or 3-4 out of 5). Only a Qualitative or Quantitative PCR test can confirm whether the participant cleared the Hepatitis C Virus or is currently infected.
- Refer to primary care provider or specialist who will perform other tests and provide follow-up.
- Positive results will be reported to the Department of Health and Mental Hygiene for epidemiological purposes. These results are treated confidentially and collected to assess how many people have been infected with Hepatitis C and by what means they were infected.

Negative:

Could mean:

- Not been infected with the Hepatitis C Virus
- Participant is in the window period. Average 8-9 weeks, within 6 months of exposure, 97% will develop antibodies.
- Participant is HIV+ and Hepatitis C has not been detected (false negative, due to significant immune suppression)

Indeterminate:

- Means the results were inconclusive and the participant should have follow-up testing

4. Determine Readiness for Hepatitis C Testing

- Discuss how the participant would respond to a Positive Result
- Discuss disclosure of a possible Positive Result
“Who would you tell?” “Would that be difficult for you?”
- Respond to other presenting needs as appropriate

HCV Post-Test Counseling Guide

Positive Result

1. Meaning of Result

- A Positive Result means participant has been infected with Hepatitis C at some stage and it is likely that the participant is chronically infected (60-85%, or 3-4 out of 5). The majority of HCV cases are chronic, so most people will have it for the rest of their lives.
▶ **See Hepatitis C Disease Progression Chart**
- Only a Qualitative or Quantitative PCR test can confirm if the participant is **currently** infected and has not cleared the Hepatitis C Virus.
- Refer to primary care provider or specialist who will perform other tests and provide follow-up.
- Messages to convey:
 - Instill a message of hope. Most people remain healthy and never become ill at all. Hepatitis C is not a death sentence.
 - Most people have no symptoms, and won't feel sick even though they are infected with Hepatitis C (and are infectious).
 - Severe liver disease doesn't always happen, but for some can lead to scarring (fibrosis) and potentially liver failure, over many years, (cirrhosis in 10-20% over 20-30 years).

2. Medical Care

- Only a Qualitative or Quantitative PCR test can confirm if the participant is currently infected and has not cleared the Hepatitis C Virus. Some providers will bypass this test and use the Quantitative PCR test to verify Hepatitis C status.
- Having a doctor who is monitoring liver health is very important. Refer for medical evaluation (even if they feel well) to assess liver health and to determine chronic status.
- Get vaccinated for hepatitis A and B
▶ **See HAV/HBV Vaccination Guide**
- Treatment is available and can get rid of Hepatitis C and reduce damage to the liver, but does have side effects and may not be effective in many cases.
- Treatment is **NOT** always recommended. In order to evaluate level of necessity for treatment; encourage further monitoring by specialist/doctor.

HCV Post-Test Counseling Guide (Continued)

Positive Result

3. Liver Health

- Drinking alcohol increases the chance and speed of advanced liver disease. Try to abstain/limit alcohol; assess if treatment and/or counseling are indicated.
▶ **See Alcohol Risk Reduction Plan**
- Get vaccinated for Hepatitis A and B
▶ **See HAV/HBV Vaccination Guide**
- Discuss all over-the counter, prescribed medications and herbal treatments with a doctor (they could be toxic to the liver).
- A nutritious, balanced diet is beneficial for general health. However, if the liver is more damaged it is recommended to monitor fat, salt, sugar, protein and iron intake. Don't take iron supplements unless recommended by a doctor.
- Drink lots of water, moderate exercise, and lots of rest, social support.
▶ **See Keeping Your Liver Healthy Info Sheet**

4. Prevent transmission & Partner Issues

- Stopping injecting drug use is the healthiest option, however if a participant continues to inject drugs, it is encouraged to avoid sharing drugs, cooker, cotton, needles or syringes. If sharing drugs, use a new needle to prepare, divide and distribute drugs. If injecting, refer as appropriate for treatment, ESAP and needle exchange
▶ **See IDU Risk Reduction Plan**
- Don't share items that may have blood on them (toothbrushes, razors, nail clippers, snorting straws). Cover cuts and sores.
▶ **See Household Contact Risk Reduction Plan**
- Discuss sexual behaviors that could have blood present and increase the transmission of Hepatitis C, (multiple partners, rough or anal sex, and woman menstruating/pregnant). Discuss the use of barrier precautions as appropriate.
▶ **See Sexual Transmission Risk Reduction Plan**
- **Hepatitis C is not spread by casual contact: eating, drinking, hugging.**
- Do not donate blood, semen, tissues or organs.
- Discuss unsafe/unprofessional tattoos/body piercing that could spread blood to others
▶ **See Tattooing/Body Piercing Risk Reduction Plan**
- Discuss whether and how the participant wishes to disclose a Positive Result to others. "Who would you tell?" "Would that be difficult for you?"
- Discuss if participant wishes to inform present and future sexual/needle sharing partners about possible Hepatitis C exposure.

HCV Post-Test Counseling Guide

Negative Result

1. Explanation of negative test results

Could Mean:

- Not been infected with the Hepatitis C Virus
- Participant is in the window period. Average 8-9 weeks, within 6 months of exposure, 97% will develop antibodies.
- Participant is HIV+ and Hepatitis C has not been detected (false negative, due to significant immune suppression). If so, further confirmatory testing needs to be performed (Qualitative or Quantitative PCR).

2. If risk behaviors are on-going

- Discuss window period and help determine need for regular screening.
- Discuss risk reduction strategies.
 - ▶ **See Risk Reduction Plans.**
- Encourage Vaccinations for Hepatitis A & B
 - ▶ **See HAV/HBV Vaccination Guide**

HAV/HBV Vaccination Guide

Messages:

- Vaccines give immunity to an infection by signaling the immune system to make antibodies that will protect against a particular disease.
- There is **no** vaccine for Hepatitis C at this time.
- There are vaccinations for Hepatitis A, (HAV) and Hepatitis B, (HBV).
- You can have a blood test to find out if you already have been exposed and have the antibodies (protection) to Hepatitis A and B. However, it is sometimes recommended to have the vaccine without testing first.
- If you have Hepatitis C and are infected with Hepatitis A or B more harm could be caused to your liver.
- Hepatitis A can be especially harmful to the liver if you also have Hepatitis C.
- Vaccinations are free and available if you are or ever have injected drugs or practice high-risk sexual behaviors.

Strategies:

- Initiate course of vaccinations or refer to a service that can provide HAV/HBV Vaccinations.
- Reinforce the need to follow-up, i.e. to have full course of three vaccinations for full protection. Although having only a partial course of vaccinations is still of some benefit.
- Discuss strategies to follow-up on vaccinations, e.g.:
 - Cards to participant or stickers on registration card
 - Diary/calendar reminders
 - If participant consents; inform other staff to remind the participant as well
- Provide screening for HAV/HBV if possible.
- Provide information/brochures re HAV/HBV vaccinations
- Discuss differences between Hepatitis A, B and C
 - ▶ **See Comparison of Hepatitis A – E Chart**

Risk Reduction Plans

Injecting Drug Use (IDU)

Messages

- Injection drug use puts you at the highest risk of getting Hepatitis C.
- Hepatitis C is more easily transmitted via blood than HIV.
- Hepatitis C can be present in very small amounts of blood.
- Blood can be present on any injecting equipment, even though it may not be visible, (syringe, cooker, cotton, hands, in used water, etc).

Questions

- Do you inject drugs alone or with others?
- How do you set up to inject with others?
- Are there any of your works or area that could have contact with blood?
- How do you prepare your shots, do you divide your drugs?
- What sorts of things could you do to avoid contact with others people's blood?

Strategies

► See Safer Injecting Information Sheet

- Discuss safe injecting practices
 - Prepare your own drugs and inject yourself whenever possible
 - Mark your own injection equipment
 - Clean the surface areas you use to prepare drugs before and after use.
- Encourage adequate supply of new syringes and other injecting supplies
 - Availability, Syringe Exchange Program
 - Purchase from pharmacies (ESAP)
 - Prescribed by doctor
- Bleach kits as last resort, have a kit available if no clean equipment is available
- Reduce injecting drug use:
 - Take drugs in other ways, e.g. swallowing, smoking and snorting are safer
 - Substitute therapies, e.g. methadone, buprenorphine
 - Abstinence, detox, rehab options
 - Substance use counseling

Risk Reduction Plans

Sexual Transmission

Messages

- Hepatitis C is primarily found in blood.
- Sexual transmission is not common, but can occur; especially when blood is present during sex.
- Risk is heightened if have multiple sexual partners.
- Risk is probably higher with certain sex activities that involve blood, like unprotected vaginal or anal sex.
- Risk is probably higher if STD's/HIV or skin tears present and when a woman is menstruating or pregnant.
- If in long-term monogamous sexual relationship, the risk of transmission is very low you may not need to change behavior but may wish to discuss the use of barrier precautions.

Questions

- Can you think of times when blood may have been present when having sex?
- What sort of things could you do to prevent blood-to-blood contact when having sex?
- If you are concerned about sexual transmission, are there reasons why you don't use condoms?
- Do you know whether your partner has Hepatitis C or HIV?

Strategies

- Sexual Transmission is uncommon. If there is concern of Hepatitis C Transmission then use **condoms** to reduce your risk.
- Avoid high-risk practices, modify how the practices is performed, e.g. use plenty of lubrication when having anal or rough vaginal sex, use condoms in pregnancy and menstruation.
- Explore reasons why condoms may not be used when risk factors are known and present.
- Have STD's treated.
- Discuss availability and adequate supply of condoms and water-based lubrication.

Risk Reduction Plans

Household Contact

Messages

- Only household items contaminated with blood can transmit Hepatitis C, e.g. razors, toothbrushes, nail clippers, snorting straws.
- Reinforce Hepatitis C **cannot** be spread by:
 - Coughing or sneezing (casual contact)
 - Hugging & Kissing
 - Food or beverages
 - Sharing eating utensils or cups
 - Breast feeding (unless nipples are cracked or bleeding)

Questions

- Are there items in your house that you think may have contact with blood that others might use?
- What sort of things could you do to avoid blood-to-blood contact from your own personal items?

Strategies

- Have your own toothbrush and razor clearly identified.
- If blood is present in your mouth have dental problems attended to if possible.
- Encourage participant to discuss Hepatitis C transmission with other members of household.

Risk Reduction Plans

Tattooing/Body Piercing

Messages

- Only sterile or new equipment should be used.
- Inkpots should be for single use only and should not be shared by others.

Questions

- Have you ever had tattooing or piercing done where you could have had contact with other people's blood?
- If you are having a tattoo or piercing done when sterile equipment was not available, how could you ensure your own needle and ink supply?

Strategies

- Only have tattooing or piercing done if sterile equipment and new single-use inkpots are used.
- If non-professional/unsafe tattooing or piercing occurs
 - Dispose of implements once used.
 - Ensure own/owned equipment is used for tattooing or piercing
 - Ensure own ink pot is available
 - Bleach equipment if you have no sterile or new equipment is available

Risk Reduction Plans

Alcohol

Messages

- Alcohol is a potent toxin to the liver.
- If you have Hepatitis C and drink alcohol the risk of liver damage is increased.
- If Alcohol consumption is moderate to high and the participant is Hepatitis C Positive, then strategies to reduce consumption should be discussed. It is unclear if rare or low levels of Alcohol consumption are harmful.

Questions

- Are there ways that alcohol causes problems in your life, e.g. relationship, financial, health?
- How do you think you could reduce or stop drinking alcohol?
- Where are you in terms of reducing your drinking?

Strategies

► See Alcohol Reduction Strategies

- Refer to appropriate substance use counseling:
 - Substance Use Counselor
 - Alcoholics Anonymous (AA)
 - Detox/rehab
 - Substitute Therapies, e.g. naltrexone, medical management
- Discuss the current social & personal supports the participant has or can access. Explore how this support can be used to help them to reduce or stop alcohol use.
- Assess and discuss underlying issues that may lead to drinking e.g. mental illness or depression. Refer to appropriate service.

Alcohol Reduction Strategies

- Avoid drinking alone.
- Start-off with a non-alcoholic drink.
- Alternate usual drinks with alcohol-free or low alcohol drinks.
- Drink water while drinking alcohol.
- Break the habit of drinking in rounds.
- Have at least two alcohol free days a week and consider increasing the number of alcohol free days each week. (note: 1-2 drinks a day is less harmful for the liver than 5 drinks in 3 hours)
- Do not drink when you have had a bad day.
- Don't keep alcohol around the home.
- Drink slowly.
- Substitute drinking with other activities you enjoy doing.
- Avoid situations where there is pressure to drink.
- Learn how to say no to drinking alcohol when you are in the company of others who are drinking and may pressure you to do likewise.
- Get support for yourself and your family/significant others.
- Identify the times of day you are prone to drinking alcohol.
- Examine the situations that trigger unhealthy drinking patterns and develop new ways of handling these situations.
- Save the money in a separate place that you would spend on alcohol.
- Use a worksheet for keeping track of cutting down:
 - Set an alcohol limit and write it down
 - Set a goal
 - Write down the pros and cons of drinking
 - Celebrate incremental steps in change

Additional Resources

Useful Web Sites

Hepatitis C Harm Reduction Project: www.hepcproject.org/

Harm Reduction Coalition: www.harmreduction.org/

HCV Advocate: www.hcvadvocate.org

Centers for Disease Control & Prevention: www.cdc.gov/

NYC Department of Health & Mental Hygiene: www.nyc.gov/html/doh/

Hepatitis Foundation International: www.hepfi.org

NATAP: www.natap.org
(National AIDS Treatment Advocacy Project)

Hep C Vets: www.hepcvets.com

HIV and Hepatitis: www.hivandhepatitis.com

Visionary Health Concepts: www.vhconcepts.com/

Hepatitis Neighborhood: www.hepatitisneighborhood.com/

American Liver Foundation: www.liverfoundation.org/

Listing of further Websites:

<http://www.health.state.ny.us/nysdoh/hepatitis/en/weblist.htm#provider>

Hepatitis A & B Vaccine Information Sheets :

(English) <http://www.cdc.gov/nip/vaccine/hep/default.htm>

(Spanish) <http://www.cdc.gov/spanish/inmunizacion.htm>

Hepatitis C: A Practical Guide for Incorporating Hepatitis C Services into Existing Programs

Includes:

- Comparison of Hepatitis A – E Chart
- Keeping Your Liver Healthy Information Sheet
- Safer Injecting Information Sheet (English)
- Glossary

http://www.cdc.gov/ncidod/diseases/hepatitis/resource/training/nyc_technical_guidance.pdf

Hepatitis C Disease Progression Chart

- CRA's Hep C Consequences Chart

http://hepcproject.typepad.com/hep_c_project/hep_c_consequences_chart.pdf

SAFER INJECTING

- **"Avoid contact with any blood"** means a simple, day-to-day awareness of how blood is present. Conditions are rarely perfect for injection, but think of injecting along the same lines as preparing to eat dinner.
 - Wash your hands and arms.
 - Clear a space that is yours.
 - Use clean surfaces.
 - Make sure your injecting space is clean by wiping it down or spreading out a sheet of newspaper.
- **Use sterile syringes, if possible.** If you must reuse, keep a personal syringe. It's better to use one that's only been used by you.
- **Know which syringes are yours** by marking them before you get off. Remember when you are getting off with other people, syringes look alike. Keep track of how you marked yours, and remember that markings can wipe off. Knowing which are yours is important if you recap your syringes.
- **If you have to share, always clean the needle and syringe with bleach and water.** It is unknown how long you need to clean needles with bleach to kill hepatitis C. To clean:
 - Fill the syringe with water from a clean container. Shake for at least 30 seconds and squirt out. Repeat this step twice, and use new water each time.
 - Do the same thing with bleach.
 - Rinse at least 2 times with water.
 - If possible, take apart the syringe and soak it in bleach (as long as you can) then rinse it out several times with clean water.
- **Use an extra sterile syringe to split drugs**, if possible.
 - When preparing your shot use your own cooker and cotton.
 - Clean out the cooker with an alcohol pad to be sure it's as clean as possible.
 - If you're drawing up from a shared cooker, try to use only new syringes.
It's a bad idea to draw up from a cooker if someone else stuck a used syringe in it.
- **Always clean your injection site** by using an alcohol pad or soap and water. During the whole process of injection, be aware of what you touch or handle.
- **Apply gentle pressure to the injection site** after you've shot your drugs.
 - Use tissue or cotton to stop the bleeding.
 - Alcohol pads don't stop bleeding; the alcohol stops your blood from clotting.
 - Dispose of the used cotton or tissue, and dispose of the syringe in a sharps container (or a hard, puncture proof container).

SAFER INJECTING (Continued)

- **Wash your hands and arms.** Be aware that you've been handling syringes, cotton, tissues and other materials that have probably contacted your blood.
 - Re-wipe your surface.
 - Check your tie and remember how your blood could have ended up on anything you touch or use.
- **Take control of your own injection.** Having another person inject you significantly increases your chance of getting infected. But even when someone else injects you, basic hygiene can prevent most infections. If someone injects you after they have gotten themselves off, they should wash their hands, and use a sterile syringe, clean cooker and clean tie for you.

HCV is easy to acquire and transmit and it seems that very small amounts of blood will do the trick. Injecting drugs is the riskiest way to use, due to the variety of complications that can occur. But while some risks may be unavoidable, others can be reduced or eliminated through awareness and planning. Above all, it is time to recognize that hygiene can be a normal part of injection, just like it's a normal part of eating.

Adapted from *Harm Reduction Measures for IV Drug Users*, by Allan Clear, Harm Reduction Coalition. Originally published in *HCV Advocate*, July 2000



PRÁCTICAS DE INYECCIÓN SEGURA

“Evita contacto con la sangre de otras personas.” Esto significa una forma simple de estar conciente día a día de la presencia de sangre. Al inyectarte, las condiciones son raramente perfectas--considera inyectarte siguiendo las mismas reglas que usas al preparar la cena.

- Lávate las manos y los brazos.
- Escoje un espacio y hazlo tuyo.
- Usa superficies limpias.
- Asegurate que el lugar donde te inyectes éste limpio, o cubre el lugar con periódico.

Usa jeringuillas esterilizadas.

En Nueva York, hay programas de intercambio de agujas, donde puedes conseguir agujas nuevas y otros provisiones (cordones, tapitas, algodón, etc). Los programas son gratis, anónimos, y legales. Muchas farmacias en Nueva York también venden jeringuillas a personas que tienen mas de 18 años, hay un programa llamado *ESAP*. Cuando vayas a una farmacia *ESAP*, no necesitas tener una receta para comprar agujas (puedes comprar 10 por visita). Para encontrar una farmacia *ESAP* en tu barrio, llame al 800-369-SIDA.

Si tienes que volver a reusar una jeringuilla, manten una personal.

Es mejor reusar una que *sólo tú has usado*. Asegurate de cuales son tus jeringuillas; márcalas antes de usarlas. Recuerda cuando te inyectes con otras personas que todas las jeringuillas se parecen. Chequea tus marcas y recuerda que las marcas pueden borrarse.

Usa una jeringuilla esterilizada para preparar las drogas al dividirlos.

- Durante la preparación de tu cantaso (inyección), usa tu propia cuchara o tapita, agua, y filtro.
- Enjuague tu cuchara o tapita con alcohol para asegurarte que esté limpia.
- Si estás compartiendo cucharas o tapitas, *cada persona debe usar una jeringuilla nueva*. (Es peligroso llenar tu jeringuilla de un cuchara o tapita en la que otra persona introdujo su aguja usada).

Si tienes que compartir una jeringuilla, siempre limpia la jeringuilla y aguja con cloro y agua fría (limpia) antes de usarla.

El virus de la Hepatitis C (VHC) es fácil de adquirir y transmitir, y solo se necesita una muy pequeña cantidad de sangre para adquirirlo. No se sabe por cuánto tiempo necesitas limpiar la jeringuilla con cloro para matar la Hepatitis C. Por regla general:

- Llena la jeringuilla con agua limpia (fría) de un jarro limpio. Agítala por lo menos 30 segundos y expúlsala. Repítelo dos veces, usando agua nueva cada vez.
- Haz lo mismo con el cloro. Agítala y deja el cloro en la jeringuilla *por tanto tiempo como puedas* (al menos dos minutos).
- Enjuaga dos veces más con agua nueva.

Siempre limpia la piel donde te inyectas.

Puedes usar alcohol, o agua y jabón. Durante todo el proceso de inyectarte ten cuidado con lo que toques o agarres.

Después de inyectarte tus drogas aplica presión leve en el punto de inyección.

- Usa algodón o unas servilletas para parar la sangre.
- Alcohol no para la acción de sangrar; el alcohol evita la coagulación.
- Descarta el algodón usado y la jeringuilla usada en un envase plástico resistente o uno especial para jeringuillas usadas.

Lávate las manos y los brazos.

Recuerda que haz estado usando jeringuillas, algodones, cordones y otros materiales que probablemente han estado en contacto con tu sangre.

- Limpia la superficie de nuevo.
- Si te vas a reusar tu jeringuilla más tarde, enjuagala ahora con agua fría (limpia). Esto ayuda a remover la sangre.
- Revisa tu torniquete y recuerda que tu sangre pudo haber caído en cualquier cosa que tocaste o usaste.

Toma control sobre tu propia inyección.

El permitir que otra persona te inyecta aumenta considerablemente tus riesgos de infectarte. Pero aún cuando alguna otro persona te inyecte, la higiene básica puede prevenir muchas infecciones. Si la persona que te inyecta se inyectó primero, debe lavarse las manos y usar para ti una jeringuilla esterilizada, un cuchara o tapita limpia, agua nueva, y torniquete limpio.

El inyectarte drogas es la forma más riesgosa a tomar drogas, por la variedad de complicaciones que pueden ocurrir. Pero, aunque algunos riesgos no se puedan evitar, otros pueden ser reducidos o eliminados por completo a travez de planificación y conciencia. Sobre todo, ya es tiempo de reconocer que la higiene debe ser parte normal del proceso de inyeccion, tal como es parte normal de la preparacion para comer.

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Para más información, visita nuestro lugar en el internet: <http://www.harmreduction.org>.