These guidelines provide information about HCV testing, prevention and services available in Manitoba. The guidelines address the medical, psychological and social implications of HCV screening testing as they relate to clients. It offers the opportunity to educate and support clients and promote healthy behaviour.

Pretest counselling

- All letter recipients have been mailed an information sheet about the Hepatitis C virus. Please answer any questions they may have.
- Consider the psychological implications of testing, including anxiety the patient may feel while waiting for results.
  - Assist the client to describe his/her reaction to a hypothetical positive or negative result.
  - Explore how the client has coped with stressful life events in the past.
  - Identify who could provide support during and after testing.
- Provide access to psychological and medical support, if necessary.
- Inform client that test result will be available approximately two weeks after blood is drawn.
  - Explain the testing process.
  - Arrange with client how test result will be provided.
- Obtain informed consent before testing is conducted.
  - Document that client received and understood the information about hepatitis C and reason for test.
- Advise that privacy and confidentiality regarding medical information will be maintained.

Weigh the risks and benefits of testing:

If clients test positive, clients may need to consider the following:

- Knowledge of HCV status to self and others.
- Effects of chronic illness to self and family members.
- Implications re: ability to continue working if client experiences physical signs of illness.

Test result will be reported as one of the following:

NEGATIVE:
- No antibodies present at time of testing.
- Explain that this means the client does not have HCV. If the individual is healthy and there is no reason indicating the client is immunocompromised, HCV test is negative.
  - Or
- The patient is in the “window period” between HCV infection and the beginning of antibody production. Explain that most people produce detectable antibodies within six to nine weeks after being infected (range is between two weeks to six mos.). Most people who received the letter have passed the window period, unless they have other risk factors since their blood transfusion.

POSITIVE:
- Explain that antibodies are present at the time of testing.
- Explain that a positive test result means the client has HCV and is assumed to be capable of transmitting the infection.

INDETERMINATE
- The result is inconclusive.
- Explain that an indeterminate result cannot be interpreted as either positive or negative.
• Advise client to make follow-up appointment with doctor re: further testing.

Note: Depending on the quality of the blood specimen, Cadham will conduct further tests (RNA, RIBA) before reporting result as indeterminate.

Post-test counselling
• Assess the client's understanding of the test result.
• Encourage the client to express feelings and reactions.

If the client tests positive:
• Assess the client's psychological reaction and provide immediate support.
• Explore with the client if he/she has a supportive person with whom results can be shared.
• Arrange additional psychological and social support systems as required.
• Arrange for further medical follow-up.
  – Discuss the need for further medical follow-up and possible treatment.
  – If client has no physician, provide assistance in accessing a family physician.

Educate clients on the following prevention/health promotion activities
Lifestyle decisions to consider:
• Eat foods you enjoy and maintain a well-balanced diet, using Canada’s Food Guide.
• Avoid alcohol as it potentiates liver damage in hepatitis C infection.
• Offer HAV and HBV vaccines if susceptible to those viruses. The liver may not be able to handle the added stress as a result of other infections affecting the liver. Note: Beginning in 2000, Cadham automatically does serology for Hepatitis A and Hepatitis B for samples that test positive for HCV. There will be no charge to the HAV and HBV vaccines.

Other ways of maintaining general health:
• Maintain normal work, hobbies and activities for as long as possible.

Clients should be instructed to use common sense and practice routine precautions
• Do not share razor blades, toothbrushes or personal hygiene instruments that might contain blood or body fluids containing blood.
• Cover open cuts and skin lesions until healed.
• Dispose of blood soaked material by themselves, i.e., do not pass the task to others. Articles should be put in separate bags before disposing into the household garbage.
• Clean up blood spills by wiping surface with freshly diluted household bleach (1 part bleach, 9 parts water), left for 10 minutes before wiping off.
• Do not donate blood, semen, body organs, or tissues.

Discuss need for informing household members and sex partners:
• Household members need not be screened unless blood to blood contact has occurred, the index case is immunocompromised, or there is undue anxiety.
• Inform potential sex partners of the risk of infection and practice safer sex using barrier methods.
• Long-term sex partners should be informed of the risks and allowed to make the decision on condom use themselves.
• Condom use is recommended for the following: open genital lesions or sexual activity during menstruation and multiple sex partners, as it increases the risk of infection.
• Screening may be offered to long-term sex partners.
Discuss issues regarding pregnancy and breastfeeding:

- Although the risk of infection is low (~5%), babies born to HCV-positive mothers should be tested for HCV-RNA at age 2 years (particularly when mothers are HIV+ or on immuno-suppressive agents. The risk is approximately two to three times higher in these groups).
- Breast-feeding is not contraindicated at this time. In spite of a number of studies, HCV transmission through breast milk has never been documented. If an HCV-positive mother chooses to breast feed, it is recommended that breastfeeding or use of expressed breast milk be avoided while nipples are cracked or bleeding. Discuss risks and benefits of breastfeeding with health care provider.

Discuss need for informing needle sharing partners:

- Injection or drug sniffing equipment should never be shared.
- Encourage using single-use, disposable syringes. If necessary, bleaching can kill the virus but equipment has to soak for 10 minutes.
- Encourage using needle exchange programs, if available. In Winnipeg,
  1. Street Connections Drop-In Centre
     Hours of Operation
     M-W-Th 1-5 p.m.
     50 Argyle Street
     Tuesday 1-7 p.m.
     Winnipeg, Manotob	Tel: (204) 943-6379
  2. Needle Exchange Van
     Hours of Operations: 6 p.m.-11:30 p.m.
     Tel: (204) 981-0742

Information on Compensation Programs:

Currently, there are three separate programs. The federal program that compensates people who were infected during the period between 1986 to 1990. The provincial program just announced will cover the period prior to 1986 and after 1990. To access these compensation programs, contact:

1. Federal Government Claims Centre
   1-888-726-2656
2. Provincial Program: (204) 786-7176
3. The Canadian Red Cross Society's Companies Creditors Arrangement Act will provide direct financial compensation to individuals infected outside the federal settlement period. Details on how this fund will function and how applications can be made have not yet been announced.

References
