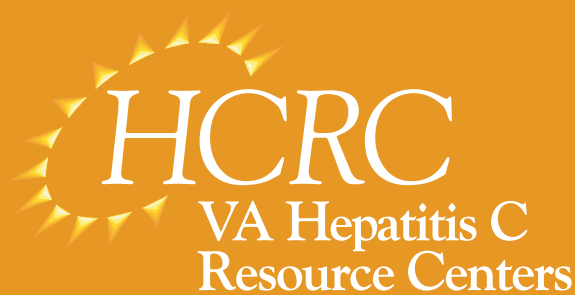


Welcome to the Hepatitis C Education Class



Conducting and Coordinating a Patient Education Class on Hepatitis C A Toolkit for Providers

*The VA Hepatitis C Resource Center Program
and National Hepatitis C Program Office
Veterans Health Administration
U.S. Department of Veterans Affairs*





VA Hepatitis C Resource Centers

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Dr. Davison, Dr. Indest, and Mr. Paulino led the development of this toolkit.

Introduction

This toolkit is intended to provide the clinician with a how-to guide and resources for conducting a patient education class on hepatitis C. It is adapted from the collected experience with educational groups by members of the four field Hepatitis C Resource Centers and the National Hepatitis C Program of VA Central Office to develop this resource.

After discussing the objectives and rationale for a hepatitis C education class, this toolkit elaborates on the suggested tips for coordinating an educational presentation. These steps range from meeting logistics to evaluation. The appendixes at the end of the toolkit include sample materials for use during your presentation, as well as additional sources of information regarding hepatitis C. The following materials are contained in this guide book and/or on the companion CD-ROM for this toolkit:

- Hepatitis C Group Education slide set in PowerPoint
- Instructor's Manual containing speaker notes for each slide
- Knowledge test for patients that can be used as a pre-test and/or post-test
- Sample flyers that can be used to advertise the group
- Participant handouts, including notes from the presentation, hepatitis C patient brochures, and a list of hepatitis C resources (Web sites, phone numbers, etc.)
- Hepatitis C Support Group Guide containing in depth information on initiating and maintaining hepatitis C educational and support groups
- Patient Attendance Sheet
- Patient Evaluation Form of the group education

Objectives

The learning objectives of a hepatitis C education class are to:

1. Help patients understand the importance of a healthy liver.
2. Teach patients about the diseases and behaviors that put the liver at risk.
3. Help patients understand what hepatitis is and what it means to have the hepatitis C virus.
4. Help patients understand the course of hepatitis C over a lifetime.
5. Help patients understand the common treatments used for hepatitis C.
6. Help patients understand how to prevent the spread of hepatitis C.
7. Help patients understand their hepatitis C test results.
8. Encourage and motivate patients to engage in healthy lifestyles and treatment of hepatitis C as appropriate.

Benefits of a Hepatitis C Education Class

Implementing a standardized hepatitis C education class has numerous benefits for both patients and providers. Here are a few:

For Patients:

1. Improved patient care by educating patients about hepatitis C.

Education before the hepatitis C clinic appointment can reassure frightened patients and fill the often too-long gap between consult and first visit. An education class helps patients understand what hepatitis is, and what it means to have the hepatitis C virus. It also helps patients to understand the course of hepatitis C over a lifetime.

2. Prevention of secondary transmission.

Group education can inform patients how hepatitis C is and is NOT spread. This information helps patients understand how to prevent the spread of hepatitis C to their loved ones, co-workers, healthcare providers, and others. Conversely, hepatitis C education helps dispel myths about transmission (e.g., that it can be spread to children or grandchildren during normal play activity) and correct misconceptions about hepatitis C that might unnecessarily impact the patient's lifestyle.

3. Promotion of liver health.

Increased knowledge about hepatitis C infection is the first step toward successful self-care, and patients with liver disease need to understand the importance of healthy liver functioning. Group education teaches patients about the diseases and behaviors that put the liver at risk. It should encourage and motivate patients to engage in healthy lifestyles and treatment of hepatitis C as appropriate and reduce behaviors harmful to their liver health (e.g., alcohol consumption, excessive use of certain medications).

4. Assistance in making informed treatment decision.

A major objective of the group education class is to help patients understand the common treatments used for hepatitis C and their efficacy. This will assist them when it becomes time for their clinic appointment to evaluate their treatment options, considering such factors as their hepatitis C genotype, medication side effects, duration of treatment, and odds of treatment success.

5. Promotion of interpersonal learning.

Patients learn from each other in group settings, and they often attend more to messages from peers than from “experts.” A group education class offers patients an opportunity to share and hear questions and concerns that other patients may have. This helps decrease stigma about hepatitis C infection as well as normalize many of the common fears and concerns patients may experience about having hepatitis C.

For Providers:

1. Increased clinic efficiency.

Giving basic education in a group setting allows clinicians to focus on other individual needs during the specialty care appointment. Face-to-face time between the provider and patient is very limited during these clinic appointments, and the more information a patient already has about the disease, the more time a provider can spend providing individualized patient care and answering specific questions regarding the patient’s case.

2. Improved response time to patient needs.

Patients can usually be scheduled more quickly for a group appointment such as the education class than for an individual appointment in a specialty hepatitis C clinic, which often has a longer wait list. Prompt response to patients’ concerns following their hepatitis C diagnosis increases patients’ satisfaction with their healthcare.

3. Reduction in specialty clinic no-show rate.

Scheduling patients for group education prior to their clinic appointment may decrease the no-show rate at initial hepatitis C clinic visits. However, this is likely true only if attendance at hepatitis C group education is a prerequisite for obtaining a specialty care appointment.

4. Assistance with treatment planning.

Group education classes offer an opportunity to screen patients for co-morbid psychiatric and substance abuse conditions through standardized assessment measures. This process facilitates early referral to mental health and substance abuse clinics. Earlier access to other care services can facilitate development of a comprehensive treatment plan and improve patients’ chances of initiating and completing interferon therapy.

Effectiveness of the Educational Intervention

The hepatitis C education class has been piloted at VA Puget Sound Health Care System and the Portland VA Medical Center. Scores from pre- and post-test assessments administered at both sites demonstrated significant improvement in hepatitis C knowledge after class participation (see Figure 1 and Table 1).

Furthermore, improvement in hepatitis C knowledge occurred regardless of the patients' referral source to the class. At VA Puget Sound, patients indicated the source of their hepatitis C knowledge prior to attending class (from a gastroenterologist, a primary care provider, or other source/no prior education). While hepatitis C knowledge scores prior to attending class were significantly different between groups, after class participation all three groups showed significant improvement in hepatitis C knowledge, and post-test knowledge scores were approximately the same for all participants regardless of their source of prior hepatitis C knowledge (85% - 86% correct).

Figure 1.

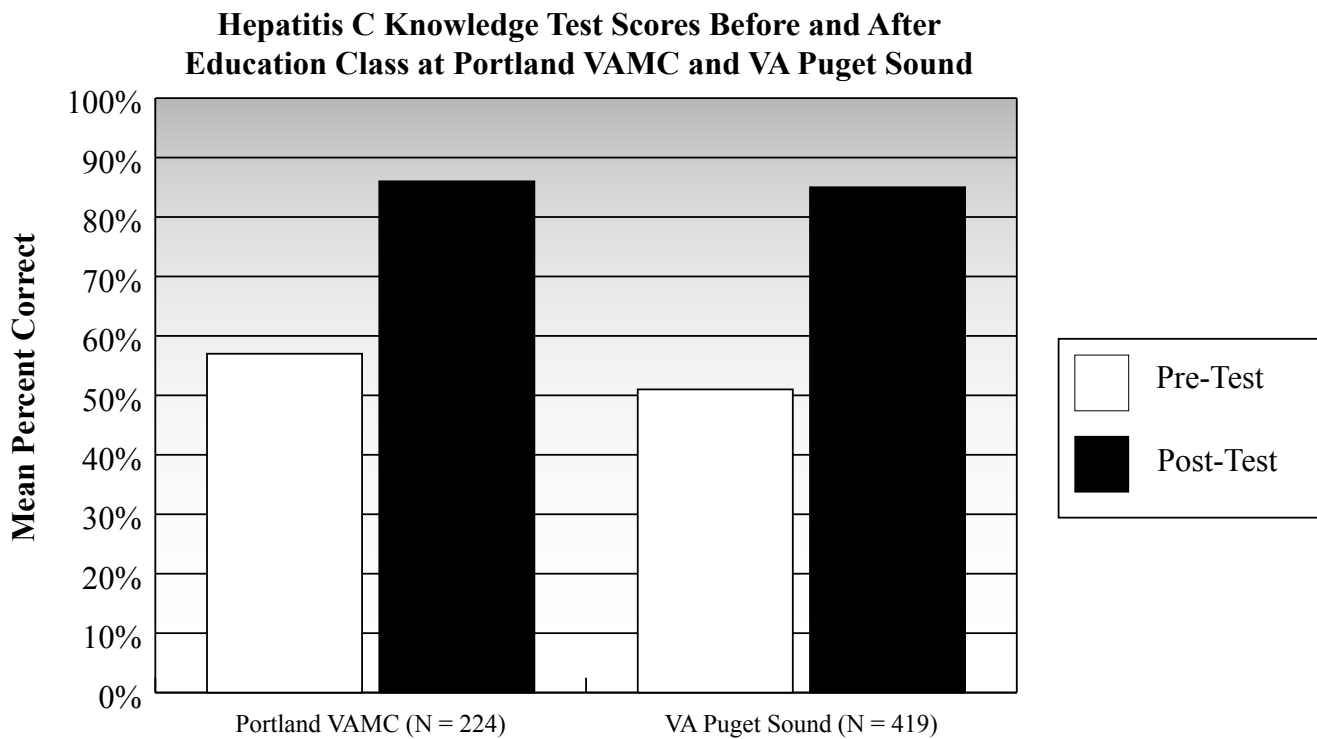


Table 1. Mean Hepatitis C Knowledge Test Subscale and Total Scale Scores by Percentage Correct for Portland VAMC and VA Puget Sound.

Hepatitis C Knowledge Area	Portland VAMC N = 224		VA Puget Sound N = 419	
	Pre-test	Post-test	Pre-test	Post-test
Symptoms	54%	85%	50%	85%
Transmission	73%	91%	64%	87%
Treatment	35%	80%	34%	86%
Total Score	57%	86%	51%	85%

Notes:

1. Knowledge scores significantly improved ($p < .001$) from pre- to post-test in all hepatitis C knowledge categories.
2. Slightly different versions of the Hepatitis C Knowledge Test were used at Portland VAMC (50 total questions) and VA Puget Sound (40 total questions).

Guidelines for Implementation

Implementation of the hepatitis C patient education class will vary from site to site, but several VA medical centers have made attendance at the class a prerequisite for receiving an appointment with a hepatology provider in a specialty care clinic. This practice decreased the no-show rate for specialty care clinic appointments. However, this policy was made clear to patients in the letter they received from the clinic, and referring providers were given the option to waive the education class in their consult to hepatology.

Whatever attendance policies are implemented, extra effort may be required to provide education to patients with hepatitis C, particularly those who cannot attend class due to their work schedule or travel distance from the VA. Other educational options may include sending print materials in the mail, having hepatitis C educational videos available in the library, or making multiple appointments for patients to attend class. Some sites automatically reschedule patients who do not show up at class for the next class appointment.

1. Planning

If a hepatitis C patient education class is not already established, the following considerations are helpful for planning the first and subsequent classes (see also Appendix D of this guide: “Hepatitis C Education Class Planning Grid”):

- When are most participants available?
- Is there adequate parking and bus service at this time of day?
- Do local traffic patterns allow for easy access to the facility at this time of day?
- Is there access to audiovisual equipment (e.g., LCD display, VCR, overhead projector)?
- Are the room size, configuration, and number of chairs sufficient for the group?
- Who will be responsible for opening and closing the room/facility?
- What written information or handouts will you provide for patients to take with them from the class?

2. Preparation

Preparation for the class should begin well before the scheduled start time. This toolkit contains many of the materials needed for conducting a successful hepatitis C patient education program (please see Appendix A for a complete list of resources available on this toolkit’s CD-ROM). The following checklist is provided as a reminder of typical class preparation steps (see also Appendix D of this guide: “Hepatitis C Education Class Planning Grid”).

- **Handouts** - In addition to the national hepatitis C education brochures (see Appendix B for ordering information), the educational PowerPoint presentation (contained on the CD-ROM) can be printed as handouts for distribution to the class.
- **Pre-/Post-Tests** - Administering the Patient Pre-/Post-Test contained in this toolkit (see Appendix F) can be a helpful instructional tool. It can also be a way to gauge patient learning when given before and after the class.

- **Audiovisual Equipment** - You may load and show the patient education PowerPoint slides for the class (located on the companion CD-ROM that goes with this guide) from your computer network onto an LCD display, or via a portable projector linked to a stand-alone computer or laptop. Due to the size of the educational PowerPoint presentation, the best way to run the file is to download it from the CD-ROM to the desktop or a specific directory on the computer or laptop connected to the LCD projector or view screen.
- **Flyers and Signs** - This toolkit contains several versions of signs and flyers that can be used to announce or direct individuals to the class. (Patients will easily get frustrated if they have to walk all over the hospital to find the meeting room!)
- **Food/Refreshments** - Food helps to attract patient participation. If possible, provide food that is healthy for patients with liver disease (i.e., avoid high-sugar sodas and caffeinated beverages). If you serve food, remember the little things everyone needs (napkins, utensils, serving spoons).
- **Room Environment** - Check temperature, lighting, and seat arrangement in advance. You may need to obtain a key beforehand to gain access to the room.
- **Announcements** - The education class is a great forum for disseminating information to patients, especially information about clinic policy, support groups, community resources, upcoming lectures, and opportunities for research participation.

3. Presentation

This written guide is meant to be a teaching aid for presenting the hepatitis C patient education class. If the PowerPoint presentation is used, the class instructor can move through the slide show and either narrate or discuss the speaker notes located on the bottom half of the page accompanying each slide. (These start at page 14.)

4. Question-and-Answer Period

Even if you have decided to go with an educational or lecture-style format for your group, it is important to allow ample time for members to ask questions or share their comments. Some educational presentations are informal and allow for questions during the lecture, but often it is best to hold questions until after the speaker has presented all of his or her planned material.

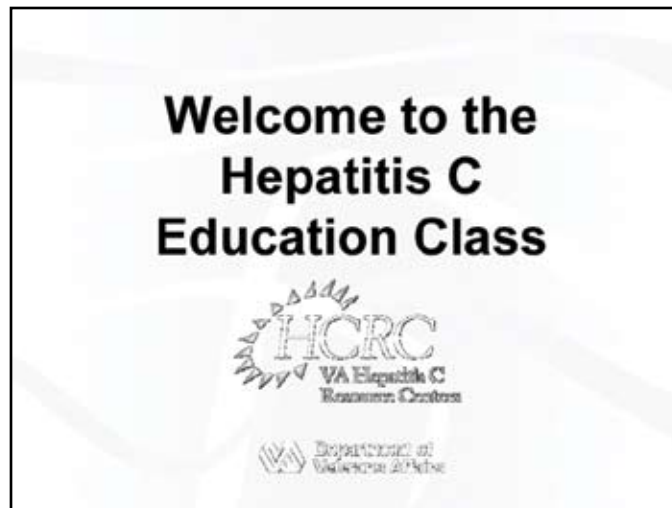
5. Evaluating the Session

Using a standard feedback form (see example in Appendix H) at the end of the class provides a means of obtaining feedback from class participants. Completing a class evaluation form is an option that many patients will not pursue, but some comments may be gleaned that can directly improve the quality of the presentation.

6. General Practice Note: START AND END ON TIME!

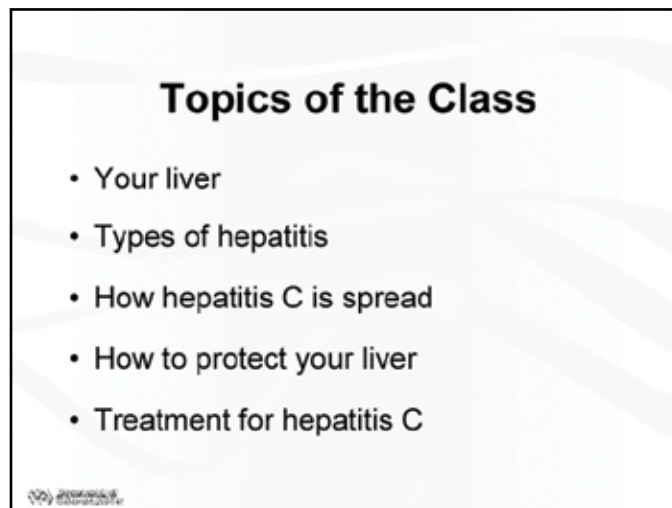
EDUCATION SLIDES & SPEAKER NOTES

Slide 1



Welcome to our hepatitis C education class. We are going to spend the next hour talking about hepatitis C. You were referred here by one of your health providers in the VA, either because you have hepatitis C infection or because you had a positive test for hepatitis C at some time in the past. We will discuss the difference between the two later in the class.

Slide 2




Today we'll be talking about what the liver is and how it works; the different types of hepatitis; what hepatitis C is, how people get it, and how they don't get it; what you can do to take care of your liver if you have hepatitis C; and how hepatitis C can be treated.

Later, when your provider sees you in clinic, he or she will find out how much hepatitis C is affecting your liver, and then talk to you about treatment options for your hepatitis C. This class should help you understand what is involved.

Slide 3

What is the Liver?

- Makes chemicals that your body needs to stay healthy
- Removes waste products and other harmful substances from your blood
- Guards against infection



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Let's talk a bit about your liver.

You have only one liver, and it is located on the right side of your abdomen. Your liver has many important jobs. The liver breaks down anything we take in, such as prescription drugs, street drugs, alcohol, or caffeine. Our bodies naturally produce some toxic chemicals or poisons, and those are also broken down by the liver. In this way the liver acts as a filter to clean your blood.

Slide 4

The Liver is a Factory

- Builds and converts proteins and sugars
- Stores vitamins, sugars, fats and other nutrients
- Releases chemicals and nutrients into the body when needed

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You can also think of the liver as a factory. It turns proteins and sugars into most of the things that your bodies need. The liver stores vitamins, hormones, cholesterol, and minerals. Your liver then lets go of these chemicals and nutrients into your bloodstream when your body needs them.


When the liver does not work well, you can get very sick, or even die if your liver stops working altogether. Your liver may not work as well as it should if you have hepatitis.

Some people with liver problems can have a swollen liver. Others may have severe scarring or a shrunken liver. When your provider sees you in clinic, he or she will feel your liver to find out if your liver is shrunken, hard, or swollen.

Slide 5

What is Hepatitis?

- "Hepatitis" means inflammation of the liver
- Can be caused by:
 - Genetic diseases
 - Medications (including over-the-counter)
 - Alcohol
 - Hepatitis viruses (A,B,C,D,E)



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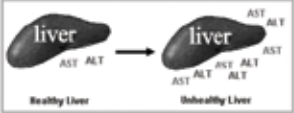
Now I want to talk a little bit about the word, "hepatitis." Hepatitis means inflammation or irritation of the liver. Many things can cause this, and hepatitis C is just one of them. If you have hepatitis C, you need to be very careful not to do things that might also irritate your liver.

Inflammation of the liver can be caused by other viruses, such as hepatitis A and hepatitis B. Alcohol irritates the liver also, even in someone who doesn't have any other liver problems. If you have hepatitis C, any alcohol use could be harmful to your liver.

Slide 6

What Are Liver Enzymes?

- Chemicals that your liver uses to do its work
- Healthy liver:
 - the level of enzymes in your blood is normal
- Unhealthy liver:
 - the level of enzymes can be higher than normal





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Over-the-counter drugs, prescription and street drugs can also cause irritation or inflammation of the liver. We know this has happened when certain chemical levels from your liver are high, as shown in your blood tests. These chemicals are called enzymes. What happens is that when something is bugging your liver, like a virus or medications, the cells get damaged. The liver enzymes that are in the liver cells come out and get released into the blood stream. Then when we measure your blood work, the liver enzyme values are higher than normal. If your doctor starts you on a certain medication, he or she may need to monitor your blood chemistry to make sure it is not causing further harm to your liver.

Slide 7

Hepatitis A

- Spread through contaminated food and water
- Vaccine available to prevent hepatitis A

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Let's first talk about hepatitis A and B. Even though hepatitis A and B are common in the United States, more Americans are infected with hepatitis C. It is important for you to understand how hepatitis C is different from other types of hepatitis.

Hepatitis A and B and C are different viruses. A common question is, "If I've got hepatitis C, can I get either hepatitis A or B?" The answer is, "yes." That is because they are spread in different ways and affect your liver in different ways. But all types of hepatitis can harm your liver.

Now let's talk about hepatitis A. If you hear about people getting hepatitis from a visit to a restaurant, or after a picnic, it is probably hepatitis A. People get hepatitis A when human bodily waste comes in contact with food or water. This virus is spread through what is called the fecal/oral route. In other words, it is spread through dirty, contaminated water.



With hepatitis A, you can get sick right away. You may feel sick or tired for a month or so, but then your body gets rid of it, just like it would a cold or flu. The hepatitis A virus does not result in a chronic, or long-term, infection. A small number of people get very ill from hepatitis A.

If you have hepatitis C, we want you to be vaccinated against hepatitis A. That's because if you have hepatitis C and you get hepatitis A, you have a higher chance of getting sicker from it. So, make sure that if you have hepatitis C, you ask your provider if you need to be vaccinated for hepatitis A.

Slide 8

Hepatitis B

- Spread through blood-blood contact
- Also transmitted through sex
- Vaccine available to prevent hepatitis B



Hepatitis B

Hepatitis B is a different virus, but it behaves a little bit more like hepatitis C than hepatitis A. It is spread like hepatitis C through blood-to-blood contact, such as blood transfusions, or by people who share needles. Hepatitis B is also fairly easy to spread through sexual contact, and is much easier to get than hepatitis C through sexual contact.



In most people, hepatitis B does not turn into a long-term condition, or what we call a chronic infection. This does happen in a few people, though. If you have hepatitis C, you should get tested for hepatitis B. There is a vaccine for hepatitis B. If you have never been exposed to hepatitis B, and you belong to a group at risk for hepatitis B, such as health care workers, or if you have been involved in high-risk sexual behavior, or there is any chance of using and/or sharing needles for illegal drug use, then you should be vaccinated.

Once you have come into contact with hepatitis B, and the virus is not active in your body anymore, you cannot become infected with it again. You develop antibodies to it, which means that you are protected from it afterward. It's like what happens with chicken pox: once your body has it and gets rid of it, you can't catch it again.

Slide 9

Hepatitis C

- Identified in 1989
- Blood test became available in 1992
- Used to be known as "non-A, non-B" hepatitis
- Spread through blood-to- blood contact
- No vaccine available to prevent hepatitis C

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We are here to talk about hepatitis C. This is a virus that we know has been around since the 1940s, because some was found in some old, stored, frozen blood. The virus was officially named hepatitis C in 1989. Prior to this it was called “non-A/non-B hepatitis” because all we knew was that it was not hepatitis A or B. In 1992 a reliable blood test for hepatitis C was created, and now we can easily find out if someone has the virus. I’ll talk more about testing for hepatitis C a little later.

This virus is spread through contaminated blood, that is, blood which has the hepatitis C virus in it that passes from one person to another. This has happened when people received blood transfusions with blood that was infected with hepatitis C. This rarely happens anymore because the blood is tested before it is transfused. This also can happen if you ever shared needles to inject drugs and one of the people you were sharing with had hepatitis C.


You may have been surprised when you first found out you had hepatitis C. That is because you can have hepatitis C and have no symptoms. You can also have hepatitis C for a long time and still feel fine. Most of you cannot get rid of the hepatitis C virus on your own, which means that for around 85 percent of people, hepatitis C is a chronic, or long-term, infection. And there is *no* vaccine against hepatitis C at this time. Let me repeat that: there is no vaccine for hepatitis C.

There is usually no way to tell for sure when you might have become infected with hepatitis C. You may have had hepatitis C for 20 or 30 years without realizing it. Although hepatitis C can sometimes have very mild symptoms, it is an illness that needs to be monitored because it can progress and cause liver problems. It stays in your body and you can give it to someone else no matter how healthy you feel.

Slide 10

Hepatitis C

- About 3 million Americans infected
- About 170 million infected worldwide
- Many do not experience symptoms



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About 4 million Americans have been exposed to hepatitis C and roughly 3 million have long-term infection (which we will talk about later). That is about 2 percent of the U.S. population. About 30,000 more become infected each year. Worldwide, around 170 million people have hepatitis C.

Slide 11

Who Should Be Tested for Hepatitis C?



- People with risk factors for hepatitis C
- Those who wish to be tested

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Who should be tested for hepatitis C? The answer is: anybody who has any of the risk factors for hepatitis C or has ever had a test that showed high levels of liver enzymes.

Slide 12

How Do People Become Infected With Hepatitis C?

High Risk:

- Blood products
 - Blood transfusions before 1992
 - Other blood products before 1987
 - Current transfusions no longer a major risk factor
- Injection (IV) drug use – 60% of all new infections



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There are two big risk factors for hepatitis C: blood transfusion before 1992 and injection drug use. Anybody who got a blood transfusion before 1992 should be tested, even if they feel great and look great. Also, anyone who received other blood products, like platelets or plasma, before 1987 should be tested. Since 1992, the blood supply has been thoroughly tested for hepatitis C, and recent blood transfusions are not a risk factor.

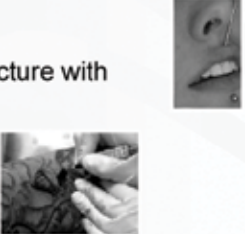
The other big risk factor is ever having used needles to inject drugs, *even just once*. It does not matter how often someone used or how long ago they used, or even if they're sure they never shared a needle or other equipment. Injection drug use is the cause of around 60 percent of all new hepatitis C infections. So, if you've ever used injection drugs, you need to be tested.

Slide 13

How Do People Become Infected With Hepatitis C?

Lower Risk:

- Snorting cocaine or other drugs
- Occupational exposure
- Body piercing & acupuncture with unsterilized needle
- Tattooing



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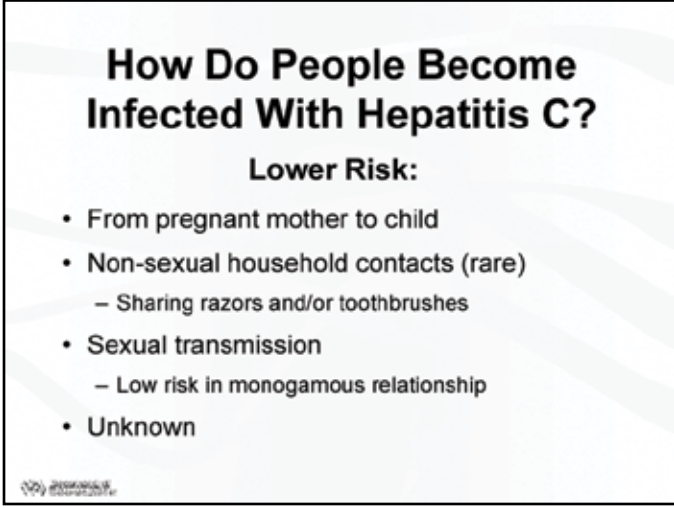
There are several other ways to have blood-to-blood contact, but it's not clear how easy it is to transmit hepatitis C in each of these ways, or how often it happens. Let's go through them one by one.

Snorting cocaine or any other drugs is a risk factor for hepatitis C, because of the sharing of straws or equipment that goes from person to person. Tiny drops of blood from the nasal passages can remain on the straw used to snort the drug and transmit the virus to another person.

Work-related blood-to-blood contact can be a risk factor, such as needle sticks for someone who is a healthcare worker, or someone in the military who came in contact with blood from injured or wounded personnel.

Body piercing, tattooing, and acupuncture are also risk factors. Needles can carry hepatitis C virus if they haven't been cleaned between customers. Body piercing or tattooing is more likely to be a risk factor for hepatitis C if it was done at an unlicensed parlor or somewhere that does not use good procedures to clean and sterilize equipment.

Slide 14



How Do People Become Infected With Hepatitis C?

Lower Risk:

- From pregnant mother to child
- Non-sexual household contacts (rare)
 - Sharing razors and/or toothbrushes
- Sexual transmission
 - Low risk in monogamous relationship
- Unknown

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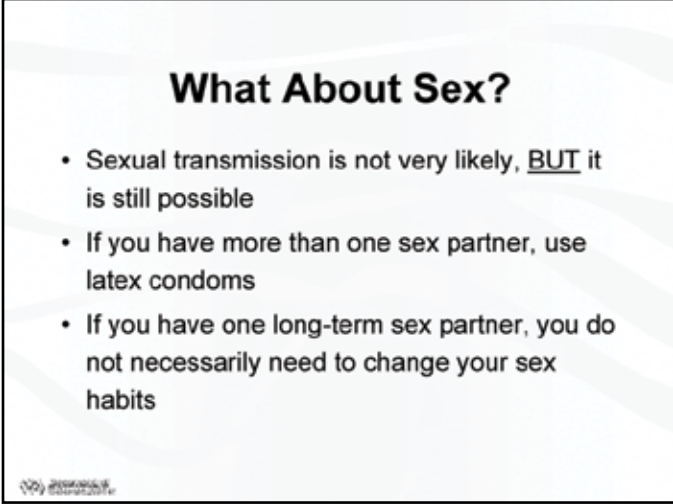
Are there other ways to get hepatitis C? If a mother has hepatitis C, she has about a 5 percent chance of giving it to her newborn. A father who has hepatitis C is no risk to the baby at all.

Nonsexual household contact, such as sharing razors or toothbrushes, is a possible way to spread hepatitis C. The virus may be spread by small amounts of blood on the blade or bristles.

Getting hepatitis C from sexual contact can happen, but it does not appear to happen very often. In a long-term, monogamous relationship, meaning more than 5 years or so, the chance of spreading hepatitis C to a spouse or partner is very low, less than 5 percent. At least one study has found NO risk of getting hepatitis C from sexual contact.

In about 10 percent of people with hepatitis C we are unable to identify a risk factor based on information they provide us.

Slide 15



What About Sex?

- Sexual transmission is not very likely, **BUT** it is still possible
- If you have more than one sex partner, use latex condoms
- If you have one long-term sex partner, you do not necessarily need to change your sex habits

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It may be that some people have gotten the virus by having sex. It is unclear at this time how frequently this occurs. We don't know all the facts about how hepatitis C is spread through sexual contact. However, here are some things to keep in mind.

If you have hepatitis C and you have multiple sex partners, you should use a latex condom. If you are in a long-term monogamous relationship, you do not need to use a latex condom. The risk of spreading the virus to a long-term, monogamous partner is very low. We do recommend that the partner get tested for hepatitis C at some point. Anyone in any kind of sexual relationship should talk with their partner about the fact that they have hepatitis C.

If you have hepatitis C it is possible that you could have been exposed to HIV, and we recommend that all persons who have hepatitis C get tested for HIV. If you think there is any possibility you may have been exposed to HIV, you should always use a latex condom until you are absolutely certain you are negative for HIV.

Slide 16



Now let's talk about how hepatitis C is *not* spread.

[advance to next animation] Saliva, sweat, and tears cannot spread the virus – *only blood-to-blood contact* spreads the virus. For this reason, casual contact does not spread hepatitis C. You cannot spread it by sneezing or coughing. You can eat off the same plate, drink from the same cup, or share utensils.



[next animation] Common social contact like hugging, holding hands, or kissing does not spread the virus. Although people may have gotten hepatitis C from *receiving* blood that someone else donated, you cannot get it from actually donating blood.

You should not change your work, school, or social activities because of your hepatitis C. The only time you might have to change your behavior is if you are a healthcare worker and in a position where you could potentially spread hepatitis C to a patient. You can prepare and handle food for others safely if you have hepatitis C.

Slide 17

How Can You Prevent the Spread of Hepatitis C?

- Cover open wounds
- Tell people not to touch your blood
- Clean blood spills yourself or inform others to use latex gloves
- Dispose of needles/materials properly
- Do not inject drugs






How can you avoid passing hepatitis C to other people? Much of this is common sense.

Cover all open wounds. Try not to get blood on other people or objects and tell people not to touch your blood. If you cut or injure yourself in public, try to clean up your own blood. If you cannot do this, tell whoever might come in contact with your blood that you have hepatitis C so that they can protect themselves. Dispose of needles and other infected materials properly.

Slide 18

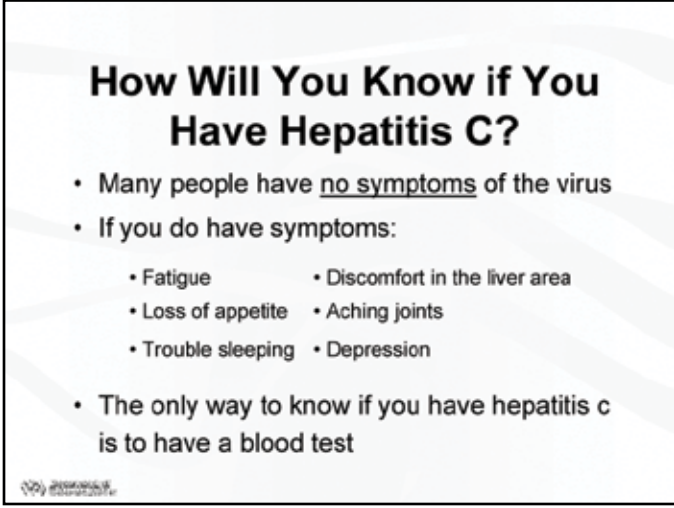
How Can You Prevent the Spread of Hepatitis C?

- Avoid sharing contaminated articles
 - Razors, toothbrushes, or other personal care items
- Inform healthcare professionals/others
- Do not donate blood, body organs, tissues or semen
- Practice safe sex



Do not share razors or toothbrushes or other articles that may have blood on them. You should tell all healthcare providers that you have hepatitis C. Do not donate blood. Finally, if you're not in a long-term monogamous relationship, it is a good idea to use condoms when having sex.

Slide 19



How Will You Know if You Have Hepatitis C?

- Many people have no symptoms of the virus
- If you do have symptoms:
 - Fatigue
 - Discomfort in the liver area
 - Loss of appetite
 - Aching joints
 - Trouble sleeping
 - Depression
- The only way to know if you have hepatitis c is to have a blood test

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A lot of people are very surprised to find out they have got hepatitis C because it cannot be diagnosed based on how someone feels. You may not have any symptoms. The diagnosis of hepatitis C is made through a simple blood test to look for the virus in your blood.

If you do have symptoms, they may include feeling tired, discomfort in the upper right side of your abdomen, loss of appetite, muscle aches and joint aches, depression, and trouble sleeping.

Slide 20

How is Hepatitis C Diagnosed?

- Blood testing
 1. Hepatitis C antibody test
 2. Hepatitis C PCR test to find virus in blood
- Liver function tests

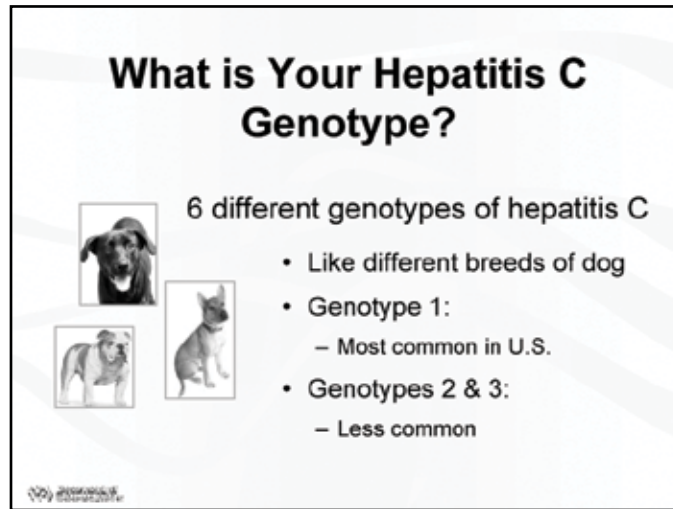


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Let's talk more about how your provider found out about your hepatitis C. As we discussed, to see if you have hepatitis C, your provider tested some of your blood for the antibodies your body makes to fight the virus. This is called the hepatitis C antibody test, which tells us if you've ever been exposed to the hepatitis C virus. If you have these antibodies, the next step is to test for the actual hepatitis C virus with what's called a PCR test. This tells us if you currently have the hepatitis C virus in your blood.

We talked about liver enzymes and liver function tests, or LFTs. These are blood tests that measure how much irritation there is in your liver. Most people with hepatitis C have high levels of liver enzymes at one time or another. But this doesn't give us any real idea about what's going on in the liver. People's liver enzymes can go up and down all the time. And just because your liver enzymes drop from 120 to 60 does not mean your liver is not damaged by hepatitis C.

Slide 21



What is Your Hepatitis C Genotype?

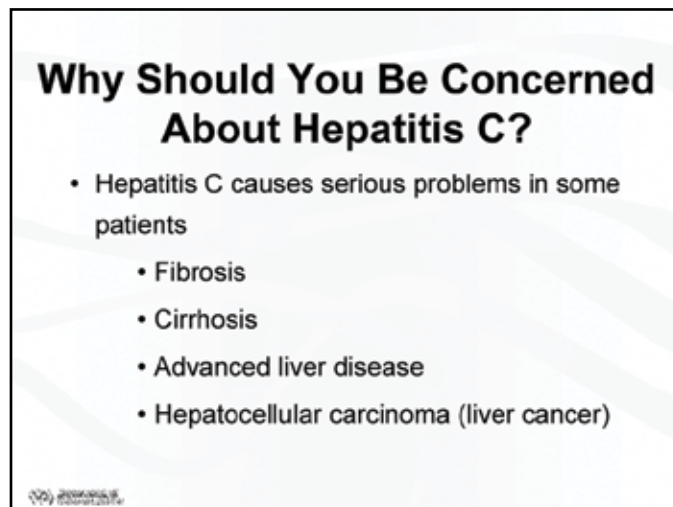
6 different genotypes of hepatitis C

- Like different breeds of dog
- Genotype 1:
 - Most common in U.S.
- Genotypes 2 & 3:
 - Less common

There is another hepatitis C test I will mention now, called the Hepatitis C Genotype test. However, this is something you will discuss with your provider during your appointment. Some of you may have had this test already, but many of you probably have not. Genotype refers to the genetic make-up of an organism or a virus. Not only are there different types of hepatitis (hep A, hep B, etc.), there are different strains, or types, of hepatitis C. A simple way to think about this might be: if the hepatitis C virus is a dog, then the hepatitis C genotypes represent different breeds of dog.

There are at least six distinct hepatitis C genotypes identified. Genotype 1 is the most common genotype seen in the United States. Some genotypes respond better to treatment than others. Unfortunately, genotype 1 is the hardest to treat. In other words, your chances of getting rid of a genotype 1 virus are less than if you had genotype 2 or 3.

Slide 22

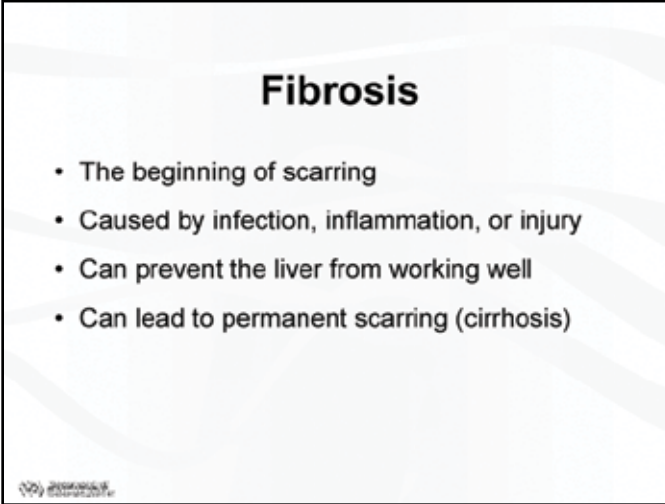


Why Should You Be Concerned About Hepatitis C?

- Hepatitis C causes serious problems in some patients
 - Fibrosis
 - Cirrhosis
 - Advanced liver disease
 - Hepatocellular carcinoma (liver cancer)

Why should you be concerned about hepatitis C? The virus itself is not immediately dangerous after you get over the beginning, or acute, stage of the infection. But long-term, or chronic, hepatitis C has the potential to cause some serious problems over time for some people. These potential problems are fibrosis, cirrhosis, advanced liver disease leading to liver failure, and liver cancer. We will discuss each of these now.

Slide 23



Fibrosis

- The beginning of scarring
- Caused by infection, inflammation, or injury
- Can prevent the liver from working well
- Can lead to permanent scarring (cirrhosis)


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So what could the hepatitis C virus be doing to your liver that you don't know about? The first thing we are worried about is what's called "fibrosis," or scarring of the liver. This scarring is caused by anything that damages or irritates the liver (including hepatitis C). Fibrosis is the first stage of liver scarring, which for some people leads to a more serious problem called "cirrhosis."

Slide 24


Cirrhosis

- Pronounced "sir-o-sis"
- Means "scarring of the liver"
- At risk for liver failure and liver cancer
- Requires close medical follow-up



Healthy Liver

→



Liver with Cirrhosis

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Cirrhosis is severe scarring of the liver. A lot of people think cirrhosis only has to do with alcohol. Cirrhosis can be caused by alcohol, but it can also be caused by anything that damages the liver after years of irritation (including hepatitis C or alcohol or the combination of both). Cirrhosis is a condition that should be evaluated and treated by your provider. You may not have any symptoms from cirrhosis for a long time; on the other hand, you may have symptoms from your liver not working very well.


We don't have any way of predicting who is going to get cirrhosis. Heavy alcohol use and having the hepatitis C virus for a long time – like 20 to 30 years – increase the chance of having cirrhosis. Men are also at higher risk for cirrhosis than women. Cirrhosis does not happen overnight. It takes many years to develop.

The important message here is that 80 percent, or four out of five people, with chronic hepatitis C are not going to develop cirrhosis in their lifetime. That means that many people with hepatitis C who take good care of their bodies will live long and healthy lives.

Slide 25

Advanced Liver Disease

- Fatigue
- Difficulty thinking clearly or concentrating
- Yellow jaundice
- Swelling
- Fluid in the abdomen
- Gastrointestinal bleeding
- Poor blood clotting





Long-term advanced liver disease results if you have a lot of liver scarring and develop a bad case of cirrhosis. Another name for this is “end-stage” liver disease. Symptoms are fatigue, difficulty thinking clearly or concentrating, yellowing of the skin, swelling, fluid in the abdomen, bleeding from the digestive tract, which can cause you to pass blood in your stools or vomit blood, and poor blood clotting.

Slide 26

Hepatocellular Carcinoma

- Most common type of liver cancer
- Chronic hepatitis C increases the risk
- Treated with surgery, medications or liver transplant



A small number of people with hepatitis C, about 2 out of 100, develop liver cancer. Most often this is found to be a cancer called hepatocellular carcinoma, which accounts for 80 to 90 percent of all liver cancers. Chronic hepatitis C and cirrhosis increase the risk of getting this cancer. We will talk more about how your doctor can find this kind of liver cancer. It’s treated with surgery, medications, or liver transplantation.

Slide 27

Liver Transplant

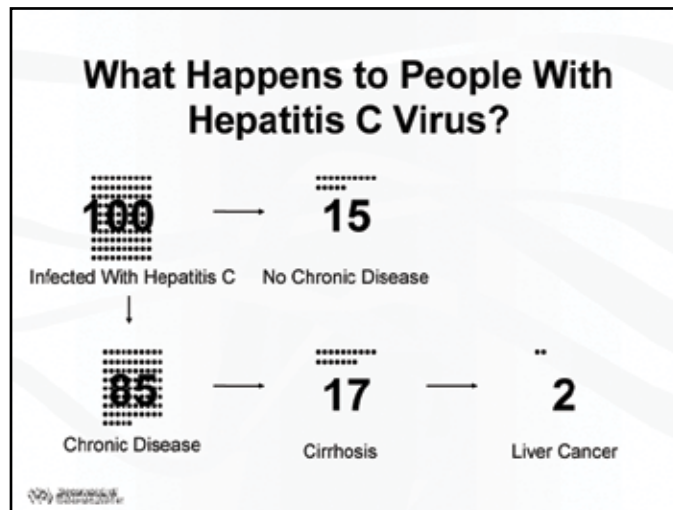
- May be needed for patients who develop liver failure or liver cancer
- About 50% of all U.S. liver transplants result from liver damage caused by hepatitis C
- *Most patients with hepatitis C will never need a liver transplant*

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When your liver becomes so damaged that it begins to stop working, liver transplantation may be an option. About half of all U.S. liver transplants are due to hepatitis C. But liver transplants are very rare and only for people who are in danger of dying from liver failure. So for each individual person with hepatitis C, the chance of needing a liver transplant in your lifetime is really very low.

The best way to avoid needing a liver transplant is to take good care of the one you have, which includes not drinking alcohol.

Slide 28



A common question is: “What happens to people, long term, who have hepatitis C?” This slide will help explain that. Let’s start by thinking about 100 people with hepatitis C. For every 100 people with hepatitis C, 15 will not develop chronic, or long-term, disease. Somehow, these people’s bodies are able to get rid of the virus on their own. We don’t know exactly why this happens, but it might be that their immune system is able to kill the virus soon after they are exposed to hepatitis C. This happens more often in women and children than in men.

Most people, however, 85 out of our 100, do get chronic hepatitis C. In some of these people, the virus causes damage to their liver. However, chronic hepatitis C does not cause liver damage in everyone who has it.


We know that only about 17 out of 100 people with hepatitis C have severe liver damage and develop cirrhosis, or scarring of the liver, in their lifetime. People who get cirrhosis could start to have liver problems.

Patients with cirrhosis from hepatitis C have a higher risk for liver cancer. However, very few people (only 2 out of our 100) will develop liver cancer.

Slide 29

How Will You Know if You Have Problems from Hepatitis C?

- Blood tests
 - Can be normal even with liver damage
- Liver biopsy
 - Only way to determine the amount of scarring
 - Small risk of complications and very few side effects
 - Should be free of alcohol and street drugs



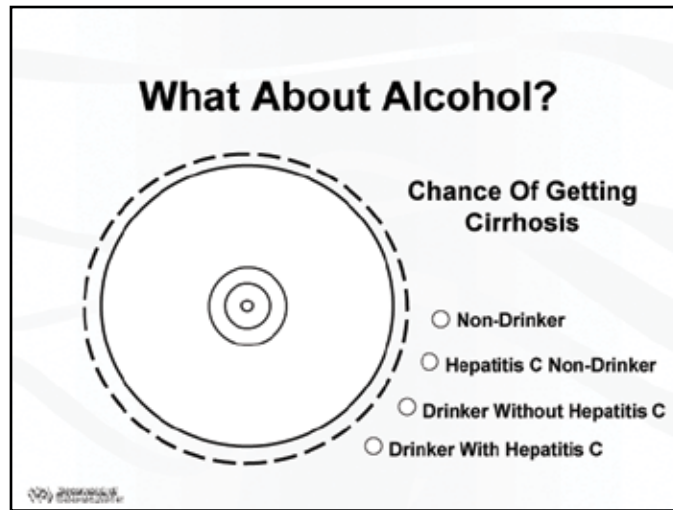
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The best procedure we have to assess your hepatitis C is a liver biopsy. It is the only way to determine the level of scarring in the liver or how much the liver has been damaged. This is a very safe procedure with small risk of complications.

We want people off street drugs and alcohol before we perform a liver biopsy. If we get a liver biopsy of somebody who has been drinking recently, it is going to be hard to tell how much of the swelling or irritation in the liver is really hepatitis C, and how much is from the alcohol.

A liver biopsy is a very safe procedure where a thin needle is inserted through your skin into your liver and catches a few cells for the lab to look at under a microscope. There are very few side effects. About one-third of the people have some pain afterwards, but most people do well. Some patients have a lot of anxiety about whether or not to get a liver biopsy, but most people do fine with the procedure.

Slide 30



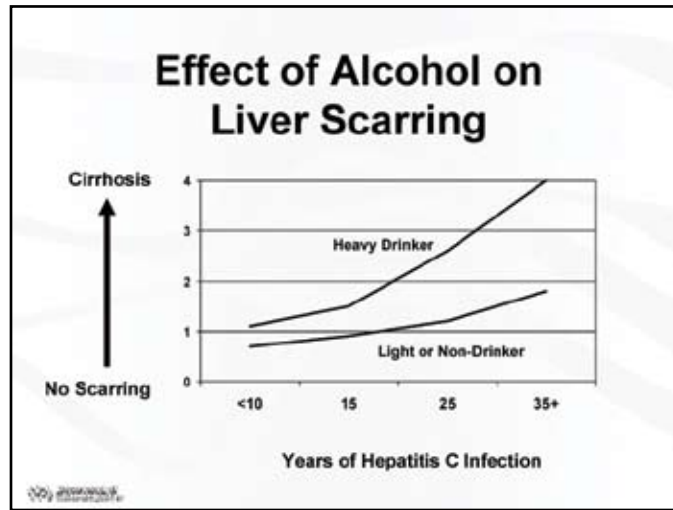
What about alcohol? I'm going to show you some circles here to show the effect that drinking and not drinking alcohol has on the liver. This small circle is the chance a person has for developing cirrhosis IF they do not have hepatitis C and they do not drink. As you can see, the circle is very small. Everything else in the slide relates to this small circle.

[next animation] A person who has hepatitis C and who does not drink alcohol is 9 times more likely to develop cirrhosis than this first person who does not have hepatitis C and does not drink alcohol.

[next animation] Now a person who does NOT have hepatitis C but drinks large amounts of alcohol is 15 times more likely to develop cirrhosis than the first person we talked about.

[next animation] However, a person who has hepatitis C and drinks heavily is 147 times more likely to develop cirrhosis than a non-drinker who does not have the disease. Any questions about this slide?

Slide 31




Here is another way to show how alcohol and hepatitis C can lead to cirrhosis. This slide shows the effect that alcohol has on fibrosis, or scarring of the liver. We just talked about what a liver biopsy is. After we take a sample of your liver tissue, we can score it as to how much scarring we see. The higher the number, the more scarring there is in your liver. So here, a zero means no scarring, a 3 means a lot of scarring, and a 4 means we've found cirrhosis of the liver.

What this graph shows is how, over time, heavy alcohol use increases the rate of scarring in your liver. The yellow line represents people with hepatitis C who either drink lightly or do not drink at all. On average, even up to 40 years of infection, these patients only progress to moderate liver scarring. Heavy drinkers – those who drink five or more drinks per day – are shown by this red line, and they develop scar tissue in their liver much quicker. After about 25 years of infection, they have more than twice the scarring of light or non-drinkers, and after 40 years of infection, most heavy drinkers have developed cirrhosis. So the point of this slide is that by stopping drinking, or perhaps even by limiting the amount you drink, you can have a direct effect on keeping your liver healthy in the long run.

Slide 32

**With Hepatitis C, You
Should:**



- ***Avoid all alcohol***
- Be careful with all medications, including over the counter and herbal medications
- Tell all health care providers that you have hepatitis C

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So what should you do if you have hepatitis C? Most important, avoid alcohol! As the last slide showed, drinking alcohol increases your chances of cirrhosis. Consult with your provider if you have other questions about drinking alcohol. Remember, we do not know if there is a safe amount of alcohol for patients with liver disease – and since it, too, can cause swelling and irritation of the liver, we recommend not drinking any amount of alcohol.

Besides the fact that alcohol can damage your liver, you should start avoiding alcohol now just in case you do need a liver transplant at some time in the future. The number of liver organs available for transplant is low compared to the number of people who need them, so patients who are selected for liver transplant are usually the ones thought to have the best chance of success with the transplant. A hepatitis C patient who does not drink or smoke, who regularly makes all scheduled medical appointments, and who has a good social support network in place is more likely to be approved for a liver transplant than someone who does not.

Also, be careful with all medications, including over-the-counter and herbal medications. Tell all healthcare providers that you have hepatitis C.

Slide 33

Hepatitis C & HIV Co-Infection

These viruses are spread in similar ways but are very different diseases

<p><u>HIV</u></p> <ul style="list-style-type: none">• Spread through blood and sexual contact• Over time makes it hard for your body to fight off dangerous infections• Can be treated BUT there is no cure	<p><u>Hepatitis C</u></p> <ul style="list-style-type: none">• Spread through blood• Over time can cause cirrhosis and liver cancer• There is a cure BUT it's not effective in all patients
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All patients with hepatitis C should be tested for HIV

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This is a good time to mention some of the differences between hepatitis C and HIV. Some patients have both HIV and hepatitis C infection. These are both viruses. They are spread in similar ways, but HIV is a very different disease from hepatitis C, and there are some important differences you should know about:

For one, we know that HIV is spread both through blood and through sexual contact. The HIV virus is present in semen and vaginal secretions. Hepatitis C can only be spread through blood, and this is why the chance of spreading hepatitis C by sexual contact is very low compared to HIV.

HIV can be a more life-threatening disease than hepatitis C because HIV breaks down your immune system and makes it hard to fight off infection. Hepatitis C, however, does almost all of its damage to your liver, and as we've discussed, there are things you can do to protect your liver.


We now have some very effective treatments for HIV, which can slow down the disease and prevent people from developing AIDS. However, there is no cure for HIV. There is a possible cure for hepatitis C, which we will talk about in a minute, but the problem with the cure is that it is not effective in all patients. I will explain this shortly.

What's the bottom line? If you have hepatitis C, you should also get tested for HIV. Because there are similar risk factors for getting these viruses, just to be safe, we should make sure you do not have HIV infection as well.

Slide 34

Those With Hepatitis C Should

- Take care not to spread hepatitis C to others
- Be vaccinated for hepatitis A and hepatitis B
- Discuss treatment options with a knowledgeable medical professional



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Other things you can do:

- Take care not to spread hepatitis C to others.
- Talk to your healthcare provider about being vaccinated for hepatitis A and hepatitis B
- Stop smoking
- Get tested for HIV
- Maintain a healthy body weight
- See a hepatitis C specialist to discuss treatment and find out if it is an option for you

Slide 35

What Medications to Avoid?


- acetaminophen (Tylenol® and others): no more than four extra strength or five regular strength per day
- ibuprofen and other anti-inflammatory medications (Motrin®, Advil®, Alleve®, and others)
 - Hepatitis C patients without cirrhosis may take the recommended dose on bottle
 - Hepatitis C patients with cirrhosis should **NOT** take any

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For people with hepatitis C, there are things to keep in mind about over-the-counter medications.


Occasional use of low-dose acetaminophen, commonly known as Tylenol, is OK. A general rule is to take half the recommended dose on the bottle for Tylenol. It is also OK to use ibuprofen, commonly known as Motrin or Advil, if you do not have cirrhosis. If you do have cirrhosis, you should not take Motrin or Advil. Regular aspirin, such as Bayer, also is fine if it doesn't bother your stomach.

Slide 36



What About Vitamins and Herbs?

- **Iron supplements not recommended**
 - They may increase the rate of liver scarring
- **Milk thistle is safe, BUT not shown to improve liver disease**
- **Talk with your medical care provider before starting any new medication or supplement**

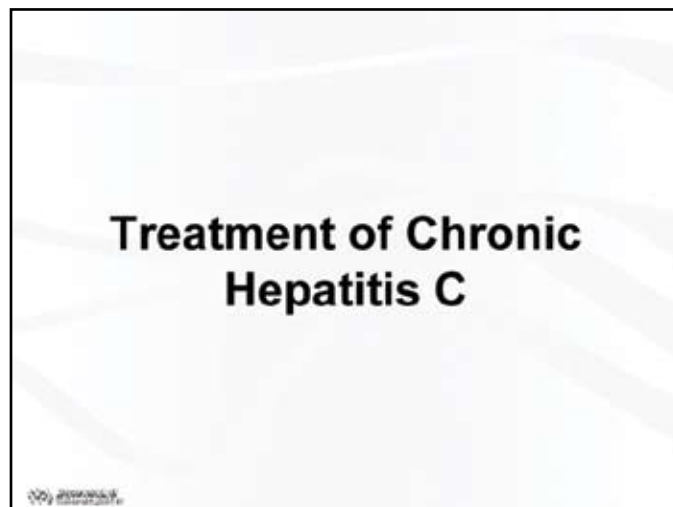


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Many patients ask about iron supplements or tablets. People with hepatitis C should not take iron supplements. This is because iron might speed up the process of liver scarring, at least if it is taken in large doses. However, iron that you would get in a normal meal is safe. Also, if your provider has told you to take iron tablets for other health reasons, then it's OK – as long as your provider knows you have hepatitis C.

Many patients also ask about milk thistle, which is an herbal medication. Many patients take milk thistle, and it is probably safe, but it has not been shown to improve hepatitis C liver disease. Some people think that milk thistle could reduce swelling or irritation in the liver, but we don't know this for sure. If you choose to try herbal remedies, keep in mind that U.S. law does not require testing of the quality of these products, so you should be very cautious. And since there is not a lot of proof that they are effective, you might be throwing your money away.

Slide 37

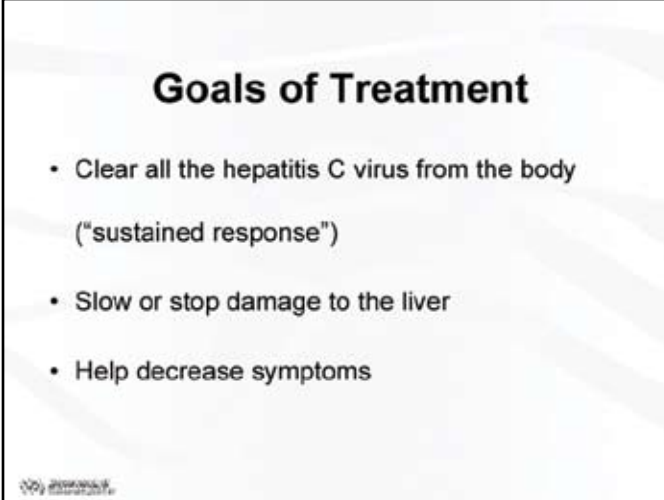


Treatment of Chronic Hepatitis C

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Now, let's talk more about the treatments for chronic hepatitis C.

Slide 38




Goals of Treatment

- Clear all the hepatitis C virus from the body
("sustained response")
- Slow or stop damage to the liver
- Help decrease symptoms

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Here we will talk about what is called antiviral treatment for hepatitis C because the goal of treatment is to slow or stop liver damage by eliminating the hepatitis C virus from the blood.

Slide 39



What Treatment is Available?

- Interferon
 - Given by shot, usually 3 times a week
- Pegylated interferon
 - Long-acting, taken once a week
- Combination therapy
 - Interferon (standard or pegylated) taken with ribavirin
 - Ribavirin is a pill taken twice daily



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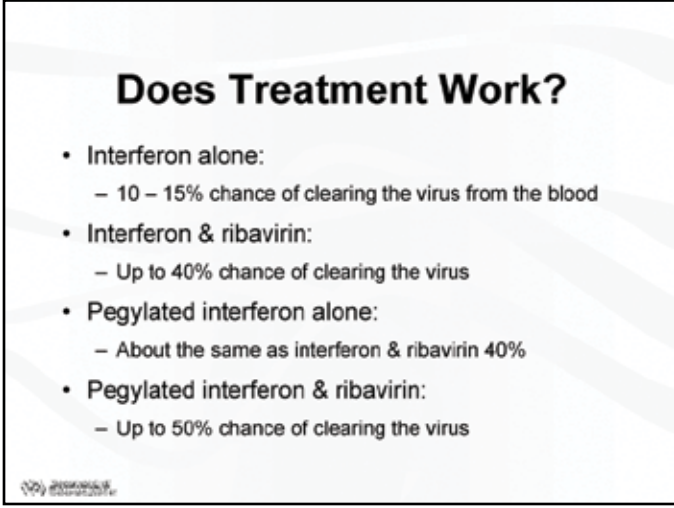
So, what treatments are available for hepatitis C? We generally use two different types of medication for treatment: interferon and ribavirin.

What does interferon do? To put it simply, interferon boosts your immune system. It is taken as an injection, like an insulin shot. Your provider would show you how to do it yourself. Standard interferon is taken three times a week.

Today the most common kind of interferon used is called “pegylated” interferon. This is an improved type of interferon and longer lasting than older versions, so one injection lasts a whole week. You only have to take one shot a week instead of three.

A second medicine that is used to treat hepatitis C is called ribavirin. Ribavirin is a pill that’s taken twice a day, every day, for the full length of treatment. When ribavirin pills are taken with interferon this is called “combination therapy”. When interferon is taken alone, it is called “monotherapy.”

Slide 40



Does Treatment Work?

- Interferon alone:
 - 10 – 15% chance of clearing the virus from the blood
- Interferon & ribavirin:
 - Up to 40% chance of clearing the virus
- Pegylated interferon alone:
 - About the same as interferon & ribavirin 40%
- Pegylated interferon & ribavirin:
 - Up to 50% chance of clearing the virus

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The big question is: does treatment work?

[next animation] Until 1998, providers were using just standard interferon (three times a week) alone, and the chance of getting rid of hepatitis C was poor, only 10 to 15 percent. Understandably, interferon treatment was not very popular.

[next animation] Then providers started adding ribavirin pills to the interferon injections. The response rate improved to a 40 percent chance of getting rid of the hepatitis C.

[next animation] The chance of getting rid of hepatitis C using pegylated interferon alone, without ribavirin, is about the same with standard interferon and ribavirin, 40 percent.

[next animation] By far the best option for treatment is combination therapy using pegylated interferon plus ribavirin pills. This has a response rate of about 50 percent. However, the response rates can vary depending on other things, such as how much damage has been done to your liver and the strain of virus, or genotype, that you have. Your provider will discuss this with you at your clinic visit.

Slide 41

During Treatment

- Medications taken for either 6 or 12 months
- Blood testing required 2 to 3 times the first month, then every 4 weeks
- Clinic visits every 1 month
- Interferon must be refrigerated
- We must have a way to contact you

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There are some other things you should know about treatment for hepatitis C. Medications are taken for either 6 or 12 months. Blood testing is required throughout the treatment to watch for potential side effects of the medications. Your provider will want to see you regularly, probably at least once a month, and will need to have a reliable way to contact you during your treatment. Also, interferon needs to be kept refrigerated.

Slide 42

Side Effects of Interferon & Ribavirin

Common Side Effects:

• Flu-like symptoms	• Psychiatric symptoms
– Headache	– Depression
– Fatigue	– Difficulty sleeping
– Muscle & joint aches	– Difficulty concentrating
– Fever, chills	– Irritability

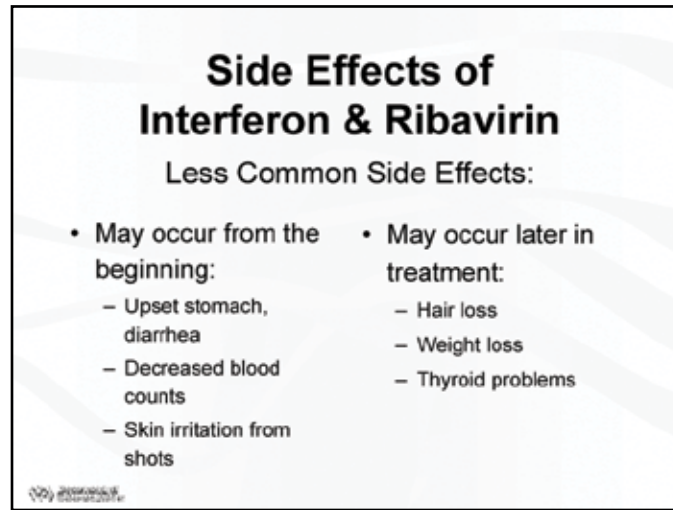
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Unfortunately, interferon and ribavirin have a long list of possible side effects, and we'll talk about the major ones here today.

The most common side effect of treatment is flu-like symptoms. Many people describe interferon treatment as feeling like they have a bad flu. The flu-like symptoms tend to be worse for the first 2 days or so after an injection, then they get better as the week goes on. Tiredness, headache, muscle aches, joint aches, fever, and chills are common. Fatigue tends to affect people most of the time they are on treatment.

Other possible side effects of interferon include depression, difficulty sleeping, difficulty concentrating, and irritability. The most common of these is depression. Your health care team will work together to help you through treatment and deal with these symptoms if they become a problem.

Slide 43



Side Effects of Interferon & Ribavirin

Less Common Side Effects:

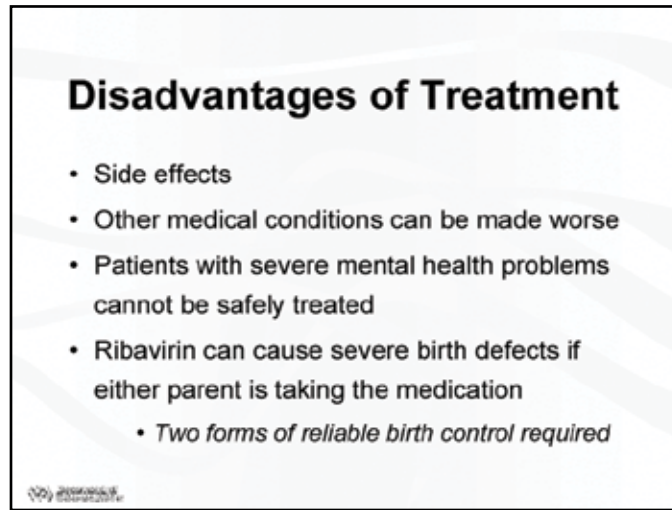
- May occur from the beginning:
 - Upset stomach, diarrhea
 - Decreased blood counts
 - Skin irritation from shots
- May occur later in treatment:
 - Hair loss
 - Weight loss
 - Thyroid problems

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Other side effects that may occur include upset stomach, diarrhea, decreased white or red blood cell counts, and skin reactions to the shots.

[next animation] Later in treatment, some people also experience hair loss, weight loss, or thyroid problems. The hair loss is not permanent. Sometimes the thyroid may not be normal again. Some patients may need to take thyroid medication for the rest of their life after interferon treatment, but this is very rare.

Slide 44



Interferon therapy is not for everyone.

[next animation] Side effects may prevent some people from starting or finishing treatment.

[next animation] Treatment can also be risky for patients with other health problems, such as depression, diabetes, heart disease, or thyroid disease. If somebody has diabetes or thyroid disease, they need to have their blood sugars under control before we put them on treatment because the interferon can boost their blood sugar level. If somebody has heart disease, history of a bypass surgery or a heart attack, then often they cannot use the ribavirin pills.

[next animation] Patients with severe or poorly controlled mental health problems cannot be safely treated. This is because the side effects of the medication can greatly worsen a person's quality of life, or even make them a danger to themselves or others, if they are already having difficulty with daily functioning due to depression, bipolar illness, post-traumatic stress disorder, or other psychological problems.

[next animation] The ribavirin pills can cause birth defects if *either* parent is taking the medicine. Patients taking ribavirin need to use two forms of birth control if there is any chance of getting pregnant. No attempts to conceive should be made during treatment or for 6 months afterward.

Slide 45



Plan & Commit to Your Therapy

- **Treatment can disrupt your life**
 - Some patients have to stop working
 - Have a financial plan and a social support network in place
 - Consider putting off major life events during treatment
 - Not taking medications on time can decrease your chance of clearing the virus from your blood
 - Your provider will need to meet with you regularly during your treatment



Patients on hepatitis C treatment need to plan and commit to their therapy. Antiviral treatment for hepatitis C is something that should be taken very seriously. In many ways it is like starting chemotherapy for cancer. Not only is the medication itself very expensive, the course of treatment can be very disruptive to people’s lives. If you start medication before you’re psychologically and emotionally ready for the process, it may be more difficult for you to continue taking your medicine consistently. You and your provider will have to think a lot about your individual case and life situation before starting treatment.

Since antiviral therapy can keep some people from working, it is important that you have a plan for meeting your needs if you are unable to work. Social support networks are important so people can help take care of things for you if you don’t have the energy to do them yourself. If you have some major life events coming up, such as a surgery, a long trip, or a wedding or other important family event, then you may want to put off treatment until that is over.

Providers want to offer antiviral therapy to patients who have the best chance of staying on therapy and having a viral response to treatment. The best advice we can give is to make and keep your appointments with your provider, and follow his or her advice and prescriptions.

We encourage you to write your questions down, and bring them to your provider at your next appointment. You might also consider starting a diary of your problems and medications.

Slide 46



Complementary Therapies

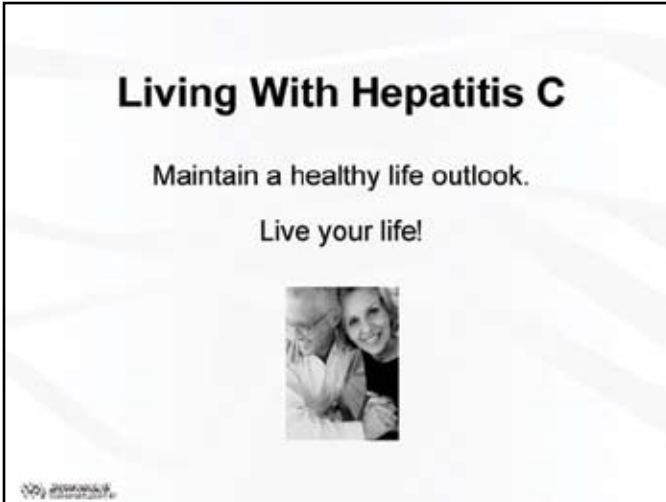
- Aromatherapy
- Massage therapy
- Meditation and visualization
- Yoga



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There are some other things that some patients find helpful. These will not cure your hepatitis C, but they may make you feel more comfortable either on or off antiviral treatment, or they may help you reduce your overall stress level. Aromatherapy is based on the idea that certain smells can change the way you feel. People use it to reduce stress or to help with fatigue. It may help cope with side effects of hepatitis C treatment. Massage therapy helps people relax and can also help reduce muscle pain, back pain, headaches, and soreness. Meditation and visualization are common tools people use to cope with pain and stress. Yoga involves an ancient set of exercises that is often combined with meditation. It helps many people improve their fitness, reduce stress, and increase their flexibility. But be sure to consult with your doctor before you start doing yoga or other intense exercise.

Slide 47



Living With Hepatitis C

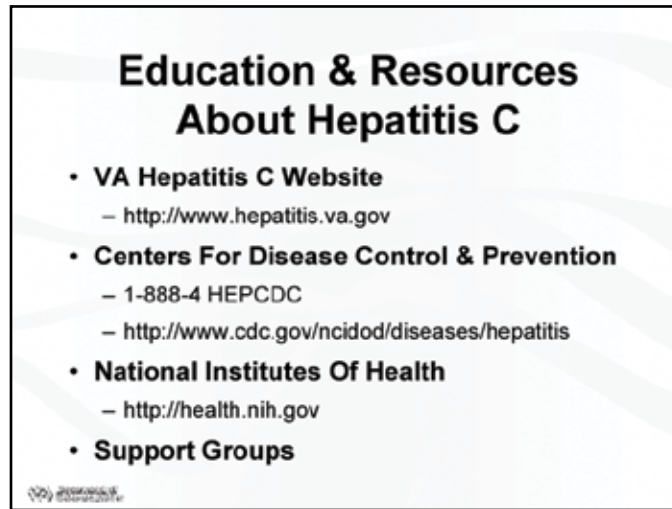
Maintain a healthy life outlook.
Live your life!



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Finally, maintain a healthy life outlook and try not to let hepatitis C rule your life. We understand that your diagnosis can be distressing, especially if it is new for you. Just remember that many people have hepatitis C and most of them live long, healthy lives.

Slide 48



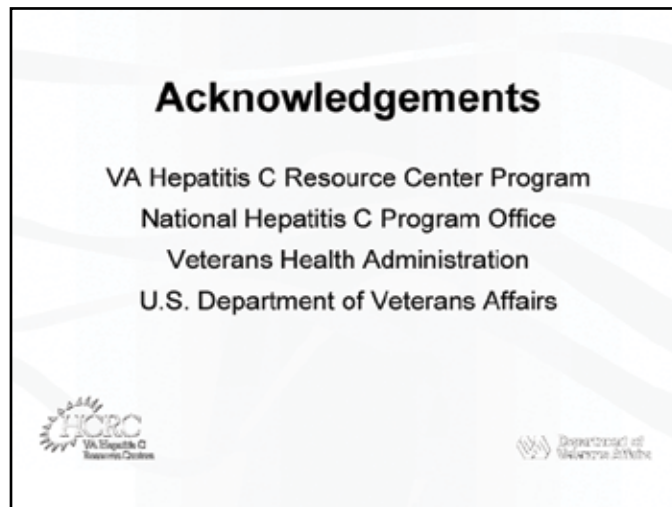
**Education & Resources
About Hepatitis C**

- **VA Hepatitis C Website**
 - <http://www.hepatitis.va.gov>
- **Centers For Disease Control & Prevention**
 - 1-888-4 HEPDCDC
 - <http://www.cdc.gov/ncidod/diseases/hepatitis>
- **National Institutes Of Health**
 - <http://health.nih.gov>
- **Support Groups**

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Additional information on hepatitis C can be found using these resources.

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Acknowledgements

VA Hepatitis C Resource Center Program
National Hepatitis C Program Office
Veterans Health Administration
U.S. Department of Veterans Affairs

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Department of Veterans Affairs

This presentation is a product of the VA Hepatitis C Resource Center Program and the National Hepatitis C Program Office, Veterans Health Administration, U.S. Department of Veterans Affairs.

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We hope what you have learned today has been helpful. Thank you very much for listening.

Appendix A

Conducting and Coordinating a Patient Education Class on Hepatitis C: A Toolkit for Providers

CD-ROM Contents

The companion CD-ROM for this manual contains a variety of resources and tools to help conduct a hepatitis C education class. Other resources may be used.

1. Instructor's Manual
2. Slide Set in PowerPoint Format
3. Instructor's Script
4. Class Planning Grid
5. Sample Advertising Flyers
6. Sample Arrow Signs
7. Class Sign-in Sheet
8. Participant Evaluation
9. Certificate of Completion
10. Pre-/Post-Test
11. Pre-/Post-Test Scoring Key
12. Hepatitis C Web Links (useful Web sites)
13. The ABCs of Hepatitis (Patient Education Brochures)
14. Hepatitis Brochures
15. Hepatitis Brochures Order Form
16. Patient Wallet Cards (hepatitis C information and health tips)
17. User Feedback Form
18. "Living with Hepatitis" Video Series
 - Hepatitis and Your Liver
 - Hepatitis A & B
 - Hepatitis C Defined
 - Treatment for Hepatitis C
19. Other Hepatitis C Resource Center Products
 - All About Your Liver: A Toolkit for Educating Patients with Special Learning Needs
 - Initiating and Maintaining a Hepatitis C Support Group: A How-To Program Guide
 - Treatment of Patients with Cirrhosis and Portal Hypertension
 - Management of Psychiatric and Substance Use Disorders in Patients with Hepatitis C: A Reference for Hepatitis C Care Providers

Appendix B

Materials for Conducting the Class

Participant Materials

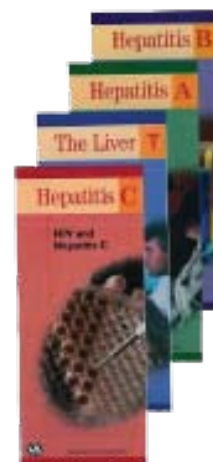
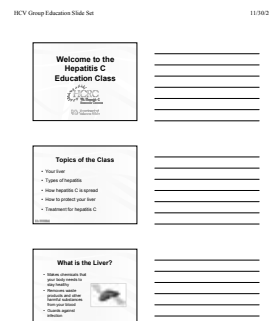
All of these patient materials are located on the companion CD-ROM that goes with this document and on the Web version of this document at www.hepatitis.va.gov

Hepatitis C Resources list: Instructors can hand out this list of Internet sites that offer more information to patients.

Handout Notes: Participant notes can be printed directly from the PowerPoint presentation. When the presentation is open, select “file,” then choose “print” from the menu. When the print screen appears, choose “handouts” from the pull-down menu under “print what.” This will activate the handouts portion of the print screen. You may choose to print one to nine slides per page.

Class Evaluation Form: This form is meant to be used at the conclusion of the presentation. Participants should be encouraged to understand the importance of the evaluation process, and complete the form.


Patient Brochures: The VA has developed a series of patient education brochures on hepatitis C and related topics. The brochures are available in print versions from your facility Employee Education System contact. Web versions are available for printing and downloading from any personal computer by visiting <http://www.hepatitis.va.gov/vahep?page=pt-01-00>



Wallet Cards: These two-sided cards provide useful information on hepatitis C and general health tips. About the size of credit cards, they fit nicely into patients’ wallets for easy reference. The cards are available in PDF format on the CD-ROM, or in PDF format you can access from any computer by visiting <http://www.hepatitis.va.gov/vahep?page=pt-01-02>

Exercise Makes a Difference

- Check with your health care provider before beginning an exercise routine.
- Exercise regularly (at least 30 minutes 3 times per week)
- Things like walking and gardening count!





ABCs of Hepatitis (patient brochure): This two-sided color brochure can be printed directly from the PDF file on the CD-ROM. It offers a quick comparison between hepatitis A, B, and C and is a helpful patient handout to reinforce the information in this program's five classes.

Certificates of Completion: Instructors can prepare these and award them at the end of class in acknowledgement of the patients' effort in learning class information.

Instructor Materials

All of these provider materials are located on the companion CD-ROM that goes with this document and on the Web version of this document at www.hepatitis.va.gov

PowerPoint: Use this file to conduct a PowerPoint presentation (50 slides) of the hepatitis C education class.

Patient Pre-/Post-Tests: It is often beneficial for instructors to access participant learning through the administration of a pre- and post-test. The pre-test is completed by participants prior to the start of the class. Upon completion of the class, the same test is administered. Evaluation of the results can yield valuable information about not just learning content, but the effectiveness of other aspects of the classroom experience.

Patient Attendance Sheet: Instructors may find this useful to record numbers of participants and their names.

Sample Advertising Flyers and Arrow Signs: These are examples of easy-to-print flyers for instructors to use when advertising or directing patients to the hepatitis C education class.

Other Resources for Providers

Available on the HCRC Web site (www.hepatitis.va.gov) and also located on the companion CD-ROM that goes with this document.

- All About Your Liver: A Toolkit for Educating Patients with Special Learning Needs
- Initiating and Maintaining a Hepatitis C Support Group: A How-To Program Guide
- Treatment of Patients with Cirrhosis and Portal Hypertension
- Management of Psychiatric and Substance Use Disorders in Patients with Hepatitis C
- "Living with Hepatitis" Video Series

Appendix C

Hepatitis C Web Links

Federal Health Organizations

VA National Hepatitis C Program	www.hepatitis.va.gov
Centers for Disease Control Hepatitis Branch	www.cdc.gov/ncidod/diseases/hepatitis
Health Finder	www.healthfinder.gov
Food and Drug Administration	www.fda.gov
National Center for Complementary and Alternative Medicine	nccam.nih.gov
National Institute of Diabetes, Digestive & Kidney Diseases	www.niddk.nih.gov
National Institutes of Health	health.nih.gov/result.asp/323
National Library of Medicine	www.nlm.nih.gov
National Institute of Allergy and Infectious Diseases	www.niaid.nih.gov/default.htm

Non-Federal Health Organizations

American Association for the Study of Liver Disease	www.aasld.org
American Gastroenterology Association	www.gastro.org
American Liver Foundation	www.liverfoundation.org
Healing Well	www.healingwell.com
Hepatitis Foundation International	www.hepfi.org
National Foundation for Depressive Illness	www.depression.org
National Network for Immunization Information	www.immunizationinfo.org
World Health Organization	www.who.int/health_topics/hepatitis/en
Society of Gastroenterology Nurses and Associates	www.sgna.org
United Network for Organ Sharing (UNOS)	www.unos.org



Patient Support

Adverse Event Reporting Program	www.fda.gov/medwatch/index.html
Alcoholics Anonymous World Services	www.alcoholics-anonymous.org
HCV Advocate	www.hcvadvocate.org
Hepatitis Central	www.hepatitis-central.com
HIV and Hepatitis	www.hivandhepatitis.com
Medscape Resource Center	www.medscape.com
Rx List	www.rxlist.com
Hepatitis Neighborhood	www.hepatitisneighborhood.com
Hep C Connection	www.hepc-connection.org
Hepatitis Education Project	www.scn.org/health/hepatitis

Clinical Trials

Center Watch	www.centerwatch.com
Clinical Trials Registry	www.clinicaltrials.gov
Veritas Medicine	www.veritasmedicine.com

Travel Information

CDC Healthy Travel Information	www.cdc.gov/travel/index.htm
WORLD Traveler Hepatitis Information	www.travelsafely.com

Mental Health

Center for Mental Health Services	www.mentalhealth.org
Mental Help Net	www.mentalhelp.net

Appendix D

Hepatitis C Education Class Planning Grid

Program Title	
Class Date	
Contact Person	
Instructor	
Expected Attendance	
Room Reserved	
Patients Scheduled	
Directions/Letters Sent	
Flyers/Signs Posted	
Sign-in Sheet	
Pre-/Post-tests	
Handouts	
Audiovisual Equipment	
Food/Refreshments	
Room Environment	
Announcements	

Appendix F

Patient Pre-Test/Post-Test

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Possible problems caused by hepatitis C include: | True | False | Don't Know |
| (a) Abdominal or belly pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Problems thinking clearly or difficulty concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Liver failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ways that I can get or spread hepatitis C include: | True | False | Don't Know |
| (a) Intravenous drug use (injecting or shooting drugs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Blood transfusions before 1992 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Playing with a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To help stop the spread of hepatitis C, I should: | True | False | Don't Know |
| (a) Not share razors or toothbrushes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Not share eating utensils | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Cover cuts and sores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To decrease the risk of liver damage I should: | True | False | Don't Know |
| (a) Not drink alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Take iron supplements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Get vaccinated for hepatitis A and B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Effective ways to treat hepatitis C include: | True | False | Don't Know |
| (a) Interferon with Ribavirin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Side effects of hepatitis C treatment include: | True | False | Don't Know |
| (a) Flu-like illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix G

Patient Pre-Test/Post-Test Scoring Key

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Possible problems caused by hepatitis C include: | True | False | Don't Know |
| (a) Abdominal or belly pain | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Problems thinking clearly or difficulty concentrating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Liver failure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ways that I can get or spread hepatitis C include: | True | False | Don't Know |
| (a) Intravenous drug use (injecting or shooting drugs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Blood transfusions before 1992 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Playing with a child | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. To help stop the spread of hepatitis C, I should: | True | False | Don't Know |
| (a) Not share razors or toothbrushes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Not share eating utensils | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Cover cuts and sores | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To decrease the risk of liver damage I should: | True | False | Don't Know |
| (a) Not drink alcohol | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Take iron supplements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Get vaccinated for hepatitis A and B | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Effective ways to treat hepatitis C include: | True | False | Don't Know |
| (a) Interferon with Ribavirin | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Side effects of hepatitis C treatment include: | True | False | Don't Know |
| (a) Flu-like illness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Depression | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix H

Hepatitis C Class Evaluation Form

Today's date: _____

For each question, please check the box that best describes your answer.

1. The class answered my questions and concerns about hepatitis C.
 Not at all Somewhat Mostly Completely

2. The materials used to teach the class were easy to understand and helpful.
 Not at all Somewhat Mostly Completely

3. The class taught me about possible complications or problems with hepatitis C.
 Not at all Somewhat Mostly Completely

4. I now know how to prevent the spread of hepatitis C to others.
 Not at all Somewhat Mostly Completely

5. I now have a good idea about effective treatment options for hepatitis C.
 Not at all Somewhat Mostly Completely

6. The instructor did a good job of communicating the information.
 Not at all Somewhat Mostly Completely

What other comments or suggestions do you have?

Thank you for your participation! Your answers will be used in further development of this program.

User Feedback Form for This Toolkit

The Hepatitis C Resource Center would like to hear from you about this edition of Conducting and Coordinating a Patient Education Class on Hepatitis C. To share your opinions, please complete this two-page survey and mail it to the address below. Your answers will be used in the development of future editions of this guide. Thank you!

1. Overall, how useful did you find this guide?

Very useful

Somewhat useful

Not at all useful

2. Did you find this guide to be

a. Well organized?

Yes

No

If not, why not? _____

b. Easy to read?

Yes

No

If not, why not? _____

c. Up to date?

Yes

No

If not, why not? _____

3. Would you recommend this guide to other healthcare providers?

Yes

No

4. Which sections did you find most useful? Why?

5. What additional information would you like to have included in the guide?

6. What sections do you think should be left out of the guide?

7. Were there parts you thought were inaccurate? If so, please suggest changes.

8. How could this guide be improved?

9. What is your occupation?

10. Is there someone at your VA facility who would use this guide to start an HCV education class?

- Yes, me Yes, somebody else No, nobody

11. After reading the guide, how prepared to do you feel to start your own HCV education class?

- Very prepared Somewhat prepared Not at all prepared

12. What are the barriers to starting an HCV education class in your facility?

- No staff No time Hard to identify patients/get referrals
 Other: _____

13. If there were someone at the HCRC to consult with on starting or running an HCV education class, would you contact him/her?

- Yes No

THANK YOU FOR YOUR TIME!

Northwest Hepatitis C Resource Center
VA Puget Sound Health Care System
1660 S Columbian Way (S-111-HCRC)
Seattle, WA 98108



About VA Programs in Hepatitis C

The Department of Veterans Affairs (VA) leads the country in hepatitis C screening, testing, treatment, research, and prevention. VA is the largest single provider of medical care to people with hepatitis C infection in the United States.

The National Hepatitis C Program works to ensure that veterans with or at risk for hepatitis C receive the highest quality healthcare services from the VA system. Led by the VA's Public Health Strategic Health Care Group (PHSHG) and carried out by VA medical facilities across the country, the hepatitis C program has a comprehensive approach to hepatitis C prevention and treatment that includes screening, testing and counseling, patient and provider education, optimal clinical care, and management of data to improve program quality continuously.

The Hepatitis C Resource Centers (HCRC), a part of the National Hepatitis C Program, develop best practices in clinical care delivery, patient education, provider education, prevention, and program evaluation that can be used by the entire VA healthcare system and other medical care systems. They function as field-based clinical laboratories for the development, testing, evaluation, and dissemination of new and innovative products and services for improving the quality of hepatitis C clinical care and education in every VA medical facility.

VA provides extensive information on hepatitis C for healthcare providers, veterans and their families, and the public at www.hepatitis.va.gov.

www.hepatitis.va.gov

