Hepatitis C Investigations

How to have sensitive conversations about sex and drug use with HCV cases

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Overview

- Overview of HCV case follow-up
- Biases
  - We all have them!
- Do and don’ts
- Best practices for case interview
- Mock interviews
- Summary
  - Resources
  - Contact
It is important to collect the risk information to better understand where most of the transmission could be coming from. In the case of exposure through a business or healthcare facility, we need to follow up with facilities to improve practices (blood banks, tattoo parlors).

Or in the case of exposure via IVDU/sharing needles – quantifying those exposures could inform policy, for example SSP development throughout the state.

We also want to prevent transmission and improve outcomes for individuals by providing information and pointing them to local resources.
Upon assignment, first call the Infection Preventionist (if hospitalized) or ordering provider to collect preliminary information such as reason for the test, whether the case was exhibiting acute symptoms, and risk history.

Then call the case to collect additional risk information.

Opportunity to recommend treatment, talk about preventing transmission, and helping connect them to care. HCV is now curable via several direct acting anti-virals.
Before calling a case, consult with the hospital or provider to ensure that the case has been notified of their diagnosis

- When a patient is seen/tested in the ED, providers do not always follow up with a patient to inform them of their status
- In these instances, Epidemiologists or PHNs should prepare to provide the patient with their diagnosis

If there is no number for the case (or no one is picking up after multiple attempts), it is ok to contact the next of kin

- Attempt a call at least 3 times
  - Call at different times of the day

Best practices for follow-up

- Ask if the case has been notified of their diagnosis
  - Prepare to provide the patient with their diagnosis
- If there is no number for the case (or no one is picking up after multiple attempts), it is ok to contact the next of kin
- Attempt a call at least 3 times
  - Call at different times of the day

Before calling a case, consult with the hospital or provider to ensure that the case has been notified of their diagnosis

- When a patient is seen/tested in the ED, providers do not always follow up with a patient to inform them of their status

If there is no number for the case (or no one is picking up after multiple attempts), it is ok to contact the next of kin get in touch in the case, whether that be getting a better phone number, etc. Of course, you want to be sensitive in conversation with next of kin, no need to disclose diagnosis up front.

- Before considering a case lost to follow up, attempt a call at least 3 times and try to call at different times of the day
We all have them, but being aware of them may better facilitate difficult discussions. What biases do you hold about someone young or old, male or female, or by the way someone sounds?

• Ex: A male may have a feminine sounding voice and be assumed to be gay, or a man has a masculine sounding voice so is assumed straight, this may influence what types of questions you choose to ask

• Ex: When speaking with someone older, one may assume they don’t have sex or use drugs and not ask about IVDU and sexual practices

• Ex: If someone during the interview identifies as “straight” you must still ask about their sexual behaviors and partners.

**MAIN MESSAGE:** Don’t generalize or make assumptions about the case based on what you think you know.

Personal experiences may influence your conversation with cases – for example, sex outside of marriage, substance use disorder. It’s important to “monitor your own stuff” and keep your reactions and personal feelings in check when these things come up in conversation with cases.
DO use sensitive terminology
  • Avoid blaming words, say “passed the virus” instead of “gave the virus”
  • Use “people who use drugs” instead of “drug users”

DON’T use labels
  • Promiscuous, junkie, addict

DO ask for clarification of words/phrases that could have multiple meanings
  • Hooking up, regular sex, sex

DON’T use value laden words
  • Good/bad, responsible/irresponsible, smart/stupid

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  • Good/bad, responsible/irresponsible, smart/stupid
  • Ex: “The best thing to do is wear a condom.” vs. “One way to reduce your risk is wearing a condom.”
Best practices for case interview

- Study the case report form
- Let them know that these questions are asked of everyone
- Remind them of confidentiality
- Tell them what’s in it for them
- Start with open-ended questions
  - “Tell me what you know about hepatitis already.”
  - “Tell me about your use of drugs.”
  - “Would you mind telling me about your sexual practices?”

**Study the case report form.** Being familiar with the type of information you need to gather helps you have a structured conversation rather than a checklist conversation.

**Warm them up** – let them know that these questions are asked of everyone, and some of them may be considered private, but it is all confidential and no assumptions can be made.

**Consider writing a standard introduction** that includes your name, title, why you’re calling, confidentiality, etc.

**Tell them what’s in it for them** - “I’d like to ask you some questions to determine how you may have come into contact with hepatitis to help keep you and your contacts healthy.”

Start with open ended questions:
- “Tell me what you know about hepatitis already.”
- “Tell me about your use of drugs.”

These open-ended strategies help the conversation feel more natural and less like you are going through a checklist. You are likely to get more information. Fill out the case report form as they talk. Go back and ask specific questions you may be missing later.
Mock interview 1

- 72 year old male
  - RNA+ for Hepatitis C
Feedback

• What did you think of this example? Was there anything good or bad about it?
Mock interview 1

- Didn’t warm them up to the interview by assuring confidentiality or that there is no judgment
- Didn’t ask any sex or drug use questions indicating that assumptions may have been made based on age
- Not conversational, read through questions like a checklist
- Didn’t take ownership of questions, referred to DPH as “they”
- Didn’t listen and ask appropriate follow-up questions
- Used judging words (“silly”)
- Surprised reaction to the nipple piercing
- No attempt at education, linkage-to-care
Mock interview 2

• 32 year old female
  – RNA+ for Hepatitis C
Feedback

• *What did you think of this example? Was there anything good or bad about it?*
Mock interview 2

- Assured confidentiality, explained what’s in it for case, and mentioned we ask the same questions of everyone
- Asked open-ended questions – “Could you please tell me what you know about Hep C already?”
- Asked clarifying questions – “could you tell me what you mean by that?”
- No judgment
- Provided education and risk reduction strategies
  - Familiarize yourself with local services: SSPs, clinics, etc.
Resources


Syringe service providers near you:
[https://www.mass.gov/syringe-service-programs](https://www.mass.gov/syringe-service-programs)

Testing sites, linkage to treatment for individuals with HCV infection, and other resources near you:

Substance use disorder treatment programs near you:
[https://www.mass.gov/treatment-recovery-services](https://www.mass.gov/treatment-recovery-services)

HCV Investigation Tip Sheet (also in MAVEN):
Contact

General epidemiology line: (617) 983-6800

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