

## **General Practice**

### **Welcome text**

You have been approached to complete this survey as an expert in your professional field of public health, and/or as part of your involvement in a national or regional level organisation that represents clinicians and/or public health professionals. It is from this representative position that we would like you to respond to the survey. We are interested in the general or routine viral hepatitis related screening and clinical management practices in your country.

This survey has been sent to experts in seven different countries in the EU. We recognise that practices will differ between the seven countries and have tried to reflect this diversity in the structure and answering options. Although there may be aspects of the survey that are not applicable to the situation in your country, the structure of the survey will enable you to reflect that in your answers.

The survey will take approximately 15-20 minutes. It is possible to stop and complete the survey at a later time.

Please be assured that your responses will be kept anonymous.

### **Section 1: Respondent profile**

These questions relate to your involvement in a national or regional level organisation that represents clinicians and/or public health professionals and/or patients.

1. What is the name of your organisation? .....
2. What type of organisation is it?
  - NGO
  - National Government
  - Regional Government
  - Clinical Association
  - Professional Organisation
  - University
  - Patient association
  - Other (please specify): .....
3. What is your Job Role/Job Title: .....
4. Do you also have clinical responsibilities and are directly involved in the care of patients?
  - Yes
  - No [skip to section 2]
5. What type of medical facility do you work in?
  - GP practice
  - Public health service/health protection unit
  - Clinic (outside a hospital)
  - General hospital
  - University/Teaching hospital
  - Health care service at receiving center/national border control

6. What is your medical specialism/clinical role?

- General Practitioner
- Infectious Disease specialist
- Gastroenterologist/Hepatologist
- Gynaecologist/Obstetrician
- Other (please specify): .....

7. How often do you see patients with a chronic hepatitis B or hepatitis C infection?

- Never
- A few patients per year (1-10)
- On a monthly basis
- On a weekly basis

### **Section 2: Indications/risk factors for screening**

8. How common is it for **GPs** to test for hepatitis **B** when patients present with the following indications or risk factors:

	Very common	Variable or not routinely	Rarely or never	Unsure
A request from a patient concerned that they may have been exposed				
Migrants from hepatitis B endemic areas				
Injecting Drug Users (IDUs)				
Sex workers				
Homosexual men (MSM)				
HIV positive patients				
Hepatitis C positive patients				
Patients with abnormal liver function tests				
Second (repeat) abnormal liver function test				
Jaundiced patients or those exhibiting signs and symptoms of hepatitis				

9. [If YES to testing for hepatitis B to any of the mentioned subgroups]

Are hepatitis B **negative individuals vaccinated**?

	Yes	Sometimes	No	Unsure
A request from a patient concerned that they may have been exposed				
Migrants from hepatitis B endemic areas				
Injecting Drug Users (IDUs)				
Sex workers				
Homosexual men (MSM)				
HIV positive patients				
Hepatitis C positive patients				
Patients with abnormal liver function tests				
Second (repeat) abnormal liver function test				
Jaundiced patients or those exhibiting signs and symptoms of hepatitis				

10. [If YES to **vaccination of hepatitis B negative individuals**  
Is **individual co-payment/contribution** required for vaccination?

	Yes	No	Unsure
A request from a patient concerned that they may have been exposed			
Migrants from hepatitis B endemic areas			
Injecting Drug Users (IDUs)			
Sex workers			
Homosexual men (MSM)			
HIV positive patients			
Hepatitis C positive patients			
Patients with abnormal liver function tests			
Second (repeat) abnormal liver function test			
Jaundiced patients or those exhibiting signs and symptoms of hepatitis			

11. How common is it for **GPs** to test for hepatitis **C** when patients present with the following indications or risk factors:

	Very common	Variable or not routinely	Rarely or never	Unsure
A request from a patient concerned that they may have been exposed				
Migrants from hepatitis C endemic areas				
Injecting Drug Users (IDUs)				
Sex workers				
Homosexual men (MSM)				
HIV positive patients				
Hepatitis B positive patients				
Patients with abnormal liver function tests				
Second (repeat) abnormal liver function test				
Jaundiced patients or those exhibiting signs and symptoms of hepatitis				

12. [If YES to testing for hepatitis B or C to any of the mentioned subgroups]  
is **individual co-payment/contribution** required for hepatitis B or C screening from migrants from hepatitis B or C endemic areas?

- Yes – contribution required from all
- No – free for all
- Only free for some (please indicate for which subgroups co-payment is not required) \_\_\_\_\_
- Unsure

**Section 3: Pre-test information and advice (counselling) before testing:****Content of pre-test information**

13. How common is it for **GPs** to provide information and advice (counselling) on the following topics **before testing** a patient for hepatitis B and/or C:

	Very common	Variable or not routinely	Rarely or never	Unsure
Modes of transmission				
General information about the virus				
The test itself				
Implications of a positive test				
Future effect on relationships/social network				
Support available to patient				
Treatment options				

**Section 4: Part 1: Disease-related advice and guidance (counselling) following a positive result:**

14. Who informs the patient of a positive result?

- The GP requesting the test
- Community or practice nurses
- Infectious disease specialists
- Hepatologists/Gastroenterologists
- Others (please specify)
- Unsure

15. Are patients provided with disease-related advice and guidance (counselling) **by their GP** following a positive test result?

- Always
- Often
- Sometimes
- Never
- Unsure

16. Are patients referred to **other health services/ specialists** for disease-related advice and guidance (counselling) following a positive diagnosis for viral hepatitis in primary care/by a GP?

- Yes
- Sometimes
- No
- Unsure

17. [If **YES** or **SOMETIMES** to referral of positive patients]

Which services/professionals are they referred to? Please choose all that apply

- Public health services/health protection units
- Infectious Disease specialists (not in public health services/health protection units)
- Gastroenterologists/Hepatologists
- Others (please specify)

**Section 4: Part 2: Content of disease-related advice and guidance (counselling)**

18. How common is it for **GPs** to include the following topics in disease-related advice and guidance (counselling) following a positive test result for hepatitis B and/or C:

	Very common	Variable or not routinely	Rarely or never	Unsure
General information about the disease				
Hygiene measures to protect transmission to others				
Contact tracing				
Other tests required				
What to expect, onward referral				
Treatment options, benefits and side effects				
The importance of a healthy lifestyle, especially the damaging role of alcohol consumption				
Mental health promotion and staying positive				
Patient organisations / support groups				

**Section 5: Referral and clinical management:**

19. Which hepatitis B or hepatitis C positive patients are referred **from GPs to specialist care** for chronic viral hepatitis?

- All patients
- A selection based on clinical indicators
- Unsure

20. [If are referred to specialist care only a selection based on clinical indicators]

What are these clinical indicators? Please choose all that apply.

- Viral load
- HBe antigen status
- ALT
- Unsure
- Other (please specify)

21. How common is it that the following patients would be **referred back to their GP** from specialist care?

Patient category	Very common	Variable or not routinely	Rarely or never	Unsure
Those who do not qualify for treatment after the initial evaluation				
Those undergoing antiviral treatment				
Those who have sustained virological response due to treatment				
Those who are non responders to treatment				

22. How common is it that a **GP** would be involved in monitoring the following indicators in a patient **undergoing antiviral treatment**?

Patient indications	Very common	Variable or not routinely	Rarely or	Unsure

			never	
ALT levels				
Viral load				
Side effects				

**Section 6: Contact tracing and vaccination:**

23. Is **hepatitis B screening/testing** offered to **contacts** (household and/or sexual contacts) of **hepatitis B** positive patients?

- No
- Yes – all contacts
- Yes – a selection of contacts (please specify) \_\_\_\_\_
- Unsure

24. [If **YES** to hepatitis B screening offered to contacts of hepatitis B positive patients ]

Are **hepatitis B negative contacts** (household and/or sexual contacts) of **hepatitis B** positive patients **vaccinated**?

- No
- Yes – all hepatitis B negative contacts
- Yes – a selection of hepatitis B negative contacts (please specify)
- Unsure

25. [If **YES** to vaccination of hepatitis B negative contacts]

Who has the main responsibility for the **vaccination of contacts**?

- General Practitioners
- Public health services/health protection units
- Sexual Health Services
- Hospitals/clinics
- Other (please specify)
- Unsure

26. Is **hepatitis C screening** offered to **contacts** (household and/or sexual contacts) of **hepatitis C** positive patients?

- No
- Yes – all contacts
- Yes – a selection of contacts (please specify)
- Unsure

27. [If **YES** to screening offered to contacts of hepatitis B or C positive patients]

Who has the main responsibility for the screening/testing of contacts for hepatitis B and/or C?

- General Practitioners
- Public health services/health protection units
- Sexual Health Services
- Hospitals/clinics
- Other (please specify)

**Section 7: Professional practice and training:**

28. How common is it for GPs to have the following available for patients:

	Very	Variable or	Rarely	Unsure
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	common	not routinely	or never	
Materials about viral hepatitis in the national language				
Materials about viral hepatitis in other languages				
Interpreter services via a telephone				
Face to face interpreter services				

29. Is training available for GPs to improve their knowledge and skills in viral hepatitis?

- Yes (please give details)
- No
- Unsure

Make a comment on your choice here \_\_\_\_\_

### **Section 7: Professional practice and training for hepatitis B:**

30. Are there any official national guidelines about **Hepatitis B** screening and patient management in place in your country? If yes, please give name and publisher.

Guidelines	
General hepatitis B guidelines	
Specific hepatitis B guidelines for general practitioners	
Other hepatitis B guidelines	

31. Does this specific guideline for general practitioners include information about: (please choose all that apply)

- Clinical indications and risk factors to prompt a test for hepatitis B
- Pre-test information and advice for patients
- Disease-related advice and guidance (counselling) for patients following positive diagnosis
- Onward referral of chronic viral hepatitis patients to other services
- Recommendations to tailor services or information for people from a migrant or ethnic minority background
- Assessment of liver disease
- Treatment strategies

32. Are there any official national guidelines about **Hepatitis C** screening and patient management in place in your country? If yes, please give name and publisher.

Guidelines	
General hepatitis C guidelines	
Specific hepatitis C guidelines for general practitioners	
Other hepatitis C guidelines	

33. Does this specific guideline for general practitioners include information about: (please choose all that apply)

- Clinical indications and risk factors to prompt a test for hepatitis C
- Pre-test information and advice for patients

- Disease-related advice and guidance (counselling) for patients following positive diagnosis
- Onward referral of chronic viral hepatitis patients to other services
- Recommendations to tailor services or information for people from a migrant or ethnic minority background
- Assessment of liver disease
- Treatment strategies

### **Section 8: Barrier questions**

#### **Uptake of screening among at risk groups**

34. To what extent do you agree with the following statements as explanations of the current low uptake of hepatitis B and C screening among people from a migrant or ethnic minority background in your country.

Statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Limited awareness and knowledge about hepatitis B and C in general (including the ways of transmission) and their consequences (e.g. the link to liver cancer)					
Subjective feeling of being healthy and hence unlikely to be infected with hepatitis B/C					
First generation migrants from hepatitis B and C endemic countries are not aware that they have a significantly higher risk of being infected with hepatitis B/C					
Limited awareness that screening and subsequent treatment can prevent future complications					
Fear of social stigma and discrimination if found to be hepatitis B/C positive (e.g. fear of losing job)					
Lack of information about where to go for a test					
Lack of access to free/affordable health care					
Language barriers when visiting health services (limited availability of translated materials or interpreter services)					

35. If you think there are other explanations, please give details in the box below.

#### **Screening offered by primary health care provides**

36. To what extent do you agree with the following statements as explanations of why migrants are not being screened/tested for hepatitis B/C at the point of first contact with primary health care services/GPs in your country.



Statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Health services are unable to identify patients with migration-related risk factors (such as country of birth or ethnic origin) as this data is not routinely collected					
Primary care providers/GPs are not aware that migrants from hepatitis B and C endemic countries have a significantly higher risk and should be offered screening					
Patients refuse testing despite primary care providers/GPs offering screening					
Limited awareness among primary health care providers/GPs about the scope of new, improved anti-viral treatments that can potentially cure the disease or significantly reduce disease progression					
Primary care providers/GPs rarely have translated materials about viral hepatitis or interpreter services available for patients					
Hepatitis screening of asymptomatic risk groups is generally not covered under the general health care service/insurance scheme in my country					
There is limited guidance available to primary health care professionals/GPs on screening for viral hepatitis among at risk groups					
Health care professionals/GPs do not have time to offer screening					

37. If you think there are other explanations, please give details in the box below.

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**Disease-related counselling, onward referral and clinical management of hepatitis B/C patients.**

38. To what extent do you agree with the following statements as explanations of why hepatitis B/C cases do not reach specialized health care (e.g. hepatologists) for further investigation and treatment in your country.

Statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
In antenatal screening programmes the focus is mainly on vaccination of the baby of hepatitis B positive mothers, not on hepatitis care for the women testing positive					
Time constraints affect health care professionals/GPs ability to provide patients with disease-related counselling and referral advice					

Some health care services are not reimbursed for providing disease-related counselling and referral advice to patients					
Newly diagnosed patients generally do not receive comprehensive counselling on the consequences of the disease, treatment options and referral, and hence do not seek specialist care					
There are too few specialists to whom the patients can be referred to for specialized care					
The antiviral treatment itself is generally not covered under the general health care service/insurance scheme in my country					
Patients are referred to the specialist but refuse further investigation or treatment					
There is limited guidance available to primary health care professionals about onward referral, counselling and patient management of hepatitis B/C patients					
Although training on viral hepatitis management is available for health care providers, uptake is generally low among professionals.					
Patients from a migrant or ethnic minority background face language barriers when visiting health services (limited availability of translated materials or interpreter services)					

39. If you think there are other explanations, please give details in the box below:

### Comments

40. If you have any comments in general or regarding the screening, counseling, referral and/or treatment of Hepatitis B/C in your country, we would be grateful to learn more and benefit from your experience. Please write any remarks in the text box below.

Thank you for completing this survey.