

Community-based Viral Hepatitis Training and Education Curriculum

For Community Outreach Facilitators

September 2026



HEP-HOP

Health Equity Program: Hepatitis
Outreach for Migrant Populations



Co-funded by
the European Union

About this curriculum

This curriculum was developed by the Barcelona Institute for Global Health (ISGlobal) and the University of Antwerp as part of the Health Equity Program – Hepatitis Outreach for Migrant Populations (HEP-HOP), a European project co-funded by the European Commission.

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Acknowledgements

We would like to sincerely thank the following individuals who have taken the time to review the training curriculum and provide expert feedback, including individuals who have worked as community health workers: Ddungu Charles and Antonio Silva Vargas (Sensoa), Tafadzwa Maseko (University of Antwerp), Wilco Kwanten (UZA hospital) and Stefan Bourgeois (ZNA Cadix hospital), Joana Porcel, Saba Mohamed, Angela Gyamfi Amankwaa, Youssouf Bahir (ISGlobal), and Jessica Hicks (World Hepatitis Alliance).

We would also like to sincerely thank the members of the HEP-HOP project's External Advisory Board for their technical guidance and contributions: Philippa Matthews (Francis Crick Institute), Maria Buti (Vall d'Hebron Hospital), Chari Cohen (Hepatitis B Foundation), Sonia Dias (National School of Public Health, NOVA University) and Orkan Okan (Technical University of Munich).

Finally, the HEP-HOP project acknowledges the World Health Organization, European Centre for Disease Prevention and Control, the World Hepatitis Alliance, the Hepatitis B Foundation, the Vall d'Hebron Hospital, the Vall d'Hebron Research Institute, and the MSOC Free Clinic in Antwerp, whose previously published materials and resources on community health worker education, and viral hepatitis strategies for prevention, testing, treatment, service delivery and monitoring informed the development of this curriculum. The outputs of their work have served as the primary and secondary frameworks for this curriculum or have been adapted to meet the needs of the current curriculum.

Suggested citation

Vanderlinden A., Nicolas A., Vanwolleghem T., Picchio C.A., Community-based Viral Hepatitis Training and Education Curriculum – For Community Outreach Facilitators. HEP-HOP; September 2026.

List of abbreviations

AASLD	American Association for the Study of Liver Diseases
Anti-HCV	Hepatitis C antibodies
CBOW	Community-based outreach workers
CHW	Community health worker
COFs	Community outreach facilitators
DAAs	Direct-acting antivirals
EASL	European Association for the Study of the Liver
ECDC	European Centre for Disease Prevention and Control
ELPA	European Liver Patients' Association
EU/EEA	European Union/European Economic Area
GDPR	General Data Protection Regulation
HAV	Hepatitis A virus
HBIG	Hepatitis B immunoglobulins
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HCC	Hepatocellular carcinoma
HCV	Hepatitis C virus
HDV	Hepatitis D virus
HEP-HOP	Health Equity Program: Hepatitis Outreach for Migrant Populations
HEV	Hepatitis E virus
HIV	Human immunodeficiency virus
LMICs	Low- and middle-income countries
MMR	Measles, mumps and rubella
NCDs	Non-communicable diseases
PoC	Point-of-care
RDT	Rapid diagnostic test
SLD	Steatotic liver disease
STIs	Sexually transmitted infections
SVR-12	Sustained virological response at 12 weeks
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Glossary

Acute infection

An acute infection is a new infection that occurs shortly after a person is exposed to a pathogen and usually lasts for a short period of time. Following the acute infection, the immune system might successfully clear the virus, while others may develop a chronic infection. In the case of HBV and HCV infections, some people clear the virus spontaneously after an acute infection, while others develop a chronic infection.

Anti-HCV (hepatitis C virus antibodies)

Hepatitis C antibodies (anti-HCV) are antibodies produced by the immune system in response to infection by the hepatitis C virus. A positive anti-HCV test indicates that a person has been exposed to HCV at some point in their life. However, it does not distinguish between a current (active) infection and a past infection that has cleared spontaneously or has been cured following treatment. Additional testing for HCV RNA is required to determine whether the virus is still present.

Asymptomatic

Asymptomatic refers to the absence of symptoms, meaning a person does not experience any signs or feelings associated with a disease.

Chronic infection

A chronic infection is a long-term infection that persists over time and may lead to progressive organ damage if untreated. In the case of HBV and HCV, a chronic infection is defined as persistence of the virus for six months or longer and can result in progressive liver damage, including fibrosis, cirrhosis and liver cancer.

Cirrhosis

Cirrhosis refers to advanced scarring of the liver caused by long-term damage. Cirrhosis can impair liver function and increase the risk of complications such as liver failure and cancer.

Community outreach facilitators (COFs)

Community outreach facilitators (COFs) are individuals responsible for carrying out community outreach, health promotion, education, prevention, screening and linkage-to-care activities among migrant and refugee populations. COFs may include community health workers, peer navigators, integration and civic orientation teachers, and social mediators, among others.

Decentralized testing

Decentralized testing refers to testing activities performed outside traditional healthcare facilities, bringing testing closer to communities through approaches like mobile outreach units, community-based screening in religious or civic spaces, or home-based testing, often performed by individuals who are not trained in health.

Elastography

Elastography is an imaging technique used to assess liver stiffness, which reflects how soft or hard the liver is (i.e. the degree of fibrosis). The procedure does not require a needle or catheter to be inserted into the body (i.e. it is non-invasive). Elastography is painless and supports healthcare professionals in identifying individuals with advanced liver disease or cirrhosis, without the need to perform a liver biopsy. Common types of elastography include transient elastography (usually performed using a dedicated device) and shear wave elastography (usually integrated in conventional ultrasound machines).

Epidemiology

Epidemiology is the study of how often diseases and health conditions occur, who is affected, where they occur and what factors influence them.

European Union/European Economic Area

The European Union (EU) is a political and economic union of European countries that cooperate in a range of policies and legislation. The European Economic Area (EEA) includes all EU Member States as well as Iceland, Liechtenstein and Norway, allowing for the free movement of people, goods, services and capital across participating countries.

Fibrosis

Fibrosis is the formation of scar tissue in the liver as a result of ongoing liver damage or inflammation. Liver fibrosis can develop gradually over time in people with chronic hepatitis B or C. If left untreated, fibrosis may progress to cirrhosis, which is an advanced stage of liver scarring.

General Data Protection Regulation (GDPR)

General Data Protection Regulation (GDPR) is a European data protection law that aims to protect individuals' personal information and ensure that personal data are collected, processed, stored and shared in a lawful, transparent and secure manner.

Harm reduction

Harm reduction refers to policies, programmes and practices that aim to reduce the health and social harms associated with certain behaviours, such as substance use. In the context of viral hepatitis, harm reduction measures include needle and syringe exchange programmes, opioid agonist therapy, vaccination, and access to testing and treatment services.

Health literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate healthcare decisions [1].

Hepatitis B surface antigen (HBsAg)

Hepatitis B surface antigen (HBsAg) is a protein found on the surface of the hepatitis B virus. The presence of HBsAg in the blood indicates an active hepatitis B infection.

Hepatitis B virus (HBV)

Hepatitis B virus (HBV) is a virus that affects the liver and can cause both acute and chronic hepatitis. HBV is transmitted through contact with infected blood and certain body fluids. A safe and effective vaccine is available to prevent HBV infection. For people living with chronic HBV infection, effective antiviral treatment can control the virus and reduce the risk of liver disease, although it does not usually cure the infection.

Hepatitis C virus (HCV)

Hepatitis C virus (HCV) is a virus that affects the liver and can cause both acute and chronic hepatitis. HCV is primarily transmitted through contact with infected blood. Unlike hepatitis B, there is currently no vaccine available. However, highly effective antiviral treatments can cure more than 95% of people living with hepatitis C [2].

Hepatocellular carcinoma (HCC)

Hepatocellular carcinoma is the most common form of liver cancer. HCC can develop in people with chronic liver disease, particularly those with cirrhosis caused by hepatitis B, hepatitis C, or other liver conditions.

Immune system

The immune system is the body's natural defence system that helps protect the body against infections and diseases.

Inflammation

Inflammation is the body's natural response to infection, injury, or other harmful stimuli. It occurs when the immune system is activated and sends immune cells and chemical signals to the affected area to help fight infection and repair damage. In the liver, inflammation can occur as a result of hepatitis B or hepatitis C infection and may lead to liver damage over time.

Informed consent

Informed consent is the process by which an individual receives clear information about a study, test, or medical procedure, including its purpose, procedures, potential benefits and risks, and how their data will be used and protected. Informed consent may be provided orally or in writing through an informed consent form. It ensures that participation is voluntary and that the individual can refuse or withdraw at any time without negative consequences.

Informed consent form

An informed consent form is a document that explains the purpose of the study, the procedures involved, the potential benefits and risks, and how the collected data will be used and protected. It also informs participants that their participation is voluntary and that they may withdraw at any time without any negative consequences. Participants are asked to sign the form to confirm that they have received and understood the information provided and agree to participate voluntarily.

Jaundice

Jaundice is a condition characterized by yellowing of the skin and the whites of the eyes. It can be a sign of liver disease or other medical conditions. It occurs when there is a buildup of bilirubin, a yellow pigment formed in the liver as a byproduct of breaking down old red blood cells.

Linkage to care

Linkage to care is the process of ensuring that individuals who receive a positive screening result are successfully connected to appropriate healthcare services for confirmatory testing, medical evaluation, treatment, and follow-up care.

Literacy

Literacy is the ability to read, write and understand written information.

Morbidity

Morbidity refers to illness, disease, or poor health in an individual or a population.

Misconceptions

Misconceptions are incorrect beliefs, misunderstandings or inaccurate ideas about a disease, health condition, medical intervention or another topic.

Mortality

Mortality is defined as the number of deaths caused by a disease or condition within a population.

Myth

A myth is a widely shared but false or misleading belief, idea or narrative that, in the context of viral hepatitis, persists despite a lack of credible scientific evidence.

Non-communicable disease (NCDs)

A non-communicable disease is a disease that is not spread from person to person. NCDs include diseases such as diabetes, heart disease or cancer.

Polymerase chain reaction (PCR)

Polymerase chain reaction (PCR) is a laboratory technique that detects genetic material (DNA or RNA) of a pathogen in a biological sample. It can confirm the presence of an active infection, measure the amount of pathogen in the body, and support diagnosis, treatment decisions, and monitoring of response to therapy. PCR is used to confirm the presence of active hepatitis B or C virus infections and to help guide treatment decisions.

Point-of-care testing (POCT)

Point-of-care testing (POCT) is a diagnostic procedure performed at or near the site of care, allowing results to be obtained quickly and enabling immediate counselling, referral, or follow-up. POCT includes a range of diagnostic technologies, including rapid diagnostic tests and other diagnostic technologies that provide results without the need for a central laboratory.

Prevalence

Prevalence is the number of people within a population living with a disease or condition at a specific point in time or over a defined period. It is calculated by dividing the number of affected individuals by the total number of individuals in that population.

Rapid diagnostic test (RDT)

A rapid diagnostic test is a type of point-of-care test that provides results within a short period of time, usually within less than 20 minutes. RDTs can often be performed at the point of care or in community settings without the need for complex laboratory equipment. Depending on the test, RDTs may use blood, saliva, or urine samples.

Retention in care

Retention in care refers to the continued engagement of an individual with healthcare services over time, including attending follow-up appointments, monitoring visits, and treatment when required.

Sensitivity

Sensitivity refers to the ability of a diagnostic test to correctly identify individuals who have the disease. A highly sensitive test correctly detects most people with the disease and produces few false-negative results. A false-negative result is a test result that incorrectly indicates that a person does not have the disease when they do.

Specificity

Specificity refers to the ability of a diagnostic test to correctly identify individuals who do not have the disease. A highly specific test correctly identifies most people without the disease and produces few false-positive results. A false-positive result is a test result that incorrectly indicates that a person has the disease when they actually do not.

Stigma

Stigma is the experience of negative attitudes, beliefs or discrimination associated with a particular characteristic, condition, or disease. Stigma may be directed towards individuals or groups by others or may be internalised as self-stigma.

Sustained virological response (SVR-12)

Sustained Virological Response at 12 weeks (SVR-12) is the absence of detectable hepatitis C virus in the blood 12 weeks after completing antiviral treatment. Achieving SVR12 is considered a cure of hepatitis C infection.

Teach-back method

The teach-back method is a communication technique used to confirm understanding by asking individuals to explain information in their own words. Rather than testing the individual's knowledge, the method helps assess whether the information was explained clearly by the educator and understood correctly.

Ultrasound examinations

Ultrasound examinations consist of painless imaging tests that use sound waves to produce images of the liver or other organs. It is commonly used to assess liver health and to detect abnormalities such as fibrosis, cirrhosis, steatosis, and liver cancer.

Vaccine

A vaccine is a biological preparation that trains the immune system to recognize and fight against specific harmful pathogens, such as viruses or bacteria. The hepatitis B vaccine is currently a second-generation vaccine that contains a harmless viral protein, which helps the body develop immunity without causing HBV infection.

Vaccine hesitancy

Vaccine hesitancy refers to a delay in acceptance or refusal of safe vaccines despite the availability of vaccination services. It exists on a continuum between full acceptance and complete refusal and may apply to one or several vaccines. Vaccine hesitancy is complex and context-specific, and is influenced by factors such as confidence, complacency, and convenience [3, 4].

Venepuncture

Venepuncture is the medical procedure of obtaining blood by using a needle to puncture a vein, usually in the forearm or hand.

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01. Introduction

Viral hepatitis remains an important global public health threat. Chronic infections with hepatitis B virus (HBV) and hepatitis C virus (HCV) can lead to **severe liver disease**, including **cirrhosis** (advanced scarring of the liver) and **hepatocellular carcinoma** (the most common type of liver cancer), and contribute substantially to mortality worldwide. Despite the availability of effective prevention and treatment strategies, including vaccination against HBV, and an effective curative treatment for HCV, **many individuals remain undiagnosed and untreated**. Globally, it is estimated that only 27% of people living with chronic HBV infection and 36% of those living with HCV have been diagnosed [5]. Additionally, only 4% of those eligible for HBV treatment and 20% of those eligible for HCV treatment are estimated to have been treated [5]. **Expanding access to diagnostic testing is essential to identify people living with HBV or HCV and ensure timely linkage to care and treatment**. The success of Egypt's national HCV elimination programme has demonstrated that large-scale screening, including in community spaces, combined with access to curative antiviral therapy, can substantially reduce the burden of HCV [6].

Globally, the annual number of HBV-related deaths increased 17% between 2015 and 2024, largely due to insufficient diagnosis and treatment, while HCV-related deaths decreased by 12%, reflecting the impact of highly effective curative antiviral therapies [5]. **To achieve the World Health Organization's (WHO) goal of eliminating viral hepatitis as a public health threat by 2030, substantial improvements in testing, prevention, vaccination and linkage to care and treatment coverage are urgently needed.**

International mobility is increasing globally, with Europe receiving the largest number of people migrating from another country outside the region [7]. **Migration patterns have led to increasingly diverse populations across many European countries.** Migrant and refugee communities often originate from regions where the prevalence of HBV and HCV is higher than in the general European population. According to the European Centre for Disease Prevention and Control (ECDC), migrants account for an estimated 25% of chronic HBV cases and 14% of chronic HCV cases in the EU/EEA [8]. At the same time, migrants may experience barriers to accessing healthcare services, including language barriers, limited health literacy, stigma, and structural obstacles to navigate within healthcare systems. These factors may contribute to lower testing rates and delayed access to prevention, diagnosis and care services. In addition, vaccine hesitancy may further hinder uptake of HBV vaccination.

Community-based approaches can play an important role in improving access to health services among **underserved populations within migrant and refugee communities**, particularly when services are provided in a culturally and linguistically adapted manner. Evidence has shown that community-based and opportunistic screening strategies using **point-of-care testing (POCT)** combined **with dedicated outreach personnel** can substantially improve **screening uptake and linkage to care among migrant populations [9, 10]**. Individuals providing these outreach services may have diverse backgrounds and levels of expertise, ranging from healthcare providers such as doctors and nurses to community health workers (CHWs), peer educators, community volunteers and other outreach staff.

Throughout this curriculum, the term **Community Outreach Facilitators (COFs)** refers specifically to CHWs, peer educators, community volunteers and other non-clinical outreach personnel. COFs may contribute to increasing awareness, improving health literacy, facilitating linkage to care (including prevention services), and strengthening trust between migrant and refugee communities and formal healthcare services [11].

This curriculum was developed to support **the training of COFs involved in community-based HBV and HCV screening, prevention, education and linkage to care activities for migrant communities living in Europe**. The curriculum was developed using the WHO Global Curriculum Guide for Community Health Workers as its primary framework and was further informed by WHO, ECDC and European Association for the Study of Liver (EASL) guidance on hepatitis prevention, testing, treatment, service delivery and monitoring [5, 11-15]. Additional input was drawn from educational materials developed by the Hepatitis B Foundation, World Hepatitis Alliance (WHA), the HEPARJOC tool, and training resources used in HCV testing support programmes at MSOC/Free Clinic in Belgium [16-19]. Relevant elements from

02. Training Framework

2.1 Training objectives & competencies

This curriculum aims to equip COFs with the knowledge, practical skills, and tools required to support community-based viral hepatitis education, prevention, screening, and linkage to care activities targeting migrant and refugee communities, with a particular focus on European settings. Upon completion of the training, COFs should be able to achieve the learning objectives outlined in **Table 1**.

Table 1: Expected competencies for COFs.

MODULE	Knowledge competencies	Practical competencies
Module 1. Liver Health and viral hepatitis – general knowledge	- Describe basic functions of the liver. - Differentiate between hepatitis A, B, C, D and E. - Explain the epidemiology of HBV and HCV globally and among migrant populations. - Describe transmission routes, risk factors, symptoms, natural history and complications (fibrosis, cirrhosis and HCC).	- Explain viral hepatitis in simple, non-technical language to community members. - Assess risk factors for chronic hepatitis in the community.
Module 2. Prevention, Screening and Management of Viral Hepatitis	- Describe prevention strategies for HBV and HCV and the risk of long-term liver disease. - Describe screening strategies for HBV and HCV. - Understand the purpose and limitations of community-based screening approaches. - Understand the principles of rapid diagnostic testing. - Understand the principle of linkage to care, the needs for referral pathways and treatment options.	- Explain the benefits of vaccination and testing. - Provide prevention advice tailored to the participant. - Independently perform RDTs and interpret the results. - Adequately communicate positive and negative screening results and provide post-test counselling. - Encourage testing for sexual partners, household members and other individuals who may be at increased risk of infection. - Refer participants to recommended care and according to local procedures.

MODULE	Knowledge competencies	Practical competencies
Module 3. Stigma, Misconceptions, and Vaccine Hesitancy	• Understand common misconceptions about viral hepatitis and be capable of addressing them. • Understand drivers of stigma, discrimination, and vaccine hesitancy related to chronic hepatitis.	• Address myths and misconceptions appropriately. • Recognize and address vaccine hesitancy and common concerns about vaccination. • Provide chronic hepatitis information leaflets and reliable information sources (e.g. websites from trusted sources).
Module 4. Tailored Communication and Cultural Mediation	• Understand culturally sensitive communication principles.	• Facilitate community discussions. • Use culturally sensitive and non-judgemental communication. • Adapt health messages to community context and health literacy levels. • Address concerns around viral hepatitis.
Module 5. Ethical Considerations and Data Protection	• Understand confidentiality and privacy principles. • Understand GDPR and data protection requirements.	• Conduct informed consent discussions and obtain informed consent before testing or participation. • Apply confidentiality principles. • Manage participant information securely and in accordance with data protection and privacy requirements.

2.2 Training format & duration

This curriculum combines **theoretical knowledge with practical skills development**. It is designed as a modular training that can be delivered over **approximately 10-12 hours**, although the format may be adapted depending on the local context and the experience of COFs (**Annex 1**).

Particular emphasis is placed on hands-on training for conducting RDT procedures, as well as on role-playing exercises to strengthen communication skills when discussing testing, prevention, and stigma with community members.

COFs learning will be assessed for both the theoretical and practical components of the course. COFs' knowledge will be assessed through a short evaluation, while practical skills (e.g. performing RDTs) will be assessed through supervised demonstrations to ensure correct procedures and appropriate communication of results.

03. Training Content

01

MODULE 1

Liver Health and Viral Hepatitis

The liver and its functions

The **liver** is one of the largest and most important organs in the human body. It is located in the upper right part of the abdomen (**Fig. 1**) [2]. It performs many essential functions that are necessary for maintaining overall health (**Fig. 2**). The liver helps process nutrients from food, stores vitamins, produces proteins that support blood clotting, and detoxifies harmful substances from the bloodstream. It also plays a key role in metabolizing medications and producing bile, which supports digestion. The liver also helps regulate blood sugar levels and supports the body's immune system [2, 20]. A person cannot live without a liver. However, the liver has the ability to regenerate, meaning that hepatic tissue has the capacity to restore both its mass and function following a surgical procedure in which part of the liver is removed (or burnt) such as in case of liver cancer. In rare instances, a part of the liver from a healthy donor (often a family member) can be surgically removed and transplanted into a patient after the patient's diseased liver has been removed (living-donor liver transplantation).

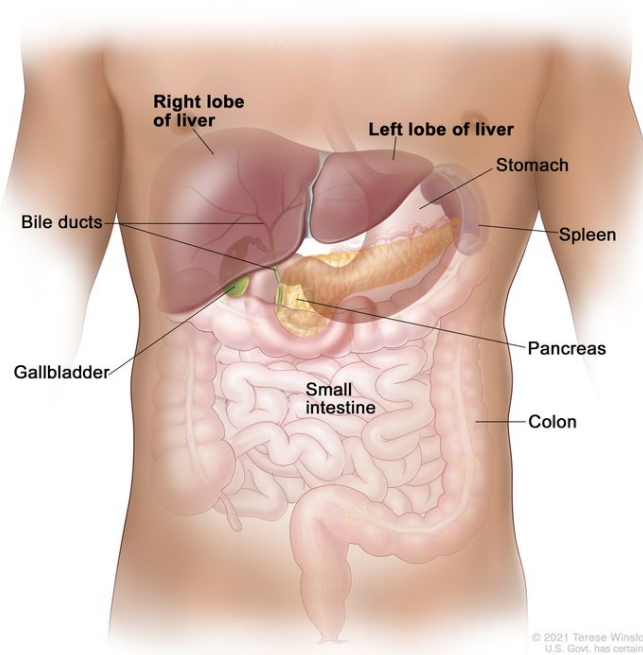


Figure 1: Location of the liver in the upper right part of the abdomen.
(<https://www.cancer.gov/types/liver/what-is-liver-cancer>)

Because of these vital functions, damage to the liver can have significant consequences for the body. Hepatitis refers to inflammation of the liver, which can be caused by different factors including viral infections, alcohol use, metabolic conditions, autoimmune diseases, and certain medications or toxins. When hepatitis is caused by a virus, it is referred to as **viral hepatitis**. Inflammation is the body's natural response to infection or tissue injury and can affect the structure and function of the liver. Over time, **chronic liver inflammation** can lead to **progressive liver damage** and **serious health complications, including cirrhosis, liver cancer and liver failure**.

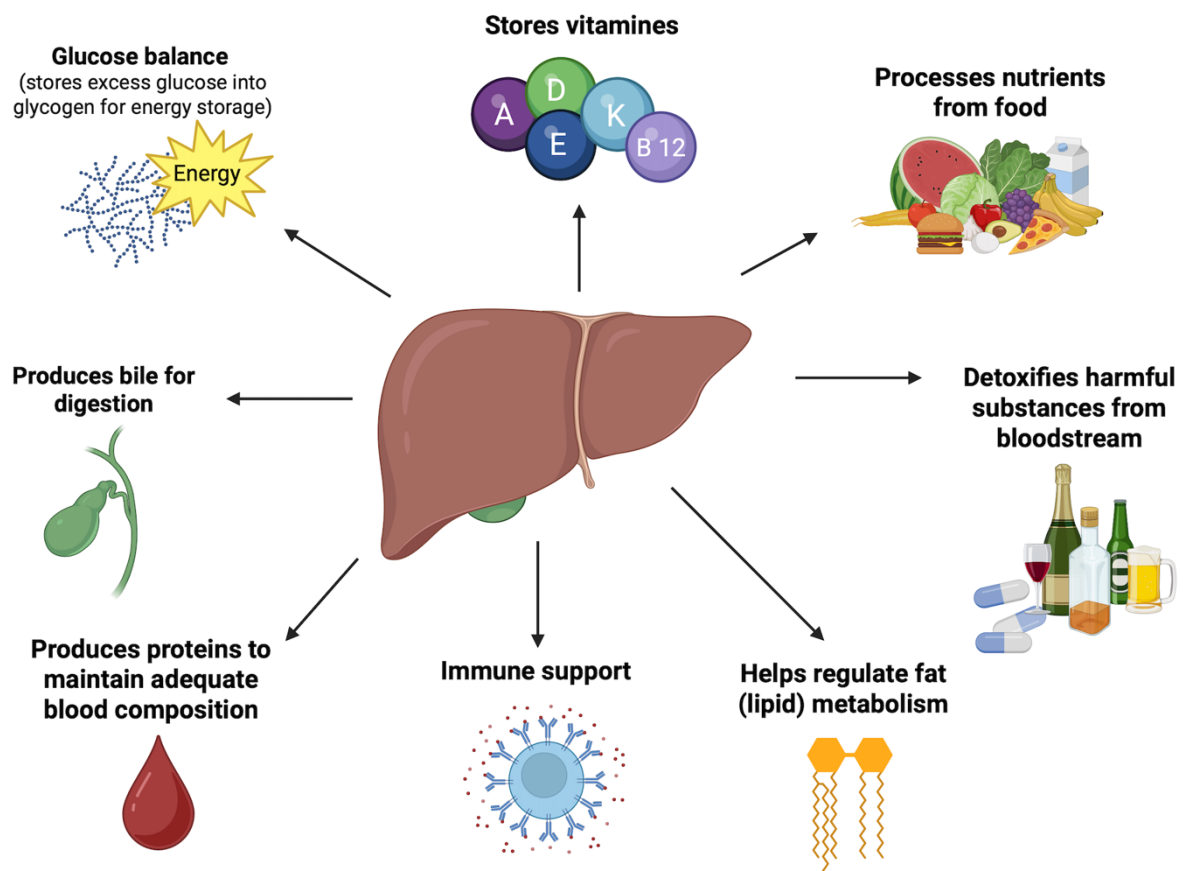


Figure 2: Main functions of the liver [21].

Overview of viral hepatitis infections

Viral hepatitis is caused by a group of viruses that primarily affect the liver. These include the hepatitis A, B, C, D, and E viruses (**Fig. 3**) [2]. These viruses differ in their virologic characteristics (e.g. their structure and genetic material), routes of transmission, geographical distribution, and associated health outcomes.

Hepatitis A virus (HAV) and hepatitis E virus (HEV) are mainly transmitted through contaminated food or water. **Hepatitis A** is commonly spread through the faecal-oral route, typically via food or water contaminated with infected stool. It is most prevalent in low- and middle-income countries (LMICs), including parts of Africa, Asia, South-America, and Eastern Europe [22].

Hepatitis A is a self-limiting infection that does not progress to chronic disease. There is no specific antiviral treatment. Although most adults recover completely, severe acute hepatitis can occur in rare cases. Hepatitis A is highly contagious and can be transmitted from person to person.

Hepatitis E is a common cause of epidemic outbreaks of viral hepatitis particularly in LMICs. In most healthy individuals, the infection resolves spontaneously. However, in rare cases, particularly among individuals with weakened immune systems (such as organ transplant patients), the infection is not cleared and may progress to chronic HEV infection. HEV infection during pregnancy, particularly in the second and third trimester, can be severe and is associated with increased risk of acute liver failure, maternal death and adverse pregnancy outcomes [23].

In LMICs, transmission is most frequent through contaminated drinking water, whereas in other geographical areas it is most frequently transmitted through the consumption of undercooked or contaminated pork or shellfish products [24, 25]. There is no risk of transmitting HEV via close contacts between persons.

Prevention of hepatitis A and E relies on improving **W**ater, **S**anitation and **H**ygiene (**WASH**) conditions, as recommended by WHO [26]. This includes access to safe drinking water, proper sanitation and waste disposal, and promoting good hygiene practices, particularly regular handwashing. Strengthening WASH measures is essential to reduce the transmission of these infections, especially in high-risk settings such as overcrowded housing conditions and low-resource communities. **Vaccination** is an effective way **to prevent hepatitis A** and is recommended for travellers to regions where hepatitis A is more common. Currently, there is no vaccine against hepatitis E available in Europe.

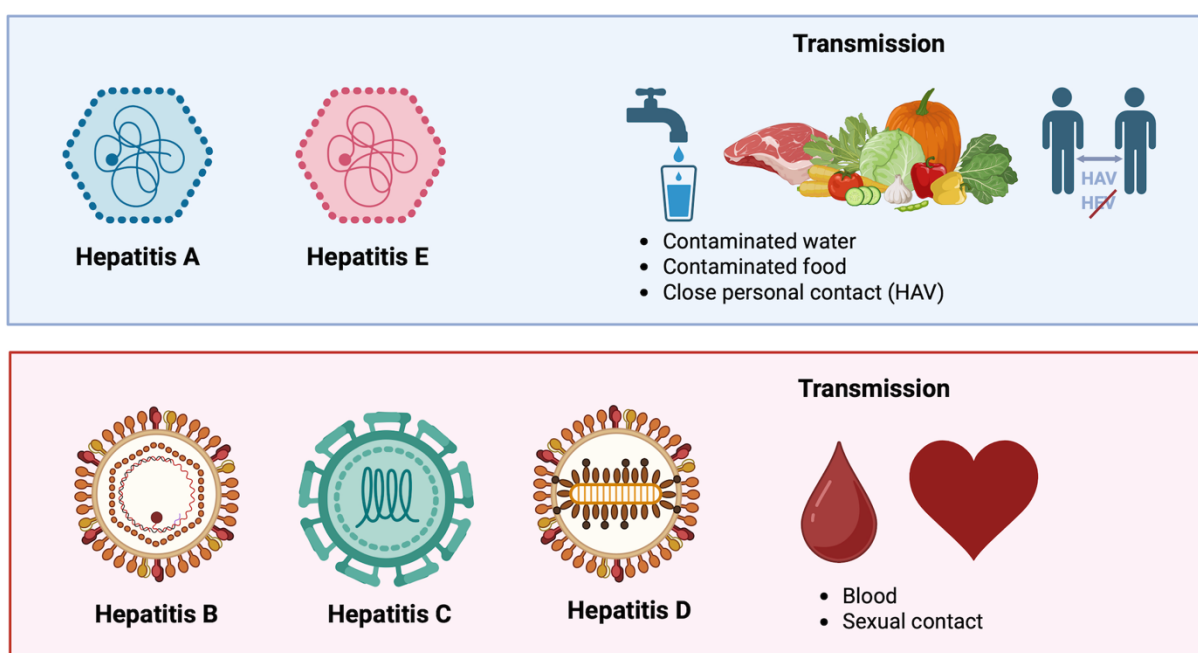


Figure 3: Overview of viral hepatitis types (A-E).

HBV and HCV are of particular public health importance because they can cause acute but also chronic infections. A chronic infection means that the infection can persist for many years. Chronic HBV or HCV may remain asymptomatic for many years while gradually damaging the liver. These viruses are primarily transmitted through contact with the blood of someone living with HBV or HCV. HBV may also spread through contact with other body fluids, for example through sexual contact, however this is rarely the case for HCV. Further details on transmission routes are provided in Section “Transmission pathways of HBV and HCV” in this module.

Hepatitis D virus (HDV) only occurs in people who are living with HBV. It is the most severe form of viral hepatitis, usually causing a more severe liver disease and faster progression to serious complications, such as cirrhosis or liver cancer.

Key differences between HBV and HCV

Although HBV and HCV both cause infections that affect the liver and can become chronic, they differ in several important aspects (**Table 2**).

Table 2: Key differences between hepatitis B and C.

Feature	Hepatitis B	Hepatitis C
Virus	Hepatitis B virus	Hepatitis C virus
Transmission route	• Blood • Sexual contact • Mother-to-child during childbirth (10-90% in the absence of preventive interventions, with higher transmission rates observed among mothers with high viral loads or who are HBeAg-positive [27]) • Close household or child-to-child contact involving exposure to blood	• Blood • Less common: ◦ Sexual contact, but the risk increases significantly with exposure to blood ◦ During childbirth (approximately 4-7% [28-30])
Vaccine	Yes, safe and effective vaccine available	No vaccine currently available
Treatment	Antiviral treatment can <u>control</u> the infection	Antiviral treatment can <u>cure</u> the infection in >95% of the cases [5]

Transmission pathways of HBV and HCV

HBV and HCV are both blood-borne viruses. HBV can be transmitted through blood as well as other body fluids, such as semen and vaginal fluids. In contrast, HCV is transmitted primarily through exposure to infected blood.

In the case of **HBV**, the most common routes of transmission include mother-to-child transmission during childbirth, sexual contact with a person living with HBV, and exposure to infected blood through medical procedures, sharing of needles, or other blood-to-blood contact (**Fig. 4**). In regions with high HBV prevalence, infection often occurs early in life, for example during childhood or through mother-to-child transmission [5].

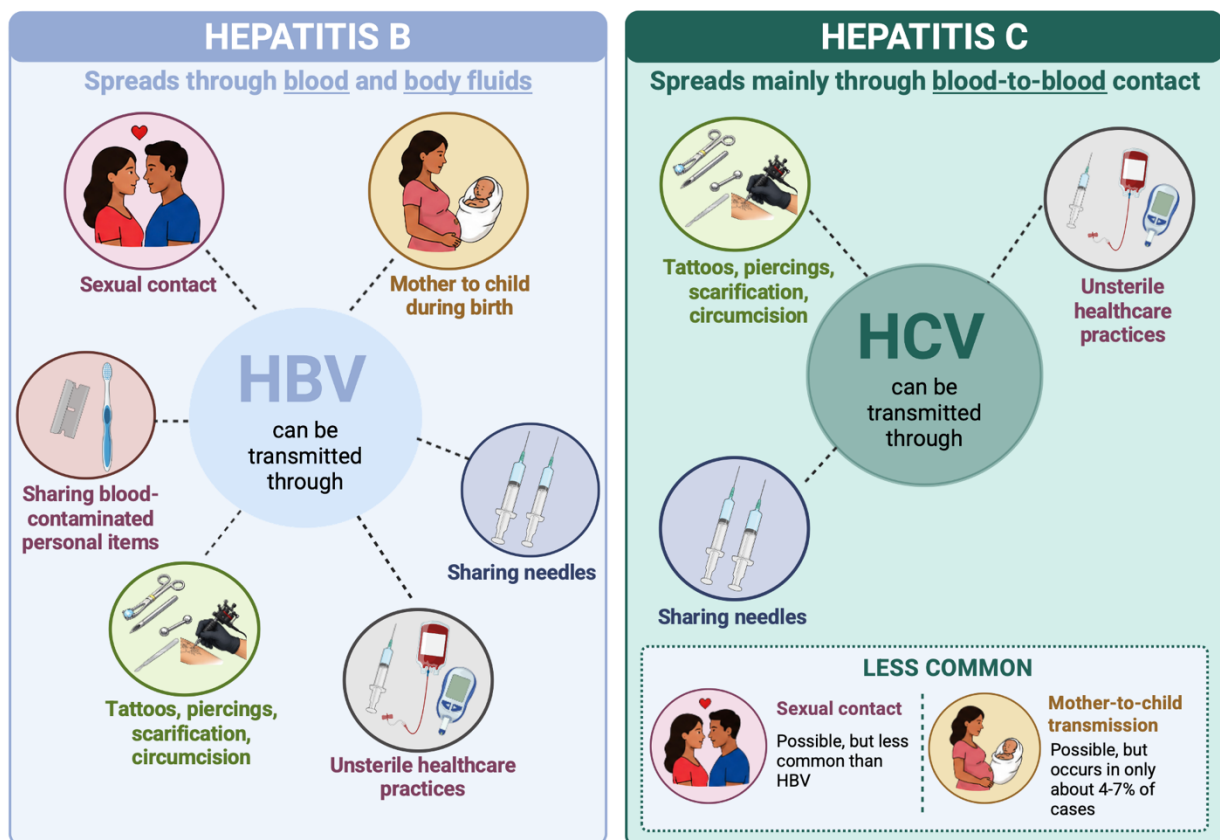


Figure 4: Transmission modes of hepatitis B and C.

HCV is most commonly transmitted through exposure to infected blood (**Fig. 4**). This may occur through unsafe medical procedures, sharing needles or injection equipment, or transfusion of unscreened blood products [5]. Sexual transmission of HCV is less common but can occur during higher-risk practices (e.g. anal sex, chem sex), particularly when blood exposure is involved, particularly among men who have sex with men [31].

While anyone can acquire HBV or HCV, the likelihood of infection is higher among individuals with increased exposure to blood or body fluids.

Risk factors for HBV and HCV infection include:

- Unprotected sexual contact and/or having multiple sexual partners
- Injection of drugs, particularly when needles or other injecting equipment are shared
- Medical or dental procedures performed in settings with inadequate infection control (e.g. unsafe blood transfusions or inadequately sterilized dental equipment)
- Traditional skin-piercing or scarification practices using unsterile equipment
- Tattoos or body piercings performed under non-sterile conditions
- Incarceration, where exposure to certain risk factors (e.g. non-sterile tattooing or sharing of injecting equipment) may be more common

It is important to emphasize that **HBV and HCV are not transmitted through casual social contact** such as hugging, sharing food or drinking from the same glass, shaking hands, or using the same toilet facilities.

Symptoms and natural history of the infection

Many people living with HBV or HCV **do not experience noticeable symptoms**, particularly during the early stages of infection. When symptoms occur, they may include fatigue, fever, loss of appetite, nausea, abdominal discomfort, weight loss, dark urine, pale stools, yellowing of the skin and eyes (jaundice), itchy skin and a swollen abdomen (**Fig. 5**) [5].

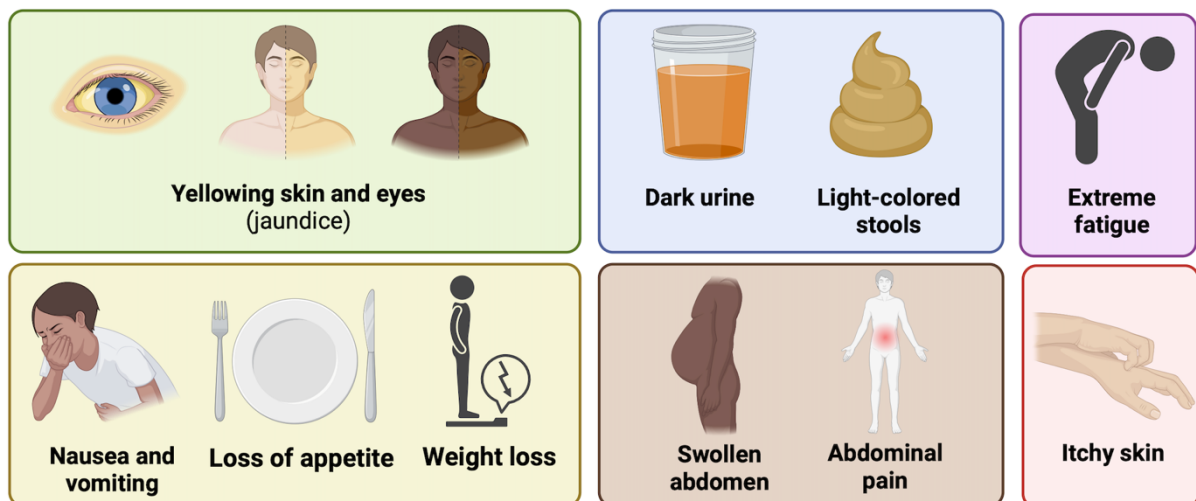


Figure 5: Common symptoms of hepatitis B and C infections. It is important to note that many individuals may not present any symptoms for years.

After exposure to HBV or HCV, individuals enter **an acute phase of the infection**. While some people clear the virus spontaneously without treatment, other progress to **chronic infection**. In the case of HBV, infection during infancy and early childhood leads to a chronic infection in about 90% of cases, whereas HBV infection acquired in adulthood leads to chronic hepatitis in 5% of cases [5].

In the case of HCV, around 30% (15-45%) of adults who acquire HCV spontaneously clear the virus within 6 months of infection without any treatment, and the remaining 70% (55-85%) are estimated to develop chronic HCV infection [32].

Chronic HBV and HCV are defined by the persistence of the virus **for more than 6 months**. In these cases, the immune system is unable to clear the virus, allowing it to remain continuously active, leading to ongoing inflammation in the liver. Chronic infection can persist for years or decades. During this time, the virus continues to affect the liver, often **without causing noticeable symptoms**. For this reason, many individuals remain unaware of their infection until significant liver damage has already occurred [5].

Long-term outcomes

If left untreated, chronic HBV or HCV infection can lead to **progressive liver damage** over time (**Fig. 6**). Persistent inflammation and liver injury can result in the accumulation of scar tissue in the liver, a process known as **fibrosis**. As fibrosis progresses, it can gradually impair liver structure and function. One of the most serious complications is **cirrhosis**, a condition in which healthy liver tissue is extensively replaced by scar tissue. As cirrhosis progresses, it may become **decompensated**, meaning that the liver can no longer function properly. Decompensated cirrhosis can lead to life-threatening complications, including liver failure.

Chronic viral hepatitis also increases the risk of developing **hepatocellular carcinoma (HCC)**, the most common type of liver cancer. Liver cancer is a major cause of cancer-related deaths worldwide and can sometimes develop in individuals with long-standing liver disease after more than 10-30 years of infection [33, 34].

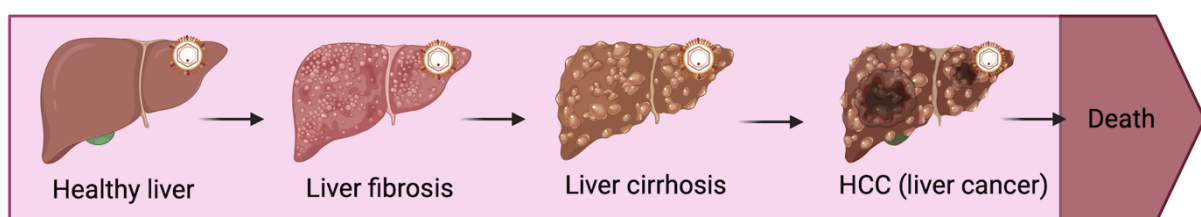


Figure 6: Progression of liver disease from a healthy liver to fibrosis, cirrhosis, and hepatocellular carcinoma (HCC).

Hepatocellular carcinoma surveillance

Early detection of HCC is an important component of the long-term management of chronic viral hepatitis, particularly for individuals with cirrhosis or other risk factors. Therefore, regular medical follow-up is recommended for people with chronic viral hepatitis who are considered at higher risk. According to EASL guidelines, **liver ultrasound examinations** should be performed **every six months** for individuals with chronic HBV or HCV who have advanced liver disease or other risk factors [15].

Some individuals with chronic HBV infection may also require HCC surveillance in the absence of cirrhosis because of increased risk of liver cancer (e.g. people originating from the **WHO African region**).

Ultrasound is a painless procedure that uses sound waves to create images of the liver and does not involve radiation, similar to the ultrasound used during pregnancy. In some cases, the examination may also include a **measurement of liver stiffness** using techniques such as **transient** (e.g. FibroScan) or **shear wave elastography**, which help assess the degree of liver fibrosis (scarring of the liver).

These medical assessments are performed by specialized healthcare professionals in hospital or other specialist care settings. COFs are not responsible for identifying candidates for HCC surveillance, but they can play an important role in encouraging individuals diagnosed with viral hepatitis to attend their follow-up appointments and remain engaged in care.

Global and regional epidemiology of HBV and HCV

Viral hepatitis represents a major global public health concern. According to estimates from the WHO, approximately **240 million people are living with chronic HBV** and **47 million with HCV worldwide** [5]. These infections are responsible for a substantial burden of liver disease, including cirrhosis and liver cancer, and contribute to a significant number of liver-related deaths each year. HBV was responsible for approximately 1.1 million deaths and HCV for 240,000 deaths in 2024 [5]. Globally, **HBV-HDV coinfection** is estimated **to affect 12 million people**, representing about 4.5% of individuals living with chronic HBV [5].

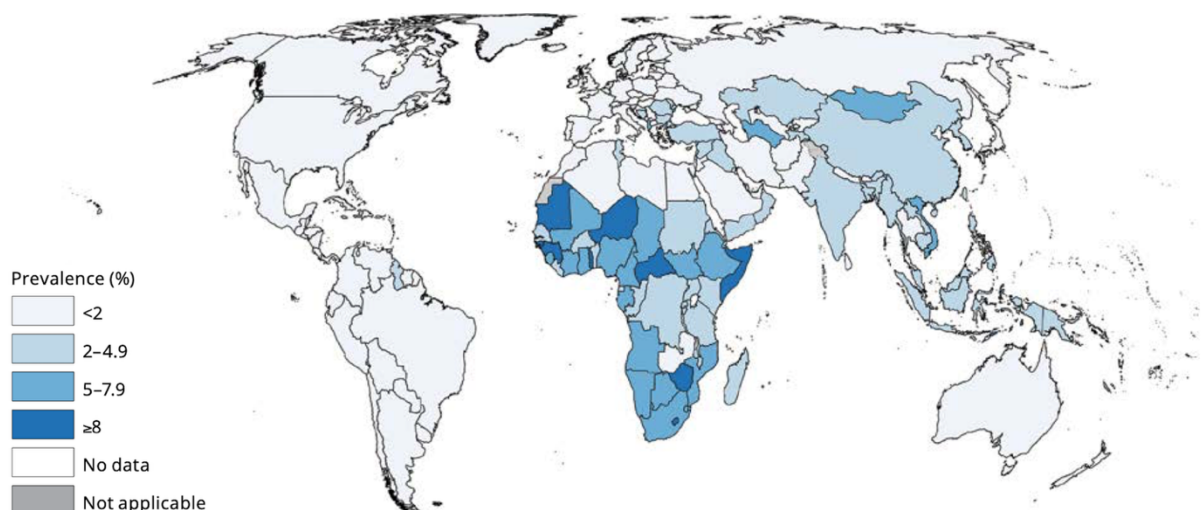


Figure 7: Prevalence of chronic HBV infection in the general population in 2024 (in %) [5].

The global distribution of HBV and HCV varies considerably across regions. HBV prevalence is particularly high in the **WHO African region** and the **Western Pacific region (Fig. 7)**. In these areas, infection often occurs early in life, including through mother-to-child transmission.

HCV infection occurs worldwide with a higher prevalence in certain regions, including **the Eastern Mediterranean region, Central and East Asia, Eastern Europe, and the African region (Fig. 8).**

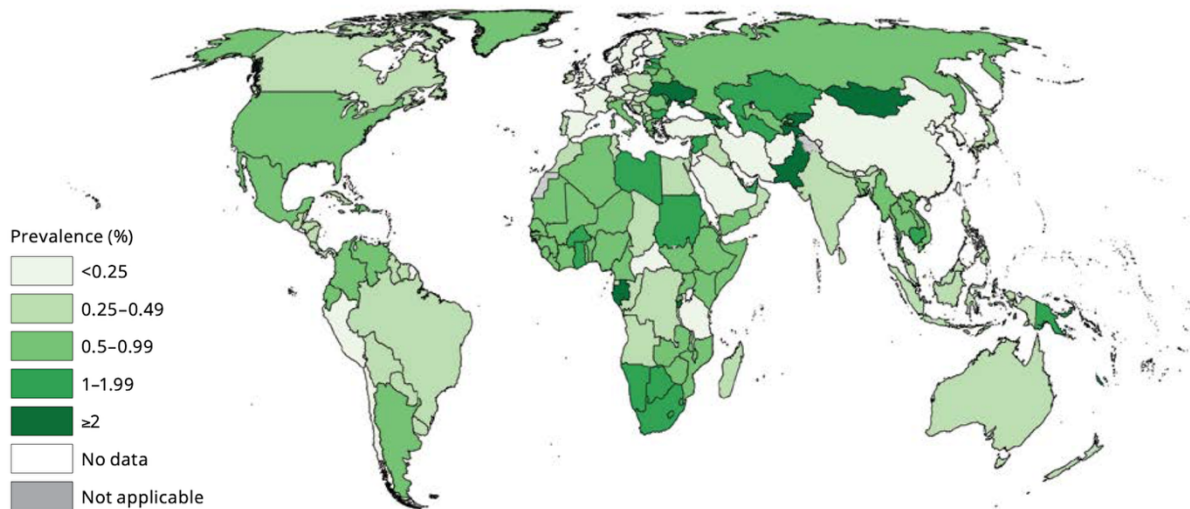


Figure 8: Prevalence of HCV infection in the general population in 2024 (in %) [5].

In many European countries, the overall prevalence of viral hepatitis is relatively low compared to global averages, with the overall prevalence of chronic HBV and HCV in the European region standing at **1.0% and 0.6%**, respectively [5]. While the number of new HBV and HCV infections in the European Region is decreasing, 15.3 million people were estimated to have a chronic HBV or HCV infection in 2024 [5].

Even within Europe, HBV prevalence is heterogeneously distributed across countries. Estimates in **HBV prevalence in the general population in Europe** ranged from 0.1% in Spain or the United Kingdom to 2.8% in Slovakia and 3.8% in Greece [35]. Chronic **HCV infections in Europe**, reach higher prevalences in the Eastern European region, with the highest estimates at 2.3% in Romania, 1.7% in Estonia, and 1.1% in Bulgaria. The lowest chronic HCV prevalence was found in Western Europe, with the lowest prevalence estimated in the Netherlands (0.04%), Slovenia (0.07%) and Iceland (0.1%) [36].

Despite relatively low prevalences of chronic viral hepatitis in Europe, **some population groups experience a substantially higher burden of infection.** These include migrants from high-prevalence countries, people who inject drugs, people in prison, men who have sex with men, and other populations facing increased exposure to transmission risks or limited access to prevention, testing, and treatment services.

In EU/EEA, **migrants** are estimated to account for 25% and 14% of the total number of HBV and HCV cases, respectively. This corresponds to an **estimated overall HBV prevalence for all migrants combined of 6% and 2.3% for HCV** which is **significantly higher than in the general populations** [8]. Similarly, the burden of these infections among people who inject drugs is substantial, with over a third (35.8%) of chronic HCV cases associated with drug injection, and over half (53%) of acute cases [37].

Other liver diseases and related comorbidities

Although viral hepatitis is a major cause of chronic liver disease worldwide, it is not the only condition that can affect liver health. Other common liver diseases include a range of **non-communicable diseases (NCDs)**, meaning they cannot be transmitted from one person or another. NCDs that affect the liver include **steatotic liver disease (SLD)**, which is characterized by the accumulation of excess fat in the liver. SLD is associated with risk factors such as an unhealthy diet, low physical activity, and alcohol consumption. It is also strongly associated with other NCDs such as overweight or obesity, diabetes, and abnormal cholesterol levels [38, 39]. **Alcohol-related liver disease (ALD)** results from excessive alcohol consumption and can lead to liver inflammation, fibrosis, cirrhosis, and liver cancer. **Autoimmune liver disease** occurs when the body's immune system mistakenly attacks liver cells or bile ducts. Although these conditions have different causes, they can all result in progressive liver damage: fibrosis, cirrhosis, HCC, and liver failure, if left untreated.



Module 1. Practical Components

Interactive quiz

OBJECTIVE:

To assess and reinforce participants' understanding of the key concepts covered in Module 1, including liver health, viral hepatitis, transmission pathways, prevention, and disease progression.

ACTIVITY:

Participants will complete a multiple-choice quiz consisting of questions related to the content covered in Module 1. The quiz is optional and can be completed individually or in group and should be followed by a facilitated discussion of the correct answers.

QUIZ QUESTIONS:

01. What is the main function of the liver?

- a. Pump blood around the body
- b. Produce oxygen for the body
- c. Process nutrients, remove toxins, and support many body functions**
- d. Control body temperature

02. Which of the following situations could result in a hepatitis B transmission?

- a. David borrows his colleague's pen during a meeting.
- b. Ahmed receives regular vitamin injections at home using equipment shared with his friends.**
- c. Maria sits next to a person living with hepatitis B who is coughing frequently.
- d. Leire and her sister share meals and cooking utensils at home.

03. Which is the main route of transmission of hepatitis A?

- a. Contaminated food and water**
- b. Saliva
- c. Blood
- d. Mosquitoes

04. Which of the following statements on liver fibrosis are true?

- a. Fibrosis can only be caused by viral hepatitis infections.
- b. Fibrosis refers to the amount of fat in the liver.
- c. Fibrosis refers to the amount of scarring in the liver.**
- d. Fibrosis develops only after cirrhosis has occurred.

05. Of the following possible scenarios, which of the following situations does NOT pose a possible risk for viral hepatitis acquisition that would require viral hepatitis testing?

- a. A person who recently received a cosmetic procedure using equipment of uncertain sterility.
- b. A person who shared a meal with a colleague with hepatitis B.**
- c. A person who had unprotected sex with someone whose hepatitis status they do not know.
- d. A person who recently injected drugs.

06. Why are some population groups offered hepatitis B screening more actively than others?

- a. Because some groups may have a higher risk of being exposed to hepatitis B virus.**
- b. Because hepatitis B can only be transmitted within families.
- c. Because people without symptoms cannot have hepatitis B.
- d. Because hepatitis B can only be transmitted outside Europe.

07. Which statement about hepatitis B in Europe is correct?

- a. HBV prevalence is similar in all European countries.
- b. HBV prevalence varies between European countries, with some having much higher prevalence than others.**
- c. Most Western European countries have a very high HBV prevalence (>10%).
- d. HBV has been eliminated in several European countries.

08. Which sequence best describes progression of chronic liver disease:

- a. Healthy liver → cirrhosis → fibrosis → liver cancer
- b. Healthy liver → fibrosis → cirrhosis → liver cancer**
- c. Healthy liver → fibrosis → liver cancer → cirrhosis
- d. Cirrhosis → cancer → healthy liver

09. According to recent WHO estimates, in which WHO region is chronic hepatitis B most prevalent?

- a. African region**
- b. European region
- c. Western Pacific Region
- d. Region of Americas

10. According to recent WHO estimates, in which WHO region is chronic hepatitis C most prevalent?

- a. African region
- b. Eastern Mediterranean region**
- c. Western Pacific Region
- d. Region of Americas

Case-based exercise: Identifying risk factors and transmission pathways in real-life scenarios

OBJECTIVE:

Strengthening participants' understanding of HBV and HCV transmission routes and risk factors in real-life scenarios.

ACTIVITY:

Participants review a series of cards describing real-life situations and need to decide whether each represents no risk, low risk, or high risk for HBV and/or HCV transmission. They then compare their answers with the explanation provided on the back of the card and discuss the reasoning behind it.

MATERIALS:

15 cards, each containing a real-life situation on one side and the correct answer with an explanation on the reverse side **(Annex 2)**.

Card Topics:

- | | |
|------------------------------|---|
| 1. Playing football | 9. Sharing a toothbrush |
| 2. Sharing a meal | 10. Unprotected sex |
| 3. Hugging a friend | 11. Reused equipment |
| 4. Using the same toilet | 12. Tattoo |
| 5. Mosquito bite | 13. Sharing nail clippers |
| 6. Working together | 14. Caring for a family member with HBV |
| 7. Helping an injured person | 15. Kissing |
| 8. Sharing a razor | |

Example: Card 1. Playing football

- Situation: Lisa plays football every weekend with friends. During matches, players often bump into each other, shake hands after the game, and share water bottles.
- Risk: No – Low
- Explanation: HBV and HCV are not transmitted through casual contact such as playing sports, sweating, shaking hands, or sharing water bottles. However, there is a very low risk in case of an open bloody wound, involving direct contact with another person's open wound. This risk is very rare, especially when first aid and basic hygiene are followed.
- Key Learning: Everyday social contact and playing sports do not transmit HBV and HCV. Risk only exists when there is contact with infected blood.
- Remember: Transmission requires specific exposures to: infected blood (HBV and HCV); certain body fluids (mainly relevant for HBV)

02

MODULE 2

Prevention, Screening and Management of HBV and HCV

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Prevention strategies for HBV and HCV

Disease prevention are specific interventions for the prevention of a disease, with the aim to minimize the burden of such disease and its associated factors.

Prevention strategies can be population or individual-based and are classified in primary prevention and secondary prevention. While **primary prevention** refers to actions aimed at avoiding a specific disease (e.g. minimizing exposure risks or vaccination), **secondary prevention** refers to interventions that enhance early detection of an (already present) disease, with the aim to improve health outcomes [40].

HBV vaccination

Vaccination is a key primary prevention measure against HBV. While a safe and effective vaccine is available for HBV, **there is currently no vaccine to prevent HCV.**

Since the development of the first recombinant **HBV vaccine** in 1986, recombinant vaccines have been widely implemented in national immunization programmes worldwide [41, 42]. The currently used vaccines contain one viral protein: the hepatitis B surface antigen (HBsAg), which stimulates the immune system without causing an infection.

Global HBV vaccination coverage has increased substantially over recent decades, contributing to a major reduction in HBV transmission and chronic infection worldwide. **The vaccine is safe and very effective.** Side effects are rare, and if present, generally mild and temporary. They may include pain or redness at the injection site, mild fever, or fatigue. Serious adverse events are extremely rare. HBV vaccination not only protects individuals from HBV infection but also contributes to reducing transmission within communities.

Birth-dose HBV vaccination

One of the most important preventive interventions is the **HBV birth-dose vaccine**, which is recommended within 24 hours after birth in many settings. This early vaccination helps **prevent mother-to-child transmission**, which is the major mode of transmission globally. Additionally, infants typically receive the 3-dose HBV vaccine as part of routine childhood immunization schedules, according to national vaccination schedules [43].

Although the hepatitis B birth-dose vaccine is recommended by WHO for all newborns, global coverage was 45% in 2024, with the African region only reaching 17% coverage [5]. This birth dose complements the routine childhood vaccination series described below.

Childhood vaccination

The WHO recommends to deliver a complete childhood HBV vaccination series consisting of **at least three doses of the HBV vaccine**. Completion of the infant HBV vaccine series leads to immunological protection and prevention in >95% of children. HBV early childhood vaccination is included in routine early infant immunization schedules worldwide. However, its implementation remains uneven across regions. Globally in 2024, the coverage of three-dose HBV vaccination (HepB-3) was 84%, yet in the African Region it is around 75% [5].

Routine infant HBV vaccination was introduced in most European countries during the 1990s and early 2000s, whereas widespread introduction across several countries in Africa and Asia occurred later, primarily during the 2000s and 2010s, supported by the expansion of national immunization programmes [44, 45]. As a result, many adults born in high-HBV prevalence countries before the introduction and scale-up of infant HBV vaccination programmes may not have benefited from routine childhood vaccination and therefore remain at increased risk of chronic HBV infection. **Routine infant HBV vaccination is often provided in combination with other vaccines.** In many countries, hepatitis B vaccination is administered as part of the hexavalent (6-in-1) vaccine, which provides protection against HBV, but also diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, and *Haemophilus influenzae* type b (Hib). The exact vaccination schedule varies between countries according to **national immunization programmes** [46].

Adult vaccination

For individuals who were not vaccinated during infancy or childhood, **adult catch-up vaccination** may be recommended. Catch-up vaccination typically consists of a three-dose schedule and can provide effective protection against HBV infection. To achieve optimal protection, it is important that individuals complete the full vaccination schedule. Promoting vaccination among individuals who remain unvaccinated and are at increased risk of HBV infection, including migrants from regions with higher HBV prevalence, is an important component of prevention strategies.

Harm reduction strategies

Harm reduction is a set of practical strategies aimed at reducing negative health and social consequences associated with certain behaviours such as injecting drug use [47]. In the context of HBV and HCV, these interventions include access to sterile injecting equipment, opioid agonist therapy, and testing and treatment services. Such approaches are particularly relevant for the prevention of HCV infections. Globally, an estimated 23–39% of new HCV infections occur among people who currently inject drugs, and almost one-third of HCV-related deaths are attributable to a history of injecting drug use [48].

Comprehensive harm reduction strategies include:

- **Needle and syringe exchange programmes (NSP):** providing access to sterile needles and syringes with the aim to decrease the rate of sharing syringes and increasing adequate disposal of used materials.
- **Opioid substitution therapy and other drug dependence treatment:** providing access to treatment options with the aim of reducing illness and death associated with continued use of drugs.
- **Mental health and peer support:** supporting well-being and engagement with healthcare services.

General prevention strategies

In addition to harm reduction interventions, several other strategies can contribute to the prevention of HBV and HCV and other infections that share similar transmission routes. These include:

- HIV and sexually transmitted infections testing, counselling, and providing access to information on risk factors, treatment and care.
- Condom provision and safer-sex education.
- Targeted health information and awareness activities.

Preventing HBV and HCV transmission primarily involves reducing exposure to infected blood and body fluids. Prevention measures can be implemented at both **the individual and population levels**.

Individual-level prevention measures include:

- Safe sexual practices (i.e. correct condom use)
- Avoiding the sharing of personal items that may come into contact with blood (e.g. razors or toothbrushes)
- Using licensed services for tattoos, piercings, and cosmetic procedures that follow appropriate sterilisation procedures.
- Seeking testing and treatment when potentially exposed
- Safe injection practices

Healthcare and public health prevention measures include:

- Safe medical and dental procedures using sterile equipment
- Safe injection practices in healthcare settings
- Screening of blood and blood products used for transfusions
- Routine antenatal screening and interventions to prevent mother-to-child transmission of HBV
- Community education and awareness activities

Community education and awareness raising is key to prevention. Providing clear and accessible information about viral hepatitis, its transmission routes, and preventive measures can help individuals better understand how to protect themselves and others. Increasing awareness about vaccination, testing, and treatment can also help reduce stigma and encourage early engagement with healthcare services.

Screening strategies

Most people with HBV and HCV remain undiagnosed and untreated. In 2024, only 27% and 36% of those with HBV or HCV infection had been diagnosed, and 4.3% and 20% received treatment, respectively [5]. Because chronic HBV and HCV infections often remain asymptomatic for many years, a large proportion of individuals living with HBV and/or HCV remain unaware of their infections until liver disease has already developed.

Testing is a critical component in the reduction of viral hepatitis burden worldwide. It is the first step in accessing HBV and HCV prevention, care and treatment services. Testing is aimed at identifying and linking individuals to care and treatment and accelerating uptake and engagement in prevention services (e.g. vaccination) [49].

Testing strategies for viral hepatitis vary across settings and target populations (e.g. general population, at-risk groups, etc.), with a mix of strategies used simultaneously and adapted to local contexts and needs. Viral hepatitis testing can be delivered through healthcare facilities, in community-based settings and through self-testing.

Facility-based testing includes primary healthcare centres, emergency departments and outpatient clinics, specialist clinics, and harm reduction centres, among others.

Community-based testing is a form of decentralized testing in which services are delivered outside traditional healthcare facilities and can help increase access to testing for underserved populations.

Self-testing is specifically used for HCV, which increases testing opportunities in an empowering and acceptable manner. It can be offered through healthcare providers, community workers, or online platforms, among other means [49].

Community-based screening approaches

Community-based screening approaches can be delivered through **mobile outreach services**, in **community-based settings** (e.g. workplaces, schools, religious places, etc.) or through **home-based testing initiatives** (e.g. door-to-door outreach). These testing opportunities can target **the general population**, and/or **key populations**, such as certain vulnerable and at-risk communities like migrants, refugees or people who use drugs. These groups may face barriers to access facility-based testing. These barriers may include language barriers, limited health literacy, lack of familiarity with the healthcare system, stigma, or administrative barriers. While community-based testing can increase access to screening, certain clinical investigations, such as liver ultrasound examinations and comprehensive blood tests, can only be performed in healthcare facilities.

Decentralized testing can be provided by healthcare workers, but also by trained peers and other lay providers, such as COFs. They can also play an important role in raising awareness, providing culturally appropriate information, and supporting individuals throughout the testing process.

Rapid diagnostic tests (RDTs)

Rapid diagnostic tests (RDTs) are commonly used in community-based HBV and HCV screening programmes because they provide results quickly and can be performed outside of traditional laboratory settings. These tests typically require a small sample of capillary blood (10-50 µL per test) obtained through a finger-prick. The blood sample is added on a small cassette device, and the results appear as visible lines on the test strip within approximately 15 minutes (**Fig. 9**). More information about interpretation of the test results is provided later in this module.

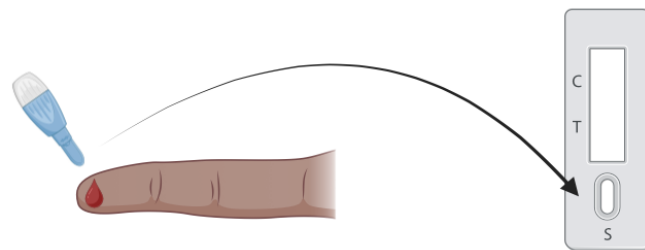


Figure 9: Finger prick using a lancet to collect a blood drop, which is then applied to a rapid diagnostic test.

RDTs used in HBV and HCV screening generally **detect specific markers associated with infection**. In the case of HBV, rapid tests often detect the presence of **hepatitis B surface antigen (HBsAg)**, which indicates an active infection. In the case of HCV, rapid tests usually detect **antibodies against the hepatitis C virus (anti-HCV)**, indicating exposure to the virus.

RDTs are designed to be simple to use and suitable for decentralized settings when performed by trained personnel. However, it is important to note that reactive or positive rapid test results **require confirmation through additional laboratory testing**.

To ensure the quality, safety, and performance of HBV and HCV screening activities, **RDTs with demonstrated high sensitivity and specificity and appropriate regulatory approval should be used**. High sensitivity means that few infections are missed, while high specificity means that few people without the infection are incorrectly identified as having the infection. When selecting RDTs, local regulatory requirements, availability, intended use, and operational considerations should be taken into account.

Preference may be given to WHO-prequalified RDTs where available, as WHO prequalification provides an independent assessment of a product's performance, manufacturing quality, and suitability for use in different settings, including resource-limited environments. The current [list](#) of WHO-prequalified in vitro diagnostic products is available online [50]. However, other nationally approved or locally validated tests may also be appropriate when they meet the required performance standards.

Quality assurance measures of RDTs include proper storage of test kits according to manufacturer instructions, checking expiration dates before use, and ensuring that testing procedures follow standardized protocols.

In addition, quality control procedures may be conducted when a new lot of test kits is introduced, using known positive and negative samples to verify test performance. Quality control results should be documented according to local procedures or study requirements.

Interpretation of results

Correct interpretation of RDTs results is essential for ensuring accurate communication and appropriate linkage to care and follow-up. RDTs results are typically interpreted based on the appearance of **control and test lines on the results window**. RDT results should only be interpreted within the manufacturer's recommended reading time, which varies according to the specific test. Reading the test before or after this time frame (i.e. too soon or too late) may result in incorrect interpretation of the result.

A valid test result requires the appearance of a **control line (Fig. 10)**, indicating that the test has functioned properly. If the control line does not appear, the test is considered invalid and should be repeated using a new test kit.

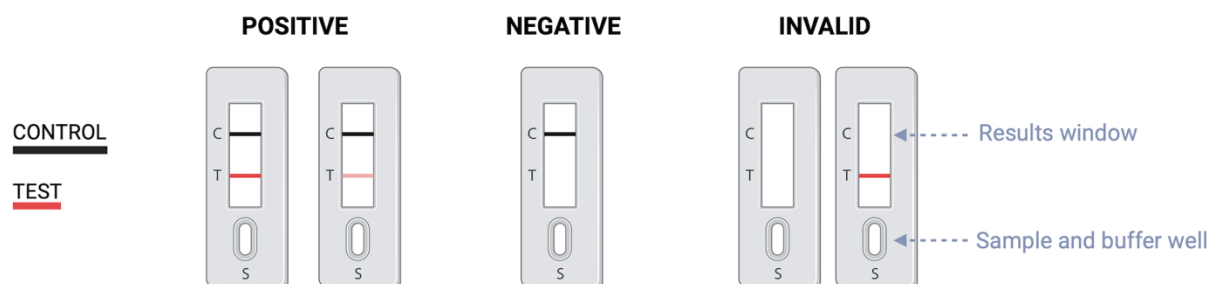


Figure 10: Interpretation of rapid diagnostic test results. A test is positive when both control line and test line appear, even if the test line is faint. A test is negative when only the control line appears. The result is invalid if the control line does not appear.

If the control line appears without a test line, the result is considered **negative**. This generally indicates that the test did not detect markers of infection at the time of testing. However, participants should be informed that a negative result does not always exclude recent exposure due to the **window period**. The window period refers to the time between exposure and the time when a blood test can reliably detect the virus. For HBV, HBsAg may become detectable within **1 to 9 weeks** after exposure, whereas anti-HCV antibodies generally become detectable approximately **8-12 weeks** after exposure [51-53].

If both the control line and the test line appear, the result is considered **positive**. A positive result does not confirm a diagnosis but indicates that additional laboratory testing is required. Individuals with a positive test should therefore be referred to appropriate healthcare services for confirmatory testing and further assessment.

Communication of results

Communicating test results is a sensitive and important step in the screening process. Individuals should receive their results in a clear, respectful, and confidential manner. It is important to explain what the test outcome means and to provide appropriate guidance on next steps.

When communicating reactive (positive) test results, the conversation should be supportive, stigma-free, and reassuring, emphasizing that effective monitoring and treatment options are available. Individuals should also be provided with clear information about how and where they can access confirmatory testing and follow-up care.

Management of negative test results

Individuals with **non-reactive or negative test results** should be informed that the test did not detect markers of HBV or HCV infection at the time of testing. However, it should be noted that a negative result does not always exclude a very recent infection due to **the window period**, which is the time between exposure to the virus and the moment when the infection becomes detectable in the blood. For HBV and HCV RDTs, this period can be **up to approximately 12 weeks**. Repeat testing is generally only needed if there has been a possible recent exposure or ongoing risk. In such cases, individuals should be advised to seek medical advice and consider repeat testing.

Individuals who are not living with HBV and who have not been vaccinated may benefit from **HBV vaccination**. They should be provided with information about the availability and benefits of HBV vaccination and referred to appropriate vaccination services where applicable.

In addition, individuals should receive basic information on prevention strategies, including ways to reduce the risk of exposure to infected blood or body fluids. Providing preventive health information reinforces the educational component of community-based screening programmes.

Management of positive test results

When a RDT results in a **reactive or positive result**, it is important to communicate the result in a supportive and clear manner. Individuals should be informed that rapid tests are screening tools and that additional laboratory testing is required to confirm the diagnosis and guide further care.

For HBV, a reactive HBsAg result indicates the presence of hepatitis B surface antigen and suggests an active infection. The key information that must be communicated in the case of a positive HBV RDT result is described below:

- A reactive result means that HBV has been detected and that the person may have an active HBV infection.

- The RDT is a screening test and any reactive result should be confirmed by a healthcare provider. The individual should receive clear information on where to access confirmatory testing, specialist follow-up care, and encouraged to attend all recommended appointments.
 - Provide a referral card with the details of the designated healthcare facility.
 - Support the participant in overcoming potential barriers to care, where needed.
- Additional blood tests and liver assessments may be needed to determine whether the infection is recent or chronic. These results help healthcare providers decide on the most appropriate follow-up and whether treatment is required.
- Effective monitoring and treatment options are available for HBV.
 - Not all individuals with HBV require treatment. Depending on the stage of the infection and liver health, regular monitoring may be sufficient. It is important to comply with the recommended follow-up schedule.
 - For individuals who meet treatment criteria, antiviral therapy can effectively control the virus and strongly reduce the risk of liver damage, cirrhosis, and liver cancer.
- Many people with HBV live long and healthy with appropriate medical follow-up.
- Until further assessment is completed, it is important to take precautions to prevent transmission to others.
- Household members, sexual partners, and close contacts may benefit from HBV testing and vaccination if they are not already protected.

For hepatitis C, a reactive anti-HCV result indicates exposure to the hepatitis C virus at some point in a person's life. Additional testing, through an **HCV RNA blood test**, is required to determine whether the infection is currently active. This is because some people clear the virus spontaneously, while others have been successfully treated. In addition, people with ongoing risk factors may become re-infected after successful treatment. Therefore, an HCV RNA test is always necessary to determine whether the virus is currently present and active. The key information that must be communicated in the case of a positive HCV RDT result (i.e. anti-HCV+) is described below:

- A reactive result means that antibodies against HCV have been detected, which is an indication that the person has been exposed to the virus at some point in their life.
 - This result does not necessarily mean that the person currently has an active HCV infection, but this is a possibility.
 - Some people clear the virus naturally without treatment, while others develop chronic infection.
 - A confirmatory test is therefore required to determine whether the virus is still present and active, meaning that the person has an active HCV infection.

- If an active infection is confirmed, highly effective treatments are available that can cure more than 95% of infections.
 - HCV treatment is generally short (8-12 weeks), well tolerated, and can prevent serious liver complications.
- Until confirmatory testing is completed, individuals should reduce the risk of transmitting the virus to others.
- Even if the person does no longer have active HCV infection, individuals can still be re-infected, as antibodies do not protect against the virus and there is no available vaccine against HCV.

Treatment

Access to appropriate treatment and care is a key objective of viral hepatitis screening programmes. Advances in antiviral therapies have significantly improved outcomes for individuals living with HBV and HCV. An overview of the available medications to treat HBV and HCV is provided in **Table 3**.

For hepatitis C, highly effective **direct-acting antiviral treatments (DAAs)** are available and can cure the infection in the majority of cases (>95%), usually within 8 to 12 weeks of treatment. Cure is defined as a **sustained virological response (SVR)**, meaning that HCV genetic material (i.e. RNA) remains undetectable in the blood 12 weeks after completion of treatment.

In the case of an HBV infection, not all individuals will require treatment. Depending on the stage of infection, liver health, and individual circumstances, regular monitoring may be sufficient. Treatment recommendations continue to evolve as new evidence becomes available. For individuals who meet treatment criteria, antiviral therapy can effectively control the virus and reduce the risk of liver damage, cirrhosis, and liver cancer. **Although a complete cure is rarely achieved**, treatment can significantly improve long-term health outcomes. Decisions regarding treatment should be made together with a healthcare provider, taking into account clinical findings, potential benefits and risks, and the individual's preferences and circumstances [54].

Table 3: Overview of antiviral medications for hepatitis B and C, listed by active substance. Brand names may vary by country [55].

Hepatitis B	Hepatitis C
• Entecavir • Tenofovir disoproxil fumarate • Tenofovir alafenamide	• Glecaprevir + pibrentasvir • Sofosbuvir + velpatasvir • Sofosbuvir + velpatasvir + voxilaprevir

The most common **side effects** of antiviral medications include headache, fatigue, dizziness, nausea, diarrhoea, and skin rash.

Although some people may be interested in using **herbal remedies and supplements** to improve liver health or boost the immune system, there is no scientific evidence that these products are effective for the treatment of HBV or HCV. Given that safe and effective medical treatments are available, the use of herbal remedies as an alternative to recommended care is not advised. In addition, some herbal products and supplements **may interact** with prescribed medications or cause **liver toxicity**, potentially leading to further liver damage. Furthermore, misleading claims are common. Some companies and individuals promote these products online or via social media with false promises.

Referral, linkage to care and retention in care

Following a positive RDT result for HBV and/or HCV, the results should be confirmed and further assessed by a specialist provider. Therefore, participants with a reactive RDT result must be provided clear information on where and how to access confirmatory testing and specialist follow-up care.

Depending on the infection and national or regional clinical guidelines and protocols, **follow-up assessment** may include (**Fig. 11**):

- Confirmatory blood tests
- Liver assessment (incl. ultrasound and/or elastography)
- Assessment for HCC (if indicated)
- Evaluation for treatment and long-term clinical follow-up

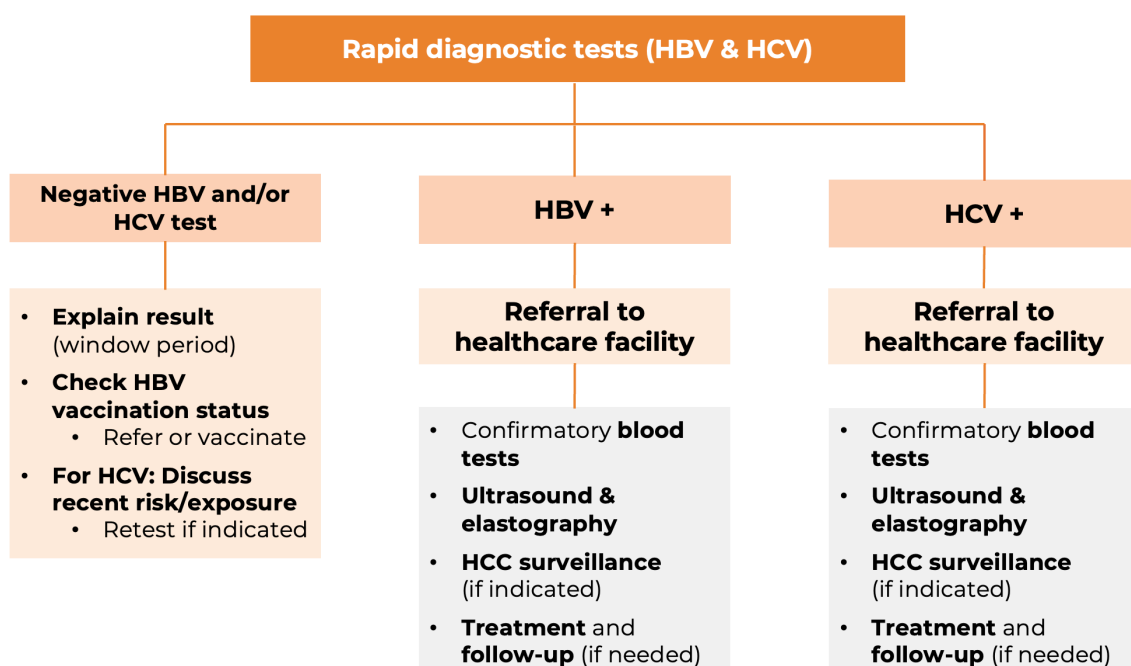


Figure 11: Post-test management and referral pathway following HBV and HCV diagnostic testing.

Importantly, **referral** alone does not guarantee that an individual will access appropriate care. **Linkage to care** refers to successful attendance of follow-up appointments and completion of the recommended clinical assessment, while **retention in care** refers to ongoing engagement with healthcare services when monitoring or treatment is required. Ensuring that individuals attend follow-up appointments and remain engaged in care when necessary is key to an effective viral hepatitis management. Where appropriate, COFs may support linkage to care and retention in care by following up with participants, providing appointment reminders, and reinforcing the importance of monitoring, treatment and ongoing clinical follow-up.



More in-depth information for COFs

LIVER FUNCTION AND DISEASE PROGRESSION

Several blood tests can provide information about liver health and disease progression:

Table 4: Common blood tests and scores used to assess liver health.

ALT	Alanine aminotransferase ALT is an enzyme found mainly in the liver. Persistently elevated ALT levels may indicate liver inflammation or damage and can help guide treatment decisions.
Platelet count	Platelets are small blood components involved in clotting. The platelet count measures the number of platelets in blood. A low platelet count may suggest liver damage.
APRI score	Aspartate aminotransferase (AST)-to-platelet ratio index This is a calculated score used to help measure liver health. • A score ≤ 0.5 suggests little or no fibrosis • A score ≥ 1.5 suggests significant liver damage
AFP	Alpha-fetoprotein AFP is a blood marker used to assess the risk of developing liver cancer. Elevated levels may require further investigation, including imaging.
FIB-4 score	This is a calculated score used to help estimate the amount of scarring (fibrosis) in the liver. It is calculated using a person's age, and the results of AST, ALT, and platelet count. • A score < 1.3 suggests a low likelihood of advanced liver fibrosis. • A score > 2.67 suggests a high likelihood of advanced liver fibrosis and indicates that further assessment is needed.

VIRAL LOAD FOR HBV

Viral load is an important marker for HBV, also known as HBV DNA. It measures the amount of virus in the blood. A higher viral load may indicate an increased risk of liver damage and transmission and helps guide treatment decisions.

UNDERSTANDING HEPATITIS C TEST RESULTS

The anti-HCV test detects antibodies in the blood, which indicate past or ongoing exposure to the HCV. However, this test alone cannot determine whether the infection is still active.

A PCR test (HCV RNA test) is required to detect the presence of viral RNA in the blood.

- If the PCR test is negative, this means the body has cleared the infection, either naturally or after treatment.
- If the PCR test is positive, this indicates an active infection. This can be either acute or chronic and requires further clinical assessment and follow-up.



Module 2. Practical Component

Hands-on Practice in RDT screening

Hands-on training in performing an RDT

OBJECTIVE:

The objective of this practical activity is to learn how to perform rapid diagnostic tests outside of formal healthcare settings. By completing this activity, COFs will gain a better understanding of the testing process, the key considerations for conducting testing safely and accurately, and the interpretation of test results.

ACTIVITY:

Participants will observe and practice the key steps involved in performing HBV and HCV RDTs. The activity will include blood sample collection through finger prick, test processing, result interpretation, and communication of results and appropriate follow-up actions after testing.

MATERIALS AND EQUIPMENT:

Before conducting a RDT, it is important to ensure that all test materials (e.g. RDTs, buffer solution, lancets, and EDTA-capillary tubes) are available and within their expiration dates. This helps ensure that the testing process is conducted efficiently and safely.

Materials required for hepatitis rapid diagnostic testing

Documentation and administrative materials

- Signed informed consent form
- Information leaflets about HBV and HCV (**Annex 3**)
- Manufacturer's instructions for use of the RDTs
- Referral information in case of a positive RDT result (e.g. contact details and appointments for follow-up care)

Testing materials

- Marker (to label the tests with the unique study identification code, ensuring participant confidentiality and anonymity)
- A digital timer (to time the test)
- Rapid diagnostic test kits
 - HBV
 - HCV
- Buffer solutions
- EDTA-capillary pipettes
- Sterile lancets for finger-prick blood collection
- Alcohol swabs for skin disinfection
- Gauze pads
- Adhesive bandages

- Timer to monitor the required waiting time for test results
- Disposable gloves
- Alcohol-based hand sanitizer
- Sharps container for the safe disposal of lancets and biological waste
- Disposable absorbent pads, alcohol or disinfectant wipes to disinfect the working surface

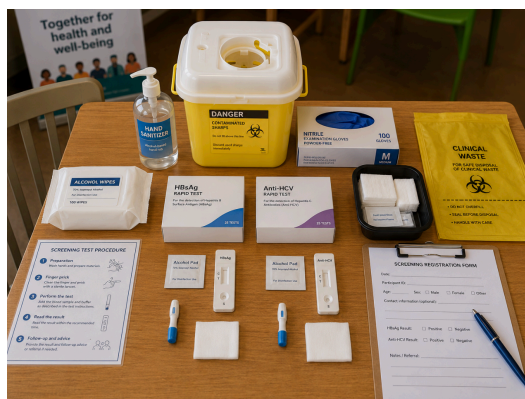
Additional material in case of venous/arterial blood extraction

- Butterfly needles
- Syringes
- Blood collection tubes, dried blood spot cards or plasma separation cards
- Note: In some participants, such as those with a history of injecting drug use or poor venous access, venous blood collection may be challenging. In these situations, blood collection should be performed by an experienced healthcare professional (e.g. arterial sampling).

Step-by-step testing procedure

The individual being tested should first receive clear information about the testing process and provide informed consent. Once the informed consent form has been explained, understood and signed, a finger-prick blood sample can be collected.

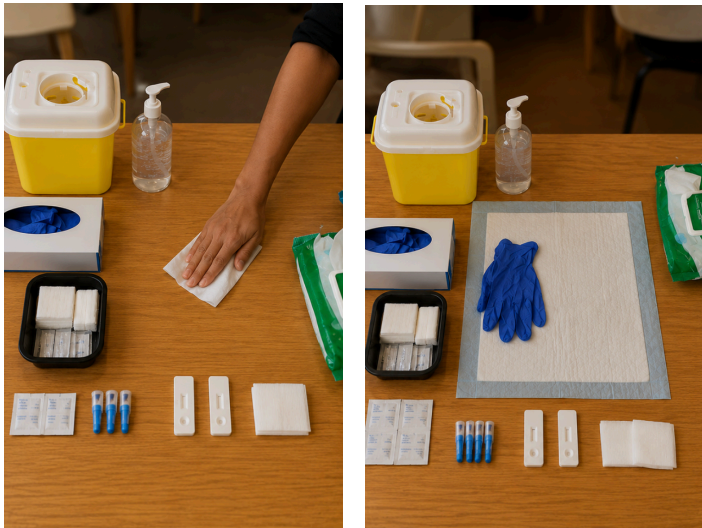
- Before starting the screening, make sure all necessary materials are prepared and within reach.



- Make sure to read the RDTs manufacturer's instructions to be informed how the testing procedure should be performed. Pay special attention to the number of blood drops and buffer drops required for each test, and the waiting time before checking the RDT results.



- Clean the working surface with alcohol or disinfectant wipes or cover the working area with a disposable absorbent pad.

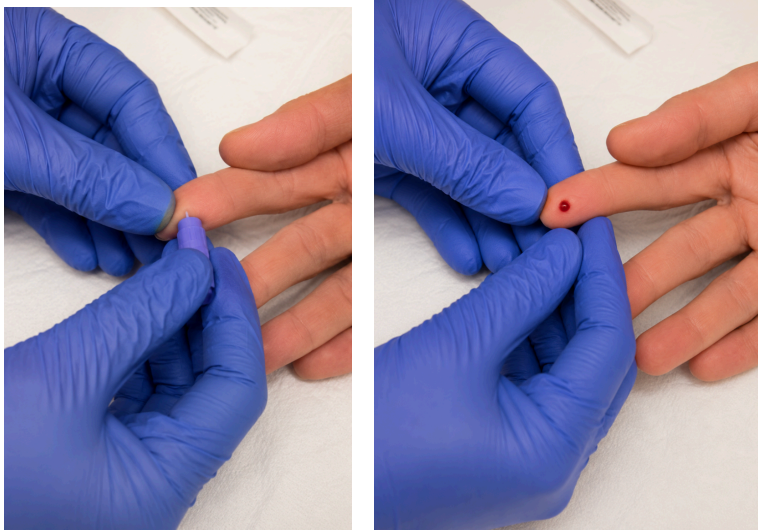


- Wear a new pair of gloves before starting the blood collection and testing procedure for each participant.
- Label the HBV and HCV rapid diagnostic tests with the participant's study code (the identification and anonymous code assigned to the participant at enrolment).
- Ensure that the participant's hands are warm before performing the finger-prick (e.g. by rubbing their hands together).
- Select a finger with minimal hard skin (callus) for blood collection.
- Clean the fingertip with an alcohol swab and allow it to dry.

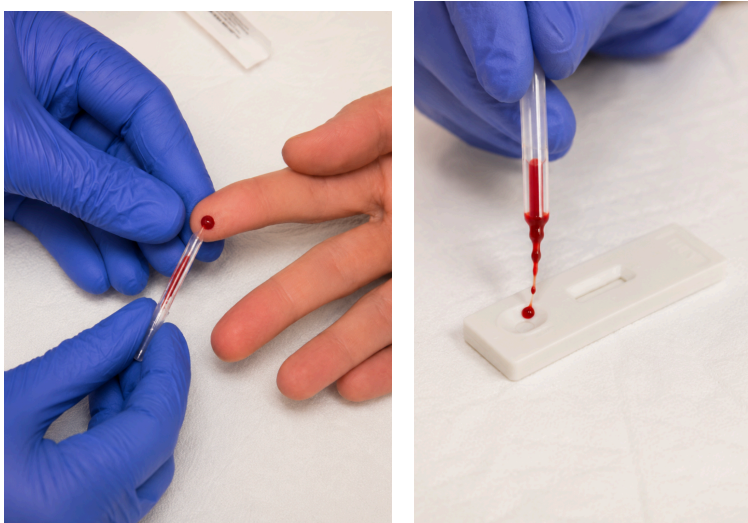




- Use a sterile lancet to swiftly and gently puncture the skin. Then, apply gentle pressure to the finger until a drop of blood forms.



- Collect a small drop of blood using the capillary device and apply it to the designated area of the rapid diagnostic test. The required blood volume may vary between test types. Therefore, always follow the manufacturer's instructions.



- Add the appropriate amount of buffer solution according to the manufacturer's instructions. The required buffer volume may vary between test types. Therefore, always follow the manufacturer's instructions.

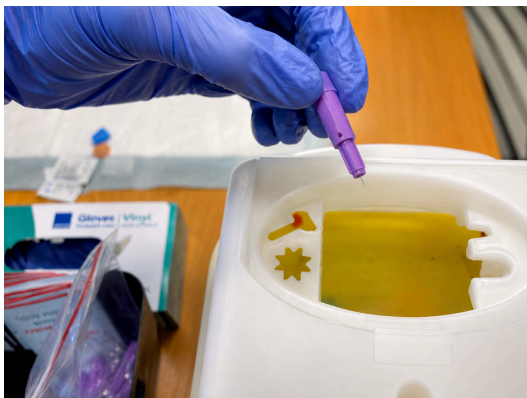




- After collecting the blood sample, wipe away any remaining blood with a gauze pad and apply an adhesive bandage to the puncture site.



- If bleeding continues, apply firm pressure with a clean gauze pad for a few minutes until the bleeding stops. Some people, including those taking anticoagulant medication or with a bleeding disorder, may bleed longer. A small bruise or mild discomfort at the puncture site may occur and usually resolves on its own.
- Dispose the lancet and any medical waste in the sharps' container.



- Allow the test to develop for the recommended time, as indicated in the test instructions (e.g. 15 minutes).





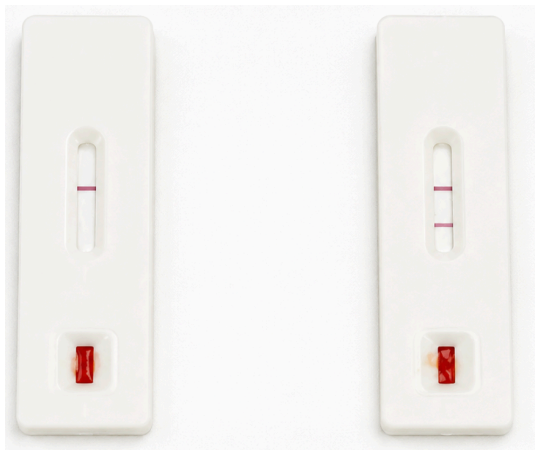
- Replace the disposable absorbent pad or disinfect the working surface before the next screening.



- Disinfect your hands using alcohol-based hand sanitizer.



- Put on a new pair of disposable gloves to read and record the test result after the specified waiting period. Dispose the used RDT in a biohazard waste container.



Interactive quiz

OBJECTIVE:

To assess and reinforce participants' understanding of the key concepts covered in Module 2, including prevention strategies, screening, interpretation and communication of screening results, treatment, linkage to care and retention in care.

ACTIVITY:

Participants will complete a multiple-choice quiz consisting of questions related to the content covered in Module 2. The quiz is optional and can be completed individually or in group and should be followed by a facilitated discussion of the correct answers.

QUIZ QUESTIONS:

01. Which viral hepatitis infection can be prevented through routine childhood vaccination and can cause chronic infection?

- a. Hepatitis A
- b. Hepatitis B**
- c. Hepatitis C
- d. Hepatitis D
- e. Hepatitis E

02. Which statement is correct regarding hepatitis C?

- a. Treatment does not exist for hepatitis C
- b. A vaccine exists for hepatitis C
- c. A curative treatment for hepatitis C exists and is effective in more than 95% of treated individuals**
- d. Treatment has significant side effects.

03. Which of the following statements on hepatitis B and C is true?

- a. Most people with chronic hepatitis B or C develop symptoms shortly after infection.
- b. People without symptoms cannot transmit hepatitis B.
- c. Chronic hepatitis B and C can remain undiagnosed for years without causing notable symptoms.**
- d. Herbal remedies and supplements are as effective as antiviral medications for treating chronic HBV and HCV.

04. Which statements best explains the public health importance of hepatitis B vaccination?

- a. It protects only people who are already living with HBV.
- b. It reduces the risk of HBV infections and its long-term complications.**
- c. It can cure acute hepatitis B infection.
- d. Hepatitis B does not have an effective available vaccine.

05. During a community screening event, a participant says: “I feel completely healthy, so I don’t think I need a viral hepatitis test”. Which is an appropriate response?

- a. “Indeed, hepatitis testing is mainly recommended for people with symptoms.”
- b. “Many people living with hepatitis B or C have no symptoms for years, so screening can be important.”**
- c. “Even if you feel well, you can have a viral hepatitis infection, but it is not usually dangerous if you don’t have symptoms”.
- d. “If you feel healthy, you should wait to have a viral hepatitis test done”.

06. If a person is positive for hepatitis B surface antigen on a RDT:

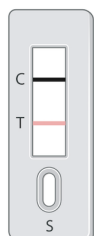
- a. They have recently been vaccinated against hepatitis B.
- b. They had a past hepatitis B infection.
- c. They have immunity against hepatitis B.
- d. They most likely have a hepatitis B infection, but a confirmation blood test is required.**

07. What does this test result mean?



- a. The test is invalid, because the control line (C) is absent.**
- b. The test is negative, because only the test line (T) is visible.
- c. The test is positive, because both the control line (C) and the test (T) line are visible.
- d. The test is positive, because only the test (T) line is visible.

08. What does this test result mean?



- a. The test is invalid, because the control line (C) is absent.
- b. The test is negative, because only the test line (T) is visible.
- c. The test is positive, because both the control line (C) and the test (T) line are visible.**
- d. The test is positive, because only the test (T) line is visible.

09. A participant tests positive for HBsAg during a community screening activity. What is the most appropriate next step?

- a. Advise the participant to repeat the rapid diagnostic test in one year.
- b. Tell the participant to visit any healthcare provider only if symptoms develop.
- c. Refer the participant to the appropriate healthcare provider for confirmatory assessment, clinical evaluation, and linkage to care.**
- d. Start antiviral treatment immediately at the community screening site.

10. Which of the following best describes the correct sequence for performing a rapid diagnostic test?

- a. Finger prick → apply blood → read result after the recommended time
- b. Apply buffer → finger prick → apply blood
- c. Disinfect finger → perform finger prick → collect capillary blood → apply blood to the test → add buffer → read the result after the recommended time**
- d. Perform finger prick → wait 15 minutes → add buffer.

03

MODULE 3

Stigma, Misconceptions and Vaccine Hesitancy

Understanding stigma in HBV and HCV

Stigma refers to negative attitudes, beliefs or behaviours directed towards individuals because of a particular condition or characteristic. Stigma can be categorized as social, also known as public or enacted stigma, internalized stigma (i.e. self or felt stigma) and structural or institutional stigma [56].

In the context of viral hepatitis, **social stigma** may arise from common negative misconceptions and stereotypes, such as when people incorrectly assume that HBV and HCV are always associated with certain behaviours society may view as inappropriate (e.g. that HBV and HCV are highly contagious through casual everyday contact, or that being affected by HBV or HCV reflect poor personal choices).

Internalized stigma refers to the individual stigma felt by the person living with the infection, and includes, for instance, the anticipation of social rejection or discrimination [56]. For example, a person may believe they deserve to be treated differently because of their HBV or HCV diagnosis or may isolate themselves from others out of fear of rejection. Internalized stigma can have a profound impact on mental health, contributing to feelings of shame, anxiety, depression, reduced quality of life, and reluctance to seek testing, care or support [57]. In the case of **structural stigma**, this relates to stigma at the system or policy level, including, for example, the lack of anti-discriminatory legislation (e.g. being rejected a visa due to their HBV and/or HCV status) towards people living with viral hepatitis or being treated differently by a healthcare provider because of a hepatitis infection. As a result, **people living with HBV or HCV may experience judgement, discrimination, social exclusion, and/or feelings of shame and isolation.**

Stigma can be an **important barrier** to testing, prevention, and treatment in the context of viral hepatitis [58]. Individuals may avoid discussing viral hepatitis openly, delay seeking medical care, or choose not to disclose their status due to fear of negative reactions from family members, friends, employers or healthcare providers. These challenges can contribute to late presentation to care, ongoing transmission and, ultimately, poorer health outcomes, affecting both physical and mental health.

In a recent ECDC and WHA pilot survey, nearly half of people living with HBV and HCV reported facing difficulties in disclosing their hepatitis status to others, highlighting the ongoing impact of stigma and discrimination. In addition, one in four people living with HBV and around one in three people living with HCV reported concerns about being treated differently by healthcare staff when seeking or receiving care [58].

These concerns also influenced healthcare-seeking behaviour: 15% of people living with HBV and 32% of people living with HCV reported experiencing a delay in treatment or a medical procedure [58].

COFs can play an important role in addressing stigma by providing relevant information, addressing common myths and misconceptions, promoting respectful communication, encouraging open discussion, and creating safe environments where participants feel comfortable asking questions and seeking reliable information. Emphasising that viral hepatitis is a health condition that can affect anyone can help challenge stereotypes and reduce discrimination.

Fear of stigma after an HBV diagnosis

Below are two examples of situations in which misinformation and stigma related to HBV had a significant impact on people's lives:

"Lien was diagnosed with HBV during a health screening which was required before accepting a scholarship to a university. The doctor incorrectly told her that, because of her diagnosis, she would not be allowed to study abroad. Due to her doctor's opinion and her little knowledge about HBV, she declined the scholarship. Years later, she discovered that the doctor had been wrong and that her HBV diagnosis should not have prevented her from pursuing her education. The experience had a lasting impact on her life and motivated her to become an advocate for people living with HBV." [59]

"Arafat's uncle died from complications of HBV. Instead of understanding the medical cause of his illness, rumours spread throughout the community. Some people believed that his wife had caused his death through witchcraft or that the illness was the result of a curse. Because of these beliefs, she was blamed for his death and was not allowed to visit her husband during his final days or attend his funeral. This experience had a profound impact on the family and illustrates how misinformation and stigma can lead to discrimination and social exclusion." [59]

Common myths and misconceptions about HBV and HCV

Misconceptions are incorrect beliefs, misunderstandings, or inaccurate ideas about a disease, health condition or medical intervention or another topic. On the other hand, **myths** are widely held beliefs, ideas or stories that are not supported by scientific evidence but often rooted in cultural narratives, rumours, or longstanding assumptions.

Misconceptions about viral hepatitis are common and can contribute to fear, stigma, and misunderstanding. Addressing **myths** and misconceptions are an important part of community education, as incorrect information may discourage individuals from seeking testing, vaccination, or treatment and promote discriminatory and disrespectful attitudes towards people living with HBV and HCV.

Some misconceptions relate to the transmission routes, prevention strategies, and treatment of HBV and HCV. Addressing such incorrect beliefs or misunderstandings can help reduce stigma and improve participation in screening and prevention programmes by increasing awareness and confidence.

Encouraging open discussion and allowing participants to ask questions can help create a supportive environment where individuals feel comfortable seeking information, expressing concerns and overall engaging with the topic.

Table 5 presents common statements about viral hepatitis and their correct explanations. The statements can be used as an interactive discussion tool to address stigma, improve knowledge, and support informed decision-making in viral hepatitis care [60, 61].

Table 5: Common statements about hepatitis B and C and their correct explanations.

How HBV and HCV are transmitted

STATEMENT	TRUE OR FALSE	EXPLANATION
HBV and HCV can spread through sharing food or drinks.	✗	HBV and HCV are not spread through sharing food, drinks, utensils or food prepared by someone with HBV or HCV. Transmission occurs through contact with blood of someone living with HBV and/or HCV. Hepatitis B can also be transmitted through sexual contact, while sexual transmission of HCV is much less common.
People can get HBV and HCV by hugging or shaking hands.	✗	HBV and HCV are not spread through casual contact such as hugging, shaking hands or sitting next to someone.
HBV and HCV can be transmitted by mosquito bites.	✗	HBV and HCV cannot be transmitted through mosquito bites or other insect bites. Unlike diseases such as malaria, dengue or yellow fever, viral hepatitis is not spread by insects.
People get HBV and/or HCV when they have sinned or have done something wrong.	✗	Hepatitis is a medical condition and is not related to moral judgement, wrongdoing, or personal worth. Hepatitis refers to inflammation of the liver. It can be caused by infections (e.g. viruses, bacteria, ...) as well as non-infectious factors such as alcohol use, certain medications, autoimmune diseases, and metabolic disorders.
People living with HBV and/or HCV cannot continue having sex.	✗	Transmission of HBV via sexual contact can be prevented through vaccination and safe sex practices, such as the use of condoms. Sexual transmission of HCV is less common, with a study reporting a risk of <1% among stable monogamous heterosexual couples [62]. However, transmission can occur, particularly when blood is present during sexual contact, which may occur at higher frequency during anal sex.
Only people who engage in risky behaviour get HBV or HCV.	✗	Anyone can acquire these infections including through birth, medical procedures or other exposures.

Living with hepatitis B or C

STATEMENT	TRUE OR FALSE	EXPLANATION
People with HBV or HCV should avoid being in close contact with other people.		HBV and HCV are not transmitted through casual contact such as talking, shaking hands, or sharing common spaces.
People cannot get married or be in a relationship if they have HBV or HCV.		HBV and HCV do not prevent people from having sexual relationships, getting married, or having children. Effective prevention strategies such as the HBV vaccination prevent transmission to household members and sexual partners.
People living with HBV can have healthy children.		People with HBV can have healthy children. Mother-to-child transmission of HBV can be prevented when appropriate preventive measures are implemented. These include antiviral treatment during pregnancy for mothers with a high HBV viral load, administration of the HBV birth dose vaccine and hepatitis B immunoglobulins (HBIG) within 24 hours of delivery, followed by the complete recommended HBV vaccine series.
People living with HBV look different from healthy persons.		You cannot tell if someone has HBV just by looking at them. Many people living with HBV have no symptoms, especially during the early stages of infection or even for many years with chronic infection. The only way to know if someone has HBV is through a blood test.

Prevention and treatment

STATEMENT	TRUE OR FALSE	EXPLANATION
HBV and HCV cannot be treated.		HBV can be effectively controlled with medication that suppress, slow or reverse liver disease. However, not all people living with HBV are eligible for treatment. HCV can be cured with an effective antiviral treatment in over 95% of the cases.
There is a vaccine for HCV.		There is no vaccine developed yet for HCV.
Successful treatment of HCV provides lifelong protection against future infection.		Even after curing HCV, you can still acquire HCV again. Ongoing risk factors such as injecting drug use or non-sterile tattooing can result in reinfection.
Patients receiving treatment for HBV generally have a life expectancy similar to that of healthy individuals.		Receiving care and treatment for HBV helps people live long, healthy lives.

COFs can address misinformation through two complementary approaches. **Prebunking** involves proactively providing accurate information and warning participants about common myths before they encounter them. **Debunking** involves respectfully correcting misinformation after it has been encountered by providing clear, evidence-based explanations and reinforcing the correct information [63].

Examples	
Prebunking	Before discussing vaccination: <i>"You may see messages online claiming that HBV vaccines are unsafe. These claims are not supported by scientific evidence. If you are unsure about information you read or see, it is important to check reliable sources or speak with a healthcare professional."</i>
Debunking	Community member: <i>"I heard that HBV vaccines cause serious long-term health problems."</i> COFs response: <i>"Some people have concerns about vaccine safety. However, HBV vaccines have been used safely for several decades, and extensive research has shown that they are safe and effective."</i>

Vaccine hesitancy and barriers to vaccination

Misinformation refers to inaccurate information that is shared without the intention to mislead, while **disinformation** refers to deliberately spreading false information with the intention to cause harm or influence opinions [63]. Both can contribute to confusion, fear and mistrust, which may increase vaccine hesitancy and reduce confidence in vaccination and other health interventions.

Vaccine hesitancy refers to a delay in accepting or refusing vaccination despite the availability of vaccination services [63]. It exists on a continuum, ranging from full acceptance to complete refusal, and may change over time as individuals receive trustworthy information and have their questions or concerns addressed.

In migrant and community settings, vaccination decisions and confidence are influenced by a broad range of individual, social and contextual factors including:

- Language barriers
- Limited access to reliable health information
- Previous experiences with healthcare systems
- Cultural or religious beliefs and social norms
- Concerns or questions about vaccine safety or effectiveness

However, barriers to vaccination are not always related to vaccine hesitancy. Individuals may also face **practical and structural barriers**, such as difficulties in accessing healthcare services, uncertainty about eligibility or costs, transportation challenges, limited familiarity to navigate the health system or competing priorities in daily life (e.g. work or family responsibilities).

Experiences during **the COVID-19 pandemic** have also influenced attitudes towards vaccination such as concerns about vaccine safety, mistrust of health authorities, or fatigue from repeated public health messages that may affect perceptions of other vaccines, including HBV vaccination. Additionally, the fact that vaccines were mandatory in some situations, such as travelling, had a negative effect on attitudes towards vaccination. This phenomenon is sometimes referred to as a **'spill-over effect'**, where attitudes towards one vaccine influence attitudes towards vaccination more broadly [63].

To better understand vaccination behaviour, health professionals often use the **COM-B model**. This framework suggests that behaviour is influenced by three interacting components: **Capability** (knowledge, understanding, and health literacy), **Opportunity** (access to services and supportive environments), and **Motivation** (beliefs, attitudes, willingness to act). Health literacy is a key component of capability, as it influences a person's ability to understand, critically appraise and apply information to make informed decisions.

Understanding these factors can help COFs identify barriers to vaccination and tailor their communication and support accordingly. The main barriers to HBV vaccination and examples of potential interventions are presented in **Table 6**.

Table 6: Examples of common barriers to HBV vaccination and potential interventions categorised according to the COM-B framework [63].

COM-B	Barriers related to HBV vaccine	Potential interventions
Capability	Limited knowledge about HBV, lack of awareness of vaccine availability	Educational sessions in community settings, public awareness campaigns on vaccinations
Opportunity	Financial barriers due to potential out of pocket payments, language barriers, limited access to healthcare services.	Government reimbursement for vaccination, providing translated materials and interpreter support, facilitate access to healthcare services.
Motivation	Stigma, mistrust of healthcare systems, misconceptions	Normalise discussions about HBV, address myths through prebunking and debunking, and leverage COFs' role as trusted community members to bridge communities and healthcare services, build trust, and reassure individuals that it is safe to seek care.

Misinformation about vaccines often spreads through **informal communication channels**, such as social media or messaging apps. It may use emotional language, fear or personal stories to influence beliefs. It is often difficult to distinguish between reliable and unreliable sources. Therefore, it is important to support the development of simple skills to access health information. Encouraging participants to ask questions such as “*Who is the source of this information?*”, “*What is the purpose: to inform or scare?*”, “*Is the information based on scientific evidence?*”, can promote critical thinking and informed decision-making. Fact-checking websites may also be useful to verify information encountered online: **Poynter, FactCheck, Snopes** [63]. For accurate information about HBV and HCV, community members can be directed to trusted sources such as the [European Vaccination Information Portal](#), WHO, WHA, Hepatitis B Foundation, European Liver Patients Association which provide reliable information on hepatitis prevention, testing, vaccination, and treatment. **Table 7** presents common statements about vaccination [64].

Table 7: Common statements about vaccination and their explanations [64].

 STATEMENT	TRUE OR FALSE	 EXPLANATION
Vaccines can cause autism.		There is no scientific evidence to link the measles, mumps and rubella (MMR) vaccine with autism or autistic disorders. This idea started from a study published in 1998, which was later found to be incorrect and was withdrawn.
Vaccines can cause infertility.		Vaccinations do not cause infertility. There is no scientific evidence linking vaccination to infertility.
Receiving multiple vaccines at the same time can overload the immune system.		The immune system is exposed to many substances every day and can safely respond to multiple vaccines.
Vaccines are no longer necessary because many infectious diseases are rare.		Even with better hygiene, sanitation and access to safe water, infections can still spread. Vaccines are needed to keep diseases under control. If fewer people get vaccinated, diseases that were once rare can quickly return.
Vaccines can protect both the vaccinated person and the wider community.		High vaccination coverage helps reduce disease transmission and protects vulnerable individuals.
Information about vaccines on social media is always reliable.		Information should be verified using trusted sources such as healthcare professionals, public health agencies, or scientific organisations.
Immunization through vaccination is the safest way to protect against infectious disease.		Vaccines help your body protect against infectious diseases. Vaccines produce an immune response similar to a natural infection, but without causing serious illness or complications.

Understanding the specific needs and barriers related to hepatitis screening, vaccination and care among migrant communities

People in migrant communities may experience additional or context-specific barriers to hepatitis screening, vaccination, and care, which often occur alongside barriers experienced by the general population. These barriers are summarized in **Table 8** [65].

Understanding these barriers can help community educators, teachers, and healthcare workers provide culturally sensitive information, build trust, and support access to hepatitis prevention and care.

Table 8: Potential barriers to accessing viral hepatitis screening, prevention, and care, and their impact.

Potential barrier	Impact
Fear of discrimination and stigma	Avoidance of testing or disclosure.
Language barriers	Information not available in a familiar language and therefore not understanding medical information correctly or completely.
Limited health literacy	Difficulty understanding medical information given to them by healthcare professionals.
Lack of knowledge	Lower participation in screening programmes, resulting in potential delayed diagnosis.
Concerns about migration status	Reluctance to engage with healthcare services; fear that personal information will be shared or affect migration status (e.g. result in deportation)
Cultural beliefs regarding infectious diseases	Different perceptions of disease, prevention, and engagement with the health system.
Difficulties accessing healthcare services	Missed opportunities for screening, vaccination or follow-up.
Health service utilization barrier	Difficulties attending appointments due to family or work responsibilities, transportation, or financial barriers.
Asymptomatic nature of hepatitis	People do not feel ill and therefore see little reason to get tested.
Low self-efficacy	Individuals feel less able or confident to engage with screening. Education and empowerment improve participation.
Competing priorities due to vulnerable living circumstances	Immediate concerns such as housing, food security, financial difficulties, or migration-related issues may take priority over preventive healthcare, resulting in lower uptake of screening and vaccination.



Module 3. Practical Components

Role-play: Responding to myths, misconceptions and vaccine hesitancy

OBJECTIVE:

To strengthen participants' skills in responding to myths, misconceptions, and vaccine hesitancy using respectful, empathetic, and evidence-based communication approaches.

ACTIVITY:

Participants work in pairs. One participant takes the role of a community member, while the other takes the role of a COF.

Each community member receives a card describing a concern, misconception, myth or belief related to viral hepatitis or vaccination. The COF should respond using respectful, non-judgemental communication, active listening, and clear and accurate information. Participants should aim to address expressed concerns while building trust and supporting informed decision-making. After completing the role-play, participants should briefly discuss what communication approaches were effective and identify areas for improvement.

MATERIALS:

Cards describing common myths, misconceptions, and vaccine-related concerns are used in this role-play and can be found in **Annex 4**.

Finding credible health information online

OBJECTIVE:

To improve participant's ability to identify reliable sources of health information.

ACTIVITY:

Participants work individually or in pairs. They are asked to search online for information about a viral hepatitis or vaccination topic (e.g. HBV vaccination, HCV treatment, or modes of transmission). Participants compare different websites and discuss which sources they consider trustworthy and why. The trainer facilitates a discussion on how to recognise credible health information by considering the source, author, publication date, and use of scientific evidence.

MATERIALS:

Internet access, and a smartphone or computer.

04

MODULE 4

Tailored Communication and Cultural Mediation

Principles of effective and culturally sensitive communication

Effective communication is essential when providing education on viral hepatitis within migrant and refugee communities. Migrant populations may have diverse cultural, linguistic, and social backgrounds, different beliefs about health, illness, vaccination and varying levels of familiarity with healthcare systems. These factors can influence how health information is perceived and processed.

Culturally sensitive communication involves adapting health messages to the cultural, linguistic, and social context of the communities being reached. COFs should therefore be aware of common cultural norms, values, beliefs, religious affiliations, and practices that may influence participation in screening, vaccination, and care services. This should be explored respectfully and used as a starting point for dialogue rather than being dismissed or challenged directly.

A respectful and non-judgmental approach is important when discussing viral hepatitis, particularly given the stigma that may be associated with infectious diseases in some communities. COFs should encourage open dialogue, listen actively to community concerns, and create a safe environment where individuals feel comfortable asking questions and sharing their perspectives.

Using **person-first language** is an important aspect of respectful communication. Person-first language places the individual before the health condition, emphasizing that a diagnosis does not define a person [66]. This approach helps reduce stigma, promotes dignity and respect, and encourages more supportive interactions with people living with viral hepatitis. COFs should consistently use person-first language when discussing viral hepatitis and encourage others to do the same. Examples are provided in **Table 9**.

Table 9: Examples of preferred person-first language when communicating with people living with viral hepatitis [66].

USE	INSTEAD OF
Person living with hepatitis B	Hepatitis B patient HBV carrier
Person living with hepatitis C	Hepatitis C patient HCV-infected person
Person living with viral hepatitis	Person infected with viral hepatitis

USE	INSTEAD OF
Person diagnosed with hepatitis	Person suffering from hepatitis
Person who has experienced barriers to care or who is not taking treatment as recommended	Non-compliant patient
Undocumented migrant or person with an irregular migratory status	Illegal migrant
Person who has multiple sexual partners	Promiscuous patient
Person who injects drugs	Injection or intravenous drugs user Junkie

Key principles for culturally sensitive communication:

- Use respectful, non-judgemental and person-first language.
- Avoid making assumptions about an individual's knowledge, beliefs, or healthcare experiences.
- Listen actively and encourage questions and discussion.
- Acknowledge cultural beliefs and concerns while providing evidence-based health information.
- Respect privacy and confidentiality when discussing hepatitis testing, vaccination or treatment.
- Adapt communication approaches to the cultural and social context of the audience.
- Collaborate with community leaders, interpreters, and cultural mediators when appropriate to improve understanding and community engagement.

Culturally sensitive communication also includes awareness of **non-verbal communication and cultural etiquette**. Eye contact, physical touch, personal space, gestures, and body language may be interpreted differently across cultures and can either strengthen or undermine trust.

Building trust in community settings

Trust is a key factor influencing participation in viral hepatitis screening, vaccination and linkage to care. Some individuals may have limited trust in healthcare systems due to previous experiences, discrimination, language barriers, or unfamiliarity with available health services.

COFs play an important role in building trust by providing accurate information, maintaining confidentiality, and communicating in a respectful and non-judgemental manner. Discussions about viral hepatitis should acknowledge common fears and misconceptions while emphasizing that HBV and HCV are medical conditions that can be prevented, monitored, and treated.

Establishing long-term relationships with communities and working through trusted community networks can improve acceptance of health interventions and encourage participation in screening and vaccination programmes.

Adapting messages to literacy and health literacy levels

Literacy refers to the ability to read, write, and understand written information. **Health literacy** refers to an individual's ability to access, understand, evaluate and use health information to make informed decisions about their health. Limited literacy or health literacy may affect a person's understanding of health, diseases, and the health system, including specifically viral hepatitis infections and their respective care services.

COFs should therefore adapt health messages to the literacy and health literacy levels of their audience. When medical terminology may not be understood, it should be avoided and replaced with clear, simple language to describe the health message. Visual aids, storytelling techniques, and interactive discussions can help explain key concepts and improve understanding.

When language barriers exist, translated materials and interpretation services may further support communication. Translation apps can help facilitate basic communication and support understanding when language barriers exist. However, they should not replace professional interpreters when discussing health information, obtaining informed consent, communicating test results, or whenever accurate communication is essential, including complex medical discussion. COFs are encouraged to confirm understanding by asking participants to explain key messages in their own words (**teach-back method**) and by providing **opportunities for questions and discussion**.

Key principles for communicating with individuals with limited literacy or health literacy:

- Use simple language.
- Avoid medical and technical terms.
- Focus on a few key messages at a time.
- Use visual aids and practical examples.
- Encourage questions and interactive discussion.
- Confirm understanding using teach-back method.
- Provide translated materials when appropriate.



Module 4. Practical Components

Group work: Adapting health messages to different community context & health literacy levels

OBJECTIVE:

To practice adapting viral hepatitis (HBV and HCV) health messages to different community contexts, cultural backgrounds, and health literacy levels.

ACTIVITY:

Participants work in small groups to practice adapting health messages through two exercises.

Exercise 1 – Community context

Participants identify communication barriers in different community scenarios and discuss how health messages can be adapted accordingly. The exercise encourages reflection on language use, cultural considerations, and approaches to improve understanding and engagement.

Exercise 2 – Health literacy and communication needs

Participants adapt health messages to different health literacy levels and individual communication needs. The exercise encourages participants to consider the use of simple and accessible language, the amount and complexity of information provided, and how communication can be tailored to the individual.

MATERIALS:

Two sets of cards are used for the group work: context-specific case scenario cards (**Annex 5**) and health literacy adaptation cards (**Annex 6**).

Role play: Simulation of information session and/or administration of sociodemographic questionnaire during community activity

OBJECTIVE:

To practice delivering a community information session on viral hepatitis prior to screening, explaining the purpose of data collection activities, addressing participant questions and concerns, and communicating clearly, respectfully and in a culturally and health literacy-sensitive manner.

ACTIVITY:

Participants work in pairs. One person takes the role of a COF, while the other takes the role of a community member.

The COF should:

1. Deliver a brief information session about viral hepatitis and the planned screening activity, including its purpose, benefits, and what participation involves.
2. Explain the purpose of the questionnaire.
3. Respond to questions or concerns, and address any misconceptions or misunderstanding raised by the community members.
4. Recognise when a participant may feel uncomfortable answering certain questions because of literacy, privacy concerns or cultural norms (e.g. questions about sexual behaviour). Reassure participants that they may decline to answer any question they do not wish to answer, while avoiding assumptions about which questions should or should not be asked.
5. Use clear, simple, and culturally appropriate language, adapting explanations and finding alternative ways to communicate information when needed to support understanding.
6. Thank the community members for their time and participation.

Each pair receives a community member scenario card and conducts a short role-play (5-10 minutes). After the exercise, the COFs reflect on the communication strategies used and discuss how they could improve clarity, trust and participant engagement.

Discussion points:

- Was the purpose of the activity explained clearly?
- Was the participant given an opportunity to ask questions?
- Was communication respectful and culturally sensitive?
- How did the COF respond when the participant felt uncomfortable answering certain questions?
- How could the explanation be adapted to improve understanding?

MATERIALS:

Role play scenario cards covering common participant questions, concerns and challenges that may be encountered during the administration of sociodemographic questionnaires can be found in **Annex 7**.

NOTE:

As this curriculum is intended for use across different studies and community-based programmes, no standard questionnaire is included. COFs should use the sociodemographic or viral hepatitis questionnaire relevant to their own project when conducting this role-play.

05

MODULE 5

Ethical Considerations and Data Protection

Ethical principles in health interventions

Community-based viral hepatitis care programmes should be conducted according to ethical principles that protect participants and promote trust within the community [67-69]. These principles guide how activities are organised and how participants are treated throughout the process.

Respect for persons (autonomy)

Participation in screening or other activities and questionnaires must always be voluntary. Individuals should receive clear and understandable information about the programme and be free to decide whether they wish to participate without pressure from the study team or from personal contacts. Participants must have the option to withdraw any activities at any point in time without any negative consequences.

Beneficence

All activities within the programme should aim to benefit participants and communities while minimizing any potential harm.

Justice and equity

Screening programmes should be accessible to all eligible individuals, regardless of language, cultural background, migration status, gender, religion, or socioeconomic circumstances. Efforts should be made to reduce barriers that may prevent individuals from accessing activities, such as testing and care.

Respect and cultural sensitivity

COFs should interact with participants in a respectful, non-judgemental, and culturally sensitive manner. Understanding cultural beliefs and norms, health literacy levels, and individual concerns can help build trust and improve engagement with screening services.

Ethical oversight

Community-based viral hepatitis programmes should be implemented in accordance with applicable national regulations and institution requirements. Where activities involve research, evaluation, or the collection of participant data beyond routine service delivery, approval from an appropriate ethics committee or institutional review board should be obtained before programme implementation. All activities should be conducted in accordance with approved protocols and ethical standards.

Confidentiality, privacy and data protection

Confidentiality and privacy are fundamental principles in community-based health programmes, including viral hepatitis initiatives. Individuals participating in any activity must be assured that their personal information and test results will be handled with discretion and respect and the results will only be used as intended and described in the protocol and informed consent forms which are made available to participants.

COFs involved in testing activities should ensure that conversations about testing and results take place in **a private space** where results can be provided confidentially. Personal health information should only be shared with authorized healthcare professionals directly involved in the individual's care. Maintaining confidentiality helps protect participants from potential stigma or discrimination and contributes to building trust within the community.

Community-based health programmes conducted within the European Union must comply with the **General Data Protection Regulation (GDPR) (AVG/GDPR) - EU2016/679** [70]. This regulation establishes rules for the collection, processing, and storage of personal data, including health-related information. Compliance with national or local regulations must also be ensured. It is recommended that the Data Protection Officer of your institution is contacted to review the personal data processing activities and to ensure that the necessary technical and organisational measures are in place to safeguard the rights and freedoms of data subjects/research participants.

Access to the data should be limited to authorized personnel involved in the programme and according to approved protocols. Data must be pseudonymized or anonymized to reduce the risk of identification when sharing information among authorized personnel.

Participant's data should never be discussed outside the professional context of the screening programme. All personnel involved in these activities should be trained to handle sensitive information responsibly and to follow established procedures for data protection.

Practical tips for COFs: protection of participant's privacy and confidentiality

Remember these simple rules when working with participants:

- ✓ Conduct conversations and communicate test results in a private setting whenever possible.
- ✓ Do not discuss a participant's personal information or test results with family members, friends, or other community members without the participant's explicit permission.
- ✓ Only share information with authorized healthcare professionals directly involved in the participant's care and only according to the established procedures.

- ✓ Keep paper forms and electronic devices containing participant information secure and never leave them unattended.
- ✓ Respect the participant's right to decline answering questions or to withdraw from the programme at any time.

Informed consent

Before participants are tested for viral hepatitis and complete the questionnaire, they must provide informed consent. **Informed consent** is the process by which participants receive clear and understandable information about the activity, including its purpose, procedures, potential benefits and risks, and how their data will be used and protected. It ensures that participation is voluntary and that participants are free to refuse or withdraw at any time without negative consequences.

The informed consent process varies according to the purpose of the programme. Depending on programme requirements, informed consent may be obtained orally or in writing through **an informed consent form**. Research studies usually require written informed consent and follow approved study protocols. In routine clinical or public health programmes, verbal consent may be sufficient, depending on local regulations and institutional procedures.

An informed consent form is a document that explains the purpose of the screening activity, the procedures involved, the potential benefits and risks, and how the collected data will be used and protected. It also informs participants that their participation is voluntary and that they may withdraw at any time without any negative consequences.

Participants should be given sufficient time to ask questions, raise any concerns, and decide whether they wish to participate or not. Only after the participant has understood the information and provided the informed consent, the testing activities and data collection process can proceed. The informed consent process goes beyond simply obtaining the participant's signature. It is an ongoing process, which means that participants must be given the opportunity to voice their concerns and receive up-to-date information throughout the study.

Practical checklist – explaining informed consent

Before starting the questionnaire, make sure the participant understands:

- ✓ Why the questionnaire is being completed and how the information will contribute to the programme or study.
- ✓ Participation is voluntary and that choosing not to participate will not affect access to healthcare or other services.
- ✓ That they may skip any question they do not wish to answer and may stop the questionnaire at any time without providing a reason.
- ✓ How their personal information will be protected, who will have access to it, and how confidentiality will be maintained.
- ✓ Informed consent needs to be obtained before the questionnaire begins.



Module 5. Practical Component

Identifying risks to confidentiality in a community intervention and how to mitigate them

OBJECTIVE:

To identify potential risks to confidentiality and privacy in community-based programmes and apply appropriate strategies to protect participant information. This exercise is known as Data Protection Impact Assessment under GDPR (Art. 35).

ACTIVITY:

The trainer presents a series of real-life scenarios related to confidentiality and data protection in community-based programmes. Participants discuss each scenario and answer the following questions:

1. What confidentiality or privacy risk is present?
2. Why could this be problematic?
3. How could the situation be handled differently?
4. What measures can be taken to prevent similar situations in the future?

MATERIALS:

Scenario cards presenting real-life situations related to confidentiality and data protected in community-based programmes can be found in **Annex 8**.

04. Evaluation of knowledge and practical skills

Name:

Trainer:

Date:

PART 1: Knowledge assessment

01. Which organ is primarily affected by hepatitis B and C?

- ☐ Heart
- ☒ **Liver**
- ☐ Kidney
- ☐ Lung

02. Hepatitis C can be prevented through vaccination.

- ☐ True
- ☒ **False**

03. Which of the following is a common transmission route for HBV?

- ☐ Sharing food
- ☒ **Blood exposure and sexual contact**
- ☐ Handshakes
- ☐ Drinking water

04. Hepatitis C infection can be cured with treatment.

- ☒ **True**
- ☐ False

05. In people with chronic hepatitis B and C, what are imaging studies, such as abdominal ultrasound and transient elastography, used for?

- ☐ Checking for liver damage such as fibrosis or cirrhosis
- ☐ Screening for liver cancer
- ☒ **Both of the above**

06. Which of the following statements is true?

- ☐ Herbal remedies are not always safe to take for people with hepatitis B infection
- ☒ **There is no scientific evidence that herbal remedies or supplements help with hepatitis B or C infections**
- ☐ Patient testimonials about herbal remedies in social media are generally not trustworthy
- ☐ **All of the above**

07. If you have been diagnosed with chronic hepatitis B and you are pregnant, what are important steps you should take?

- ☐ Make sure your newborn baby gets the first dose of hepatitis B vaccine within 24 hours of birth
- ☐ Make sure your baby completes the hepatitis B vaccine series (at least 3 doses)
- ☐ **Both steps described above**

08. While many people with a new, acute infection of hepatitis B or C don't have any symptoms, symptoms may include loss of appetite, fever and possible stomach pain.

- ☐ **True**
- ☐ False

09. A baby exposed to hepatitis B virus is more likely to develop chronic, lifelong infection than an adult exposed to the virus.

- ☐ **True**
- ☐ False

10. The hepatitis delta virus can only affect people who also have acquired the hepatitis B virus.

- ☐ **True**
- ☐ False

11. Taking approved antiviral treatment for hepatitis B and C can decrease the risk of developing liver cancer.

- ☐ **True**
- ☐ False

12. Why is testing important?

- ☐ Because everyone has symptoms.
- ☐ **Because early detection allows for treatment and prevents complications.**
- ☐ Because it is required for travel.
- ☐ It is not important.

13. Which form of hepatitis can be passed on through contaminated food or water?

- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ **Hepatitis A and E**
- ☐ All of the above

14. What does a positive rapid test result for anti-HCV mean?



- ☐ The person definitely has hepatitis C
- ☐ **The person needs further confirmatory testing**
- ☐ The test is invalid
- ☐ No further action is required

15. Which statement is true?

- ☐ People with viral hepatitis should be avoided.
- ☐ Hepatitis can spread by hugging and kissing.
- ☐ **People with viral hepatitis can live normal lives with care and treatment if necessary**
- ☐ Viral hepatitis is always visible

Score (1 point per correct answer)	Interpretation
0-7	Limited knowledge
8-10	Moderate knowledge
11+	Good understanding

Trainer signature: _____

PART 2: Practical competency assessment: Performing a rapid diagnostic test

The individual will be required to perform a RDT according to the instructions provided and will be assessed based on the skills listed below.

Skill	Completely correctly	Needs improvement
Performs hand hygiene	☐	☐
Uses gloves appropriately	☐	☐
Prepares materials correctly	☐	☐
Performs finger-prick safely	☐	☐
Applies blood to test cassette	☐	☐
Adds correct amount of buffer	☐	☐
Uses timer correctly	☐	☐
Correctly interpret test results	☐	☐
Disposes of sharps safely	☐	☐

Competency result

- ☐ Competent (all assessment items are marked as “Completely correctly”)
- ☐ Needs additional training (one or more assessment items are marked as “Needs improvement”)

Trainer signature: _____

PART 3: Communication & community education skills

Cases

A 42-year old recently arrived migrant attends a community hepatitis education and screening activity.

During the conversation, the participant tells you that he never heard about HBV or HCV before and wonders why testing is being offered.

Explain viral hepatitis in a simple language.

He thinks that hepatitis can spread through sharing food or hugging.

Explain the modes of transmission correctly.

The participant is also concerned that a positive test result could affect his residence status or be shared with government authorities.

Address these concerns (stigma) respectfully.

The participant asks how the testing procedure works and whether the finger-prick test is painful.

Explain the testing procedure clearly.

After testing, the participant has a positive test for HBV.

Explain the result, including what a reactive screening result means and the need for confirmatory testing and follow-up. Encourage questions and discussion.

The participant wonders if he should tell anyone about the result.

Explain the importance of informing sexual partners and household contacts, discuss testing and vaccination recommendations for close contacts, and reassure the participant regarding confidentiality and privacy.

Use culturally sensitive, respectful and non-judgmental communication throughout the conversation.



Skill	Demonstrated	Needs improvement
Explains viral hepatitis in simple language	☐	☐
Explains transmission correctly	☐	☐
Addresses stigma respectfully	☐	☐
Explains testing procedure clearly	☐	☐
Communicates results appropriately	☐	☐
Encourages questions and discussion	☐	☐
Uses culturally sensitive communication	☐	☐

Communication assessment

- ☐ Ready to conduct community education (all assessment items are marked as “Demonstrated”)
- ☐ Requires additional training (one or more assessment items are marked as “Needs improvement”)

Trainer signature: _____

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AI statement: Language assistance was provided using ChatGPT (OpenAI), primarily for grammar correction and clarity improvements. All conceptual content and scientific interpretation were authored and validated by the curriculum authors.

06. Annexes

Annex 1. Training agenda

This is an example of how the training programme may be structured. The content and format can be adapted depending on the setting and the prior knowledge and experience of COFs.

DAY 1 - 5 hours training		
Time	Session	Content
09:00 – 09:15	Introduction	Training objectives and overview
09:15 – 10:30	Module 1	Liver health and viral hepatitis
10:30 – 10:45	Break	
10:45–11:45	Module 1 – practical components	
11:45 – 12:45	Module 2	Prevention, screening and management of viral hepatitis
12:45 – 13:30	Lunch	
13:30 – 15:00	Module 2 – practical components	

DAY 2 – 5 hours training and 1h45 evaluation		
Time	Session	Content
09:00 – 10:00	Module 3	Stigma, misconceptions and vaccine hesitancy
10:00 – 11:00	Module 3 – practical components	
11:00 – 11:15	Break	
11:15 – 12:15	Module 4	Communication and cultural mediation
12:15 – 13:00	Lunch	
13:00 – 14:00	Module 4 – practical components	
14:00– 14:30	Module 5 & practical components	Ethical considerations and data protection
14:30 – 15:00	Module 6 & practical components	Context-specific implementation
15:00 – 15:15	Break	
15:15 - 16:45	Knowledge and practical assessment	
16:45 – 17:00	Closing session	Feedback and certificates

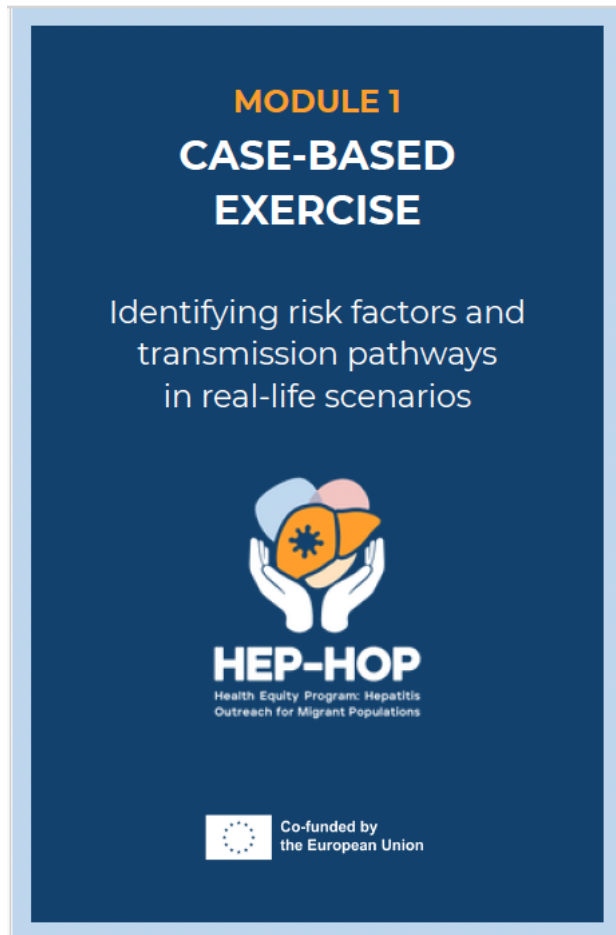


HEP-HOP
Health Equity Program: Hepatitis
Outreach for Migrant Populations



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the European Union

Annex 2. Module 1 – Transmission pathways and risk factors



**CARD 1****PLAYING FOOTBALL****SITUATION**

Lisa plays football every weekend with friends. During matches, players often bump into each other, shake hands after the game, and share water bottles.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 1**ANSWER:**
NO - LOW RISK**EXPLANATION**

Hepatitis B and hepatitis C are not transmitted through casual contact such as playing sports, sweating, shaking hands, or sharing water bottles. However, there is a very low risk if blood is present. In the case of an open bleeding wound and into direct contact with another person's open wound. This risk is very rare, especially when first aid and basic hygiene are followed.

**KEY LEARNING**

Everyday social contact and playing sports do not transmit viral hepatitis. Risk only exists when there is contact with infected blood.

**REMEMBER**

Transmission requires specific exposures to:

- Infected blood (HBV and HCV)
- Certain body fluids (mainly relevant for HBV)

CARD 2**SHARING A MEAL****SITUATION**

Maria attends a community celebration where friends and family share food, drinks, and dishes around the same table.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 2**ANSWER:**
NO RISK**EXPLANATION**

Hepatitis B and hepatitis C are not transmitted through sharing food, drinks, plates, cups, or eating together. These viruses are not spread through saliva during normal social interactions.

**KEY LEARNING**

Viral hepatitis is not transmitted through food, drinks, or other everyday social interactions.

**REMEMBER**

Transmission requires specific exposures to:

- Infected blood (HBV and HCV)
- Certain body fluids (mainly relevant for HBV)



CARD 3

HUGGING A FRIEND



SITUATION

Thomas meets a close friend after several months and greets him with a hug and a kiss on the cheek.



What is the risk of HBV or HCV transmission in this situation?

☒ No risk

☐ Low risk

☐ High risk

CARD 3



**ANSWER:
NO RISK**



EXPLANATION

Hepatitis B and hepatitis C are not transmitted through hugging, shaking hands, kissing on the cheek, saliva, or other forms of casual physical contact. Transmission requires specific exposures to infected blood (HBV and HCV) or certain body fluids such as semen and vaginal fluids (HBV).



KEY LEARNING



Viral hepatitis is not transmitted through everyday social interactions, such as hugging or kissing.



REMEMBER

Transmission requires specific exposures to:

- Infected blood (HBV and HCV)
- Certain body fluids (mainly relevant for HBV)

CARD 4

USING THE SAME TOILET



SITUATION

Fatima shares a bathroom with several other people in a shared apartment.



What is the risk of HBV or HCV transmission in this situation?

☒ No risk

☐ Low risk

☐ High risk

CARD 4



**ANSWER:
NO RISK**



EXPLANATION

Hepatitis B and hepatitis C are not transmitted through toilet seats, bathrooms, showers, sinks, or other shared facilities. The viruses are not spread through urine, normal contact with surfaces, or by using the same sanitary facilities as an infected person. Simply sharing a living space does not pose a risk of infection.



KEY LEARNING



Using the same toilet or bathroom as an infected person does not transmit viral hepatitis.
Risk only exists when there is contact with infected blood.



REMEMBER

Transmission requires specific exposures to:

- Infected blood (HBV and HCV)
- Certain body fluids (mainly relevant for HBV)

**CARD 5****MOSQUITO BITE****SITUATION**

During a summer picnic, both Elena and her friend are bitten by mosquitoes.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 5**ANSWER:
NO RISK****EXPLANATION**

Mosquitoes and other insects do not transmit hepatitis B or hepatitis C.

Unlike some infectious diseases, HBV and HCV cannot survive or reproduce inside mosquitoes and are not passed from one person to another through insect bites

**KEY LEARNING**

Mosquito bites do not spread hepatitis B or hepatitis C. Viral hepatitis can only be transmitted through specific exposures to infected blood or certain body fluids.

**REMEMBER**

Insects do not play any role in the transmission of these infections. HBV and HCV are blood-borne viruses and are not transmitted by insects.

CARD 6**WORKING TOGETHER****SITUATION**

David works in an office where colleagues share desks, telephones, and meeting rooms. They sometimes also share glasses and bottles of water during meetings.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 6**ANSWER:
NO RISK****EXPLANATION**

Hepatitis B and hepatitis C are not transmitted through working together, sharing office equipment, using the same workspace, or sharing glasses and water bottles. These viruses are not spread through saliva, casual contact, or everyday social interactions.

**KEY LEARNING**

Working, studying, sharing physical space or spending time with someone who has viral hepatitis does not put others at risk.

**REMEMBER**

HBV and HCV are not transmitted through saliva, sharing drinks, or casual contact.

**CARD 7****HELPING AN INJURED PERSON****SITUATION**

Stefan sees someone fall from a bicycle and helps clean a bleeding wound using his bare hands.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 7**ANSWER:
LOW RISK****EXPLANATION**

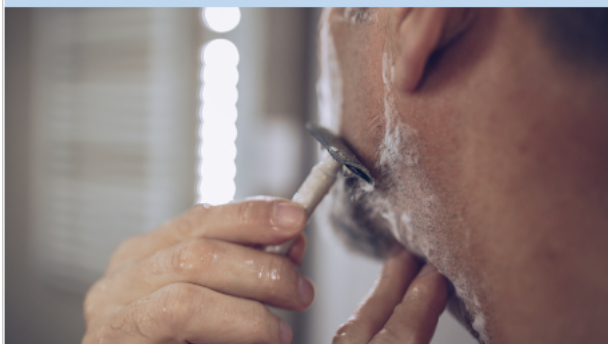
There is only a risk if infected blood comes into contact with another person's injured skin, eyes, nose, or mouth. In most everyday situations the risk is low, but it can be further reduced by using gloves and following basic first-aid precautions whenever blood is present.

**KEY LEARNING**

Providing first aid is generally safe, but precautions should be taken whenever blood is involved.

**REMEMBER**

Understanding how to safely respond to situations involving blood, by using proper first-aid practices, is important to prevent blood-borne infections.

CARD 8**SHARING A RAZOR****SITUATION**

Samuel is staying with friends during a weekend trip. One morning, he realizes he forgot to pack his razor and borrows his friend's razor without thinking much about it.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 8**ANSWER:
HIGH RISK****EXPLANATION**

Razors can contain tiny amounts of blood that may not be visible to the eye. If the razor has been used by a person with hepatitis B or hepatitis C, the virus may be transmitted through contact with contaminated blood. This is why razors should always be considered personal items.

**KEY LEARNING**

Personal items that may come into contact with blood should not be shared, if a person is living with HBV or HCV.

**REMEMBER**

Even when no blood is visible, contaminated personal hygiene items can serve as a route of transmission for viral hepatitis.



CARD 9

SHARING A TOOTHBRUSH



SITUATION

Tania is travelling with her sister and accidentally uses her sister's toothbrush for several days after mixing up their toiletries.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 9



**ANSWER:
HIGH RISK**



EXPLANATION

Toothbrushes may contain small amounts of blood from the gums, even when no bleeding is visible. Sharing a toothbrush with someone living with HBV or HCV can therefore expose a person to infected blood and increase the risk of hepatitis B or hepatitis C transmission.



KEY LEARNING



Toothbrushes are personal items and should not be shared. Good personal hygiene practices include avoiding the sharing of items that may come into contact with blood.



REMEMBER

Even when no blood is visible, contaminated personal hygiene items can serve as a route of transmission for viral hepatitis.

CARD 10

UNPROTECTED SEX



SITUATION

Mark recently started a new relationship. Him and the partner have unprotected sex without knowing each other's hepatitis B or hepatitis C status.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 10



**ANSWER:
HIGH RISK (HBV)**



EXPLANATION

Hepatitis B can be efficiently transmitted through sexual contact because the virus is present in semen and vaginal fluids. Sexual transmission of hepatitis C is much less common but can occur, particularly when blood is present or in certain higher-risk situations.



KEY LEARNING



Sexual transmission is an important route of HBV infection. Understanding HBV and HCV transmission helps identify appropriate prevention measures, including condom use.



REMEMBER

Knowing one's hepatitis status, using condoms, and being vaccinated against HBV are important measures to reduce the risk of transmission.



CARD 11

REUSED EQUIPMENT



SITUATION

Carlos receives vitamin injections to promote hair growth, from a friend who is not a healthcare professional. To save money, his friend sometimes uses the same syringe on more than one person.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 11



**ANSWER:
HIGH RISK**



EXPLANATION

Reusing needles or syringes between people can expose individuals to infected blood. Even when blood is not visible, small amounts can remain inside the equipment and be transferred from one person to another. This can result in the transmission of hepatitis B, hepatitis C, and other blood-borne infections.



KEY LEARNING



Any injection performed with equipment that has been used on another person can transmit blood-borne infections. Needles and syringes should be sterile and used only once.



REMEMBER

Always use new, sterile needles and syringes for every injection. Even very small amounts of blood can transmit HBV or HCV.

CARD 12

TATTOO



SITUATION

Marta decides to get a tattoo while travelling abroad. The studio appears informal, and she is unsure whether the equipment has been properly sterilised between clients.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 12



**ANSWER:
HIGH RISK**



EXPLANATION

Tattooing itself is not a risk when appropriate infection-control procedures are followed. However, if tattooing equipment that is not properly sterilised can become contaminated with blood. If the same equipment is used on multiple people without adequate sterilisation, blood-borne viruses can be transmitted from one client to another.



KEY LEARNING



Tattooing does not transmit viral hepatitis when proper infection-control measures are followed. The risk arises when equipment is reused or not adequately sterilised between clients.



REMEMBER

When needles or equipment are reused without proper sterilisation, blood-borne viruses can be transmitted from one person to another.



CARD 13

SHARING NAIL CLIPPERS



SITUATION

During a weekend away with friends, Julia notices that one of her nails has broken. Since she did not bring her own nail clippers, she borrows a friend's nail clippers to trim it.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 13



ANSWER:
LOW RISK



EXPLANATION

Nail clippers can occasionally come into contact with small amounts of blood, particularly if they are used to cut nails too closely or around damaged skin. If contaminated with infected blood, sharing nail clippers could potentially result in transmission of HBV or HCV, although the risk is generally low.



KEY LEARNING



Some personal items may come into contact with blood and should not be shared. Understanding which everyday items can pose a risk helps prevent the transmission of blood-borne infections.



REMEMBER

Personal items such as nail clippers, razors, and toothbrushes should not be shared, as they may contain traces of blood that are not visible.

CARD 14

CARING FOR A FAMILY MEMBER WITH HBV



SITUATION

James helps care for his father, who is living with chronic hepatitis B. He prepares meals, helps him with household tasks, and spends time with him every day.



What is the risk of HBV or HCV transmission in this situation?



No risk



Low risk



High risk

CARD 14



ANSWER:
NO - LOW RISK



EXPLANATION

Providing care and spending time with a person who has hepatitis B does not itself pose a risk of infection. The only potential risk occurs if there is exposure to infected blood, for example while helping with a bleeding wound or handling personal items that may contain blood, such as razors or toothbrushes.



KEY LEARNING



Caring for someone with viral hepatitis is generally safe, provided appropriate precautions are taken when blood is present.



REMEMBER

The risk comes from exposure to infected blood, not from caring for, living with, or spending time with a person who has viral hepatitis.



CARD 15

KISSING



SITUATION

Sophie has been in a relationship with her partner for several years. They regularly kiss and share food and drinks when spending time together.



What is the risk of HBV or HCV transmission in this situation?

☒ No risk

☐ Low risk

☐ High risk

CARD 15



**ANSWER:
NO RISK**



EXPLANATION

Hepatitis B and hepatitis C are not transmitted through kissing, saliva, or sharing food and drinks. While HBV can be found in saliva, the amount is generally too low to cause infection through normal social contact. Kissing and other everyday expressions of affection do not pose a risk of transmission.



KEY LEARNING



Kissing, saliva, and other everyday forms of affection do not transmit hepatitis B or hepatitis C.



REMEMBER

HBV and HCV are transmitted through infected blood and, in the case of HBV and certain body fluids, but not through casual contact or saliva.

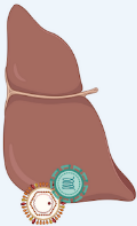


Annex 3. Information leaflet for HBV and HCV

What is hepatitis B and C?

Hepatitis B and C are **viruses** that affect the liver.

- You can feel healthy, and still have the infection.
- Without treatment, it can cause serious liver disease



How is it spread?

Hepatitis B

- Contact with blood or body fluids
- From mother to baby at birth
- Unprotected sex

Hepatitis C

- Blood to blood contact
- Sharing needles or sharp objects

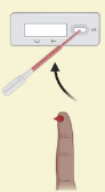
NOT from:

- Hugging, sharing food, talking or coughing



Why get tested?

- Many people do not feel sick
- A rapid diagnostic test can detect hepatitis
- Early detection helps prevent serious disease



TESTING IS QUICK, SAFE AND CONFIDENTIAL

What if your test is positive?

- You will be informed in a clear and respectful way
- You will be referred to a doctor
- Further tests may be done
- Treatment is available



How can you protect yourself?

- For hepatitis B:** vaccination is available
- For both B and C:**
 - Practice safe sex (condoms)
 - Do not share needles or sharp objects
 - Use safe and clean medical equipment



HEPATITIS B & C

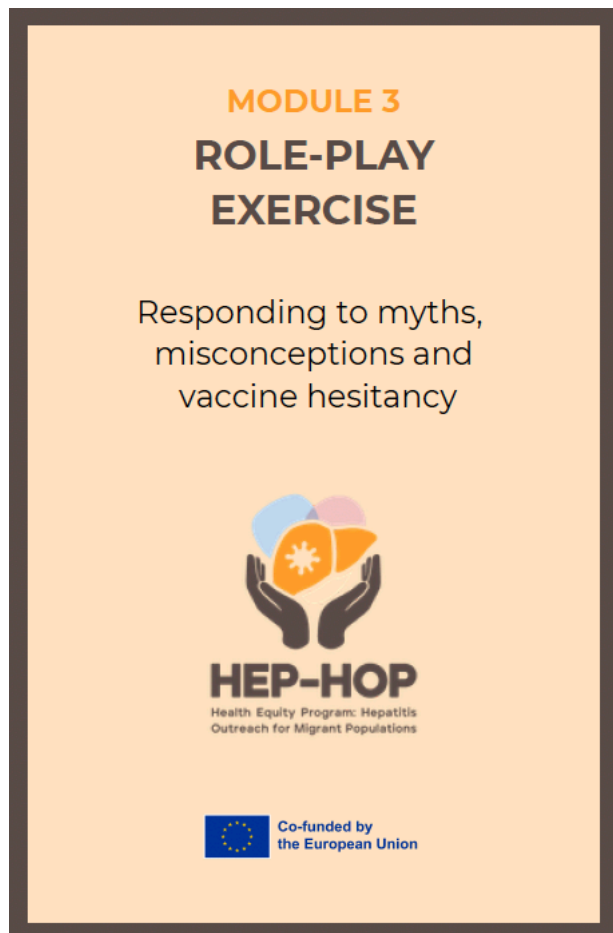
**PROTECT YOUR HEALTH AND YOUR FAMILY.
GET INFORMED. GET TESTED.**

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Annex 4. Module 3 – Responding to myths, misconceptions and vaccine hesitancy





CARD 1

STIGMA



SITUATION

Community member says:
"I think people get hepatitis
because they have done
something wrong. Good people
do not get hepatitis."

CARD 1



KEY MESSAGE

Hepatitis B and C is a medical
condition and is not a reflection of a
person's character or behaviour.



KEY LEARNING POINTS



- Avoid judging the person.
- Explain the transmission
without blaming.
- Reduce stigma.



RESPONSE EXAMPLE

"I understand why some people may
think that. However, hepatitis is a
medical condition and is not related to a
person's character or behaviour. People
can become infected in different ways,
including at birth or through medical
procedures."

CARD 2

RISK GROUPS



SITUATION

Community member says:
"Only people who engage in risky
behaviour get hepatitis B or C."

CARD 2



KEY MESSAGE

Hepatitis B and C can affect
anyone.



KEY LEARNING POINTS



- Explain multiple transmission
routes.
- Reduce stigma.
- Avoid judging the person.



RESPONSE EXAMPLE

"Hepatitis can affect anyone. Some
people acquire hepatitis B at birth, while
others may become infected through
medical procedures, blood exposure, or
other routes."



CARD 3

MARRIAGE



SITUATION

Community member says:
"People living with hepatitis
should not get married or have
children because they would
infect their family."

CARD 3



KEY MESSAGE

People living hepatitis B and C can
have healthy relationships and
families.



KEY LEARNING POINTS



- Address stigma.
- Explain prevention strategies.



RESPONSE EXAMPLE

"People living with hepatitis B or C can
have relationships, get married, and
have children. There are effective ways to
reduce transmission risk, including
hepatitis B vaccination and appropriate
medical care."

CARD 4

HERBAL REMEDIES



SITUATION

Community member says:
"My friend told me that herbal
supplements can cure hepatitis. I
would rather use natural
treatments than medication."

CARD 4



KEY MESSAGE

Only evidence-based treatments
recommended by healthcare
professionals have been proven to
effectively treat hepatitis B and C.



KEY LEARNING POINTS



- Respect beliefs
- Explain treatments
- Discuss misinformation
available online.



RESPONSE EXAMPLE

Many people are interested in natural
remedies. However, there is currently no
scientific evidence that herbal
supplements can cure hepatitis B or C.
Some supplements may even harm the
liver or interfere with medications."



CARD 5

VACCINE SAFETY



SITUATION

Community member says:
"I heard that hepatitis B vaccines
are not safe and can cause
serious health problems."

CARD 5



KEY MESSAGE

The hepatitis B vaccine is safe and effective.



KEY LEARNING POINTS



- Respectfully correct misinformation using evidence-based information (*debunking*)
- Address concerns about vaccine safety and build trust.



RESPONSE EXAMPLE

"I understand why that concern may be worrying. However, hepatitis B vaccines have been used safely for several decades and are carefully monitored. Extensive research has shown that they are safe and effective."

CARD 6

VACCINATION IMPORTANCE



SITUATION

Community member says:
"Hepatitis B is not common
anymore, so I do not think
vaccination is necessary."

CARD 6



KEY MESSAGE

Hepatitis B is still a global health problem, and vaccination remains important.



KEY LEARNING POINTS



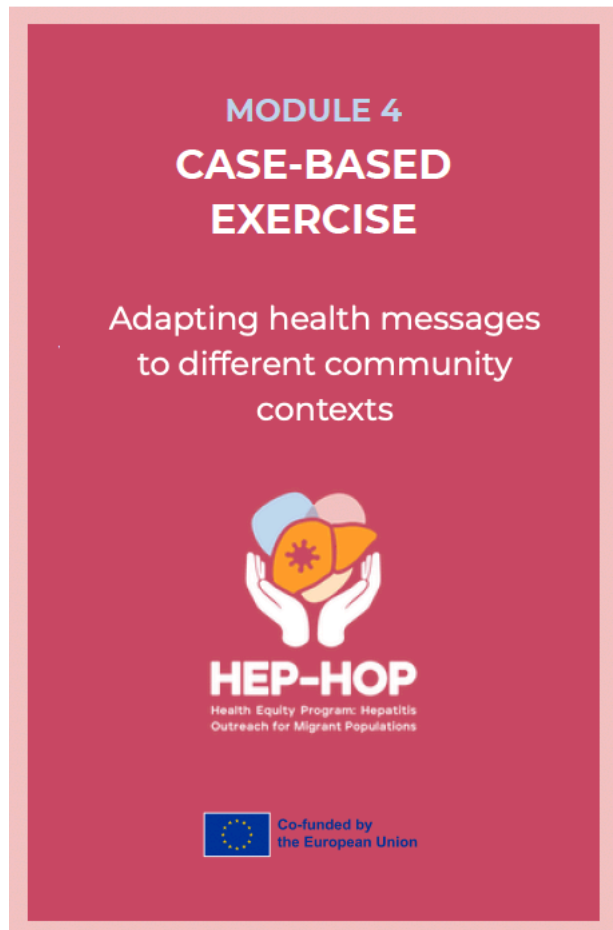
- Address complacency (low perceived risk of infection), explaining the importance of vaccination.
- Explain vaccination-related personal and community protection (herd immunity).



RESPONSE EXAMPLE

"Vaccination remains important because hepatitis B still affects millions of people worldwide. Vaccination helps prevent infection and protects both individuals and communities."

Annex 5. Module 4 – Adapting health messages to different community contexts





CARD 1

LOW HEALTH LITERACY



SITUATION

You are speaking with a recently arrived migrant during a community health event. The person has never heard of hepatitis B and is unfamiliar with the local healthcare system.

You explain: *"Hepatitis B is a viral infection that can be prevented through vaccination and detected through screening."*

The person looks confused and says: "I don't understand what hepatitis is. Why would I need a test if I don't feel sick?"

CHALLENGE



How can you explain hepatitis B in a way that is easy to understand?

CARD 1

LOW HEALTH LITERACY



DISCUSSION QUESTIONS

- Which word may be difficult to understand?
- How would you simplify the message?
- Would visual aids be useful?
- How would you check the understanding?



COMMUNICATION APPROACH

- Avoid medical jargon such as 'viral infection' and 'screening'.
- Use simple language
- Use pictures
- Apply the teach-back method



RESPONSE EXAMPLE

Use simple language: "Hepatitis B is a disease that can affect the liver. Many people do not feel sick at first, so a blood test helps us know whether someone has the infection."

Use the teach-back method: "Can you tell me in your own words why the test might be useful?"

CARD 2

VACCINE HESITANCY



SITUATION

During a community education session, a parent says:

"I saw online that vaccines can be dangerous. I'm worried about side effects and I don't want my child to receive the hepatitis B vaccine."

CHALLENGE



How can you respond respectfully while addressing concerns about vaccination?

CARD 2

VACCINE HESITANCY



DISCUSSION QUESTIONS

- How would you acknowledge the concern?
- What information would you provide?
- What should you avoid saying?



COMMUNICATION APPROACH

- Listen without judging.
- Acknowledge concerns.
- Provide information.
- Focus on benefits and protection.
- Avoid arguing or dismissing concerns



RESPONSE EXAMPLE

Acknowledge concerns: "I understand why you may be worried. Many parents have questions about vaccines."

Provide information: "The hepatitis B vaccine has been used for many years and is very effective at preventing infection".



CARD 3

LANGUAGE BARRIER



SITUATION

You are providing information about hepatitis testing. The individual speaks very little the local language or English and struggles to understand the information being provided.

CHALLENGE



How can you ensure effective communication despite language barriers?

CARD 3

LANGUAGE BARRIER



DISCUSSION QUESTIONS

- How could an interpreter or cultural mediator help?
- What non-verbal communication tools could be used?
- Would you use a translation app in this situation?



COMMUNICATION APPROACH

- Work with an interpreter or cultural mediator. If not possible, translator apps can help.
- Speak slowly and use simple language.
- Use visual materials whenever possible.
- Avoid relying on family members for sensitive discussions.
- Check understanding through simple questions.



RESPONSE EXAMPLE

Use simple language: "Hepatitis B is a disease that can make your liver sick. We recommend a simple blood test. Many people feel healthy and do not know they have hepatitis. A doctor can help you if the test shows hepatitis"

Use the teach-back method: "Can you tell me in your own words what the test is for?"

CARD 4

CULTURAL BELIEFS



SITUATION

During a community education session, a community member tells you: "In my community, people believe liver diseases are caused by stress or eating the wrong foods. I don't think hepatitis is something I need to worry about."

CHALLENGE



How can you address cultural beliefs while maintaining a respectful conversation?

CARD 4

CULTURAL BELIEFS



DISCUSSION QUESTIONS

- How would you respond without dismissing the person's beliefs?
- How can you introduce evidence-based information?
- How can you maintain trust during the conversation?



COMMUNICATION APPROACH

- Respectfully acknowledge the belief.
- Build on existing knowledge.
- Explain transmission and prevention in a simple way.
- Encourage questions and discussion.

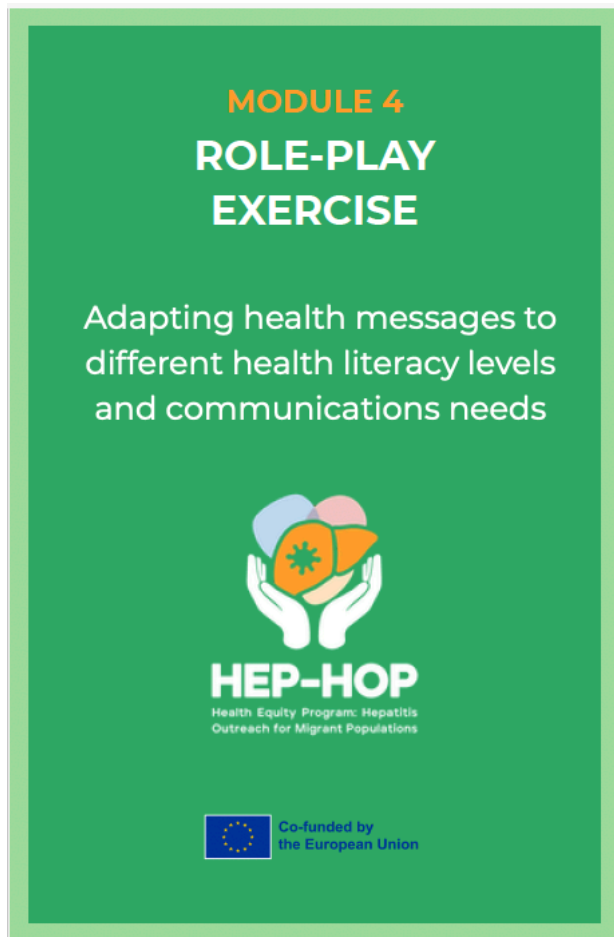


RESPONSE EXAMPLE

Acknowledge beliefs respectfully: "I understand that this is something many people may have heard." Avoid saying: "That's wrong!"

Build on existing knowledge: "Some liver problems can have different causes, but hepatitis B and C are infections caused by a virus."

Annex 6. Module 4 – Adapting health messages to different health literacy levels and communication needs





CARD 1

HEALTH COMMUNICATION



MESSAGE TO COMMUNICATE

"Hepatitis B and C often do not cause symptoms in the early stages. A simple blood test can help detect infection and allow access to care if needed."

TASK

Adapt this message for people:



1. people with **low health literacy** levels
2. people with **high health literacy** levels
3. someone who is **worried** about testing or **distrustful** of healthcare practices

CARD 1

HEALTH COMMUNICATION



ADAPTATION EXAMPLES

Low health literacy

"Hepatitis B and C are infections that can make your liver sick. Many people feel healthy and do not know they have the infection. A simple blood test can tell if you have hepatitis. If needed, doctors can help you stay healthy"

High health literacy

"Hepatitis B and C may remain asymptomatic for many years. Screening through a blood test can identify infection before symptoms develop and allows timely monitoring, treatment and follow-up when necessary."

Worried and distrustful

"I understand that some people may feel uncertain about medical testing. The blood test is voluntary and helps determine whether hepatitis B or C is present, even when someone feels well. Knowing the result can help you make informed decisions about your health and any support that may be available."

CARD 2

HEALTH COMMUNICATION



MESSAGE TO COMMUNICATE

"Hepatitis B vaccination is a safe and effective way to prevent infection."

TASK

Adapt this message for people:



1. people with **low health literacy** levels
2. people with **high health literacy** levels
3. someone who is **worried** about testing or **distrustful** of healthcare practices

CARD 2

HEALTH COMMUNICATION



ADAPTATION EXAMPLES

Low health literacy

"The hepatitis B vaccine helps protect you from getting hepatitis B. The vaccine has been used for many years and helps keep people healthy."

High health literacy

"Hepatitis B vaccination provides long-term protection against infection and is one of the most effective strategies for preventing hepatitis B transmission."

Worried and distrustful

"It is normal to have questions about vaccines. The hepatitis B vaccine has been studied extensively and is used worldwide to help protect people from infection. If you have concerns, we can discuss them together."



CARD 3

HEALTH COMMUNICATION



MESSAGE TO COMMUNICATE

"All test results will be handled confidentially and will not affect your migration status."

TASK

Adapt this message for people:



1. people with **low health literacy** levels
2. people with **high health literacy** levels
3. someone who is **worried** about testing or **distrustful** of healthcare practices

CARD 3

HEALTH COMMUNICATION



ADAPTATION EXAMPLES

Low health literacy

"Your test result is private. It will not be shared with migration authorities or other people without your permission."

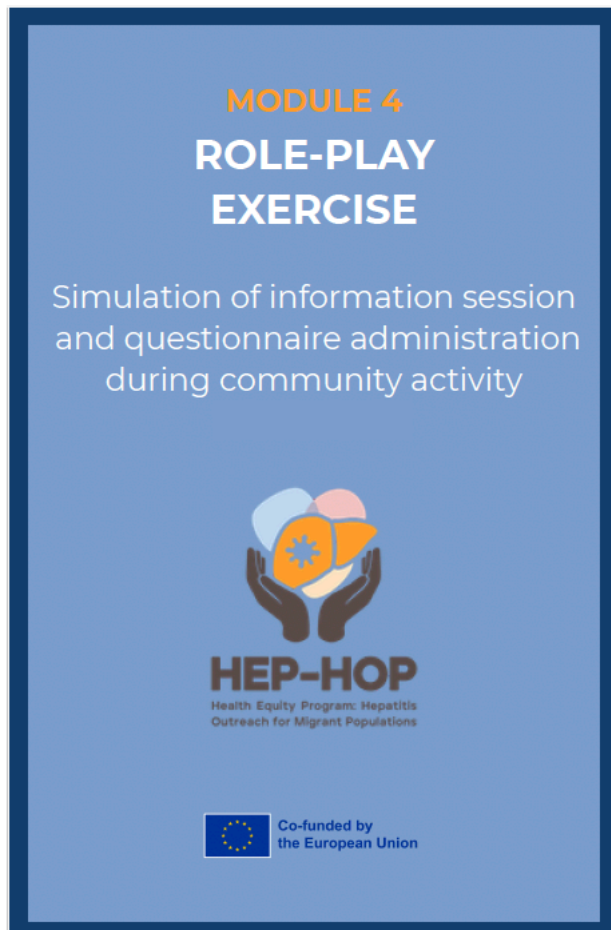
High health literacy

"All screening results are treated confidentially and are protected according to healthcare privacy regulations. Participation in screening will not affect your migration status."

Worried and distrustful

"Many people worry about who can see their health information. Your test result is private and will not be shared with anyone, including migration services. The purpose of the test is only to support your health."

Annex 7. Module 4 – Simulation of information session and questionnaire administration





CARD 1

LIMITED KNOWLEDGE



SCENARIO

You don't know viral hepatitis and feel that some of the questions are quite personal. You ask why this information is being collected and whether answering these questions is mandatory.

CARD 2

SENSITIVE INFORMATION



SCENARIO

You are interested in participating but feel uncomfortable answering personal health questions.

CARD 3

CONFIDENTIALITY CONCERNS



SCENARIO

You are worried about what will happen to the information you provide in the questionnaire. You want to know who will have access to your data and whether your personal information remains confidential.

CARD 4

LIMITED TIME



SCENARIO

You are in a hurry and want to know why the questionnaire is important before deciding whether to participate.



CARD 5

LANGUAGE BARRIER



SCENARIO

You have difficulties understanding the language used in the questionnaire. You often ask questions to be repeated, explained differently, or translated into a language you understand better.

CARD 6

PREGNANCY



SCENARIO

You are pregnant and want to make sure participating is safe for you and your baby. Before completing the questionnaire, you ask why your information is being collected, who will have access to it, and whether participation is entirely voluntary.

Annex 8. Module 5 – Identifying risks to confidentiality





CARD 1

DISCUSSING RESULTS IN PUBLIC



SCENARIO

A participant receives a reactive hepatitis test result during a community screening event. The outreach worker explains the result while other participants are standing nearby and can overhear the conversation.



DISCUSSION

- What confidentiality risks are present?
- How might the participant feel?
- How could the outreach worker ensure privacy?

CARD 1

DISCUSSING RESULTS IN PUBLIC



RESPONSE EXAMPLE

"Your privacy is important to us. Let's move to a private area where we can discuss your result confidentially and where you can ask any questions you may have."



KEY MESSAGE



Always discuss test results
in a private space
whenever possible.

CARD 2

LEAVING DOCUMENTS UNATTENDED



SCENARIO

Documents and questionnaires are left unattended on a registration table during a lunch break.



DISCUSSION

- Who could assess the information?
- What are the potential consequences?
- What procedures should be followed?

CARD 2

LEAVING DOCUMENTS UNATTENDED



CORRECT ACTION

Store all documents containing personal information in a secure location before leaving the registration area. Never leave participant information unattended.



KEY MESSAGE



Personal data should never
be left unattended and
must be stored securely.



CARD 3

BEING ASKED QUESTIONS



SCENARIO

A participant's friend approaches an outreach workers and asks: "I saw my neighbour getting tested. Was their result positive?"



DISCUSSION

- How should the outreach worker respond?
- Why is confidentiality important in this situation?

CARD 3

BEING ASKED QUESTIONS



RESPONSE EXAMPLE

"I'm sorry, but I can't share any information about another person's participation or test results. If they wish to discuss it with you, that is entirely their choice."



KEY MESSAGE



Participant information should never be disclosed to third parties without explicit consent.

CARD 4

SOCIAL MEDIA AND PHOTOS



SCENARIO

During a screening event, a volunteer takes photographs and posts them on social media. Some participants can be clearly identified.



DISCUSSION

- What privacy concerns may arise?
- What should happen before photographs are taken?

CARD 4

SOCIAL MEDIA AND PHOTOS



RESPONSE EXAMPLE

"To protect participants' privacy, we cannot take or share identifiable photographs without their explicit consent. Please remove these photos until we have confirmed that everyone shown has agreed."



KEY MESSAGE



Participants must provide consent before identifiable photographs are taken or shared.



CARD 5

WORKING IN A CLOSE-KNIT COMMUNITY



SCENARIO

An outreach worker knows several participants personally from the local community and is later asked by friends about who attended the screening event.



DISCUSSION

- Why can this situation be challenging?
- How should the outreach worker respond?

CARD 5

WORKING IN A CLOSE-KNIT COMMUNITY



RESPONSE EXAMPLE

"I can't confirm whether anyone attended the screening. We respect everyone's privacy and keep all participant information confidential."



KEY MESSAGE



Attendance at a screening event is confidential information and should not be shared.



HEP-HOP

Health Equity Program: Hepatitis
Outreach for Migrant Populations



Co-funded by
the European Union

Community-based Viral Hepatitis Training and Education Curriculum

For Community Outreach Facilitators