Experience from pilot testing of the HCV knowledge questionnaire

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Toolbox: HCV testing & referral to care

The diagnostic process
- Mapping the current situation – barometer
- Roundtable discussion
- Action planning

The new models of care
- Selection of testing programmes
- Identification of other responses
- Implementation experience

Materials to support the action
- Information material for drug services to raise awareness among staff
- Knowledge Questionnaire

Implementation
- Assessment of outcomes achieved
Development process

1. First version of Knowledge Questionnaire (KQ) developed by RKI based on the experience of DRUCK
2. EMCDDA adopted the questionnaire and further developed the content
3. Translation and programming in LimeSurvey
4. Initial test in PL during annual conference:
   1. Introductory session & online questionnaire promoted
   2. Two focus-groups
5. Pilot of on-line versions in Italy and in Estonia
6. Further refinements and translations
Key features of the questionnaire

- A series of true statements
- Non-judgmental answer options
- Topics covered
Results from initial test in Poland

1. Both the format (not a test) and the content were well received (interesting)
2. Online version is user friendly
3. Triggered discussion about the national situation and barriers for testing
4. Staff do not get training so the knowledge questionnaire useful here
5. Need for more information about new testing methods and treatment options + international recommendations (also for advocacy work)
6. There is a need to provide links to educational material
Results from piloting in Italy (1)

- \( N = 73 \);
- only 1 person did not complete all questions;
- mainly from ‘community testing’, residential treatment & low threshold services;
- 33% provide services for PWID regularly, 50% occasionally and 17% rarely;
- proportion answering “I knew that already” ranged from 55% to 100%;
- 91% of respondents knew their hepatitis B status and 90% their hepatitis C status.
Results from piloting in Italy (2)

- **Found it interesting**
  - Strongly agree: 39%
  - Agree: 51%
  - Neither: 10%
  - Disagree: 9%
  - Strongly disagree: 7%

- **Learned something new**
  - Strongly agree: 28%
  - Agree: 55%
  - Neither: 9%
  - Disagree: 7%
  - Strongly disagree: 1%

- **Liked answer format**
  - Strongly agree: 29%
  - Agree: 38%
  - Neither: 19%
  - Disagree: 7%
  - Strongly disagree: 7%

- **Good way to refresh knowledge**
  - Strongly agree: 38%
  - Agree: 49%
  - Neither: 7%
  - Disagree: 4%
  - Strongly disagree: 3%

- **Too long**
  - Strongly agree: 1%
  - Agree: 17%
  - Neither: 20%
  - Disagree: 43%
  - Strongly disagree: 17%

- **Hard to understand**
  - Strongly agree: 3%
  - Agree: 6%
  - Neither: 10%
  - Disagree: 45%
  - Strongly disagree: 36%

- **People won't be honest**
  - Strongly agree: 1%
  - Agree: 19%
  - Neither: 22%
  - Disagree: 36%
  - Strongly disagree: 22%
Results from piloting in Estonia (1)

- N = 75;
- only 3 persons did not complete all questions;
- mainly from low threshold services (76%);
- 69% provide services for PWID regularly, 16% occasionally and 16% rarely;
- proportion answering “I knew that already” ranged from 44% to 97%;
- 90% of respondents knew their hepatitis B status and 89% their hepatitis C status.
Results from piloting in Estonia (2)

- Found it interesting: 34% Strongly agree, 49% Agree, 15% Neither, 2% Disagree, 2% Strongly disagree
- Learned something new: 31% Strongly agree, 45% Agree, 19% Neither, 3% Disagree, 2% Strongly disagree
- Liked answer format: 24% Strongly agree, 53% Agree, 18% Neither, 2% Disagree, 3% Strongly disagree
- Good way to refresh knowledge: 34% Strongly agree, 50% Agree, 13% Neither, 3% Disagree, 2% Strongly disagree
- Too long: 10% Strongly agree, 8% Agree, 31% Neither, 44% Disagree, 8% Strongly disagree
- Hard to understand: 3% Strongly agree, 23% Agree, 41% Neither, 31% Disagree, 3% Strongly disagree
- People won’t be honest: 5% Strongly agree, 52% Agree, 23% Neither, 19% Disagree, 2% Strongly disagree
Conclusions

• The KQ seems very acceptable to staff in drug services;
• Knowledge seems quite high but they think it useful;
• There was overlap between the 2 pilot countries on the points they were less likely to know:
  • WHO recommends PWID who test +ve for HCV should receive treatment
  • To know if a person is currently infected requires a further test
  • The level of hep C in the general population in Europe is generally low (<2%)
  • The test for HCV should be repeated 3 months after treatment completion
  • The different ways HCV can be transmitted
  • To prevent hep B infection ideally 3 doses of the vaccine is needed

We prefer the current version of the questionnaire (I heard about it/This is new to me) over true and false – to avoid putting pressure on staff
Next steps

- Finalise the questionnaire now.
- Do additional translations
  - English, Polish, Italian, Estonian, Russian, Portuguese, German, French.
- Work with NFPs and others who want to use it in different ways.

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- Consider further evaluation.

The questionnaire could be also useful for the staff to discuss the subject of HCV with their clients (sort of a checklist).