197/7

F20 V1C26

C [redacted]

cc: [redacted] ✓

ADVISORY GROUP ON VIRAL HEPATITIS 1752

At the meeting which we had with you on 17 July you agreed that I should submit to you a paper proposing the establishment of an advisory group on hepatitis which, if you agreed, would then go on to CMO. I now attach two copies of such a paper. I have also sent a copy, in confidence, to Sir Robert Williams.

Since I wrote the paper, I have received a copy of a note from [redacted] of which I also attach a copy. You were yourself anxious to keep the membership as small as possible and, as indicated in the paper itself, and as discussed at our meeting with you, it might be possible to include representation from nurses, technicians or other interested parties by co-option.

As you know, we have a few names tentatively in our minds to fill some of the places listed but we could discuss these with you or with CMO if and when the general principle of establishing the group has been agreed.

24 July 1979

[redacted]
A204 x6882

B021
R+C1
32

[redacted]

cc: [redacted]

ADVISORY GROUP ON VIRAL HEPATITIS

Summary

In this note the reasons are given for suggesting that an advisory group on viral hepatitis should be set up and its possible composition and terms of reference are also set out.

Introduction

At least three and possibly more agents are known to cause viral hepatitis, with differences in their mode of spread and other epidemiological features and requiring different methods of control and treatment. Many of the micro-biological findings have been made recently and increase in knowledge has led to greater increases in the number of problems arising. Enquiries about specific problems frequently come to Departmental staff and it seems likely that this will continue. At present hepatitis B presents the majority of problems and is responsible for the majority of enquiries but non-A/non-B hepatitis may well also become a major source of concern.

Current problems

The most important problems in this field are:

(a) the risks to health service and other staff of handling individuals who carry one or other of the antigens or antibodies associated with hepatitis B infection or who are members of a group with a high carrier rate;

(b) the risks to patients from health service staff, whether known or unsuspected carriers of antigen or antibody;

(c) the possible hazards of the use of contaminated apparatus;

(d) the possible hazards of the use of blood and blood products.

(a) Tests for the presence of hepatitis B surface antigen (HBsAg) and other markers indicating present or past infection with hepatitis B are being performed more frequently and in some places routinely. Positive findings may suggest that there is a hazard to staff dealing with the patients concerned or with specimens taken from them but the extent to which the hazards are real and significant is still uncertain. The possible risks do however give rise to apprehension among some staff and to pressure for various precautions or even to reluctance to deal with patients at all, the precautions suggested often going far beyond what appears on current evidence to be necessary.

Problems also arise among staff dealing with groups of individuals in whom high carrier rates are known to exist, not all of the staff concerned being health service staff.

(b) There are a very few references in the literature to the risk of infection to patients and others by doctors and other health service staff who are carriers of HBsAg or some other marker. The finding of markers is likely to increase and this will lead to pressure for advice on the need to exclude such workers from certain forms of work in the health service. The recent publication "Hepatitis in Dentistry" has been of considerable value but only covers the one specialty field.

(c) Techniques of immunisation, use of equipment in renal dialysis units and use of other medical and surgical equipment may all present problems in the possible transmission of hepatitis. The Rosenheim report "Hepatitis and the Treatment of Chronic Renal Failure" was very valuable but covered a limited field and was published seven years ago. The great volume of information acquired since its publication means that it is now seriously out of date.

(d) Hepatitis B was originally referred to as serum hepatitis and is still often regarded as being in the main associated with the use of contaminated blood and blood products. While other forms of transmission are now known to be important, the risks involved in blood transfusion are still considerable and the subject of many enquiries.

The above list is by no means exclusive and the spread of hepatitis, particularly hepatitis A, by food and water, has been the subject of many investigations and will continue to pose problems.

Terms of Reference

While it seems likely that many of the questions put to an advisory body would be related to (a) and (b) above, it is suggested that the terms of the proposed advisory group should be general, possibly on the lines:

> "To advise the Chief Medical Officer of the health departments of Great Britain on the prevention and control of viral hepatitis."

The body could be a free standing committee which would only meet occasionally but would be available to give advice as required and which might write a memorandum on viral hepatitis for purchase via HMSO.

Composition

It would be useful if the composition could include one or two members of the group which wrote "Hepatitis in Dentistry". The following might make a reasonable group:

1. a physician working in the NHS with a special interest in hepatitis;
2. a virologist in the NHS with a special interest in hepatitis;
3. a virologist in the PHLS with a special interest in hepatitis;
4. the Director of the PHLS (or a representative);

5. a physician specialising in liver disease;

6. a PHLS Regional Laboratory Director;

7. a dentist;

8. an epidemiologist/community physician;

9. an AMO;

10. a Director of a Regional Blood Transfusion Unit;

11. a physician or other doctor in a renal dialysis unit.

It would be necessary to discuss representation with Scotland and Wales and possibly with Northern Ireland. It might be right to consider whether to include, perhaps by co-option, representation from CDSC, from HSE, from nurses and possibly from ESN schoolteachers. The secretariat would presumably be formed by a doctor and an administrator from DESS.

Approval is sought for taking the necessary preliminary steps towards establishing this advisory group. These steps might include consideration of the actual membership.