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VIC 26

To: Dr Geffen

18 July 1979

ADVISORY GROUP ON VIRAL HEPATITIS

1746

Further to our meeting on 17 July with Dr Evans and Dr Waiter I know you are wanting to draft a note for the Chief Medical Officer concerning the formation of an Advisory Group on Viral Hepatitis.

We suggest this should be a free standing committee which would only meet occasionally but would be available to give advice if required (and if necessary could write a memorandum on viral hepatitis which could then be purchased via the HMSO). This would be on the same lines as the Advisory Groups on Rabies and on Lassa fever.

The great increase in knowledge regarding the epidemiology and microbiology of viral hepatitis (in particular hepatitis B) has recently presented us with an immense number of practical problems which at any time could present the Department with very difficult decisions. The Rosenheim Report on "Hepatitis and the Treatment of Chronic Renal Failure" was outstandingly successful in controlling hepatitis in dialysis units but this was written in 1972 and is now seriously out of date. (There is now at least one new type of viral hepatitis which had not been discovered at the time of the Rosenheim Report). The reports of the Advisory Group on Tests for the Presence of HB_s Ag and its Antibody have similarly been most useful in controlling transfusion hepatitis

Among the many problems currently facing us are:

1. The surgeon who has apparently infected 7 patients with Hepatitis B.
2. The risk to medical, nursing and other ^{staff from} patients who are hepatitis B carriers.
hepatitis
3. The risks involved in blood transfusion.

The Group will not specifically be concerned with prescribed occupational disease but will be available to advise where hepatitis is concerned. It remains anomalous in being a prescribed disease in certain categories of staff while not in others.

It is suggested that the remit for the new Advisory Group might be:

"To advise the Chief Medical Officers of the Health Departments of Great Britain on the prevention and control of viral hepatitis."

The 13 members of the Group could include:

1. Professor of Medicine with a special interest in hepatitis.
2. Professor of virology with a special interest in hepatitis.
3. The Director of the Public Health Laboratory Service
4. The consultant virologist with a special interest in hepatitis at PHLS
5. A consultant physician who specialises in liver disease at a London teaching hospital
6. The Director of a Regional Public Health Laboratory
7. A dentist
8. An epidemiologist/community physician
9. An Area Medical Officer
10. Director of a Regional Blood Transfusion Unit
11. Director of a renal dialysis unit
12. Medical Secretary
13. Administrative Secretary } from DHSS

20/7

continued

Dr Geffen (continued)
18 July 1979

Page 2

I believe we agreed that Sir Robert Williams should see your draft note before it goes to CMO.

If we are not able to go ahead with the Advisory Group on Hepatitis we shall need to seek a Consultant Adviser on Hepatitis. However, the current medical advice from specialists in the hepatitis field runs the whole spectrum from draconian measures (the 'hepatitis leper') to a much more conservative approach. An advisory group would assist us in steering the best course between these points of view.

GRO-C

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cc: Dr N J B Evans
Dr Sheila Waiter