VIC 129A

1988

ADVISORY GROUP ON HEPATITIS

MINUTES OF MEETING HELD ON 5 DECEMBER 1980 IN HANNIBAL HOUSE

Present: Sir Robert Williams (Chairman)
Dr D M S Dane
Dr R Lane
Dr S Polakoff
Dr R S Williams
Dr S E J Young
Professor A J Zuckerman

Also present: Miss Taber - RCN

Dr M Sibellas - Medical Secretary
Miss J McCoy - Secretary

Dr T Geffen)
Dr D Walford)
Dr R D Andrews)
Dr R H G Charles) - DHSS
Mr H M Hughes)
Dr M E Smith)
Mrs A Dawar)
Mr A W Jones)

Dr R Logan - Northern Ireland
Dr W Lovett - Welsh Office
Dr W Prentice - Scottish Home and Health Department

Introduction

The Chairman welcomed Miss Taber of the Royal College of Nursing who had come to speak to item 6b.

1. Apologies for absence

Apologies were received from Dr Bird, Dr Elewett and Professor Kennedy.

2. Minutes of last meeting (3 October 1980)

Under Item 3 "Hepatitis B risks to staff", the fourth paragraph on page 2 starting "Dr Lane ...." should be changed to "Dr Dane .....".

BOX 1
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62

[redacted]

On page 3, 2nd line of 2nd paragraph under "Report of the Expert Group on Hepatitis in Dentistry", after "B antibody" add, "so that immune staff could treat known carriers".

On page 3, 8th line of 2nd paragraph under "b. Guidelines to Health Authorities on Hepatitis B carriers", after "e antigen carriers" add, "especially if members of staff,".

On page 3, Item 4(b), 2nd paragraph. Dr Dane wished to have his own view recorded in the minutes that in his view a gynaecologist who had been responsible for infections could reasonably be allowed to continue to insert intra-uterine devices but should not perform vasectomies.

Subject to these amendments, the minutes were agreed.

3. Matters arising

(a) Revision of CMO 25/72 - Hepatitis B among NHS Staff - AGH(80)11

Dr Sibellas introduced the revision of CMO 25/72, on which members were asked to submit comments.

Dr Williams said that HB'e' antigen positive carriers presented a specially high risk and that clear advice was needed on what to do with staff who were HB'e' antigen carriers not known to have transmitted infection and who were working in heart/lung or similar units. Dr Dane and Professor Zuckerman agreed that the carriage of the HB'e' antigen was a marker of greater risk of transfer but considered that there were now several good methods for assessing transmissibility and that the management of each carrier had to be considered individually, both with regard to markers of infectivity and to job content. They did not consider that there was a case for compulsory screening of staff in heart/lung or similar units at the present stage.

The Chairman emphasised the need to distinguish between staff who had actually transmitted infection and other carriers, in the revised CMO letter. He suggested that the advice might be that carriers who were known to have transmitted infection should not perform any surgery but could continue with vaccinations or blood-taking so long as they took precautions against transmitting infection, while those not known to have spread infection should be encouraged to take reasonable hygienic precautions, including the wearing of disposable gloves.

It was agreed that in the light of these views a re-draft would be prepared and circulated to members for comment. The final version would then be considered by the Committee.

3(b) Blood Donor Carriers - AGH(80)12

Members of the Group considered that staff working in a hepatitis unit or in a dialysis or renal transplant unit could be accepted as blood donors provided they had not had an attack of hepatitis. The ultimate decision lay with the Director of the local Blood Transfusion Unit.

3(c) Supplies and Distribution of Hepatitis B Immunoglobulin - AGH(80)13

Dr Lane tabled a paper reporting 2 trials of Hepatitis B immunoglobulin in neonates born to e-antigen positive mothers. One trial, at Edgware General Hospital was under way, and the trial at St George's Hospital was about to start. It was important that the national supply position of immunoglobulin should allow for any increase in demand that might result from the published recommendations of the trials.

Dr M E Smith said she was not aware of these trials but she confirmed that so far as the Department was concerned, such studies should not be approved unless the supply position was known. It was felt it would be helpful if the Committee could be kept informed of the progress of these trials.

4. Transmission of Hepatitis B by medical equipment

Syringe transmitted hepatitis : AGH(80)14
(BCG Vaccination and Hepatitis B)

Professor Zuckerman said he thought this matter should be brought to the Committee's attention because a recent article in "Community Medicine" said there was no danger of transmission of hepatitis B infection using the multidose syringe technique for BCG vaccination. Professor Zuckerman was not aware of a specific study but there was plenty of evidence available from other situations that the practice of giving injections with a multidose syringe could spread hepatitis and should certainly be discontinued.

5. Update on Hepatitis B Vaccines - AGH(80)16

Professor Zuckerman explained that no vaccine produced in the United Kingdom would be available before the middle of 1982. The French vaccine which was undergoing a double blind clinical trial was likely to be ready during 1981.

The Dutch vaccine might be of considerable value in the foreseeable future and it was hoped that the Wellcome Foundation would undertake its manufacture as a commercial product when it was approved. Studies should be funded to this end. The cost of chimpanzees was about £5,000 each with subsequent weekly costs of around £150.

Small amounts of vaccine should become available later, using recombinant DNA techniques, and these amounts would probably increase during the next five years.

Professor Zuckerman referred to attacks on families and homes of people working on the vaccine, including himself, by members of animal protection organisations, and Dr Andrews indicated that it would be helpful to convey to the Home Office the information that there were no alternatives to the use of animals. The Chairman suggested that the Secretariat might provide the Press Office with guidance material on this.

Dr Andrews said that no specific problems arose from the use of vaccines developed by recombinant DNA methods provided that the licencing procedures were followed as set out in the Medicines Act.

Dr Dane stated that all successful vaccines since the war had originated in the United States where there was financial backing to ensure a high degree of safety. Vaccines could be made here under licence. They could be produced from Alexander cell lines andthe question of safety might not be different from that of producing them from human blood. The Chairman said that the Committee would want to see an effective vaccine developed and that support should be given to Professor Zuckerman and his work with the Wellcome Foundation but, until a UK vaccine was available, supplies would have to be obtained from abroad.

6. Hepatitis B and Renal Dialysis

(a) Home Renal Dialysis Machines - AGH(80)17

Dr Charles explained the sequence of events following the Report of the Committee on Backsiphonage in Water Installation in 1975 and the safety instructions issued to inspectors and others visiting home dialysis patients. The Water Council said the current advice caused embarrassment to patients, was a worry to engineers and resulted in a waste of time and money, and asked for an authoritative medical view on what precautions were now reasonable.

The Department considered that in the light of changes in practice and incidence, it was no longer necessary to regard any of the fluids or equipment used by patients who were not carriers of hepatitis B surface antigen as a class 1 risk. The only precautions to be suggested to water engineers and other visitors were those required by common courtesy. Patients known to be HBsAg positive should be considered as a class 3 risk to prevent staff becoming infected.

The Committee supported these views.

(b) Rosenheim Report : Review of Nursing Practices - AGH(80)18

Miss Taber of the Royal College of Nursing introduced the papers setting out changes which had taken place in terminology, medical policy, epidemiology and procedure since the Rosenheim Report was published in 1972 and the RCN's views on points which needed updating.

The Committee supported the proposed changes and agreed that these should be incorporated in a letter from the Chief Nursing Officer. The CMO letter discussed at item 3(a) should refer to the CNO letter and vice versa.

7. Advisory Group on Testing for Hepatitis B Antigen and its Antibody

(a) 3rd Report

The Chairman said the 3rd Report was not yet available and would be considered at a future meeting.

(b) The Future of the Advisory Group on Testing for Hepatitis B Antigen and its Antibody - AGH(80)19

The Committee agreed that it would be better to appoint small working groups on an ad hoc basis and not to continue with a standing sub-committee.

8. Any other business

(i) Dr Lane emphasised the need to make any tests for markers of non-A non-B hepatitis available as soon as possible when they were developed.

The Chairman asked Dr Lane to keep the Committee informed about these.

(ii) The Chairman said the possible down-grading of hepatitis B^2 specimens in laboratories to category C was to be discussed by the new Advisory Committee on Dangerous Pathogens. This Group would be advised of their recommendations in due course, and would be ready to offer expert comment when asked to do so.

Dr Walford said the subject had provoked wide comment from the medical profession and the Health and Safety Executive would soon be issuing advice probably prior to consideration by the ACDP.

9. Date of Next Meeting

To be arranged.