NOTE

ADVISORY GROUP ON HEPATITIS

Summary

In this note the reasons are given for suggesting that an Advisory Group on Viral Hepatitis should be set up, and the terms of reference are 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 microbiological 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 is already becoming a major source of concern.

i Hepatitis A

Hepatitis A should also be considered by the Advisory Group. It does however have a different mode of spread - usually by the faecal-oral route and related to contaminated water and food. Recovery is usually complete and without serious sequelae whereas hepatitis B (and almost certainly Non-A/Non-B hepatitis) can lead to the chronic carrier state and permanent liver damage.

ii Hepatitis B

The main sources of hepatitis B infection in the United Kingdom are blood and blood products. The incidence of hepatitis B in this country is thought to be about 1 per thousand persons (whereas in other countires it it known to be 10 or more times higher than this). No hepatitis vaccines (other than experimental vaccines) are yet available.

iii Hepatitis Non-A/Non-B

The existence of more than two human hepatitis viruses has only recently gained acceptance. Non-A, non-B hepatitis was first identified in individuals who had been transfused but other modes of transmission have been reported from all over the world. The viral agent has only very recently been identified (reported in scientific medical journals in December 1979).

Terms of Reference for the Advisory Group on Hepatitis

To provide medical advice to the Chief Medical Officers of the Health Departments of Great Britain on all aspects of communicable hepatitis.

The Advisory Group could take the form of other major infectious disease Advisory Groups (eg the Lassa fever Group and the Advisory Group on Rabies) Ie It should meet once or twice to consider the major hepatitis problems at present facing the Department but then should be convened only as the work

demands. Where specialist advice is needed eg from blood transfusion experts, this would fall to the new Advisory Group even though in practice highly specialised questions might need to be answered by a specialist sub-group.

Current Problems

The most important problems in this field are:-

(a) The risks to health service staff and other staff outside the health service of handling individuals who carry one or other of the antigens 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.

(c) The management implications of any measures taken to prevent and control hepatitis.

(d) The possible hazards of the use of contaminated apparatus.

(e) The possible hazards of the use of blood and blood products.

(f) Problems related to hepatitis in dentistry.

(g) Anxieties about all aspects of occupational hepatitis are particularly topical and it would be important for the Advisory Group to handle this matter effectively.

Composition of the Group

It would be useful if the Group could include 2 members of the Expert Group which wrote the report on "Hepatitis in Dentistry". (chaired this Group and it is noted that he will no longer be available after this year.) It should also include the chairman of any other expert sub-group (eg the Advisory Group on Testing for the presence of Hepatitis B surface antigen and its antibody).

Relationship with other Hepatitis Groups

The proposed Advisory Group on Hepatitis should be the main Committee which is advised by and which seeks advice from specialist sub-committees as appropriate. These specialist groups currently include the Expert Group on Hepatitis in Dentistry (Chairman -) and the Advisory Group on Testing for the presence of Hepatitis B surface antigen and its antibody (Chairman -).

Approval is sought for taking the necessary preliminary steps towards establishing this Advisory Group. The actual membership should include representation from Scotland and Wales and possible Northern Ireland and would include experts from clinical medicine and surgery, microbiology, epidemiology (CDSC), occupational medicine, dentistry, renal dialysis, blood transfusion, nursing among others.