

DRAFT PRESS RELEASE

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August 1991

LADY HOOPER ANNOUNCES ADDITIONAL TESTING OF BLOOD DONATIONS

Lady Hooper today announced that routine testing of all blood donations for the antibody to the Hepatitis C virus would begin on 1 September 1991.

Lady Hooper said:

"We are fully committed to ensuring that patients in our hospitals can continue to receive safe blood transfusions. To achieve this every blood donation already undergoes a series of tests before it is used.

We are now satisfied that donations can be screened for hepatitis C using tests which have been developed recently. The introduction of this additional test will further improve the safety of our blood supply."

NOTES FOR EDITORS

1. The Blood Transfusion Service operates through Regional Transfusion Centres. There is a National Directorate to co-ordinate national policy.

2. About 2,000,000 blood donations are collected each year in England and Wales.

3. Further information on Hepatitis C and the screening tests can be obtained from Dr Harold Gunson, National Director, or Dr R J Moore, Deputy National Director, NBTS, Gateway House, Piccadilly South, Manchester, M60 7LP. Telephone: 061-237-2085.

4. Hepatitis C virus (HCV) is not related in any way to HIV (Human Immunodeficiency Virus).

5. Pilot studies have suggested that in the UK only 0.05% of blood donors are likely to be Hepatitis C virus antibody positive.

PRESS OFFICE: BACKGROUND NOTE

HCV TESTING

The hepatitis C virus is considered to be the main, though not the only, cause of Non A Non B hepatitis which is the most common form of post transfusion hepatitis today. The disease may run a symptomless course but in some cases it can result in chronic liver damage which may ultimately be fatal.

Since mid 1989 screening tests have been developed which can identify supposed carriers of HCV. The early test produced many false positives and for some time there were no supplementary tests to indicate whether positive cases were infective.

Despite this, routine screening testing for HCV antibodies in all donated blood has been introduced recently in USA, Japan, Scandinavia and a number of European countries. The UK was advised by experts not to introduce screening until the tests were evaluated and supplementary tests were satisfactory.

Suitable testing kits are now available for a co-ordinated start to HCV testing on 1 September 1991 throughout the UK. All blood and plasma collected will be tested.

Testing will be done by Regional Transfusion Centres. Supplementary tests on positive donations will be undertaken by the Public Health Laboratory Service. Positive donations will not be used for blood transfusion. Donors who are confirmed HCV positive will be offered counselling.

PRESS OFFICE: Q&A

Q: What are the chances of patients being infected with Hepatitis C through blood donations?

A: Very small. Pilot studies suggest that 0.1% of healthy blood donors may be positive for antibody to Hepatitis C. Hepatitis C is both less common and usually much milder than Hepatitis B.

Q: If the risk is so small, why are tests being introduced?

A: This is part of continuing developments to ensure that our blood supply remains among the safest in the world.

Q: What will happen to donors who are found to be positive in the screening test for antibody to Hepatitis C?

A: Supplementary tests for these donors are now available. Anyone who is confirmed HCV positive will be counselled regarding any need for further investigation. The Blood Transfusion Service is experienced in this sort of work.

Q: Why were tests not introduced earlier as in some other countries?

A: The early tests were not specific enough. They produced an unacceptable level of false positive results. Expert medical and scientific opinion in this country recommended that routine testing should not begin until suitable testing kits were available.

Q: Who will pay for the tests?

A: The tests will be carried out by Regional Transfusion Centres. They will include the cost of these tests in the handling charges they levy on hospitals for the blood supplied to them. NOTE: The Department would only have been able to fund the cost by top slicing the allocation to the NHS - it is all the same money. There is no charge for the blood itself, only for the cost of collecting, processing and transporting it.

Q: Why are additional funds being made available in Scotland?

A: This reflects a different system in Scotland of financing their Blood Transfusion Service through a Common Services Agency. In England following the NHS reforms funds pass from purchasers of services to the providers.

HEPATITIS C VIRUS - CURRENT KNOWLEDGE

Even after the introduction of screening of blood donors for Hepatitis B, cases of post-transfusion hepatitis (PTH) continued to occur. These and similar non-transfusion-related cases were known as non-A non-B hepatitis (NANBH). Recently the virus thought to cause over 90% of post-transfusion NANBH has been identified indirectly. Chimpanzees infected by blood from PTH patients produced RNA viral material which reacted with antibody present in PTH patient serum. This virus is now called "Hepatitis C virus" (HCV) and is thought to be an RNA virus, of about 10,000 nucleotides and to be related to the flaviviruses (the virus has not yet been cultured). It has no relationship to Hepatitis B or HIV.

TRANSMISSION

Certainly by shared needles in drug users (60-90% of drug addicts are Anti-HCV positive) and blood transfusion. A large number of multitransfused patients (haemophiliacs, thalassaemics, leukaemics) are positive, but overall only 5% of HCV cases are related to transfusion. The risk of transmission via sexual intercourse, within families and from mother to baby seems to be very low. In over 40% of cases the route is unknown.

INCIDENCE

Studies by the NBTS suggest that 1/2000 of the general population may be Anti HCV positive - more information will emerge with general donor screening. We do not know how many of these are still infectious.

CLINICAL COURSE

Vast majority are asymptomatic (but very immunosuppressed patients - eg bone marrow transplants-can become severely ill). Probably 50% of patients infected through transfusion or drug abuse will develop chronic liver disease; and cirrhosis and (very occasionally) liver cancer can follow. The incidence of chronic disease in "blood-unrelated" HCV is probably lower (? due to viral dosage effect?).

LABORATORY TESTS

Serum antibody to HCV. Confirmatory tests, including PCR test for viral RNA, are available. It has been suggested that if two batches of liver function tests (3 months apart) are normal, no further action is indicated at present. If abnormal, specialist referral is advisable. Current specialist treatment may include liver biopsy and antiviral agents (eg Interferon).

DISINFECTION

By analogy with other similar viruses, sterilisation by the usual chemical/boiling means should be adequate. Plasma products for transfusion which have been treated to kill the HIV virus are also HCV-free.

RECOMMENDATIONS FOR INVESTIGATION AND COUNSELLING OF PATIENTS FOUND TO HAVE A POSITIVE HCV ANTIBODY TEST BY THE BLOOD TRANSFUSION SERVICE.

It is recommended that:

1. The patient should be questioned about any relevant symptoms/signs e.g. previous jaundice, and asked if there is any history of blood transfusion or intravenous drug use.
2. A physical examination to exclude signs of liver disease, hepatomegaly or splenomegaly should be performed.
3. A blood sample should be taken for liver function tests.

If all findings are negative and tests normal, the patient should be seen again in 3 months. If the examination and blood tests are again normal, then no further follow up is recommended.

If there are any abnormal findings then referral to a specialist (either a local gastroenterologist or Dr Murray-Lyon or Dr Dusheiko) is recommended. If the findings are unclear, or the patient very anxious, then either Dr Murray-Lyon or Dr Dusheiko will be happy to advise.

COUNSELLING HCV ANTIBODY POSITIVE PATIENTS

The following notes may help in answering questions from patients:

1. The majority of people who have antibodies to Hepatitis C in their blood do not have liver disease.
2. Even if abnormal liver function is detected, treatment can be given and the prognosis is good in the majority of cases.
3. In most cases, we do not know how the infection is spread. There is no evidence that Hepatitis C is spread by day to day contact, i.e. between people living in the same household. The main risk of spread is by blood to blood contact, e.g. transfusion or needle sharing. People should not share razors or toothbrushes.
4. Sexual transmission can occur, but is uncommon. No special precautions are needed for sexual contact with a regular partner. People who have many sexual partners should use condoms anyway, to protect against HIV (AIDS) transmission.
5. People who are HCV antibody positive should not donate blood and should not carry kidney or organ donor cards.
6. Existing life insurance policies will not be affected by the new information that a patient is HCV antibody positive. If a patient wishes to take out a new insurance policy, he/she must declare him/herself to be anti HCV positive. The insurance company is unlikely to understand the significance of this and so, to avoid large premiums, it is suggested that the patient should obtain a letter from a specialist to provide the relevant information about the risks of Hepatitis C.
7. Patients should be advised to inform their dentist that they are anti-Hepatitis C positive.

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