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To all members of MSBT, including Secretariat;
and Hepatitis C Look-Back Working Party
members who attended the 8th January MSBT meeting

BY FACSIMILE This page plus 1

12 January 1996

Dear Member

HEPATITIS C Look-Back: PROPOSED ALTERNATIVE WAYS FORWARD

At the recent MSBT meeting it was noted that the Look-Back had been slower in achieving its objectives than had been predicted. A number of options on the way forward were considered and I would be grateful if you could say whether you agree with our understanding of what these were, before we submit these options to the Minister.

1. Continue Look-Back using the present strategy, but with central exhortation to speed up the process.
2. Abandon the Look-Back entirely and offer hepatitis C tests to anyone who has been transfused.
3. Continue with the Look-Back but offer assistance to overcome the bottlenecks due to problems in tracing hospital records and a shortage of suitably trained counsellors.
4. The Committee considered these options, but unanimously concluded it was important to continue with the present strategy. This had been carefully designed to identify and offer counselling and treatment to recipients of blood transfusion units implicated in the Look-Back in a structured way that would maximise benefits to them. At the same time the Look-Back would obtain important information about the rate of transmission and natural history of Hepatitis C when acquired from transfusion that was not currently available.
5. The Committee also agreed that a delay in the identification process that might be extended for the rest of 1996 would not disadvantage patients as the evidence was of a 20-30 year time frame for liver damage to occur.
6. Should Ministers feel action needs to be taken to overcome bottle-necks in the present Look-Back strategy the following were among the possible actions that might be appropriate:

IMPROVING THE HEALTH OF THE NATION



- no*
Yes if appropriate.
Yes to hospital pressure if required
Yes esp in London area
No
- a. establish a task force
use nurses with epidemiological research experience or infection control nurses to look at hospital records.
approach Medical Directors of Trusts to try to identify medical records more quickly.
use professional counsellors, suitably briefed, as in the case of CJD/HGH recipients.
direct referral of patients to liver units for testing and counselling.
Yes f. representatives of the BTS to visit/telephone hospitals where there are particular problems.
→ *fact finding mission - where there exactly are the problems.*

The Committee also felt that hospitals that had not largely completed their programme of identifying patients, should be approached by NEA (or the equivalent in other countries) to inquire what their anticipated timescales were for completion of the patient identification stage of the programme.

I would be grateful if you could write/telephone/fax, if at all possible by Wednesday 17 January 1996 with your comments.

Thank you for your help.

Yours sincerely

GRO-C

for Dr A Rejman MD MRCP FRCPath
Senior Medical Officer
Medical Secretary of MSBT