



THE SCOTTISH OFFICE

Home and Health Department

7276

DIRECTORS OF PUBLIC HEALTH/CAMOs

**From the  
Chief Medical  
Officer**

**Dr R E Kendell CBE MD  
FRSE**

St. Andrew's House  
Edinburgh EH1 3DG

Telephone **GRO-C**

Fax **GRO-C**

Dear Colleague

**HEPATITIS C (HCV) AND BLOOD TRANSFUSION**

I would be most grateful if you could arrange for the enclosed letter to GPs and the documents attached to it to be circulated to all your GPs as quickly as possible ie by fax wherever that is available.

I think the letter is self explanatory. The reason for the urgency is that the Department of Health is holding a press conference at 3.30 pm this afternoon and the issue is likely to be widely reported by the media this evening. As a result, some worried recipients of blood transfusions may contact their GPs for further information this evening and tomorrow morning.

Yours sincerely

**GRO-C: Bob  
Kendell**

**R E KENDELL**

11 January 1995

SOHHD/CMO(95)1

**For action**

CAMOs/DPH of Health  
Boards

**For information**

General Managers  
Medical Directors of Trusts

**Further enquiries**

Dr A Keel  
Room 118  
St Andrew's House  
Edinburgh  
EH1 3DG  
Tel: **GRO-C**



## THE SCOTTISH OFFICE

### Home and Health Department

TO: ALL GENERAL PRACTITIONERS

Dear Doctor

#### HEPATITIS C (HCV) AND BLOOD TRANSFUSION

The Government is today announcing a lookback exercise to identify recipients of blood and blood products who may have been infected with HCV. As all blood donations in the UK have been tested for HCV since September 1991 only patients transfused **prior** to that date are at risk. Even before that date the risk of infection is small for any individual recipient.

Blood transfusion centres will be checking to see whether donors found to be infected by HCV had given blood in the past. Where this is the case, a thorough search of the records will be carried out with the aim of identifying recipients of the blood and offering them counselling and testing for the virus. Details of the procedures involved, together with guidance on management of recipients found to be HCV positive, is now being drawn up by an expert working group. A helpline has been set up for members of the public who want further information about HCV and blood transfusion and the lookback exercise. The number is 0800 71 61 97. The helpline will sift enquiries, and where appropriate direct members of the public to the Scottish National Blood Transfusion Service, or if essential to their GPs for further information. In any case, it is likely that some patients will turn to their GPs for information and reassurance. We are therefore sending you a copy of the questions and answers provided for the helpline, together with some background information which you may find useful in dealing with patients' queries.

Yours sincerely

GRO-C: Robert  
Kendell

R E KENDELL

LCR00210.015

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## ADDITIONAL INFORMATION FOR GPs

### HEPATITIS C (HCV) AND BLOOD TRANSFUSION

1. HCV can be transmitted through the blood of infected people. This now most commonly occurs in the UK through the sharing of blood contaminated needles and injecting equipment by injecting drug misusers, but may also occur with tattooing and other forms of skin piercing through contaminated equipment. Sexual contact with carriers of the virus may carry a small risk of transmission of infection; 'safer sex' practices will reduce this risk. The risk of spread within a household is low and general hygienic precautions, including not sharing razors and toothbrushes, will reduce this risk.
2. HCV infection is usually mild in the initial stages but may lead to chronic hepatitis with about 20% of cases progressing to cirrhosis after 20 years. A small number may develop hepatocellular carcinoma.
3. The original tests for HCV in 1989 and 1990 were poor with many false positives and false negatives. Since then tests have improved and confirmatory tests are now available to exclude false positives. Routine testing of all blood donations for HCV was introduced in the UK in September 1991. Approximately 1 in 2000 blood donors in the UK are positive for HCV. Donors at particular risk, such as intravenous drug abusers, have been excluded for many years.
4. Albumin and intramuscular immunoglobulins have an excellent safety record both with regard to HCV and other infections. Since 1985 many blood products, for example, Factors VIII and IX for treatment of haemophilia, have been treated with virucidal procedures such as heating or solvent detergent. These procedures destroy HCV and HIV, together with most Hepatitis B virus. Intravenous blood products have transmitted HCV in the past, eg Factors VIII and IX before 1985, and intravenous immunoglobulins more recently, since they are prepared differently. Patients receiving these products should be advised to discuss the situation with their hospital consultant.
5. If a patient is identified as having previously received blood from a donor now known to be HCV positive, the transfusion centre will initially contact the hospital where the patient had their transfusion. If the patient is no longer under the care of that hospital, you may be contacted by the hospital or the transfusion centre for further information about the patient. You will then be advised on any appropriate action that is necessary.
6. The vast majority of patients who have been given blood transfusions will not have been infected with HCV. Patients can be reassured that the risk is small.
7. It is important that patients do not confuse blood and blood product transfusions with treatment with other fluids not derived from blood. Patients need to be reassured that just because they have had an operation this does not necessarily mean that they have had a blood transfusion.
8. Interferon Alfa-2a has recently been licensed for treatment of chronic hepatitis C. Treatment is expensive and only about 20% of

## QUESTIONS AND ANSWERS FOR CALLS TO HELPLINE FROM PUBLIC

### HEPATITIS C AND BLOOD TRANSFUSION

#### Introductory

Q. Have you ever had a blood transfusion?

A. If the answer is no then what is your concern?  
If a Haemophiliac please speak to your consultant.  
If an intravenous drug misuser please speak to your GP or consultant or the drug treatment centre with which you are in contact.

1. Q. What is a blood transfusion?

A. This is the transfusion of whole blood, red cells, plasma (straw-coloured fluid which forms part of the blood), or platelets (cells which help the blood to clot). Transfusions usually take place in hospitals.

2. Q. What is Hepatitis C?

A. Hepatitis C is a virus that circulates in the blood and which may cause inflammation of the liver. In many infected people the virus will persist without causing symptoms for many years. However their blood will remain infectious for other people. In some people, in the long term, the inflammation may progress to more serious liver damage including cirrhosis.

3. Q. Is Hepatitis C infectious?

A. Normal day to day social contacts do not transmit Hepatitis C. The main source of transmission in the UK is by sharing of blood contaminated needles and equipment between intravenous drug misusers. However sharing toothbrushes or razors where there is a risk of blood contamination should be avoided.

4. Q. What are the risks of being infected with Hepatitis C following a blood transfusion in the UK?

A. Since September 1991 blood has been tested for Hepatitis C and so the risk of such infection is remote. Prior to 1991 there is a possibility that a patient may have become infected with Hepatitis C, but the chances of this are extremely small, because Hepatitis C infection in blood donors in the UK is uncommon and any risk was further reduced by careful donor selection.

5. Q. What about other products made from blood?

A. These are different from blood since they are prepared differently. If you are concerned you should contact your consultant if you are under treatment at hospital, or your GP if you are not.



6. Q. Is there any treatment of Hepatitis C?

A. A medicine called Interferon has recently been licenced and will be useful to some people.

7. Q. What should I do if I have had a blood transfusion?

A1. A Look-back exercise is being established to identify those at risk. This is a process of identifying patients who were previously given blood from donors who have since been shown to be Hepatitis C positive. Such patients would be counselled, tested and if found to be infected advised of the appropriate treatment.

A2. The chances of your being infected are very small. You therefore need do nothing at present. You will be contacted in due course if you are discovered to be at risk. The look-back exercise may take some time to complete but there is no need for you to worry. If you are otherwise well you are not in immediate need of treatment even if you prove to be one of the very few people who may have been infected.

8. Q. That is all very well but I am worried now?

A. The chances of your having been infected are very small. If you are worried or unwell, speak to your GP and tell him or her when you had a blood transfusion. The GP will then assess whether anything needs to be done.

[See also note at the bottom of the page]

If pressed

Q. Can Hepatitis C be transmitted sexually?

A. Sexual contact with carriers of the virus may carry a small risk of transmission of infection.

Q. Can I get infected or could I have been infected by giving blood in the UK?

A. No the process of giving blood is completely safe for the donor.

Q. What is the likely extent of the problem?

A. We can only give an order of magnitude which shows the risk is very small. Based on the best information we have it appears that 1 in 2000 UK blood donors may carry the virus.

Only to be used if someone is seriously distressed.

If you are seriously distressed you can contact your local transfusion centre. They will have someone there who can talk to you.

11 January 1995

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