

NB Sent off
8/1/91

CMO Urgent Tray

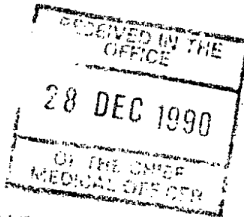
31 Dec POLICY-IN-CONFIDENCE

I agree. I consider that
a difficult balance has
been correctly struck in the circumstances

1 Dr Smales (PS/CMO) GRO-C From: J Canavan EHF1A

2 Mrs Delfgou (PS/PS(L)) Date: 21 December 1990

cc: Mr S Heppell D HSSG
Mr M Malone-Lee D Ops
Dr J S Metters DCMO
Dr D Walford DCMO
Dr H Pickles MEDISP
Mr J C Dobson EHF1
Dr A S Rejman MEDISP
Mr A Merrett FA2B
Mr R Anderson EAO



**HEPATITIS C ANTIBODY SCREENING TEST:
ADVISORY COMMITTEE ON THE VIROLOGICAL SAFETY OF BLOOD (ACVSB)**

Problem

1 Screening tests for the antibody to hepatitis C virus (HCV) have now been developed. The issue is whether routine screening should be introduced in the National Blood Transfusion Service (NBTS). The expert Advisory Committee on the Virological Safety of Blood (ACVSB) has unanimously recommended the introduction of screening as soon as possible. There would, however, be considerable cost consequences for the NHS.

Recommendation

2 It is recommended that screening should be introduced as a public health measure. The other UK Health Ministers are also being asked to approve the introduction of screening in their transfusion services.

BACKGROUND AND ARGUMENT

Background

3 HCV is considered to be the main, though not the only, cause of Non A Non B hepatitis (NANBH), which has become the most common form of post transfusion hepatitis. The disease may run a symptomless course, but in some cases it can result in chronic liver damage which may ultimately be fatal. For further details about the disease, see annex A.

4 Since the middle of 1989 an Initial Screening Test (ELISA test) has been marketed which can identify supposed carriers of HCV. However, there were problems with this ELISA test as it produced many false positives and at that time there were no means of confirming whether positive cases were infective.

29 JAN 1991

12/161

DHSC0002498_096_0001