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**ESTIMATED NUMBER OF PATIENTS ALIVE IN THE UK WHO ACQUIRED
HEPATITIS C INFECTION AS A RESULT OF TRANSFUSION**

1. Many thanks for your minute of 1 November. The only conclusion I can draw is that we really can have no certainty about the number of patients with Hepatitis C as a result of transfusion or, perhaps more importantly, the total numbers in the population who are Hepatitis C positive.
2. We could give all the data to the mathematical modellers and ask them to come up with better estimates, but given the numerous uncertainties about transmission via different groups during the last six 5-year periods, I doubt if they will be able to give us any more robust figures!
3. The only scientific way to determine prevalence would be through a properly structured and representative population-based research study which would be complex and expensive.
4. An alternative surrogate marker would be possible through the anonymous sero survey programme. This is already been pursued. The methodology leaves large sections of the population unsurveyed, but is nevertheless of some help.

What do DH and NHS Authorities Need

5. While we could argue endlessly over the estimates of Hepatitis C prevalence and the extent to which these were acquired by transfusion, I see little point in that. Instead I suggest HP Division and CA-OPU2 should decide what additional information on prevalence of Hep C is required for policy and/or service purposes. These requirements would then be built in to the research programme that RDD is constructing.
6. If one can justify a full prevalence survey, one then has to consider the ethical issue of who would be responsible for subsequent follow up and care for Hepatitis C positive individuals who are identified but who had no previous knowledge of their condition.
7. A different, and perhaps more important, question is to determine the route of acquisition of Hepatitis C has any bearing on the occurrence and speed of progression of subsequent liver disease. Or, as you suggest in your paragraph 16, based on Irish finding,

individuals who are well are much less likely to develop cirrhosis following Hepatitis C than are those individuals who have other concurrent serious diseases.

8. In summary, rather than spending a lot of time on analysis of mathematical models with too many uncertainties, we should focus attention on what information is really needed about Hepatitis C prevalence and disease progression, and then ask RDD to commission the necessary research.

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