# ADVISORY GROUP ON HEPATITIS.

**Minutes of the meeting held on Thursday 6 December 1990 in Room 1611/12 Market Towers at 2.00 pm.**

Present.

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| **Members:** | Professor J E Banatvala (Chairman) | |
| | Dr E Boxall | |
| | Dr M Contreras | |
| | Dr J Craske | |
| | Dr J Heptonstall | |
| | Professor H C Thomas | |
| | Dr R S Williams | |
| | Dr S Young | |
| | Professor A Zuckerman | |
| **Secretariat:** | Dr J Hilton | MED MCD |
| | Mr M A Noterman | CMP3 |
| **Observers:** | Dr S N Donaldson | DHSSNI |
| | Dr J Ludlow | WO |
| | Dr O A Thores | SHHD |
| **Department of Health:** | Dr F Rotblat | MCA |
| | Dr G Chapman | NUR |
| | Mr C Howard | DEN |
| | Miss M McGinty | MED ISD |
| | Mr K O'Leary | CMP3 |
| | Miss J St Juste | CMP3 |

1. Apologies were received from Professor Bouchier, and Dr Lane; from Dr Chambers, Dr Rubery, Dr Lewis, and Mr Canavan.

2. Announcements:

The Chairman welcomed all new members.

3. Minutes of the last meeting.

The minutes were accepted, without amendment.

4. Matters arising.

The committee noted the guidance issued in the 1990 edition of "Immunisation Against Infectious Disease" and in the handbook "Guidance for Clinical Health Care Workers: Protection Against Infection with HIV and Hepatitis Viruses". The Chairman asked that if members had any suggestions for amendments to the publications they should pass them to Dr Hilton. A new edition of "Immunisation Against Infectious Disease" is due for publication in June 1992.

a. **Screening.**

The Chairman introduced the discussion by saying that screening was universal in the United States but a selective policy operated in the UK. Studies from across the country showed that even the best managed selective programme still missed cases and therefore an item of preventative care. However some Health Authorities in the UK had now opted for a universal screening programme. The attention of the committee was drawn to Tabled paper 6, showing results from studies in West Lambeth Health Authority (St. Thomas' Hospital).

The JCVI had suggested that national information be obtained on which type of screening programme different Health Authorities were operating. Such a study was being conducted by Dr Heptonstall from the CDSC, and results should be available in the spring of 1991.

Professor Thomas said that a study originating from the Royal Free had been published with data showing the economic benefits of a universal screening programme.

The Group then discussed the points outlined in paragraphs 27 and 28 of the paper.

Dr Boxall favoured universal screening, as her experience in the West Midlands showed that population movements and fresh immigration changes, over a relatively short period, the make up of the carrier population. Some of the indigenous population who would not be identified as members of a high risk group now have e-antigen markers. A paper was tabled to illustrate this. Universal screening would eliminate the need for constant reviews of the population to refocus a selective programme.

The group unanimously agreed that universal screening should be introduced nationally. The chairman hoped that the results of Dr Heptonstall's study together with cost benefit analysis evidence on the advantages of universal screening could be put to the JCVI in May.

b. **Immunisation.**

Dr Hilton asked what immunisation procedures the group would recommend in babies born to carrier mothers and whether any distinction should be made on the basis of e-antigen status.

The group recommend passive/active immunisation for children born to e-antigen positive mothers and active immunisation alone for the rest.

An accelerated four dose schedule was necessary in the rare latter group to provide rapid protection since babies infected from an anti-e positive source had a more severe clinical disease.

A ad-hoc working group, consisting of members of the Advisory Group and representatives of the EAGA working group on HIV infected health care workers, had considered this paper and a summary of its discussion was presented. The most recent draft of the paper under consideration by the HIV infected health care workers group was tabled (tabled paper 1) together with the draft recommendations from the Hammersmith Panel of Inquiry (tabled paper 2). The working group had agreed that the department should urgently review the 1981 guidelines on HBV infected health care workers and had suggested that changes to the guidelines should be confined to those who were e-antigen positive, and possibly to those surface antigen carriers who had no e markers. A paper, based on the group's discussions, was to be circulated for consultation but further views were sought from the Advisory Group prior to its being drafted.

It was agreed that e-antigen positive subjects had a high level of viraemia but that transmission from infected health care workers was rare in the presence of e-antibody. Transmission from health care workers to patients in the eleven reported cases all involved e-antigen positive workers; however Dr Boxall reported a documented transmission from an e-antibody positive surgeon in her region.

A few members of the group questioned the relevance of e-antigen status. Whilst detection of HBV DNA would constitute a definitive test of infectivity, this test was not available routinely, nor was there a well-validated methodology. Thus a simple hepatitis B surface antigen test still remained the best marker yet of infectivity. These members considered that it would be difficult to justify guidelines for health care workers based on e-antigen status when the marker of infectivity in other situations (such as the family) remained surface antigen. Guidelines based on surface antigen status would affect about four times as many health care workers as guidelines based on e-antigen status. This view did not command majority support. Nor did the group generally support the view that current WHO/CDC guidelines should continue to be followed. Those favouring this view, suggested that, if appropriate precautions were taken, the risk of transmission was very small. At least one paper referenced, however, demonstrated continued transmission after modification of practice and the general view was that these guidelines were no longer adequate.

The question of screening those involved in invasive procedures produced a variety of opinions. Several members considered that this could not be justified unless patients too were screened, since the risk of staff acquiring infection from patients was greater than vice versa. The possibility of legal problems was raised. There was general agreement that the long-term solution lay in effective immunisation of all medical, nursing and dental students but there was an appreciation that identification of infected health care workers currently in practice was beset with many problems.

The group asked that its advice be incorporated in the paper being prepared by the ad-hoc group for consultation.

**7. Vaccine cover in at risk groups** AGH90/6.

Dr Hilton introduced this paper and asked the group to consider the questions at paragraph 33. The chairman said that the group would unanimously support more surveillance. Dr Heptonstall said that, except that for infants, there was currently no surveillance system for vaccine cover. She suggested that it would be premature to look at vaccine coverage and that interpretation of the JCVI's guidelines should be examined first. Dr Hilton agreed to contact District Health Authorities to discover how the guidelines are implemented locally.

Dr Chapman suggested that some nurses did not perceive the vaccine as available to them and therefore did not come forward for immunisation.

The group advised that immunisation policy and cover in health care workers should be investigated first

**8. Hepatitis B vaccine and escape mutants** AGH90/7.

Investigations of the spread of escape mutants in Italy was still under investigation. There was evidence of such mutants in other areas of the world. Professor Zuckerman suggested that the BMJ editorial which had been circulated with the papers contained some inaccuracies. A paper on hepatitis B and hepatitis D mutants was tabled in confidence for information.

The group agreed that the subject should be kept under review as a regular agenda item.

**9. Adverse reactions to hepatitis B vaccines (for information).** AGH90/8.

The group noted this paper, and the Chairman asked that members let Dr Hilton have any comments,

**10. Use of immunoglobulin in hepatitis A and hepatitis B.**

Studies of students at St Thomas' Hospital suggested a marked decline in the number with antibodies to hepatitis A and this raised questions about the continued long term effectiveness of HNIG for passive prophylaxis. It was not clear whether anti-hepatitis A activity was expressed in IUs and it was agreed that Dr Lane should be approached for clarification.

The increase in notifications of hepatitis A during recent years was noted. A number of possible explanations were advanced. There were indications that hepatitis A was becoming endemic in certain parts of the country. It was also possible that more cases were being reported.

The question of the timing of hepatitis B immune globulin following exposure was raised. It should be given wherever possible within 48 hours but would generally be issued up to 7 days after exposure because of practical problems in distribution. However it was difficult to exclude patients requesting HNIG outside the given intervals.

There was some uncertainty about charges for HNIG after April 1991 and about the normal route of supply (would stocks be held by pharmacies). It was agreed that clarification should be sought from Dr Lane.

11. Any other business.

a). Dr Contreras said that blood would be tested for Hepatitis C from 1991. She also said that Hepatitis C counselling was difficult because of the lack of hepatologists willing to give advice. Patients tended to confuse HCV and HIV and this led to unnecessary anxieties.

b). The group asked whether information from the Committee on the Virological Safety of Blood could be made available in any way.

c). Professor Zuckerman queried recent Dental Association advice regarding hepatitis. Mr Howard said that the recently revised guidelines incorporated Professor Zuckerman's comments, and the Chairman asked that the guidelines be looked at at the next meeting.

12. Arrangements for future meetings.

The 12, 13, or 14 of March 1991 were suggested as possible dates. Mr Noterman would circulate a letter to all group members to arrange the most convenient.