ADVISORY COMMITTEE ON HEPATITIS

It is suggested that an Advisory Group should be set up to advise the Department on various problems relating to viral hepatitis. This note sets out the background and gives possible Terms of Reference.

Introduction

Viral hepatitis is not a single disease. The term covers several viral infections mainly affecting the liver, and often causing jaundice, with different clinical manifestations and presenting different problems in control. Hepatitis A infection is commonly spread by the faecal-oral route, through person-to-person contact or by contaminated food or water. Recovery is usually complete. Hepatitis B virus is conveyed from the blood or other body fluids of one individual to those of another, either directly, as may occur in blood transfusion, or indirectly by injection of the virus via contaminated equipment. This may occur in transplant units or may result from the communal use of syringes or needles. Hepatitis B infection may lead to a prolonged carrier state characterised by the presence of hepatitis B surface antigen in the blood or other fluids and may cause serious and chronic illness. Infections resembling those due to hepatitis B are known to be caused by one or more other agents which have not been fully identified.

The need for advice

As with any infectious disease, hepatitis A may present problems in control from time to time but this would not of itself justify the establishment of a special advisory body. Hepatitis B has however been a source of considerable anxiety in recent years, not only in the field of blood transfusion but because it caused serious illness in staff working in renal dialysis units and elsewhere. It has also raised problems in dental practice. Some of these subjects have been the subject of Departmental Memoranda but many are still unresolved.

In the general population of this country only about one person in a thousand is a carrier of hepatitis B surface antigen (HB_sAg) and only a proportion of these will be likely to transmit the illness to another individual, whether via a contaminated blood product, during sexual intercourse or in any other way. Some of these antigen carriers do however seem to be considerably more likely to be infectious. Within the general community there are groups with much higher carrier rates, for example among drug addicts, in the prison population, among male homosexuals, in children in residential establishments for the mentally subnormal and elsewhere. High carrier rates are also found in populations in a number of other countries.

There has been considerable concern as to the risks they run among health service workers and among others handling groups of people thought to be particularly likely to be carriers. Staff in residential accommodation or schools dealing with subnormal children may be scratched or bitten as may prison warders or police. Ambulance drivers and others may be contaminated by the blood of injured people who are subsequently found to be carriers. The health service worker who is himself a carrier may face difficulties in his employment if it is thought possible that he could convey infection to patients. A recent report in The Lancet dealt with an outbreak in which eight patients who had undergone surgery acquired hepatitis from a carrier who was one of the surgeons concerned in the operation. Dentists have acquired infection from patients and presumably patients may have acquired infection from dentists. (A valuable report was produced in 1979 by an advisory committee, chaired by Sir Robert Williams, dealing with the problems of hepatitis in dentistry).

Viral hepatitis is currently the subject of much epidemiological, virological and other research and knowledge is being gained all the time. The Department frequently receives requests for advice on many aspects of the disease, in particular as regards the employment and treatment of carriers and the dangers which might be conveyed or experienced by individuals or groups, whether patients or staff. Problems have also been encountered frequently in the field of blood transfusion and the use of blood products.

Terms of Reference

An advisory body would probably best be given fairly general terms of reference, fpr example "to provide medical advice to the Chief Medical Officers of the Health Departments of Great Britain on all aspects of communicable hepatitis" although the problems to which it would probably devote its immediate attention would be those described above.

Composition

It would be desirable for the group to contain experts in virology, communicable disease, blood transfusion, clinical medicine, occupational health, community medicine and dentistry. It would be an advantage if one or more members of the recent expert group which produced the report "Hepatitis in Dentistry" could be included. (Sir Robert Williams, who will not be available after the end of 1980, would be a particularly valuable member). It would be best if an existing body, the Advisory Group on Testing for the Presence of Hepatitis B Surface Antigen and its Antibody, could become a sub-group of the new body, of which its chairman would presumably then become a member.

There would need to be representatives from Scotland and Wales [and Northern Ireland]. The group would probably not need to meet on a regular basis but, after one or two initial meetings, might be convened ad hoc, functioning as do comparable existing bodies such as the Advisory Group on Rabies. Specific problems could be considered by appropriately constituted sub-committees as and when necessary.

Agreement is sought for taking the necessary preliminary steps towards establishing this body.

GRO-C

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