

NOT FOR PUBLICATION

**ADVISORY GROUP ON HEPATITIS [AGH]**

Minutes of the meeting held on 7 February 1989 at 2.00pm in Room 33, Hannibal House

Members present

Professor D G Grahame-Smith (Chairman)  
Professor ~~I~~ A D Bouchier  
Dr E Boxall  
Dr M Contreras  
Dr J Craske  
Dr R S Lane  
Dr S Polakoff  
Professor H Thomas  
Dr R S Williams  
Professor A Zuckerman

Dr R G Penn       )  
Mr L T Wilson    ) Secretariat

Dr J Barnes       )  
Dr G Chapman     )  
Dr I N Dean       )  
Dr Fenton Lewis   ) DOH  
Mr C P Galvin     )  
Mr C Howard       )  
Miss D McIntosh   )  
Dr F Rotblat      )

Dr O A Thores     - SHHD  
Dr S N Donaldson - DHSS, NI

Agenda Item 1 - Apologies for absence and general announcements

(a) Apologies for absence were received from Dr Young [WO] and Dr Chambers [HEA].

(b) The Chairman announced the resignation of Professor Kennedy and Dr Dane from the Group and welcomed two new members, Professor Bouchier and Professor Thomas.

(c) The following papers were tabled:-

- (i) Hepatitis B Immunoglobulin [AGH 89/12]  
(letter from Dr Craske and DOH reply).
- (ii) Guidance for protection of [AGH 89/9]  
Health Care Workers.
- (iii) Adverse reactions to hepatitis B vaccine.
- (iv) Letter from Professor Sacks on HBV and Down's  
Syndrome.

Agenda Item 2 - Minutes of the meeting [AGH 89/1]  
held on 28 July 1987

These minutes were accepted subject to Dr Selkon confirming a statement in paragraph 2 which read "Dr Selkon pointed out that the vaccine to be given by the intramuscular route was licensed before comprehensive proof on its safety and efficiency was available" (note by Secretary). Dr Selkon in a telephone conversation later said that the second half of this statement should read "before comprehensive proof on efficacy in all age groups was available".

Agenda Item 3 -General Revision [AGH 89/2]  
of JCVI guidance on hepatitis

The Group had prolonged discussions on the guidance and their recommendations are shown in an annotated version of the guidance in Annexe 1. This annexe also shows the changes suggested

consequent on discussions in the rest of the meeting under other agenda items.

Agenda Item 4 - Dosage regimes for hepatitis [AGH 89/3]

1. Members recommended deletion of all references to the intradermal route which they consider to be unproven and to have no clinical advantages over the intramuscular route.

2. Members noted the report from Dr Ashworth of the Department of Health, New Zealand, on the New Zealand hepatitis B control programme.

Agenda Item 5 - Hepatitis B Vaccine - [AGH 89/4]  
the mentally handicapped and special schools

(a) Members discussed the problems of hepatitis B and vaccination against it in the mentally handicapped and those attending special schools.

(b) It was difficult to give an estimate of the incidence of hepatitis B in units or institutions for the mentally handicapped though once the disease had appeared, it was most difficult to eradicate it.

(c) Members felt that all new admissions should be vaccinated and recommended deleting the phrase "especially where there is a known higher prevalence of hepatitis B" in the guidance. (Paragraph 12.3.6.1).

(d) Members thought there was evidence for an increase risk of hepatitis B in schools for children with behavioural disturbances.

(e) Members agreed that although children with Down's syndrome may be a problem in institutions for the mentally handicapped and be at risk for HBV they are not a problem if they have never been in an institution.

Agenda Item 6 - Hepatitis B vaccine,  
priorities for Health Care Workers

[AGH 89/5]

Members did not feel it would be advantageous to define more closely in the Memorandum the priority rankings of health workers for vaccination. This should be done locally by occupational health specialists.

The advice given under paragraphs 12.3.1 and 12.3.5 gave quite clear general guidance though some confusion was possible with the use of the phrase "highest risk". It should be made clear that all health workers mentioned in para 12.3.5 are high risk and should be offered the vaccine and that the examples are merely for special consideration.

Agenda Item 7 - Papers provided by  
Professor Zuckerman

[AGH 89/6]

Professor Zuckerman was thanked for providing two sets of papers for the information of the Advisory Group.

Agenda Item 8 - Human normal immunoglobulin  
and travellers

[AGH 89/7]

(a) Members advised that where practical, persons requesting HNIG for prophylaxis against hepatitis A should be screened for antibodies to assess the need for vaccination. This was particularly so where repeated administrations of HNIG were likely.

(b) In the countries excluded "Europe" should read "Northern Europe".

(c) There was no evidence that pooled immunoglobulin was becoming less potent.

(d) Immunity after an attack of hepatitis A was probably life-long but a history of jaundice or infectious hepatitis was not sufficient to rule out the need to be considered for HNIG.

(e) See (a) above. The dosage suggested was 250mg for two months protection and 500mgs for more than two months protection.

Agenda Item 9 - Hepatitis D virus (delta agent) [AGH 89/8]

(a) Members felt that at present the Hepatitis D virus is not much of a problem in this country though could easily become one in the target population of drug addicts and in prisons.

(b) Consideration should be given to vaccinating this target population in anticipation of hepatitis D becoming a problem.

Agenda Item 10 - Guidance for the protection  
of health care workers against blood borne pathogens

(a) Members noted this draft from the AIDS Unit and a tabled paper listing questions from the Health Care Workers Working Group.

(b) Information on saliva in the transmission of HBV is given in a letter from Professor Zuckerman to Dr Penn who was asked to send a copy to the Health Care Workers Group (copy appended).

(c) Members felt that with the changes already suggested during the meeting in Agenda Item 6 - (Priorities for Health Care Workers) there was no need to be more definite.

(d) Delta hepatitis is a superinfection.

(e) Para 1.2.1 is not true in respect of hepatitis B and should omit the word "solely".

(f) Carriers.

Agenda Item 11 - CMO 81/11

[AGH89/10]

- Employment of NHS Staff who are carriers of HBV

The Group recommended that the Department of Health should consider a revision of this guidance and that an ad hoc group be set up to do this.

Agenda Item 12 - CMO(84)11 - Guidance for [AGH 89/11]  
health care personnel dealing with patients  
infected with the hepatitis B virus

The Group recommended that the Department of Health should consider revision of this guidance. Members felt that the proposed guidance for health care workers (agenda item 10) might well fulfil this function.

Agenda Item 13 - Supply of Hepatitis B immunoglobulin [AGH 89/12]

The AGH noted the concern of Dr Lane that the Department of Health are introducing cross charging for plasma and products to commence in April 1989. Dr Craske was worried that this would affected the supply chain of hepatitis B immunoglobulin at Colindale.

A letter from Mr Arthur of the Department of Health was tabled in which CBLA suggest a comprehensive review of immunoglobulin distribution. Meanwhile the present arrangements will continue.

Agenda Item 14 - Paper by Dr Contreras [AGH 89/13]

Members discussed the letter from Dr Contreras on the eligibility of donors with anti HBC as their marker and the level of anti HBs concerned safe in donors previously HBSAG positive. It was felt that no specific answer could be given and that more investigation was required.

Agenda Item 15 - NANB virus in blood for [AGH 89/14]  
transfusion

The Advisory Group noted this paper.

Agenda Item 16 - Any other business

There was no other business and the meeting was closed.