

## SPONTANEOUS CLEARANCE OF HEPATITIS C

### Background

Statistics indicate that 20% of all people infected with Hepatitis C clear the virus in the 'acute' phase (defined as being within 6 months of infection) without long term physical damage. Policy has been from the outset that no account would be taken of any pain, discomfort, loss of earnings etc incurred in the past, or of psychological damage or social disadvantage continuing after they cleared the virus.

More recently it has transpired that a very small numbers of people clear the virus after the infection continuing beyond the 6 month period i.e. in the 'chronic' phase. It was decided to include these people within the scope of the scheme. People who clear the virus in the chronic phase as the result of treatment were already included (following advice from DWP).

### The tests

Two types of tests are used – antibody testing and PCR (Polymerase Chain Reaction) testing. Antibody testing tests for present or past exposure. PCR tests for active infection by detecting RNA from the virus.

A positive antibody test combined with negative PCR test indicates the person has been infected but has cleared the virus in the past. Information obtained from the patient's clinician about their treatment regime can establish whether clearance resulted from interferon treatment or not.

A positive result from both tests indicates the patient is still actively infected.

### The evidential issue

Most claimants will have been infected at a time that precedes the availability of the PCR test. As a result, people who claim to have cleared the virus spontaneously in the chronic phase will have to resort to other types of evidence to prove this.

The Skipton Fund application form allows that if applicant is PCR negative the patient's clinician can submit radiological or pathological evidence that they were chronically infected after the acute phase of the illness had passed. (Relevant radiological or pathological evidence being defined as including chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic hepatitis C.)

The instruction we have just issued to Skipton Fund (below) would allow that evidence to be submitted if a PCR test was unavailable as well as if it was negative.

*"patients would only be eligible for the first payment if (i) there was evidence that they had developed chronic hepatitis C infection but this had resolved spontaneously (thought to be a reasonably rare situation) or (ii) had developed chronic hepatitis C infection but subsequently cleared the virus as a result of treatment. Patients who had, or were thought to have, eliminated the virus in the acute stage, when they*

*would most likely have been asymptomatic or where any symptoms that did occur would have been short lived because of the transient nature of the infection, would not be eligible for this payment. It should be assumed that the virus has been cleared in the acute phase unless robust medical evidence is cited that proves, on the balance of probabilities, that the patient experienced chronic infection i.e. infection that extended after the first six months of illness"*

## **Conclusion**

The instruction we have given is reasonable and entirely consistent with the principles underpinning scheme that have been stated from the outset. And that is subject to review by the Appeals Panel when it is set up. By the same token, it would be unreasonable use of public money to pay out where there was no evidence on offer.

## **Suggested lines to take**

- **Ministers have made it clear from the outset that the scheme would only make payments to patients who had experienced lasting physiological harm as a result of their infection.**
- **That means that patients who cleared the virus spontaneously within the first six months of infection are not eligible. It is thought that very few people clear the virus spontaneously in the chronic phase of the disease that follows. However, such people would be eligible if their clinician's can provide evidence that shows, on the balance of probabilities, that this had occurred.**
- **This is a lower standard of evidence than is normally applied and reflects Ministers' commitment to keep bureaucracy to a minimum for claimants. However, it would be quite wrong to use public money to make payments where this evidence isn't available.**