ADVISORY GROUP ON HEPATITIS

MINUTES OF MEETING HELD ON 5 OCTOBER 1982 IN HANNIBAL HOUSE

Present:
Sir Robert Williams (Chairman)
Dr T D Davies
Dr T H Flewett
Professor A C Kennedy
Dr R Lane
Dr S Polakoff
Dr R S Williams
Dr S E J Young
Professor A J Zuckerman

Also present:
Dr M Sibellas - Medical Secretary
Mr R T Anderson - Secretary

Dr R Alderslade, Dr J Barnes, Dr M Duncan, Dr I T Field, Dr E L Harris, Mr M Jacob, Dr A M Milne, Miss M Purvis, Dr D Walford, Miss B F Weller) - DHSS

Dr G J Moses - Welsh Office
Dr W Prentice - Scottish Home and Health Department

Dr D Bartley - Health Education Council

Introduction

The Chairman welcomed Dr Davies who replaces Dr Bird. He also welcomed Dr Harris and Dr Field.

1. Apologies for Absence

Apologies were received from Dr Dane, Dr Logan and Dr Lovett (who was represented at the meeting by Dr Moses).

2. Minutes of last meeting

The minutes were agreed.

3. Matters arising

(a) Hepatitis B Vaccine

Dr Walford informed the Group that Supply Division had been in contact with Wellcome and that they are not currently proposing to compete with Merck, Sharp and Dohme in manufacturing hepatitis B vaccine.

(b) MRC report of the Working Party on the clinical use of a specific immunoglobulin in hepatitis B

The Chairman informed the Group that this report had now been published (BMJ : 2 October 1982).

4. Hepatitis B Vaccine

(I) Hepatitis B Vaccine : Draft Guidance on Use (AGH(82)1)

Dr Sibellas introduced this item by informing the Group that 45,000 doses of the vaccine (sufficient for 15,000 courses) would be available in this country during the next 6-8 months. The Group were informed that it was not possible for the Department to control the supply of the vaccine or guarantee continuity of supply in view of the time required for its manufacture.

The Group then considered the draft CMO/CNO letter (Hepatitis B Vaccine : Guidance on Use) and made the following drafting amendments:-

Text of letter

It was agreed that:-

(i) The reference to the cost of the vaccine should be deleted (final sentence - paragraph 2).

(ii) Sentence 1, paragraph 1 should read " .... available in very limited quantities ...."

(iii) The wording of the second paragraph should be amended to indicate that the incidence of hepatitis B in Britain was low in comparison to world incidence of the disease.

(iy) The involvement of the AGH should be mentioned in paragraph 3.

Appendix

It was agreed that:-

(a) Paragraph A1 should be amended to read "Personnel directly involved in patient care over several months ...."

(b) Paragraph A1 should include a reference to teachers and training staff.

(c) This group (A1) should be restricted to institutions where there is a known high incidence of hepatitis B. This would also apply to group B1.

(d) Paragraph A2 should read "Personnel directly involved in patient care over several months ...."

(e) Paragraphs A3, A6 and B2 should be deleted.

(f) Paragraph A4 should be deleted and replaced with:- "Laboratory workers regularly exposed to high risk material."

(g) The word "temporary" should be deleted from paragraph A5.

(h) Paragraph B3 should read "Renal dialysis patients who are known to be antigen/antibody negative and who are travelling abroad and who will receive treatment in haemodialysis centres outside the United Kingdom."

(i) Groups B and C should be combined under the heading "Patients and Family Contacts."

(j) Note (a) of Group C should read " .... HBe antibody ...."

NOTES

It was agreed that:-

(i) Note (iii) should begin "There is no need to give vaccine to individuals known ...."

(ii) Note (iv) should be deleted and the contents incorporated into the text of the letter and repeated as a preamble to the appendix.

The Group noted that Ministerial agreement was being sought before guidance on the use of the new vaccine could be promulgated.

(II) Progress on the development of a British Hepatitis B Vaccine (AGH(82)11)

Professor Zuckerman tabled a paper detailing the progress which had been made and informed the Group that safety and efficacy testing of his pilot batches had been successfully completed.

Professor Zuckerman reported that production of his vaccine was being transferred to CAMR Porton Down although there were still some difficulties in transferring the new technique. He informed the Group that the National Research Development Corporation support would cease in January 1983 and that he was concerned that the transfer would not be completed by then.

After the Chairman had thanked Professor Zuckerman, Dr Harris stated that the Department would encourage CAMR to facilitate the transfer and that the Minister's visit to Porton Down on 12 October would be used to make representations on the matters.

5. Hepatitis A associated with eating shellfish (AGH(82)2)

Dr Young introduced this paper which presents the epidemiology of the current association between shellfish and hepatitis A. She stated that there had been a downward trend in the notification of cases of hepatitis A until 1979 when there had been an increase in notifications some of which had been associated with the consumption of contaminated shellfish.

Mr Jacob informed the Group that production of molluscan shellfish in the United Kingdom, Ireland and the Netherlands had increased following the development of new methods of marketing and consumption in catering, which meant that the products were now more readily available inland. He informed the Group that local authorities can withdraw foods from the market if a health risk was present but that when dealing with hepatitis A, the long incubation period made identification of suspect products difficult. Pressure had been applied and was being applied by local authorities over domestic harvesting in the Wash and Leigh-on-Sea areas. Pressure had also been applied to the Dutch and Republic of Ireland Health Ministries over imports of cockles and mussels from these sources and action was being taken to improve the hygiene of exports to the United Kingdor Currently the incidence of hepatitis A in relation to the total consumption of molluscan shellfish did not justify a public warning.

6. Prophylaxis against hepatitis A for travellers abroad (AGH(82)3A)

Professor Zuckerman introduced this paper by informing the Group that between 60 - 70 per cent of the Civil Servants travelling abroad on duty were immune to hepatitis A and therefore the use of normal immunoglobulin was unnecessary in these cases. He also informed the Group that clinical trials on hepatitis A vaccines were in progress in the United States.

Professor Zuckerman referred to his tabled paper entitled "Normal immunoglobulin for the prophylaxis of hepatitis A (infectious hepatitis)" (AGH(82)3A) which summarised the recommendations given to enquirers by the London School of Hygiene and Tropical Medicine. The advice was that immunisation was not recommended for visitors using the ordinary tourist routes and staying less than three months. Immunisation was however recommended for those staying more than three months or not using the normal tourist routes.

Immunisation was not recommended for hepatitis A contacts in schools.

Since specific tests for hepatitis A antibody are now available it is possible to select individuals without antibody for prophylaxis. Where possible this is desirable in order to avoid repeated and unnecessary administration of immunoglobulin.

7. HBsAg Positive Patients (AGH(82)4)

Dr Prentice introduced this paper by informing the Group that Health Authorities in Scotland had issued guidance to staff dealing with HBsAg positive patients and that the recommendations from the Greater Glasgow Health Board were a good example of this guidance.

Comments had been requested when this paper was tabled at the meeting of 27 October 1981 and Dr Flewett's comments were tabled (AGH(82)4A). The Chairman asked for comments on the guidance and on the question of whether the Department should send out similar guidance. It was agreed that the Department should be asked to issue guidance on this topic and a paper would be prepared for consideration at the Group's next meeting.

8. PHLS Study : National Surveillance of Immunisation of Infants at risk of acquiring hepatitis B virus infection (AGH(82)5)

Dr Polakoff introduced this paper by announcing that it was hoped to commence this study during the next two weeks and that there would be a leading article in the BMJ. Most laboratories had agreed to commence screening. The Group were pleased to hear of the imminent start of the study and would look forward to hearing Dr Polakoff's results.

Dr Polakoff said that of the children given immunoglobulin approximately two-thirds would develop immunity. In her opinion the non-immune children were high priority candidates for vaccination with hepatitis B vaccine. They were however in scattered locations and low in numbers. This suggests that a central supply of the vaccine would be best. It was expected that 100 doses of the vaccine would be required and a vaccination programme could start in approximately nine months. It was agreed that the possibility of funding this limited vaccination programme out of research funds should be examined.

9. (i) Data Sheet and Covering letter for H-B-Vax, issued by the Thomas Morson Pharmaceuticals Division of Merck, Sharp and Dohme (AGH(82)6).

(ii) "Hepatitis B virus infection in prisons". Journal of Hygiene (1982) Volume 89 (AGH(82)7).

(iii) "Preparation of Hepatitis B Polypeptide Micelles from Human Carrier Plasma". Journal of Virological Methods (1982) Volume 4 (AGH(82)8).

(iv) "Review of Viral Hepatitis as an Industrial Disease" Press Release by the Department (AGH(82)9)

(v) "Indications for use of Hepatitis B Vaccine, based on cost-effectiveness analysis". The New England Journal of Medicine - 9 September 1982 (AGH(82)10).

These articles were for information.

10. Any other business

PHLS Study - Hepatitis B Surveillance of Hospital Staff

Dr Polakoff informed the Group that the study was making good progress and to date no clusters of cases had been found. It is hoped to produce an analysis of the results and a report near the end of the third year of the study. If no clusters are identified by then the study will be concluded.

11. Date of next meeting

To be arranged.