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Dr Nicholas

From: Dr J S Metters DCMO
17 March 1994

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ASYMPTOMATIC HEPATITIS C INFECTION

1. You have, I know, seen the various articles in the BMJ of 12 March with the leading article by Professor Seymour who proposes that "a national policy is needed for identifying, following up and treating asymptomatic people with hepatitis C infection".
2. It is helpful to apply the three HOTN criteria to this proposal. "Is there a major health issue?" From blood donor information, 1 in 2,000 donors was positive. While blood donors are not representative of the country as a whole, the total numbers of people with asymptomatic hepatitis C infection would appear considerable.
3. Moving to the second HOTN criteria, "can one do anything about it"? Screening of the population for hepatitis C would provide better prevalence data, but how effective any subsequent treatment will appear in doubt, viz: "Trials are needed of interferon alpha in the "healthy" asymptomatic people, who are positive for hepatitis C virus and have histologically abnormal liver tissue". But we do not yet know the long term effects of treatment. I am reminded of one of the Wilson and Junger criteria for introducing a screening programme, that screening programmes should only be introduced if an effective treatment is available! There would be little point introducing a screening programme if there is no effective treatment.
4. Turning to the third HOTN criteria, "can one measure the effect of the intervention"? This is tied up with the efficacy of treatment for asymptomatic hepatitis C.
5. The BMJA leader ends with "Many of the crucial questions about treating this disease remain unanswered". Through the Department's research programme, CRDC and MRC we should be looking for those answers before we are pressured to introduce a screening programme.

Please copy
to Seymour
GRO-C
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11 MAR 1994

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