

HEPATITIS C LOOK BACK: PROPOSED ALTERNATIVE WAYS FORWARD

At the MSBT meeting on 8/1/96 it was noted that the Look-Back had been slower in achieving its objectives than had been predicted. A number of options on the way forward were considered.

1. Continue Look-Back using the present strategy, but with central exhortation to speed up the process.
2. Abandon the Look-Back entirely and offer hepatitis C tests to anyone who has been transfused.
3. Continue with the Look-Back but offer assistance to overcome the bottlenecks due to problems in tracing hospital records and a shortage of suitably trained counsellors.
4. The Committee considered these options, but unanimously concluded it was important to continue with the present strategy. This had been carefully designed to identify and offer counselling and treatment to recipients of blood transfusion units implicated in the Look-Back in a structured way that would maximise benefits to them. At the same time the Look-Back would obtain important information about the rate of transmission and natural history of Hepatitis C when acquired from transfusion that was not currently available.
5. The Committee also agreed that a delay in the identification process that might be extended for the rest of 1996 would not disadvantage patients as the evidence was of a 20-30 year time frame for significant liver damage to occur.
6. Should Ministers feel action needs to be taken to overcome bottle-necks in the present Look-Back strategy the following were among the possible actions that might be appropriate:
 - a. establish a task force
 - b. use nurses with epidemiological research experience or infection control nurses to look at hospital records.
 - c. approach Medical Directors of Trusts to try to identify medical records more quickly.
 - d. use professional counsellors, suitably briefed, as in the case of CJD/HGH recipients.

- e. direct referral of patients to liver units for testing and counselling.
- f. representatives of the BTS to visit/telephone hospitals where there are particular problems.

The Committee also felt that hospitals that had not largely completed their programme of identifying patients, should be approached by NBA (or the equivalent in other countries) to inquire what their anticipated timescales were for completion of the patient identification stage of the programme.