VJM/EE

24th August, 1989

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Dear Peter

Hepatitis C
(formerly one cause of NON A NON B HEPATITIS)

The new test for antibodies to Hepatitis C, the title which has recently been conferred upon one of the causes of Non A Non B Hepatitis, has caught the public interest today with a feature in the Guardian and coverage on the Radio Four Today Programme.

This test was first declared to the world at ISBT/BBTS Congress in London in July 1988 and since then, it has been used to determine the prevalence of the virus (which is thought to be a togavirus) in various communities and disease groups.

I enclose for your information, three articles from the Lancet of 5th August, 1989, reporting work from Spain and the Netherlands together with a critical editorial review. It would seem that in Europe, the prevalence of antibodies to Hepatitis C in the healthy population are around 1.2%. At the moment, a three centre study of surrogate testing for Non A Non B Hepatitis in the form of alanine transaminase assay and detection of antibodies to Hepatitis B Core Antigen is drawing to a close.

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Since sera has been collected from 9,000 blood donors, spread between Bristol, Manchester and London in the last twelve months, this material has provided an opportunity to compare results of the surrogate test with a specific anti HCV tests (Chiron Corporation). Preliminary results only are available at the moment, but the study will be published very soon after presentation to the Department of Health who funded the exercise.

My impression at the moment concurs with that of the Editor of the Lancet in that screening for anti HCV will identify many carriers of Non A Non B Hepatitis but that this virus is probably only one of the causes of that condition.

The problem, of course, which arises in introducing a new screening test of this sort is the planning of appropriate confirmatory testing and follow up of donors who must reasonably be withdrawn if they are considered to be carriers of this transmitted disease. At the moment, I do not believe there are facilities for appropriate confirmatory testing available and it would not therefore, be appropriate to introduce screening immediately.

I am pleased to see that the early evidence suggests that while the infection may be transmitted by blood, risks of sexual transmission do not appear to be as high as those associated with either Hepatitis B or the Human Immunodeficiency Virus.

Our other difficulty lies in the anticipated loss of 1.2% of our donor population, if the figures for the United Kingdom concur for those in other parts of Europe. This is yet another very good reason for energetic recruiting of blood donors, both locally and nationally.

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This week I received notice from Dr. Gunson of an estimated cost for the screening procedure. This is estimated to be about £1.50 per test and our anticipated workload for the financial year 1990/91 is 145,000 donations of varying sorts (125,000 units of blood and 20,000 plasmapheresis procedures.) With the necessary provision for documentation and follow up of donors, the funding required for this additional screening test would therefore, be in the region of £220,000. It is quite likely that a more favourable figure might be achieved by national negotiation, but this remains to be seen.

I thought it might be helpful at this stage to set a few facts on paper in case the media attention led to requests for information by the Mersey Regional Health Authority.

I will, of course, introduce a bid for resources into the short term programme for next year but felt that it might be appropriate to provide you with advance notice.

With best wishes

Yours sincerely

Dr. V.J. Martlew
DIRECTOR