

HCV - POLICY DOCUMENT FOR THE HAEMOPHILIA CENTRE

Copies to:

Dr **GRO-B**
Dr Christine Lee
Dr Eleanor Goldman
Dr Mark Butler
Professor Hardisty
Dr Sarah Janes
Dr Seng Lim
Dr Ron Hutton
Mr David Bone
Miss Lucy Goff
Miss Janice Glenn
Mr Les Powlesland
Mr Angus McCraw
Mr Vince Jenkins
Dr Alison Goodall
Miss Alison Cox
Miss Julie Higgins
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Miss Sara Partridge
Mr Peter Watt
Miss Aida Condez
Miss Wanda Little
Mrs Marian Howard
Mrs Linda Bee
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Mrs Francoise Kendall
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Mrs Elaine Smith
Mrs Riva Miller
Mrs Elizabeth Boyd
Mr Tim Woods
Ms Janice Gill
Mrs Ann Reid

HCV - POLICY DOCUMENT FOR THE HAEMOPHILIA CENTRE
(For circulation to STAFF ONLY)

Introduction

The agent responsible for at least the main type of transfusion transmitted non-A non-B hepatitis (NANBH) has now been identified by recombinant gene technology as the hepatitis C virus (HCV). A number of seroprevalence studies of anti-HCV in multitransfused haemophilic patients worldwide have been performed. The seroprevalence ranges from 53% to 89%.

We know that the past incidence of NANBH following treatment with unheated clotting factor concentrate was 100%. Prospective studies post blood transfusion have shown that half of such infections lead to chronic infection and of these 20% lead to cirrhosis of the liver.

Studies at the Royal Free Haemophilia Centre.

We have been able to study the longitudinal behaviour of antibody to HCV using the Ortho HCV antibody assay and testing stored sera from patients who developed NANBH following exposure to unheated pooled factor concentrates. All such patients have been found to be seropositive for anti-HCV. We have thus demonstrated reliability of the Ortho anti-HCV assay. In our haemophilic population HCV accounts for the NANBH seen and in the majority of patients the antibody is long lasting and may reflect virus replication. In some patients, however, the antibody disappears after initial seroconversion. The significance of this is unclear.

We have also demonstrated a 7% seropositivity rate in 30 female sexual partners of 30 anti-HIV and anti-HCV positive haemophiliacs. In other studies the seropositivity rate amongst sexual partners has been higher. It seems likely, therefore, that sexual transmission of HCV may occur.

Criticisms and problems about the Ortho assay

There have been various criticisms which are summarised below:

1. There may be more than one NANBH agent, therefore this test might not account for all NANBH
2. There has been a suggestion that stored frozen sera may give false positive results.
3. In patients with liver disease the test may give false positives in the presence of increased gammaglobulins.

As yet, there is no test available for antigen and there is no confirmatory test.

Policy for anti-HCV testing, result provision and counselling in the haemophilia centre.

1. All patients should be tested at review appointment.
2. Patients should be counselled at the review as to:
 - (i) the nature of the test
 - (ii) its deficiencies
 - (iii) its meaning (eg the possibility of chronic liver disease)
 - (iv) the possibility of sexual transmission and how this might be prevented (in the same way as HIV).
 - (v) the offer of anti-HCV testing for a sexual partner.
3. A letter should be sent to a seropositive patient only to give him/her the result when this is available.

Christine A Lee

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