

Advisory Group on Hepatitis

Tenth report (1 January 2012 to 31 December 2012)

Introduction

- 1 This is the tenth annual report from the Advisory Group on Hepatitis (AGH), covering the period 1 January 2012 to 31 December 2012.

Role of the AGH

- 2 The AGH is a non-statutory and non-executive advisory committee set up in 1980. It advises the Chief Medical Officers in England, Scotland, Wales and Northern Ireland on the prevention and control of viral hepatitis. Its terms of reference are:

*'To advise the Chief Medical Officers in England, Scotland, Wales and Northern Ireland on appropriate policies for the prevention and control of viral hepatitis in the community and in health care settings, but excluding advice on the microbiological safety of blood and tissues for transplantation, and of health care equipment.'*¹

AGH membership

- 3 The AGH membership comprises experts in virology, hepatology, infectious diseases, public health, occupational health, specialist nursing, general practice and a lay member. The membership list for 2012 is attached at **Annex A**. During 2012, Mrs Joan Bell's second term of office ended and she decided to step down from the AGH. The AGH was grateful to Joan for her contribution to the work of the group. The Chair for the period covered by the report was Professor William Irving and the vice-chair was Professor Graham Foster.

Code of Practice and register of members' interests

- 4 The AGH works to a code of practice in line with government policy on standards in public life. The code is available at the AGH website and covers issues such as the seven principles of public life set out by the Committee on Standards in Public Life, the role of the chair and members, the handling of AGH papers and declarations of members' interests. The register of members' interests is attached at **Annex B**.

¹ The group's views on immunisation measures are to be submitted to the Joint Committee on Vaccination and Immunisation. Advice on the restriction of working practices of individual healthcare workers infected with hepatitis viruses and on the conduct of patient notification exercises are the responsibility of the UK Advisory Panel for Health Care Workers infected with Blood-borne Viruses, working within the policy advice given by the group.

- 5 The secretariat was provided by the Health Protection Agency (HPA). The HPA was responsible for the operational running of the committee while responsibility for issues connected with national policy remains with the Department of Health (DH).

Epidemiological data on viral hepatitis

- 6 Relevant epidemiological data can be found on the websites of public health bodies in England and Wales, Scotland and Northern Ireland.

- England and Wales: Public Health England (PHE) – www.hpa.org.uk or www.phe.gov.uk
- Scotland: Health Protection Scotland – www.hps.scot.nhs.uk
- Northern Ireland: Public Health Agency – www.publichealth.hscni.net

Main items of business

- 7 The AGH held meetings in London on 22 February and 2 November and held a teleconference on 14 June. The following issues were discussed:

Monitoring healthcare workers (HCW) infected with hepatitis B virus (HBV)

AGH2012/03, AGH2012/14, AGH2012/19

The AGH continued to be part of the tripartite working group reviewing the DH guidance for healthcare workers infected with blood-borne viruses (alongside the Expert Advisory Group on AIDS (EAGA) and UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP)). As part of this work, the AGH reviewed the current guidelines for hepatitis B infected healthcare workers who perform exposure prone procedures (EPP) and whether the guidance should be amended in the light of analysis of the implementation of the current policies. The AGH endorsed a report from an AGH working group, 'the policies for healthcare workers infected with hepatitis B performing exposure prone procedures' at its meeting on 22 August 2011 and the report was subsequently sent out for consultation to a range of key stakeholders such as relevant royal colleges and professional bodies. Several responses were received which were considered by the AGH at its meeting on 22 February 2012. The AGH prepared an official response to the organisations that contributed to the consultation and took into consideration their comments when amending the report. Some of the comments raised by the consultation, specifically around confidentiality required additional discussion at the AGH teleconference on 14 June and the AGH struggled to reach consensus on this issue. The AGH therefore sought further advice from UKAP before they could finalise the wording in the report. UKAP wrote to the AGH with their advice which was discussed at the meeting on 2 November and the AGH agreed a final version of the report at the meeting.

Updates on hepatitis D, hepatitis E and hepatitis A

AGH2012/04, AGH2012/05, AGH2012/06

The AGH received updates from the HPA and independent experts on the epidemiology and latest developments for hepatitis D, hepatitis E and hepatitis A at the meeting on 22 February. For hepatitis A, the group recognised the drop in cases and recommended that the HPA

continue to monitor outbreaks carefully. The AGH were also interested in the changing epidemiology of hepatitis D with the main source of HDV in UK from patients coming from endemic areas of the globe rather than injecting drug users (IDUs). The group recommended that any patient testing positive for hepatitis B should also be offered testing for hepatitis D.

At its February meeting, the AGH noted an increase in endemic cases of hepatitis E which they advised should be publicised more widely by the HPA and that more data were required on chronic hepatitis E infections in the immunocompromised and the impact of hepatitis E on blood safety. In response to the AGH's concerns, a detailed brief was prepared by the HPA on hepatitis E and was reviewed by the AGH at the meeting on 2 November and the increasing incidence and risk of hepatitis E in the UK blood supply were again noted by the AGH. This brief was sent to the HPA Blood Borne Infection Programme Board (BBIPB) for additional comment and for updates on what antibody tests were being used around the country, the work that was under way by NHS Blood and Transplant (NHSBT) to review transmission through infected blood and also work around awareness raising and transmission prevention including with partners such as the Department for Rural Affairs and the Food Standards Agency. The AGH also contacted the Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) about the potential risk of hepatitis E transmission through blood transfusions, and to ask what recommendations, if any, they were planning to make.

Updates from UK prison services

Updates from the prison services of England. Scotland and Wales were presented at the AGH meeting on 22 February.

The Scottish presentation was encouraging with managed care networks (now hepatitis networks) established, anti-viral treatment promoted within the prison setting with a doubling of individuals initiating treatment and 11% of all initiates to treatment in Scotland being inmates, promotion of diagnostic testing and lower than expected incidence of hepatitis C transmission.

In England, it was noted that prisons were an important setting for blood-borne infection (BBI) control due to high prevalence and continuing risky behaviours. Diagnosis and prevention of BBIs in prisons were key policy areas and achievements by the prison infection prevention team were noted, such as encouraging numbers tested for hepatitis C although they were much lower for hepatitis B, high vaccination rates for hepatitis B and useful health promotion materials. The AGH noted that there was a need for a collaborative package including testing, care pathways and follow up in prison, which should continue once an inmate is released into the community.

Work undertaken to improve clinical services and raise awareness of viral hepatitis in prisons in Wales was described and the AGH was impressed by an e-learning suite for prison staff which had been developed².

² www.mle.wales.nhs.uk/course/view.php?id=201 [login required]

Impact on co-infection with HIV and hepatitis C virus on Skipton Fund payments

AGH2012/17

The DH requested that the AGH and the EAGA jointly review the impact of HIV and hepatitis C co-infection on the progression of cirrhosis. This was to inform deliberations of the Skipton Fund's independent appeals panel who were considering a number of cases of patients with haemophilia who died before 29 August 2003 and were co-infected with HIV and hepatitis C virus and whether death due to AIDs had masked significant liver damage and they were actually eligible for additional payments. The AGH prepared a draft response for discussion at the meeting in November and a separate response from EAGA was also considered. It was noted that there was broad agreement between AGH and EAGA that after 20 years there was a 50% chance that a HIV/HCV co-infected individual would develop cirrhosis, although it was not possible to define exactly how varying durations of each infection might impact on progression of cirrhosis as there was little robust data on the differences in infection time and inter-individual variation. A joint letter from AGH and EAGA based on this advice was presented to the DH.

Review of clinical consequences of hepatitis C infection

AGH2012/18

The AGH had been asked by DH to update a review of the clinical consequences of hepatitis C, conducted in 2010, every two years, especially causal consequences of infection. The AGH discussed this request at the meeting in November and several members of the AGH agreed to co-ordinate a response for early 2013.

Other work

Antiviral drug resistance testing and surveillance capacity

At the teleconference on 14 June, the AGH discussed antiviral drug resistance testing and surveillance capacity. The National Institute for Clinical Excellence (NICE) approved both boceprevir and telaprevir for the treatment of chronic hepatitis C (genotype 1). The AGH was keen to understand what testing and surveillance capacity was needed; what activities were already underway; and what were priorities for any further activities. This would support the AGH in making evidence based recommendations around what further work might be needed. The HPA had been funded via the National Institute for Health Research (NIHR), Centre for Health Protection Research to investigate hepatitis C drug resistance, including the prevalence, clinical consequences and public health implications. The Chair noted that National Expert Panel for New and Emerging Infections (NEPNEI) Chair had written to the Chief Medical Officer mentioning the importance of the work at HPA and the need for this to become an on-going core function in PHE in future. The DH agreed to investigate the funding available for this scoping study. This was followed up at the meeting on 2 November at which a draft proposal for the study prepared by the AGH Chair was shared, although the DH had not been able to secure additional funding for a study at that time.

Consultations

Informing the debate on a hepatitis C quality standard

A review report had been prepared on the implementation of NICE guidance and adherence to hepatitis C treatment guidance by Peter Stephens of IMS Health. He had supplied a draft synthesis to the AGH asking for comments before a final report was prepared. The AGH reviewed the document and had no major comments, but were interested in the provenance of the document.

Contact

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AGH Secretariat

September 2013

Annex A Membership of the Advisory Group on Hepatitis

Chair

Professor William Irving, Professor of Virology, University of Nottingham and Honorary Consultant in Virology, Nottingham University Hospitals NHS Trust. 01/01/2009 - 31/12/2011 (First term), 01/08/2010 - 31/07/2014 (Second term)

Vice-Chair

Professor Graham Foster, Professor of Hepatology, The Royal London Hospital. 01/8/2007 - 31/07/2010 (Second term)

Members

Professor Margaret Bassendine, Professor of Hepatology, University of Newcastle, Hon Consultant Physician, Newcastle upon Tyne Hospitals Trust. 01/08/2008-31/07/2011 (Second term), 01/08/2011 - 31/07/2014 (Third term)

Mrs Joan Bell, Senior Nurse, Infection Control, Edinburgh Royal Infirmary. 01/03/2007 - 28/02/2010 (First term), 01/03/2010 - 28/02/2012 (Second term)

Professor Matt Hickman, Professor in Public Health and Epidemiology, University of Bristol. 01/03/2010 - 28/02/2013 (First term)

Professor Deidre Kelly, Professor of Paediatric Hepatology, Birmingham Children's Hospital 01/03/2010 - 28/02/2013 (First term)

Mr Christopher Liffen, Lay Member, London. 01/8/2007 - 31/07/2010 (Second term), 01/08/2010 - 31/07/2013 (Third term)

Dr Marion Lyons, National Lead for Health Protection, Public Health Wales 01/03/2010 - 28/02/2013 (First term)

Dr Alan Mitchell, GP, Glasgow. 01/08/2008 - 31/07/2011 (Second term), 01/08/2011 - 31/07/2013 (Third term)

Dr Peter Moss, Consultant Physician, Department of Infectious Diseases, Hull and East Yorkshire Acute Hospitals NHS Trust. 01/08/2008 - 31/07/2011 (Second term), 01/08/2011 - 31/07/2014 (Third term)

Dr Anna-Maria Geretti, Professor of Virology and ID, Institute of Infection and Global Health, University of Liverpool. 01/03/2010 - 28/02/2013 (First term)

Dr Elizabeth Murphy, Lead Consultant Occupational Physician, NHS Grampian Occupational Health Service, Aberdeen. 01/02/2008 - 31/01/2011 (First term), 01/02/2011 - 31/01/2014 (Second term)

Dr Christopher Packham, Director of Public Health, Nottingham City PCT. 04/04/2008 - 03/04/2011 (First term), 04/04/2011 - 03/04/2014 (Second term)

Mr Raymond Poll, Nurse Consultant – viral hepatitis, Royal Hallamshire Hospital, Sheffield. 01/8/2007 - 31/07/2010 (Second term), 01/08/2010 - 31/07/2013 (Third term)

Dr Cheuk Tong, Consultant Virologist, St Thomas' Hospital. 01/03/2007 - 28/02/2010 (First term), 01/03/2010 - 28/02/2013 (Second term)

Annex B Advisory Group on Hepatitis (AGH) register of members' interests 2012

Member	Personal interests		Non-personal interests	
	Name of organisation	Nature of interest	Name of organisation	Nature of interest
Professor William Irving	Merck, Janssen, Novartis Boehringer Ingelheim, Janssen, Merck	Consultant/advisory board member Travel grants for conference attendance	Pfizer, GSK, Roche, Janssen Cilag	Research grants
Professor Margaret Bassendine	Gilead, Schering-Plough, Gilead, Roche, Schering Plough	Consultant/advisory board member Payments for lectures	Roche, Schering-Plough, Bristol-Myers Squibb, Novartis	Educational grant/research support
Mrs Joan Bell		None		None
Professor Graham Foster	Riotech Pharmaceuticals Roche, Novartis Roche, Novartis Gilead Hepatitis C Trust, Hepatitis B foundation	Founder shareholder Consultant/Member of advisory board Payments for lectures Advisor	Roche	Grant support for research
Professor Matt Hickman				
Professor Deidre Kelly	Novartis, Roche, Sanofi Pasteur	Consultant/Advisory Board Member	Roche, Novartis, Gilead, Bristol Myers Squibb, Astellas, Schering Plough, Lumena Pharma, Janssen Pharma, Merck, Sharp & Dohme, Vertex Pharma, Sanofi Pasteur	Research grants for viral hepatitis and immunosuppression clinical trials
Mr Christopher Liffen		None		None
Dr Marion Lyons				
Dr Alan Mitchell		None		None
Dr Peter Moss	Gilead, MSD, Janssen	Consultant/Advisory Board/Speaker		
Dr Elizabeth Murphy		None		None
Mr Raymond Poll	Roche Products Ltd, Schering- Plough MSD Janssen	Member of nurse advisory group Paid to present and run a workshop at ISH Paid to attend the MSD Nurse Advisory Group Paid to participate in their representative's training day		None
Dr CY William Tong	Roche pharmaceuticals ltd Abbott Diagnostics	Paid consultant Paid speaker	Bayer Gilead	Support to department staff to attend international conferences Research support