

Dear Colleague

HEPATITIS C: TESTING AND DIAGNOSIS IN PRIMARY CARE

1. In May 2008 the Scottish Government launched its Phase II Hepatitis C Action Plan (<http://www.scotland.gov.uk/Publications/2008/05/13103055/0>).

I am writing to remind you of the good clinical reasons and the need for considering and testing for Hepatitis C in primary care.

2. It is estimated that there are 38,000 people living with chronic hepatitis C in Scotland. Most of these patients will be seen one or more times within the year in primary care. However, worryingly, research carried out to inform the Phase II Action plan indicates that approximately 95% of GPs in Scotland did not diagnose a single case of hepatitis C during 2006. This suggests that patients are not being diagnosed appropriately in order to benefit from early treatment and to help prevent the inadvertent spread of the infection in the community.

3. Hepatitis C is difficult to diagnose clinically as it can mimic other conditions. People can also have the virus for up to 30 years without developing any symptoms. Therefore we need to increase the number of people with hepatitis C being treated. This needs increased awareness of the possibility of hepatitis C infection and, in turn, increased levels of testing and diagnosis across Scotland.

4. Hepatitis C antiviral therapy for all infected individuals, excluding those who have progressed to very severe liver disease, has been deemed highly cost-effective by SIGN and NICE.

5. For ease of reference, I attach at **Annex A** an extract from the SIGN guidelines on hepatitis C, highlighting the type of patients that should be considered for hepatitis C testing. The full SIGN guidelines can be accessed on the hepatitis C website at: <http://www.hepcscotland.co.uk/health-care-professionals/the-sign-guideline/about-the-guideline/index.html>.

From the Chief Medical Officer
Dr Harry Burns MPH
FRCS(Glas) FRCP(Ed) FFPH

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Addresses

For action
General Practitioners

For information
Medical Directors of NHS Boards
Directors of Public Health
Occupational Health Departments
Directors of Nursing
Infectious Disease Consultants
Hepatitis C Executive Leads
Hepatitis C Clinical Leads
Accident and Emergency
Departments
Genitourinary medicine clinics
Hospital Doctors
Directors of Pharmacy
NHS 24
CPHM
Health Protection Scotland

Further Enquiries

Policy Issues
Gareth Brown
3ES, St Andrew's House
Gareth.Brown@scotland.gsi.gov.uk

Medical Issues
Dr Andrew Riley
2N.13, St Andrew's House
Andrew.Riley@scotland.gsi.gov.uk

6. Further, the Royal College of General Practitioners *Guidance for the Prevention, Testing, Treatment and Management of Hepatitis C in Primary Care* can be accessed at: <http://www.smmgp.org.uk/download/guidance/guidance003.pdf>.

7. The Hepatitis C Action Plan has an overarching aim of increasing the numbers of people being treated with antiviral therapy from less than 500 a year to 2,000 a year. At this higher rate of treatment over the next two decades, 2,500 cases of Hepatitis C related cirrhosis without liver failure and 2,700 cases of cirrhosis with liver failure would be prevented

8. We are taking forward a number actions within the Hepatitis C Action Plan to support colleagues in primary care in order to increase the numbers of people diagnosed. These include: the development of a national Hepatitis C Workforce Education Development Framework (Action 3); a professional awareness raising campaign (Action 5); and evaluation of different approaches to Hepatitis C testing (Action 12).

9. Each NHS Board will be linked to a hepatitis C managed care network and each will have a hepatitis C clinical lead. The names of the clinical leads for each NHS board, where they have been decided, are listed at **Annex B**.

10. More information will follow in 2009 in respect of these actions, but in the meantime, I would encourage colleagues to consider and test for hepatitis C in patients presenting to you or your colleagues who may be at risk from the disease, or whose symptoms may be suggestive of infection.

Conclusion

11. I would be grateful if you could share and discuss the information in this letter with colleagues in your primary health care team, especially with practices nurses and public health nurses.

Yours sincerely

HARRY BURNS

SIGN GUIDELINES ON HEPATITIS C

1. The following is extracted from the Quick Reference Guide section of the SIGN Guideline on Hepatitis C and set out recommendations on the types of individuals that should be considered for Hepatitis C testing.

Required Testing

The following groups should be tested for HCV:

- blood/tissue donors
- patients on haemodialysis
- healthcare workers who intend to pursue a career in a specialty that requires them to perform exposure prone procedures.
- healthcare workers at six, 12 and 24 weeks following an isolated acute percutaneous exposure to blood infected, or strongly suspected of being infected, with HCV, and anti-HCV testing at 12 and 24 weeks.

Recommended Testing

Anyone with one of the following criteria should be offered an HCV test:

- an otherwise unexplained persistently elevated alanine aminotransferase
- a history of injecting drug use
- a child with an HCV antibody positive mother
- HIV positive
- recipient of blood clotting factor concentrates prior to 1987
- recipient of blood and blood components before September 1991 and organ/tissue transplants in the UK before 1992
- a healthcare worker following percutaneous or mucous membrane exposure to blood suspected to be/infected with HCV
- received medical/dental treatment in a country where HCV is common and infection control may be poor
- have had a tattoo or body piercing in circumstances where infection control procedure is suboptimal
- had a sexual partner/household contact who is HCV infected.

HEPATITIS C: CLINICAL LEADS

NHS Board/Organisation	Name	Title	Hepatitis C Role	Phone	Email
NHS Greater Glasgow & Clyde	Dr Ray Fox	Consultant in Infectious Diseases	MCN Clinical Lead	0141 211 1084	Ray.Fox2@ggc.scot.nhs.uk
NHS Tayside	Dr John Dillon	Consultant Hepatologist	MCN Clinical Lead	01382 632 176 (secretary)	j.dillon@nhs.net
NHS Ayrshire & Arran	Dr Sam Allen		MCN Clinical Lead (Interim)	01563 521 133	s.allen@aaaht.scot.nhs.uk
NHS Borders	Dr Tim Patterson	CPHM	MCN Clinical Lead - co-lead with NHS Lothian	01896 825 517	tim.patterson@borders.scot.nhs.uk
NHS Dumfries & Galloway	Dr David Breen	CPHM	MCN Clinical Lead	01387 272 724	david.breen@nhs.net
NHS Fife	Dr John Wilson	MCN Lead	MCN Clinical Lead	01592 643 355 ext 8620	Johna.wilson@nhs.net
NHS Forth Valley	Dr Henry Prempeh	CPHM	MCN Clinical Local Lead	01786 457 260 01786 457 283	henry.prempeh@nhs.net
NHS Grampian	Dr Andrew Fraser	Consultant Hepatologist	MCN Clinical Lead - link to NHS Orkney & Shetland	01224 552 607	a.fraser2@nhs.net
NHS Highland	Dr Dara de-las Heras		MCN Clinical Lead		dara.delasheras@nhs.net
NHS Lanarkshire	Dr Nick Kennedy	Consultant in Infectious Diseases	MCN Clinical Lead (Interim)	01236 748748	nicholas.kennedy@lanarkshire.scot.nhs.uk
NHS Lothian	Dr Ewen Stewart		MCN Clinical Lead	0131 554 1274	Ewen.stewart@lothian.scot.nhs.uk
NHS Orkney	Mr Graham Wharton	Infection Control Manager/CDC (Public Health)	MCN Clinical Local Lead - link to NHS Grampian & Shetland		
NHS Shetland	Dr Sarah Taylor	DPH	MCN Clinical Lead - link to NHS Grampian & Orkney		
NHS Tayside	TBC		MCN Clinical Local Lead - link to NHS Forth Valley		
NHS Western Isles	Ms Isabel Steele	Senior Health Promotion Officer (HIV, Sexual Health & Youth Health)	MCN Clinical Lead (Interim Lead)	01870 060 3156 07730 437 735	Isabel.Steele@wihb.scot.nhs.uk