

Dear Colleague,

Purpose

1. This letter provides a reminder of the importance of considering the possibility of hepatitis C infection when assessing any patients who may conceivably have been exposed to the virus, including those who may have been infected via blood or blood products prior to September 1991.

2. Existing clinical guidelines are clear on the need to test a number of categories of individuals at risk of hepatitis C ([2013 SIGN guideline on the management of hepatitis C](#), see page 7 in particular). The sharing of injecting equipment by drug users remains the principal means through which hepatitis C infection is transmitted, but infection through other routes is also possible.

3. In accordance with this guideline I would ask that when all clinicians are routinely seeing patients, they ensure that any patients with an otherwise unexplained persistently elevated alanine aminotransferase (ALT) are offered a test for hepatitis C if they have not already had one. A test should be offered even where the raised ALT could be explained by excessive alcohol consumption. While this already happens in most cases, we understand that testing is not always being offered to patients in this category.

Testing and treatment

4. Detecting those who have been infected with HCV and diagnosing them as early as possible remains a priority. Referral to specialist care should be considered for all patients with active HCV infection and should not be restricted to potential candidates for antiviral therapy.

From the Chief Medical Officer

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Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards and
Private Hospitals
Directors of Public Health, NHS
Boards
Consultants in Public Health
Medicine (CD&EH)
Scottish Haemophilia Directors
All General Practitioners

For information

Chairs, NHS Boards
Health Protection Scotland
Scottish National Blood Transfusion
Service

Further Enquiries

Policy Issues
Robert Girvan
3E, St Andrew's House

Medical Issues
Nicola Steedman
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5. Highly effective new therapies for hepatitis C are now available. These new therapies mark an important moment in the treatment of hepatitis C, offering much more tolerable therapies, which can achieve very high levels of viral clearance.

6. Members of the public who are seeking further information on hepatitis C can be directed to the [NHS Inform website](#) or the viral hepatitis helpline number - 0800 22 44 88. Supported by the Scottish Government, the helpline has been developed by NHS24 in partnership with Hepatitis Scotland.

Identifying those infected via NHS blood or blood products

7. This letter aims to provide a reminder about testing any of your patients who may be at risk of HCV infection, regardless of how they became infected. However, it is being taken forward as a recommendation of the Short-Life Working Group which undertook work to respond to the Penrose Inquiry's single recommendation that the Scottish Government should offer an HCV test to everyone in Scotland who had a blood transfusion before 1st September 1991 and has not already been tested. CMO letter ([SGHD/CMO\(2015\)4](#)), which was issued on 27 March 2015, provides more details on the recommendation and a copy of the Group's report is available at: <http://www.gov.scot/Publications/2016/09/5853/downloads>.

8. The Scottish Government has accepted all of the Working Group's recommendations for further action. A targeted information notice will be disseminated by Scottish Government shortly to encourage people who had (or are likely to have had) a blood transfusion prior to 1991 and who have not already been tested for hepatitis C, to come forward for testing. This is likely to lead to some additional patients seeking tests, although given that previous look-back exercises have already been undertaken to identify many of these patients, we do not expect large numbers to do so.

Yours sincerely

DR CATHERINE CALDERWOOD