

Dear Colleague

PENROSE INQUIRY: HEPATITIS C TESTING

Purpose

1. The purpose of this letter is to provide Boards and General Practitioners with key information in relation to the testing of the very small number of individuals who may have been exposed to Hepatitis C via blood or blood products prior to 1991 and have not already been tested. This is in line with the recommendation of the Penrose Inquiry, which was published on 25 March 2015. The report of Penrose Inquiry can be accessed at <http://www.penroseinquiry.org.uk/>

2. The Penrose Inquiry was a statutory inquiry independent of Government. The findings and the recommendation were only released on 25 March. In her statement to the Scottish Parliament on 26 March, the Cabinet Secretary for Health, Wellbeing and Sport highlighted a range of source of information for individuals who may have concerns, but also made clear that anyone who may be at risk of having been infected by NHS blood and blood products could be tested through their GP Practices.

Background

3. The Penrose Inquiry concludes that there will be people in Scotland who received a transfusion of blood or blood components from a donor who was HCV-positive in the period before the introduction of screening for the virus and who acquired HCV but have not yet been diagnosed. The Inquiry therefore recommended that the Scottish Government should offer an HCV test to everyone in Scotland who had a blood transfusion before September 1991 and who has not already been tested for HCV.

From the Office of 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
3EN, St Andrew's House

Medical Issues

Nicola Steedman
3E., St Andrew's House

4. A lot of work has been undertaken in previous years to identify anybody who may have been infected with Hepatitis C via blood transfusions. A look-back exercise was carried out in 1995 and as recently as 2008 a Scottish Government public awareness campaign encouraged anyone who may have been exposed through this route to be tested.

5. In addition, numerous additional initiatives stemming from Scotland's Hepatitis C Action Plan have promoted Hepatitis C case finding among individuals with risk factors including the pre September 1991 blood transfusion one; these include educational materials for GPs and Practice attendees. As a result, the vast majority of people in this category will already have been tested and we expect very few individuals to remain who have not been diagnosed. Patients can also be reassured that the risks of infection were very small.

6. The need to test such individuals is also well-established in clinical guidelines, and is clearly articulated in the 2013 SIGN guideline on the management of Hepatitis C. (<http://www.sign.ac.uk/pdf/sign133.pdf>)

Action

7. In light of the Penrose Inquiry recommendation a short-life working group is being established by Health Protection Scotland and involving key stakeholders including Scottish Government and Scottish National Blood Transfusion Service. This will seek to identify whether or not any further national or centralised action can be taken to further identify individuals who may benefit from testing. We will provide advice as a result of this work as soon as it is available.

8. In the meantime, it is recognised that some individuals may approach General Practitioners or other NHS services looking for advice and information, or to seek a test.

10. Individuals who are seeking **further information** can be directed to the NHS Inform website, or to any of the following organisations which provide information and advice around Hepatitis C and infected blood:

- Haemophilia Scotland, 0131 524 7286, hello@haemophiliascotland.org
- Scottish Infected Blood Forum, 0141 649 0050, mail@sibf.org.uk
- Hepatitis Scotland, 0300 343 0250, enquiries@hepatitisscotland.org.uk

11. Individuals who report having received a transfusion in the UK pre September 1991 and who approach General Practices **seeking a test** for hepatitis C should ordinarily be tested by their practice. Anyone who is found to have chronic hepatitis C infection(viraemia) as a result of such a test should be referred into specialist services as normal.

12. In addition to patients who may have received a blood transfusion before 1991, there are a small number of mild bleeding disorder patients who will have received plasma (Fresh Frozen Plasma or Cryoprecipitate) pre-1991 and remain untested for HCV because they are no longer attending haemophilia centres in Scotland. A separate look-back exercise was carried out by Haemophilia Directors to trace such individuals. If individuals potentially infected via this route approach Practices, their details and the HCV test outcome should also be referred to the nearest Haemophilia Centre. The Penrose Inquiry report notes that from May 1987, the blood products used in Scotland were successfully treated against HCV.

13. There is no need to offer someone tests for HIV or Hepatitis B if they report having had a blood transfusion pre September 1991 – but that should not preclude a test for these conditions being undertaken if other relevant risk factors emerge during the consultation.

Monitoring

14. Practices and NHS Boards should monitor demand for tests against capacity. If there are any particular difficulties associated with a sustained level of demand at individual Practices then Boards and Practices should work together to address this. Boards should alert the Scottish Government to any such difficulties.

Conclusion

15. I would be grateful if this information could be disseminated as a matter of urgency. Every effort should continue to be made to provide testing to anyone who may have been exposed to hepatitis C via infected blood.

Yours sincerely

Catherine Calderwood

DR CATHERINE CALDERWOOD