11 September 2013

To: General Practitioners
Medical Directors
Nursing Directors
Chief Executives of Acute Trusts
Chief Executives of Community Trusts
Chief Executives of Foundation Trusts
Directors of Public Health
NHS England Area Team Directors
Clinical Commissioning Groups

Dear Colleague

HEPATITIS C INFECTED HEALTH CARE WORK LOOK-BACK EXERCISE

(To All GPs and Acute Trust Medical Directors for sharing with appropriate Clinical Directors (to cover obstetrics, gynaecology, gastroenterology, hepatology and microbiology)

I am writing to you to inform you about an incident that has occurred, whereby a Healthcare Worker (HCW) in obstetrics and gynaecology practice, between 1973 and 2002, working in the UK, may have inadvertently infected a number of patients with Hepatitis C.

Summary

Transmission of infection to patients treated by this HCW has been demonstrated in a small number of cases in Wales, and it has been recommended by the UK Advisory Panel for Healthcare Workers infected with Blood-Borne Viruses (UKAP) that any person who has been subject to an exposure prone procedure by this HCW should be:

- advised that they might have been put at risk of infection with Hepatitis C;
- counselled on the benefits and potential disadvantages of being tested for Hepatitis C;
offered and recommended testing for Hepatitis C, if they so wish; and,
• referred for specialist advice if Hepatitis C infection is detected.

Background

The HCW concerned was probably infectious throughout their working career in the UK; the HCW was unaware of being infected, and has acted properly and responsibly in supporting Public Health investigations.

The patients at risk were treated in UK hospitals during the period 1975 and 2002.

The HCW worked in England between September 1975 and December 1983. They also had short spells in both Scotland and Northern Ireland during this period before a longer and more recent working period in Wales.

Hepatitis C can be transmitted by contact with blood, or body fluids, from an infected person. The HCW concerned routinely undertook exposure prone procedures and it is reasonable to suppose that further cases of infection may have occurred. UKAP has determined that the balance of benefit to risk is in favour of identifying, as far as is reasonably possible, those patients who may have been infected and offering them testing and treatment.

The risk of transmission following an exposure prone procedure is believed to be within the range 1 in 1,750 to 1 in 16,000 cases.

In recent years increasingly effective treatments for Hepatitis C have become available. In January 2004 the National Institute for Clinical Excellence (NICE) recommended a combination of pegylated interferon alpha and ribavirin for the treatment of patients with severe Hepatitis C. Overall this treatment is successful in clearing the infection in up to 55% of patients.

The actions being undertaken by health protection services in the UK

An extensive look-back exercise is being undertaken to try to identify any patients that have been subject to an exposure prone procedure carried out by this HCW, and to trace their whereabouts. Letters advising people that they may have been placed at risk will be sent to these patients and their general practitioner (if known) over the following weeks, starting with patients who were treated in Wales, followed by those treated in England, Scotland and Northern Ireland.

The action is being phased in this way because the HCW worked most recently in Wales, where good clinical records are still available for the period that they were operating there. Quite severe difficulties are being experienced tracing potentially affected patients in England, Scotland and Northern Ireland, as few clinical records have been retained for the
whole of the period that they worked in these countries. Nevertheless, every effort is being made to identify any patients placed at risk in these countries as well.

We fully realise that the inability to trace all potentially affected patients may cause distress and we are therefore releasing the details of the hospitals, and the time periods during which the HCW worked at hospitals in the UK, in an appendix to this note, so that:

- Patients who are concerned that they may be affected by this incident can rule themselves out of the need to be followed up by checking that they did not receive either obstetric or gynaecological care at a relevant time at one of the hospitals listed in this note;
- Patients who identify themselves as being potentially at risk, but have been untraceable by Public Health England for the reasons listed above, have the opportunity of seeking advice and coming forward for assessment.

Patients can be assisted in checking their potential exposure by calling 0800 121 4400 between 9am and 5pm weekdays beginning on Thursday 12th September.

**Diagnosing chronic Hepatitis C infection**

Chronic Hepatitis C is marked by the persistence of HCV RNA (a marker of live virus) in the blood for at least 6 months after the onset of acute infection. Approximately 75-85% of infected patients do not clear the virus after 6 months; of these, 5-20% will go on to develop cirrhosis, and 1-2% of cases of cirrhosis will progress to develop hepato-cellular carcinoma.

The diagnosis is initially made by antibody test which indicates that the individual has been infected with Hepatitis C in the past but does not distinguish between previously resolved and current infection. Chronic infection is then determined by detection of HCV RNA.

Good advice for professionals on pre-test counselling of patients can be found on the NHS Choices website listed at the end of this letter.

**Advice for health care professionals**

Patients who receive a letter from their national health protection service should be advised to take the steps outlined in that letter to access advice and, if appropriate, testing. GPs will be contacted in advance of any such letters being sent to patients.

If you are a general practitioner and a patient approaches you with reasonable concerns that they might be affected, please check your records for evidence that they may have been treated in the obstetric or gynaecology department of one of the hospitals during the periods listed in the appendix to this note, and check if the hospital discharge letter describes any exposure prone procedures. If they are potentially affected, and after
advising them of the consequences for testing, general practitioners may submit tests through their local NHS laboratory services. You may wish to contact your local hepatologist or gastroenterologist, or to call your local PHE centre for more advice.

**Submitting specimens for testing in England**

Diagnostic specimens should be submitted through the normal local laboratory service, labelled ‘PHEHEP1 – please send to PHE regional laboratory’; these specimens will be forwarded to their regional PHE laboratory who will screen these specimens for the presence of Hepatitis C antibodies and, if positive, will automatically undertake a Hepatitis C RNA PCR test to diagnose whether there is current infection using material from the same specimen. The specimen required is a standard serology submission (5ml+ clotted blood).

**Hepatitis C testing and life insurance**

The Association of British Insurers has confirmed that a negative Hepatitis C test will not affect insurance premiums.

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**Further advice**

Further advice on Hepatitis C infection can be found on the website of the Hepatitis C Trust ([www.hepctrust.org.uk](http://www.hepctrust.org.uk)) who can also provide advice and support to any patient suffering from, or considering being tested for Hepatitis C infection. There is also a confidential helpline on 0845 223 4424.

A good suite of information for health professionals can be found on NHS Choices [http://www.nhs.uk/hepatitisc/hcp/Pages/default.aspx](http://www.nhs.uk/hepatitisc/hcp/Pages/default.aspx)

National guidance on Hepatitis C infected health care workers, including advice on testing of current workers and prospective trainees can be found at

Appendices:

Hospitals in England affected

The infected surgeon worked at the following hospitals in England between the dates given

- **Grimsby General Hospital** (3 Sept 1975 to 6 March 1978)
- **Burnley General Hospital** (5 to 30 April 1978)
- **Bedford Hospital** (3 July to 6 August 1978 & 4 to 19 November 1978)
- **Carlisle City General Hospital** (31 Aug 1978 to 17 Sep 1978 and 12 April to 2 May 1982)
- **Herts and Essex Hospital** (4 December 1978 to 10 January 1979)
- **All Saints Hospital, Kent** (5 to 16 November 1979)
- **Stepping Hill Hospital, Stockport** (20 July to 2 November 1981)
- **Doncaster Gate Hospital, Rotherham** (23 July to 18 August 1982)
- **Royal Victoria Hospital, Boscombe** (27 Sep to 10 Oct 1982)
- **Royal General Hospital, Treliske** (8 Feb to 19 March 1983 & 9 May to 21 June 1983)
- **Peterborough District Hospital** (28 Nov 1983 to 2 Dec 1983)

Exposure Prone Procedures

General practitioners, and other clinical colleagues, are asked to consider offering a test or referring women presenting to them as a result of the announcement of this look-back exercise, who had invasive gynaecological or obstetric procedures (in the hospitals listed where the infected health care worker was employed), where injury to the health care worker performing the procedure could result in blood from the health care worker contaminating the patient’s open tissues. These procedures are called exposure prone procedures, conventionally defined as;

‘Exposure-prone procedures are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Such procedures occur mainly in surgery (including some minor surgery carried out by GPs) obstetrics and gynaecology, dentistry and some aspects of midwifery. Most nursing duties do not involve exposure-prone procedures; exceptions include A&E and theatre nursing.’