Local Government Association

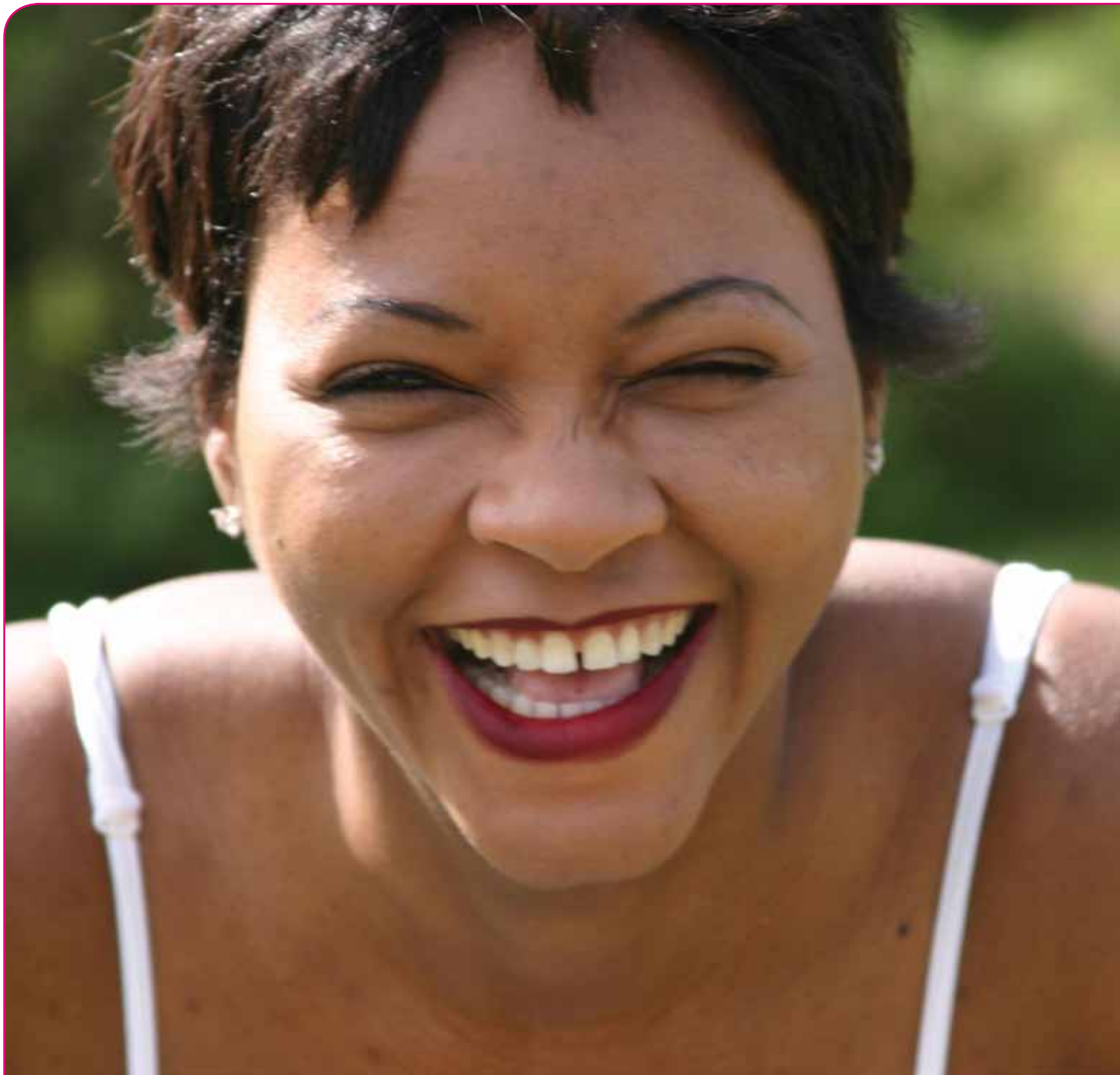
Public Health England

Health, adult social care and ageing

Hepatitis

Frequently asked questions

Briefing for councillors



Introduction

These FAQs on hepatitis have been produced by the Local Government Association (LGA) and Public Health England (PHE) to address questions that councillors may have on hepatitis and the viruses that cause it.

What is viral hepatitis?

Hepatitis is inflammation of the liver and can be caused by toxic or infectious agents. Viral hepatitis can be caused by a number of different hepatitis viruses of which A, B and C are among the commonest. These viruses differ in key features which affect diagnosis, prevention and control. This document focuses on hepatitis B and C because both viruses can persist in the liver for many years (so called “chronic infection”). Chronic infection can cause liver damage and, after many years, lead to liver failure and liver cancer in around 15 per cent to 25 per cent of infected individuals.

Symptoms and signs

Any type of viral hepatitis presents with the same symptoms - fatigue, jaundice, loss of appetite, nausea, vomiting, abdominal pain and joint pains. However for hepatitis B and C more than 70 per cent of adults have no symptoms at all at the time of becoming infected.

Chronic liver disease can also remain silent for many years. Unless detected by a blood test, patients may first present very late with signs of liver failure, including jaundice, swelling of the abdomen, confusion and or vomiting blood.

Which groups of the population are most affected?

Most people with chronic hepatitis B in the UK acquired infection at birth or during childhood overseas. Therefore, most severe complications from hepatitis B in the UK occur in migrant populations, particularly those born in Africa and Asia. Common risk groups for acquiring the infection in the UK include those who have multiple sexual partners or those who inject drugs.

In contrast, most chronic hepatitis C infections are seen in people who have injected drugs in the UK. The prevalence of hepatitis C is also slightly higher in those born and raised in certain countries (including many in the Middle East and Asia), and in those who received blood products or blood transfusions in the UK before the introduction of virus inactivation and donor screening.

The essentials of hepatitis B and C

	Hepatitis B virus	Hepatitis C virus
Routes of transmission	Exposure to infectious blood or body fluids contaminated with blood at the time of birth, during sexual intercourse, or from contaminated needles	Exposure to infectious blood or body fluids contaminated with blood, mainly from contaminated needles during injecting drug use or medical treatment
Incubation period	45 to 160 days (average 120 days)	14-180 days (average 45 days)
Likelihood of developing symptoms of acute infection	Depends on age at time of infection: • <1% of infants • 5%-15% of children aged 1-5 years • 30-50% of over 5 years	<10% of newly infected persons
Estimated number of adults with chronic infection in England	120,000 chronically infected adults	160,000 chronically infected adults
Screening (blood test) recommendations for chronic infection	• All pregnant women • Babies born to mothers infected with hepatitis B • Adults and children at increased risk of infection, particularly migrants from medium or high prevalence countries and people who inject or have injected drugs.	• People who have ever injected drugs. • People who received a blood transfusion before 1991 or blood products before 1986, when screening of blood donors for hepatitis C infection, or inactivation of viruses were introduced. • People born or brought up in a country with high or intermediate rates of chronic hepatitis C. • Babies born to mothers infected with hepatitis C. • Prisoners, including young offenders.

		• Looked-after children and young people, including those living in care homes. • People living in hostels for the homeless or sleeping on the streets. • HIV-positive men who have sex with men. • Close contacts of someone known to be chronically infected with hepatitis C.
Where to get tested and / or vaccinated	• Antenatal clinic • GP • GUM/STI clinic • Drug treatment service	• GP • GUM/STI clinic • Drug treatment service
Treatment	NICE recommended anti-viral therapies	NICE recommended anti-viral therapies with good cure rate

How can we prevent hepatitis?

Effective vaccines against hepatitis B are available and recommended for individuals at risk. Hepatitis B vaccine is currently recommended for the following groups of the population:

- babies born to mothers infected with hepatitis B
- close family and household contacts of a person with chronic hepatitis B infection
- injecting drug users (and sexual contacts or children of injectors)
- men who have sex with men.
- individuals who change sexual partners frequently
- certain occupations: e.g. healthcare workers
- families adopting children from countries with high or intermediate rates of hepatitis B
- foster carers
- individuals receiving regular blood or blood products and their carers
- patients with chronic liver disease including hepatitis C-infected persons
- patients with chronic kidney failure
- persons with HIV infection
- prison inmates

- individuals in residential accommodation for those with learning difficulties
- people travelling to or going to reside in areas with high or intermediate rates of hepatitis B
- individuals at occupational risk, e.g. healthcare workers, laboratory staff, staff at residential accommodation for those with learning difficulties.

There is no vaccine against hepatitis C infection, but spread of both hepatitis B and C viruses can be reduced by preventing exposure to blood and body fluids from infected individuals.

In the health care setting, transmission of infection is prevented by following appropriate precautions to avoid contamination of needles and other sharp instruments, and by screening blood, tissue and organs for donation.

In the community, prevention of infection in people who inject drugs depends on three elements: reducing initiation of injecting drug use, helping people to stop injecting and promoting safer injecting practice (for example by provision of clean needles and syringes).

What are the barriers to hepatitis prevention and control?

Uptake of screening and vaccination is a challenge because:

- Cultural and language barriers may hinder access to services for people with chronic hepatitis B and C who are from ethnically diverse populations
- People may not be aware that they are at risk or be reluctant to admit that they have a history of high risk behaviour, such as injecting drug use
- Clinicians may not be aware or may forget to offer vaccination and screening to high risk individuals such as those who inject drugs or infants and household contacts of a hepatitis B positive mum.

Overcoming barriers to screening and vaccination by raising both professional and public awareness and offering accessible services is a critical component of reducing the burden of undiagnosed infection. Most people at risk of or already infected with hepatitis B and C are from under-served communities in which inequalities in health access and outcomes exist. These populations include ethnically diverse migrant populations and socially excluded groups such as inmates and young offenders, current or past injecting drug users.

How can we treat chronic hepatitis?

Antiviral treatments for both hepatitis B and C are available and recommended by the National Institute for Health and Care Excellence (NICE). For hepatitis C, a high proportion of patients treated will clear infection for good, particularly if therapy is started early. Treatments is not cheap but is considered cost-effective as the cost of not treating infection can be high in the longer term. Hepatitis C related hospital admissions, registrations for liver transplants and deaths from hepatitis end-stage liver disease and liver cancer continue to rise in England.

Despite effective treatment it is estimated that only 3 per cent of those with chronic hepatitis C get treated each year; the figure

for hepatitis B is not known. Some of the major challenges to treatment of hepatitis B and C include:

- People do not get diagnosed, because they do not consider themselves to be at risk.
- Individuals who have been diagnosed with chronic hepatitis B or C infection find it difficult to adhere to the months or years of treatment, sometimes with unpleasant side effects
- Many of the individuals affected by hepatitis C are from marginalised populations, for example, people who inject drugs and the prison population, who often find it difficult to access treatment in specialist hospital settings

What can local authorities do?

- Through overview and scrutiny committees and health and wellbeing boards, local authorities are in a strong position to drive improvements in uptake of screening, vaccination and treatment of hepatitis, which will also help delivery against health inequalities, liver disease and immunisation public health outcome measures. Local authorities can:
- Undertake joint audits with NHS commissioners to assess hepatitis B and C needs and services in their community and develop targeted measures for reducing transmission and improving treatment uptake
- Ensure that structures and policies are in place to provide vaccination and monitor vaccine uptake in people who are considered high risk and eligible for hepatitis B vaccination, taking into account the plurality and complexity of provision of immunisation services.
- Ask whether screening, immunisation and treatment services reach out to diverse populations and are accessible to deprived or marginalised sections of the population.
- Influence commissioning of hepatitis screening and vaccination for people who use sexual health, genitourinary medicine / STI clinics and drug treatment services.
- Develop strategic partnerships to deliver hepatitis C treatment through integrated care pathways in non-conventional settings, such as drug services, prisons or primary care.
- Hold the NHS and stakeholders to account on viral hepatitis, and ensure that all people with hepatitis B and C are supported by public health and NHS services.

Models of good practice

Integrated Care for Hepatitis C in Drug Users –Stoke on Trent Community Viral Hepatitis Service

An integrated hepatitis C treatment service in Stoke on Trent provided by a charity (CRIS) with links to a local hepatologist, has had a high uptake of treatment and cure rate amongst this client group since its launch two years ago. Of the 282 clients known to drug services who were newly diagnosed with hepatitis C, 262 were referred for assessment and treatment; of these 25 were deemed either unsuitable or dropped out (in stark contrast to most hospital-based services). Of the 262 engaged clients, 148 (56 per cent) commenced treatment and 100 (38 per cent) were cured after treatment completion.

Greater London Authority to tackle health inequalities in 'the capital of hepatitis C'

An estimated 23,000 people with hepatitis C in London are undiagnosed. In March 2013 the Greater London Authority (GLA) convened a group of experts to look at hepatitis C and its associated health inequalities in London. The roundtable event brought together senior stakeholders from the NHS, local authorities and the voluntary sector to discuss developing an effective response in the capital. During the event it was agreed that a steering group of stakeholders would meet again to devise an action plan on how to effectively address hepatitis C in London.

Resources

World Hepatitis Day http://www.worldhepatitisalliance.org/en/home.html

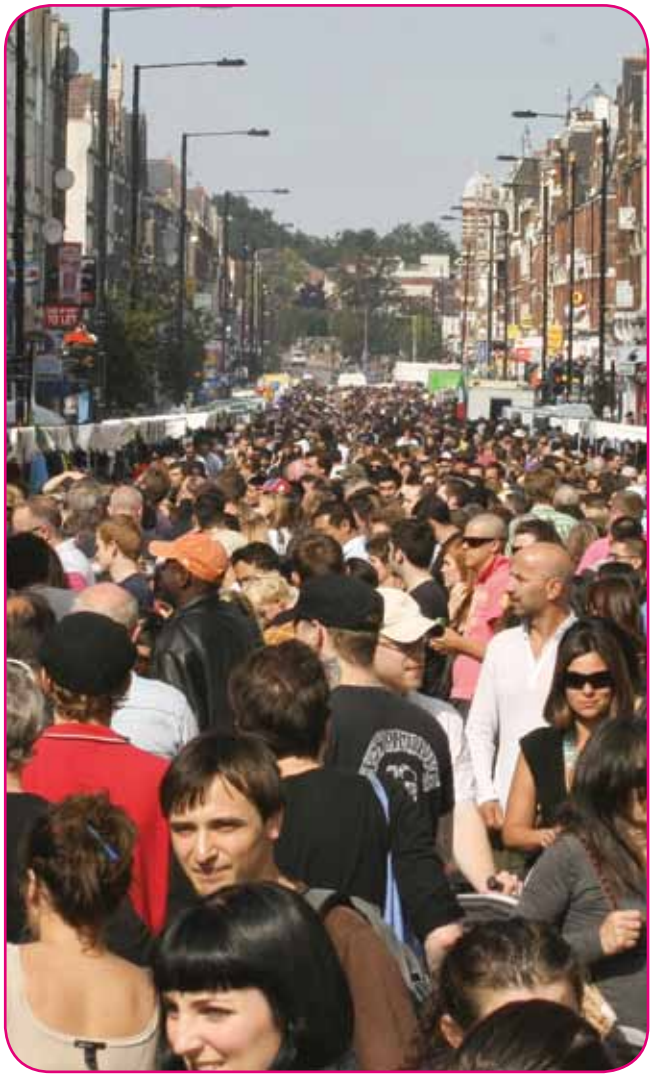
Immunisation against infectious disease: the Green Book. https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book

NICE public health guidance.PH 43 Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection. December 2012. http://publications.nice.org.uk/hepatitis-b-and-c-ways-to-promote-and-offer-testing-to-people-at-increased-risk-of-infection-ph43/recommendations#whose-health-will-benefit

Capital Challenge – Tackling hepatitis C in London available from the Hepatitis C Trust http://www.hepctrust.org.uk/News_Resources/news/2013/March/Greater+London+Authority+to+tackle+health+inequalities+in+%e2%80%98the+capital+of+hepatitis+C%e2%80%99

Hepatitis B antenatal screening and newborn immunisation programme: Best practice guidance https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-newborn-immunisation-programme-best-practice-guidance

Blood borne infections: Good practice examples from front line Services. Blood Borne Infections Symposium, June 21 2013. Public Health England



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