

National Institute for Health and Clinical Excellence

PUBLIC HEALTH PROGRAMME – HEPATITIS B AND C – WAYS TO PROMOTE AND OFFER TESTING

**Consultation on the Draft Guidance from 13th June – 8th August 2012.
Comments to be received no later than 5pm on 8th August 2012.**

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** (eg 3.2) in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
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Name:		
Organisation:		BHIVA
Section number	Page Number	Comments
Indicate section number or ' general ' if your comment relates to the whole document		Please insert each new comment in a new row.
Treatment Current best practice guidelines on managing hepatitis B and C are available from the European Association for the Study of the Liver (EASL).	Page 7	<p>We would suggest that best practice guidelines for treating HIV/Hepatitis are additionally added.</p> <p>For guidelines on managing patients with HIV and hepatitis B or HIV and hepatitis C co infection, please refer to:</p> <p><u>British HIV Association guidelines for the management of co infection with HIV-1 and hepatitis B or C virus 2010</u> G Brook, J Main, M Nelson, S Bhagani, E Wilkins, C Leen, M Fisher, Y Gilleece, R Gilson, A Freedman, R Kulasegaram, K Agarwal, C Sabin and C Deacon-Adams on behalf of the BHIVA Viral Hepatitis Working Group* British HIV Association (BHIVA), BHIVA Secretariat, Mediscript Ltd, London, UK Keywords: HIV, hepatitis B, hepatitis C, guidelines, treatment Accepted 27 August 2009 These are in the process of being updated</p>
	Page 8	<p>All patients with Hepatitis B and C should be tested for HIV</p> <p>Reasons</p> <ul style="list-style-type: none"> • Shared mode of transmission • Impact of hepatitis B and C on HIV • Impact of HIV on hepatitis B and C • Treatment guideline differs in HIV co infected population <p><u>British HIV Association guidelines for the management of co infection with HIV-1 and hepatitis B or C virus 2010</u></p> <p>In addition, awareness programmes should target hepatitis B and hepatitis C and HIV. These awareness programmes should be inclusive and linked.</p>

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3.39 Snorting drugs and sex have been recently recognised as routes for hepatitis C infection about which there is little data.	Page 32	<p><u>Acute HCV infections in HIV positive men who have sex with men</u></p> <p>There is little data outside HIV cohorts and this should be appropriately referenced:</p> <p>van de Laar T, Pybus O, Bruisten S et al. Evidence of a large, international network of HCV transmission in HIV-positive men who have sex with men. <i>Gastroenterology</i> 2009; 136: 1609–1617</p> <p>Danta M, Brown D, Bhagani S et al. Recent epidemic of acute hepatitis C Virus in HIV-positive men who have sex with men linked to high-risk sexual behaviours. <i>AIDS</i> 2007; 21: 983–991.</p> <p>Low E, Vogel M, Rockstroh J, Nelson M. Acute hepatitis C in HIV-positive individuals. <i>AIDS Rev</i> 2008; 10: 245–253</p> <p>Ghosn J, Deveau C, Goulard C et al. Increase in hepatitis C virus incidence in HIV-1 infected patients followed up since primary infection. <i>Sex Transm Infect</i> 2006; 82: 458–460</p> <p>Browne R, Asboe D, Gilleece Y et al. Increased numbers of acute hepatitis C infections in HIV positive homosexual men; is sexual transmission feeding the increase? <i>Sex Transm Infect</i> 2004; 80: 326–327</p> <p>Gotz HM, van Doornum G, Niesters HG et al. A cluster of acute hepatitis C among men who have sex with men: results from contact tracing and public health implications. <i>AIDS</i> 2005; 19: 969–974</p>
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Testing / screening HCV		<p>No mention is given to the frequency of screening for hepatitis C if the test is negative. These are available for HIV infected patients. In addition, HIV infected antibody may take up to a year to become positive, so we recommended performing a pcr test, if the patient presents with abnormal LFT with negative serology and there is no other explanation.</p> <p><u>British HIV Association guidelines for the management of co infection with HIV-1 and hepatitis B or C virus 2010</u></p> <p><u>Recommendations</u></p> <p>All HIV-positive patients with unexplained transaminitis should be evaluated for acute HCV infection (with HCV antibody and RNA testing).</p> <p>HIV-infected MSM should be tested for HCV antibody on an annual basis.</p> <p>HIV-infected MSM should be informed about current understanding of acute HCV infection and possible transmission risks.</p>

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