UK Health Security Agency

National Strategic Group for Viral Hepatitis (NSGVH)

Minutes of meeting held on 1 July 2022
Virtual meeting: 10:00 to 12:00

Attendees:

Members:	Will Irving (WI, Chair)	**Invited presenters and observers:**	Daniel Bradshaw (DB)
	Graham Foster (GF)		Ahmed Elsharkawy (AE)
	Mark Gillyon-Powell (MGP)		Ruth Simmons (RS)
	Daniela De Angelis (DDA)		Heli Harvala Simmonds (HHS)
	Samreen Ijaz (SI)		Koye Balogun (KB)
	Peter Vickerman (PV)		Ross Harris (RoH)
	Eamonn O'Moore (EO)		Stuart Smith (SS)
	Caroline Sabin (CS)		Brian Eastwood (BE)
	Matthew Hickman (MH)		Neil McDougall (NM)
	Iain Brew (IB)		Annelies McCurley (AM)
	Sema Mandal (SM)		Graham Cooke (GC)
	Rachel Halford (RH)		Monica Desai (MD)
	Mike Gent (MG)		Georgia Threadgold (GT)
			David Leeman (DL)
			Josie Smith (JS)
			Patrick Kennedy (PK)
			Noel Craine (NC)
Secretariat	Iain Hayden (IH)		Katherine Evans (KE)

Apologies:

Victoria Mathwin	Sarah Hart	Giri Shankar	Sharon Hutchinson
Mark Aldersley			

1. Welcome and introductions

The Chair welcomed all those in attendance and apologies were given.

2. Update and minutes

2.1 The minutes of the previous meeting were agreed as an accurate record

2.2 Update on actions not appearing as agenda item

Action 3 on agenda: Compile data from UKHSA sentinel surveillance on sites currently undertaking HEV testing.

RS explained the preliminary list has been extracted but needs to be thought through how to take this forward. Can be combined with action 4.

Action 4 on agenda: Identify a UKHSA colleague that can move forward with previous programme of HEV work and drive forward outstanding questions.

SI is drafting a framework how to take this work forward and will submit a paper for review at next meeting.

Action: SI to submit a paper for review next meeting on the new HEV work programme

3. Update on SaBTO occult hep B working group

HHS presented on outcomes from SaBTO working group on occult hepatitis B in blood donors. This group was formed following transmissions from a donor with occult HBV in 2019.

SaBTO has recommended introduction of Anti-HBc screening in donors which was implemented by all UK blood services by 31 May 2022.

Data from the first month of testing was presented and summarised from England, Scotland and Wales.

All donors with confirmed anti-HBc reactivity will be deferred, with this decision reviewed after the first year of screening. Donors and their GPs are informed by letter.

Lookback investigations are being considered for current donors found to be anti-HBc positive with focus on recipients from the previous 3 years. Only donors with detectable HBV DNA are considered in the initial stage of lookback investigations in England, whereas Scotland and Wales are also including donors without detectable HBV DNA. Scotland have identified 18 donors in the first three months of screening. It is estimated England will identify 10 to 40 occult infections with between 50 to 200 recipients needing follow up.

Hospital teams or GP are asked to contact recipients for testing. There has been some resistance from Scotland GPs. In England, some GPs have also been initially reluctant.

It was confirmed Northern Ireland are also involved but their data was not available.

4. Updates from UKHSA

4.1 Update on UKHSA re-organisation

IH presented UKHSA executive committee organogram. Areas of relevance to the NSGVH are Blood Safety, Hepatitis, STI and HIV Division and Immunisation & Vaccine Preventable Diseases Division now sit in the Public Health Programmes Directorate, led by Mary Ramsay (Director), and this sits in the Clinical and Public Health Programmes Group, with the Chief Medical Advisor, Susan Hopkins.

A one-year budget has been agreed and there is still uncertainty around long term divisional funding. Departmental budgets are yet to be agreed.

The Blood Borne Virus laboratory, Field Services and research oversight functions sit under the Chief Scientific Advisor, Isabel Oliver.

Health Protection Teams and local Field Services fall under Health Protection Operations Directorate.

4.2 World Hepatitis Day

To be discussed under item 7.0.

4.3 Hepatitis Infection Paediatric Surveillance Network (HIPSNet)

IH summarised the UKHSA expansion of the enhanced surveillance of childhood cases of hepatitis B & C launching on World Hepatitis Day (27 July). This included monitoring all confirmed cases identified through laboratory reporting (SGSS) under age 17 with annual follow-up undertaken by the specialist managing their infection.

The expanded objectives of the surveillance include:

- monitoring and reviewing outcomes of care and treatment
- monitoring demand for paediatric infectious disease services
- reducing inequalities in care and improving access to care
- feeding back to clinicians to improve standards of testing, vaccination and treatment

Any cases born to HBV positive mums identified from the Integrated Screening Outcomes Surveillance service (ISOSS) will feed into the system. Similarly, if HCV antenatal screening commences these cases will be picked up too.

4.4 UKHSA strategic business planning

MD iterated elimination of HCV ahead of 2030 is one of UKHSA strategic priorities. UKHSA has run a series of workshops to define objectives and activities towards this goal and outcomes have been shared with the executive committee to consider and inform the UKHSA 3-year strategy and business planning.

Objectives put forward were:

- development of evidence base, monitoring and surveillance of harm reduction
- better understanding of undiagnosed populations and barriers to engagement
- synthesise and apply the evidence base on gaps in case finding
- support optimal treatment and develop a genomics system to detect resistant strains
- improve understanding of Hep C transmission dynamics, including incident infections (new and re-infections)

Activities could not be shared at this stage but will be shared at a later date.

The group discussed the importance that HBV should be put forward as a similar business priority, it was clarified this work was framed as broader elimination of blood borne viruses however the focus on HCV headlined due to the alignment with the NHS HCV elimination priority. Addressing inequalities across both HBV and HCV were very high in list of priorities.

4.5 Acute hepatitis in children

SM summarised an ongoing enhanced national incident investigating severe acute hepatitis cases without A-E viruses or other underlying source in children which began in early April. As of 28 June:

- there had been 258 confirmed cases meeting the case definition across the UK with 183 in England. 81.6% were in those under 5.
- cases have been identified in 39 other countries.
- adenovirus has been detected in 69.5% of cases tested for it, with adenovirus positivity at its highest point between Nov 21 and April 22 than in the preceding 5-year period.
- The current public health risk assessment is very low.
- 13 cases were reported to have had a liver transplant and no deaths have been reported across the UK.
- a small surge in hospital admission codes related to the syndrome have been observed in children aged 1 to 4 for the same period.
- exceedances have been observed in faecal adenovirus episodes for the same period, and initially seen with respiratory adenovirus episodes but the latter had declined earlier.
- data investigating SARS-COV-2 serology and PCR positivity on admission indicated no significant difference between cases and control group.

It was raised there are increased rates of other pathogens circulating in recent months following relaxed social distancing measures and the surge in cases and adenovirus is hypothesised to coincide with this.

There are still other potential factors under investigation (including adeno-associated virus and host genetic susceptibility – HLA associations) and a multi-hit aetiology with adenovirus potentially acting as the trigger is a leading hypothesis.

4.6 WHO elimination pilot

DL presented on a pilot UKHSA has participated in with WHO on viral hepatitis elimination metrics. This pilot focused on identifying variation in countries' systems, abilities and challenges that may arise in measuring metrics and providing data to meet the elimination impact metrics rather than actually validating status or progress to elimination.

The pilot highlighted challenges in obtaining direct measurements of HCV incidence which was also seen across other nations.

5. Update from NHSE on hepatitis C elimination

MGP gave an update on new activities in the NHS HCV elimination programme.

Key initiatives continuing in 2022 to 2023 will be testing in drug treatment services and work in prison to improve reception testing and high impact testing and treatment along with probation initiatives. Prison and community peer programme will continue as they are engaged in almost all other parts of the programme.

New areas of work to be raised were starting engagement with forensic mental health units and immigration removal centres as new services to start and improve testing, as well as scoping HCV testing in police custody suites.

Progress has been made toward implementing opt out antenatal HCV testing in antenatal care with hope it will go live in Autumn, feedback is pending from the research advisory committee.

Launch of NHS web testing portal is planned for the Autumn, where the public can request capillary blood tests using a QR code. Where tests are positive patients can be linked straight to care.

The Health Needs Assessment process is starting in the Autumn to test 10,000 individuals in drug treatment and needle exchanges and joint work is underway with the national cancer programme to start screening and surveillance for wider liver issues, increasing the number of community vans.

There are no programmes in scope to stop currently, although withdrawal may occur later in the year if it is demonstrated that testing processes are firmly embedded and no longer need national oversight.

GF summarised the stages and key outcomes seen through the programme to date and areas of concern.

A recent increase in liver cancer was noted. Egypt have an increase in liver cancer patients with cleared hepatitis C and similar situation is seen in Pakistan. Data now suggests the risk of malignancy persists up to 10 years after clearance. It was highlighted this may be due to

decreases in patients dying of decompensated cirrhosis, instead developing liver cancer later in life. The country should be prepared for increases in liver malignancies associated with cleared hepatitis C, which will be of political importance and should not be interpreted as programme failures.

For those in high risk groups, most of those tested in drug addiction services have been treated, questions remain on progress outside these facilities and how to monitor changes in prevalence when prevalence is very low. Falls in positivity are mirrored in prisons and Emergency Department (ED), yet there are large variations regionally.

GF summarised the knowledge gaps in understanding HCV incidence and summarised the Needs Assessment cohort study being set up. It was noted this will be a costly exercise and alternative ways to measure incidence going forward would likely be needed.

It was raised private companies abroad are selling off label HCV treatments directly to patients in the UK and there is no way to quantify how many people are using these services and clearing their infection outside current surveillance.

Cost effectiveness of testing in primary care to find cases without risk factors was raised as a knowledge gap. These initiatives are expensive to run without knowing how many cases will be found or what the testing uptake would be. It is difficult to know how much money to invest doing this.

GF raised to the group if the evidence is strong enough for the NSGVH to advocate a national one-off HCV test antibody test, as is being done in France and Germany.

A summary of NHSE primary care strategy was presented which included a study of 100,000 people with no risk factors, 18,000 individuals being tested for HCV from routine blood tests and identifying 1000 primary care patients per ODN.

It was requested once these data are collected, if the group could review to advise how much to invest in primary care testing services.

Action: Interim results of HCV case finding studies to be fed back to the NSGVH. To advise how much investment they recommend should be undertaken to test in primary care

GT summarised testing and treatment in the prison estates:

- Work has progressed to targeting prisons with particular issues needing tailored approaches.
- Despite increases in opt out testing implementation, large population still require testing and treatment.
- 40% of prisons have had a peer led High Intensity Test and Treat (HITT) between 2019-2022. Average prevalence was 1.7% in most recent hits.
- Prevalence was higher in remand and women’s estates, so these will be next areas of focus.
- There is significant variation in reception testing performance across prison estates.
- Praise was given to HMP Durham for the largest change in uptake testing.

The effectiveness of HITTs were discussed, along with some of the common problems encountered with increasing prison testing especially through COVID-19 lockdowns. Troubleshooting areas such as lower testing in remand and women's prison have been addressed in some areas by introducing point of care testing due to the shorter sentences in this population.

The group discussed ED HCV testing and how these results can be used as a metric for elimination. There is currently inequity in its application and a desire to increase the spread and it was raised if this needs mandating or increased financing.

The areas to implement HCV ED testing were successful by bolting onto HIV testing programmes and this needs to be driven by local commissioners. It was suggested that this group makes the recommendation to do this.

Currently data is limited to big cities only, so this may not be as worthwhile in rural communities with much lower prevalence.

6. Update from hepatitis B and delta

Due to time pressures agenda item 6 (Hepatitis B) will be rolled over to the start of next meeting. This meeting will have a larger focus on hepatitis B.

7. Hepatitis C Trust

RH summarised ongoing work undertaken by the Hepatitis C Trust:

- the team has grown considerably to 118 members, with 75% being peer support working across prisons and community.
- there has been an increase in outreach work to reach the hard to engage
- supporting ED testing and HCC screening with peers and starting peer led needle exchange.
- production of a reframing re-infections report, highlighting reported re-infections and need to focus on harm reduction.
- Hepatitis C Trust are leading on a number of activities for World Hepatitis Day such as prison radio, peer to peer walks and skydiving to raise profile of HCV elimination programme.

Action 2 in agenda: Feedback from National Providers' Network on defining the term micro-elimination.

SS summarised the progress and current version of defining hepatitis C elimination criteria.

Gilead have facilitated a provider forum to define micro elimination criteria working with 80% of drug services, who have agreed the current version of recommendations and agreed the ability to provide data for current metrics. Four criteria have been set along with definitions how to reach the metrics.

It was stressed the importance to frame communications in a way to not disengage commissioners thinking the problem was solved once micro elimination is reached. It does not include those on OST treatment and only covers clients currently injection or with past injecting behaviours.

It was noted that NHS England attend the forum, however UKHSA does not, and it is unlikely UKHSA have endorsed the criteria as of yet.

8. HPRU updates

Due to time pressures this agenda item will be rolled over to the start of next meeting

9. AOB and Close

The Chair thanked all presenters and suggested the next meeting be in September, with hopes this be an in-person meeting.

Actions arising from meeting

Action		Tasked to
1	SI to submit a paper for review next meeting on the new HEV work programme	Samreen Ijaz
2	Interim results of HCV case finding studies to be fed back to the NSGVH. NSGVH to advise how much should be invested into primary care testing for HCV.	Graham Foster/Mark Gillyon-Powell