UK Health Security Agency

National Strategic Group for Viral Hepatitis (NSGVH)

Minutes of meeting held on 8 October 2021
Virtual meeting:

Attendees:

Members:	Will Irving (WI, Chair)	**Invited presenters and observers:**	Daniel Bradshaw (DB)
	Graham Foster (GF)		Ahmed Elsharkawy (AE)
	Peter Moss (PM)		Ruth Simmons (RS)
	Mark Gillyon-Powell (MGP)		Beatrice Emmanouil (BE)
	Daniela De Angelis (DDA)		Koye Balogun (KB)
	Samreen Ijaz (SI)		Ross Harris (RoH)
	Peter Vickerman (PV)		Stuart Smith (SS)
			Tamyo Mbisa (TMb)
			Stuart Smith (SS)
			Katri Jalava (KJ)
			Sarah Hart (SH)
			Monica Desai (MD)
			Georgia Threadgold (GT)
Secretariat	Iain Hayden (IH)		Sultan Salimee (SS)
			David Bibby (DB)
			Gillian Armstrong (GA)
			Sharon Hutchinson (SH)

Apologies:

Neil McDougall	Matt Hickman	Ceri Townley	Helen Harris
Mike Gent	Giri Shankar	Mark Aldersley	Patrick Kennedy
Rachel Halford	Caroline Sabin	Eamonn O'Moore	
Richard Tedder	Annelies Mccurley	Iain Brew	

1. Welcome and introductions

The Chair welcomed all those in attendance.

The Chair noted that attendees had expanded whilst meetings were virtual and that attendance may need to be reviewed when the meetings move back to being in person as space will be a limiting factor.

MD updated the group on the restructuring of PHE into the newly launched UK Health Security Agency (UKHSA) and Office of Health Improvement and Diversity (OHID) in the Department of Health and Social Care (DHSC). The Hepatitis section sits in UKHSA within the Blood Safety, Hepatitis and Sexual Health still with cross cutting posts in Immunisation. An organogram will be shared with the group as soon as its available.

There is no expected change to hepatitis functions or interactions across any of the programmes of work previously supported by Public Health England (PHE).

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 1 on agenda: UKHSA Organogram to be shared with the group when available

IH explained current versions of the UKHSA organogram are in draft and once finalised it will be shared with the NSGVH.

Action 3 on agenda: UKHSA and Hep C Trust to discuss and define the term 'micro-elimination'

RS reported that preliminary meetings have occurred and a definition is still to be agreed.

3. Update from HCV issues

3.1 WGS and the HCV outbreak in Northern Ireland (NI)

DB presented on whole genome sequencing process used to genotype and resistance test HCV. The development of the sequencing pipeline was summarised with an overview of the sequence capture technology that is used.

As part of routine quality control for the assay to exclude contaminations, phylogenetic trees are built from the current run and the preceding 5 runs.

Owing to this process, In July 2020 a tight cluster of 25 genotype 1a sequences was identified from Northern Ireland. This has been monitored over time and the clusters

continue to expand, showing how WGS can assist in identifying and monitoring the response to HCV outbreaks.

GA presented on the investigation and actions taken by the outbreak control team in response. Strong epidemiological were identified between cases known to the homeless nursing team.

There had been a reduction in testing and face to face contact with healthcare services following the first national lockdown. New HCV cases were identified through contact tracing which also identified new HIV cases, which has rarely been seen in injecting drug users in NI. HCV cases and also positivity increased after July 2020 indicating not just increased case finding.

Characteristics of the outbreak were identified as: Intravenous drug users, homeless, associated to the prison system. Demographics of the population were two-thirds male and young adults in their 20s or 30s.

A behavioural risk factor survey of IVD users showed increases in those injecting cocaine from 12% in 2017 to 67.5% recently, with an increase in reported use inside hostels noted.

An outline of the PHA HSCB BBV action plan was summarised key points included:

- Needle exchange services reviewed, new items are being piloted for use of cocaine.
- Cocaine and groin injecting webinars, peer education. Out of hours provision of needles were highlighted as a problem. Vending machine models are being considered and an anti-stigma campaign was run across homeless hostels and services.
- Piloting dispensing ARV and DAAs via community pharmacies.

The group praised the use of WGS in identifying the outbreak promptly so interventions could be put in place. Similarities were drawn between this outbreak and other international HCV/HIV epidemics following a reduction in needle exchange and other public health service provisions.

It was suggested the WGS data can be used to create a temporal link between changes in service provision and HCV outbreaks to keep momentum on prevention activities.

Additional points were raised highlighted in addition to lockdown, several needle exchange providers have also recently withdrawn services and there has been strong resistance from paramilitaries in attempts to set new ones up.

It was noted that this strain is a common subtype (1a) but this cluster has not been linked to other international cases thus far without clear links to Northern Ireland.

3.2 / 3.3 Update from NHSE/I, Incidence and re-infection studies

MGP gave an update of progress from NHSE HCV elimination initiatives.

Key points included:

- 23 ODNs being offered planning and resources to improve needle exchange pathways.

- Changes in NHS commissioning, with responsibility devolved to a local level. However HCV elimination likely to stay commissioned at national level.

Community van programme:

- 11 roaming vans are now in fleet, joint work is ongoing with the cancer directorate to add a further 10 vans, expanding their role to now monitor cirrhosis.

Testing web portal:

- England wide testing web portal is being created so individuals can order tests.

ED departments:

- 12 ED departments are now piloting testing as learning exercise.

Justice system:

- Prison testing and treatment projects are ongoing
- Work has begun to look at testing in police custody, undertaking DBST. Although there are some commissioning barriers as this is commissioned by police and crime, although some ODNs have started to undertake this testing already.

PWIDS:

- Some services are using a nurse with cepheid machine in needle exchanges
- Those using performance enhancing drugs/aesthetics do not engage with testing in exchange settings.

Primary care:

- Several commissioning barriers exist to getting GPs and community pharmacies to test and dispense treatment. These are currently being tackled.
- 100,000 primary care tests from Leeds, London and Bristol to find populations untested for HCV started in October.

Opportunistic:

- Antenatal HCV testing survey been undertaken. Investigating how to take the results forward to improve screening and antenatal care.
- Sexual health pilot across two ODNs will trial opt out testing for HCV.

ODNs:

- A paediatric ODN has been set up.
- Legacy systems to maintain elimination gains need setting up with UKHSA
- A more targeted approach is being considered for future work with ODNS to provide support and resources needed to catch up.

The group discussed the prospect of HCV testing in antenatal populations of England and Scotland. England's national screening committee are not supportive of including HCV in national programmes currently. It was highlighted the National Screening Committee have stringent criteria that need to be met, which HCV doesn't achieve. The Infectious Diseases Pregnancy Screening Programme are more concerned about benefits to the infant and it was recommended making a case to show these benefits should be where efforts are focused to move the forward.

Now interventions are available to treat an infected infant, this may change the position from when it was last considered.

There was much support for antenatal HCV testing and it was recommended this be discussed as a separate topic to plan a strategic way forward and bring a case to the screening committee. There are some provisional prevalence estimates and modelling work in plan that can be used to help make this case.

Action: An update will be provided from the UKHSA/NHSEI antenatal HCV task and finish group next meeting.

GF summarised some key metrics and concerns towards the elimination goal:

- An estimated 60,000 patients have been cured so far.
- Half of prisons in England will have been cleared of HCV by the end of the financial year.
- Roaming vans are mostly showing low positivity, although hot spots exists.
- There is a large data gap in needle exchange services which needs addressing.
- ED testing has highlighted majority of those found positive have already been offered and declined treatment.
- There is confidence that everyone in contact with services will have testing and treatment offered by end of the programme in two and a half years.

GF highlighted the need to understand rates of re-infection and general incidence for once the elimination programme has concluded to inform NHS future action. A re-infection study is starting to recruit 4,000 treated individuals and re-test them at 6- and 12-month intervals.

A second study is planned to recruit 10,000 people form addiction services. Testing at 0, 6, 12 months to investigate incidence.

SH highlighted Scotland's experience investigating re-infection, that engagement in re-testing dropped quickly and that re-testing the majority of those in drug services might need to be considered as routine practice rather than stand-alone studies.

GF suggested putting forward a four nations tender to access PCR testing for HCV post-coronavirus (COVID-19) pandemic to drive the price of testing down.

The group discussed that currently re-testing is targeted at those considered at risk, however determining who is at risk might be targeting the wrong people. An NHS initiative is being set up to access 100,000 PCR tests for those not considered at risk to investigate.

AE highlighted within the re-infection study the importance of stratifying and having adequate representation of those with and without a known SVR as its suspected these groups have may have different risks of re-infection.

3.4 Reflex testing survey results

MD presented an overview of a rapid HCV reflex testing survey conducted to understand current HCV testing practice across CVN laboratories of which there was a 60% response rate.

Key results included:

- Majority of responding laboratories are undertaking reflex RNA testing (23 out of 26).
- 5 out of 26 undertake reflex core antigen tests.
- 38% have a platform for core antigen testing.
- 31% undertake reflex DNA testing on DBS.
- 96% provide commentary for linkage to care.

The barriers to undertaking RNA or core antigen testing included sample volume, type, age and reagent shortages.

The group discussed concerns in assay sensitivity between sample types, but it was raised this forum isn't appropriate to be discussing these technical issues.

MGP raised that Birmingham lab can genotype DBS as well as Newcastle and Manchester if needed although they'd need time to set up. Colindale can also genotype NS5b region on DBS tests, although logistics would need be set up too.

4. Update on HEV and HAV

SI gave an overview of trends in acute hepatitis E surveillance. Cases have been increasing since 2007, with reduction of cases in 2017 and 2020. The majority of cases are subtype 3c. It's important to continue to undertake molecular surveillance to monitor changes in HEV cases from meat importation after Brexit.

Two cases of persistent chronic HEV recurrence who were both treated with Ribavirin were discussed. Questions were raised as to sites that may not get Ribavirin penetration and if periodic HEV RNA testing is needed while immunosuppressed.

4.1 HEV actions from previous meeting

Agenda Item action 4: SI reported that John Forsythe and NHSBT are to assist producing letters and guidance around testing for HEV.

Agenda Item action 5/6: RS reported SGSS cases have been extracted however a meeting was needed to decide how to take this forward and how to translate this data.

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

4.2 HAV

KB reported that the HAV outbreak associated with dates has been closed with no cases reported since May 2021. Subsequently however 3 cases have been reported from Australia with the same strain as those reported in the UK.

A HAV outbreak is currently ongoing in a travelling community in England.

5. Any other business

WI reported that Gilead have a global grant scheme for HDV. A bid has been co-ordinated from England and this was successful. The programme will involve collecting data on hepatitis B cases and proportions of these also tested for hepatitis D, along with number of known hepatitis D cases. A research nurse will be recruited to undertake the study.

The group briefly discussed treatment of HBV in pregnancy and highlighted the BVHG have produced guidelines on this. This topic will be moved over to next meeting where more suitable representation is available to discuss.

The Chair thanked those in attendance and advised the group aim to meet in January 2022.

Actions from 8 October 2021 meeting:

Action number	Action	Who
1	UKHSA organogram to be shared with the group when available.	IH
2	Feedback from National Providers' Network on defining the term micro-elimination	SS
3	To compile data from PHE/UKHSA sentinel surveillance and SGSS on sites currently undertaking HEV testing.	RS
4	Identify a UKHSA colleague that can move forward with previous programme of HEV work and drive forward outstanding questions	SI
5	Update from the UKHSA/NHSEI antenatal HCV task and finish group.	MD