



NEW HEPATITIS VIRUS IDENTIFIED

Another letter has been added to the hepatitis alphabet soup with the identification of Hepatitis G. This brings the number of hepatitis virus strains currently identified to six A,B,C,D,E and now G although experts expect that the list will keep growing.

Consultant haematologist, Dr Lesley Kay, said in an article in *The Independent* on Sunday that this latest discovery was "the story of the blood transfusion service over the last 15 years. We are always chasing the next virus.

New viruses will continue to appear while we have exotic holidays, foreign travel and sexual freedom. These viruses often exist in small human or animal populations for many

public health education and cut the rate of infections.

A DoH statement says: 'Much of the available data results from those who acquired the infection as a result of contaminated blood or blood products. There is less evidence about likely disease progression in those who have acquired the virus by other modes of transmission.'

British Liver Trust director, Alison Rogers, warmly welcomes the announcement. "We have been talking to the DoH now for 18 months about the need for such a study, and we are naturally delighted that this money has become available. We now need to make sure that everyone who needs treatment is being offered it, and that the difficulties of funding interferon experienced by many liver units are overcome."

years without spreading. Visitors travel to the region, contract the disease and take it back home. It enters the blood supply and is spread by that route or by sexual transmission."

Hepatitis G (HGV) was first described in 1995 by a team from a Chicago pharmaceutical company, Abbott Laboratories, although there is evidence that the virus had been lurking for some time prior to this. The sample from which they isolated it was taken from a surgeon who developed a mysterious inflammation of the liver.

HGV belongs to the same genus as the viruses that cause hepatitis C (HCV), yellow fever and dengue fever. Like HCV it is thought to be transmitted through infected blood and blood products eg blood transfusions, shared drug injecting equipment, shared razors, tattooing

etc. As yet there is no simple test to identify carriers, but research is currently under way to rectify this.

HGV was found in one to two per cent of US blood donors, although the prevalence in the general UK population is thought to be lower than this. Earlier this year the number of identified cases in the UK stood at less than 100, with most patients being in high risk categories such as intravenous drug users or haemophiliacs.

Like HCV it causes fatigue in sufferers and may go on to cause serious liver disease, but as yet not enough clinical information has been gathered to put answers to the many questions raised by the identification of a new virus.

Professor Arie Zuckerman, of the WHO Collaborating Centre for Reference and Research on Viral Diseases at the Royal Free Hospital in London, said: "We don't have a lot of data about it (HGV). Much more work needs to be done on the virus, but there is inadequate support for hepatitis research in Britain.

HCV NUMBERS GROWING, BUT TREATMENT AND SUPPORT SERVICES REMAIN INADEQUATE

A survey conducted by British Liver Trust with UK liver units earlier this year confirms that hepatitis C patient numbers are increasing, but that treatment, counselling and support services are inadequate to deal with the growth.

All 15 units taking part in the survey had experienced significant growth (average 64%) in their patient lists over the last 12 months and all anticipated this growth to continue at a higher rate (average 71%) in the coming year. In addition, three quarters of the units were experiencing problems funding the drug interferon, currently the only licensed treatment for HCV, and less than 15% of HCV patients were receiving interferon.

There was also widespread agreement that as well as increasing spending on interferon, there was a need for counselling services, an upgraded virology service, nursing assistance for antiviral therapy, and patient information.

Only 49 patients, out of a total survey population of 2,805, had been identified as a result of the Department of Health's look-back study, despite it having been in operation for nearly ten months. In addition, nearly half the units felt that GPs and district general hospitals were not referring all the patients that they should to specialist liver units. The

survey underlines the Trust's fears that HCV patients are not receiving the counselling, treatment and after care services that they need and should rightly expect. "This survey confirms continuing feedback from patients that they are simply not getting access to the counselling, support and treatment that they need. We know that there was a log jam in patients getting to see specialists, but were even surprised ourselves that only 49 people identified by the look-back study had made it to a liver unit. Clearly the HCV issue is not going to go away and this study provides solid evidence that the specialists are, without exception, reporting markedly increased patient numbers," said British Liver Trust director, Alison Rogers

"We are particularly keen that counselling and support services are put in place, both for people debating whether to take a HCV test as well as for those who've tested positive. We are also gravely, and from the evidence justifiably, worried that a patient's access to interferon may be dictated by the vagaries of the NHS funding system, rather than patient need.

"Clearly services are not adequate for the current level of patient numbers, and we are concerned that the situation will worsen over the coming months unless a concerted effort is made to develop services nationwide," said Ms Rogers.