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Consultation on the Draft Guidance from 13th June – 8th August 2012.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
3. Please insert the **page number** (ie '7') in the 2nd column.
4. **Please note forms with attachments such as research articles, letters or leaflets cannot be accepted. If forms are received with an attachment they will be returned without being read. Any resubmitted forms without attachments must be by the consultation deadline**.

Name:	**Contact point: William Burns, w.burns@sgm.ac.uk**	
Organisation:	**Society for General Microbiology**	
Section number Indicate **section number** or **'general'** if your comment relates to the whole document	**Page Number**	**Comments** Please insert each new comment in a new row.
Pg 7 Section "Men who have sex with men, commercial sex workers and anyone who has unprotected sex and frequently changes sexual partners."	7	Agree that men who have sex with men and those having unprotected sex with commercial sex workers should be tested. However, does this also mean that heterosexuals should be tested for HCV? Sexual transmission of the disease in heterosexual couples is very uncommon.
Pg 15 "Medical staff should use their clinical judgement to determine who is suitable for treatment in a community setting."	15	Could the document provide some factors to consider in making this judgement?

Please add extra rows as needed

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Pg 18 "Commissioning hepatitis B and C testing and treatment services"	18	Data gathering can be arduous for laboratories (and hepatologists) and some of these data regarding the number of positive tests are already gathered by the Health Protection Agency. Perhaps audits should be applied to determine if enhanced testing is cost-effective and if not, what is required to ensure that it is. It could also be made explicit that data gathering to inform commissioners about such services should be paid for *by the commissioners.*
3.5 & 3.6	26 / 27	This is a thoughtful treatment of the complex societal issues in relation to how chronic hepatitis infection or the fear of it affects lives.
3.12	27	Mention could be made of needle-phobia as a barrier to obtaining venous as opposed to capillary (dried blood-spot) samples.
3.37	32	Generating accurate information in a database is likely to be resource-intensive. Further attention may need to be paid to compliance with data gathering and database requirements.
Q9 & 10	56	Q 9 and Q10. Are these duplicated?

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Evidence statement E5/E6/E9	66 & 68	General comments: (1) Does the treatment of HCV infection lead to lower admission rates, hospital costs and longer life expectancy for injecting drug users who are also alcoholic? (2) Clinical experience suggests that trying to increase access to hepatitis C testing in a methadone maintenance clinic leads to the successful treatment of those who were already very highly motivated. However, with insufficient resources, others who test HCV positive may attend poorly at the liver clinic. (3) It is worth bearing in mind that patients may die for a range of reasons completely unrelated to chronic HCV infection, e.g., a drug overdose.
		END OF COMMENTS.

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