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Hepatitis C virus (HCV) in Scotland: latest diagnoses to 2003 and prevention recommendations 2004

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Diagnoses to December 2003

During 2003, 1779 new cases of hepatitis C virus (HCV) antibody positivity were diagnosed by HCV testing laboratories throughout Scotland [1]. This can be compared with 2001 and 2002 figures of 1904 and 2325 positive laboratory diagnoses respectively. Between 1998 and 2002, the annual average was just over 2000 diagnoses. The cumulative number of HCV diagnoses is now 18 109, of whom 8% are known to have died.

Just over 60% of the 18 109 diagnoses are known to have ever injected drugs, but modelling work undertaken by the Scottish Centre for Infection and Environmental Health (SCIEH) suggests that the proportion of HCV positive people who have ever been injecting drug users (IDUs) is more likely to be around 90%. SCIEH also estimates that between 40 000 and 50 000 people in Scotland (population 5 million), are HCV antibody positive.

The great majority of the 18 109 diagnoses were made in central Scotland, in particular in the Greater Glasgow area, which has one of the highest prevalences of injecting drug use in western Europe. It is estimated that around 60% of Greater Glasgow's 7000-8000 current IDUs are infected with HCV, and the current incidence of HCV among the city's population is extremely high at 20-30 per 100 years of injecting. In 2002/2003, 32% of IDUs who were reported to Scotland's Information and Statistics Division's Scottish Drug Misuse Database (www.drugmisuse.isdscotland.org) indicated that they had shared a needle and syringe in the previous month. The corresponding sharing rates for the previous four years since 1998/1999 were 34%, 34%, 34% and 36%. In 2002/2003, 48% of injectors reported having shared spoons, water, filters or solutions in the previous month.

As at the end of 2003, SCIEH estimates that between 500 and 1000 HCV infected persons in Scotland had developed liver failure and/or liver cancer. To reduce the incidence of HCV-related end stage liver disease in Scotland in the future, two principal public health challenges have been identified:

1. the prevention of HCV among injecting drug users
2. the diagnosis and, where appropriate, treatment with antiviral therapy of former injectors.

Prevention recommendations, April 2004

In April 2004, the Royal College of Physicians of Edinburgh held a Consensus Conference on Hepatitis C. The following key messages were highlighted in the Consensus Statement, which is available in full at http://www.rcpe.ac.uk/esd/consensus/hep_c_04.html:

- The hepatitis C epidemic is a public health crisis.
- Services are already struggling to cope with the burden of infection and liver disease.
- Significant resources must urgently be directed at improving prevention and delivery of care.
- High priority for case finding should be given to former IDUs, especially those over the age of 40 who are likely to have a stage of disease which would benefit from treatment. Cost effective methods of identifying this group, through public awareness initiatives, primary care, drug treatment services and prisons, should be established.
- Community based and specialist nurse led services should be provided.
- The requirement for liver biopsy to determine selection of patients for therapy is no longer essential for all patients.
- Access to treatment should be broadened to all those

Access to treatment should be provided to all those who might benefit.

References:

1. SCIEH Weekly Report. Diagnosis of Hepatitis C Virus in Scotland: data to December 2003. *SCIEH Weekly Report* 2004; **38** (26): 150-5. (<http://www.show.scot.nhs.uk/SCIEH/PDF/pdf2004/0426.pdf>)

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