



Surveillance report 2017 – Hepatitis B and C testing: people at risk of infection (2012) NICE guideline PH43

Surveillance report

Published: 30 November 2017

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Surveillance decision

We will not update the guideline on [hepatitis B and C testing](#) at this time.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of NICE's guideline on hepatitis B and C testing (NICE guideline PH43).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

New evidence from 4-year surveillance review of NICE guideline PH43

A search for literature published between 9 March 2011 and 21 August 2017 was conducted, using the search strategies applied during guideline development, with the addition of a UK filter. All relevant abstracts were assessed for their impact on the recommendations within NICE guideline PH43 and 13 studies were included as evidence. The search did not yield any studies that were considered to impact on the guideline recommendations.

We also reviewed studies highlighted by topic experts for any potential impact on the guideline scope and recommendations.

We checked for ongoing and newly published research from NIHR and Cochrane as well as new policy developments. One published study was included as evidence and 3 pieces of ongoing research were identified.

See [appendix A](#): summary of new evidence for references and assessment of the abstracts for all new evidence considered.

Consideration of the evidence

From all sources, we identified 14 new studies and 3 pieces of ongoing research.

This included evidence that supported recommendations on awareness raising in high risk populations and hepatitis B and C testing in primary care, prison and immigration services,

drug services, sexual health clinics and genitourinary medicine clinics.

Evidence was also identified which addressed a gap in the evidence determined during guideline development, concerning the barriers and enablers to hepatitis B and C testing in migrant and prisoner populations. The evidence evaluated was not considered to impact the current recommendations as it reports barriers to hepatitis B and C testing including a lack of understanding and knowledge, which is addressed by the current recommendations.

See [appendix A](#): summary of new evidence for details of the evidence reviewed.

We did not identify any evidence related to awareness raising in the general population; skill and knowledge development for healthcare professionals; contact tracing; delivery and auditing of neonatal vaccination; commissioning locally appropriate services or laboratory services.

Implementation

Nothing identified through implementation feedback indicates a need to update the guideline. Concerns were raised through stakeholder consultation regarding the implementation of the guideline, although no specific mechanisms were identified through this surveillance review to improve implementation.

Equalities

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

Implications for other NICE programmes

This guideline relates to NICE's quality standard on [hepatitis B](#). The current surveillance review proposal to not update the guideline on hepatitis B and C testing does not impact the related quality standard.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Seven topic experts commented with 4 stating that the guideline should be

updated, 1 indicating no need to update and 2 not stating a preference. The topic experts who thought the guideline should be updated cited studies which referenced hepatitis C treatment (this is outside of the scope for NICE guideline PH43), and an ongoing study looking at the adoption of 'opt-out' hepatitis B and C testing in English prisons, which will be assessed for impact on the guideline following completion.

View of stakeholders

The decision not to update the guideline on hepatitis B and C testing at this time was consulted on: 8 stakeholders responded, with 3 agreeing with the proposal and 5 disagreeing.

The main reason for disagreement related to hepatitis B and C testing in emergency departments. While evidence showing the prevalence rates in emergency departments was highlighted, indicating this is an active research area, no published evidence was identified which demonstrated the effectiveness of offering hepatitis B or C testing among high risk people in this particular setting. We are monitoring outputs from Gilead funded projects on testing for hepatitis B and C as well as projects by Public Health England in this area. It will also be recorded that this is an area of interest, so that any new evidence will be specifically evaluated at the next surveillance time point.

The high prevalence rate of hepatitis B in the UK was highlighted. This was raised as a particular concern in black and ethnic minority groups and in children. It is recognised in NICE guideline PH43 that there is a high prevalence of hepatitis B, especially in particular high risk populations. As such, the guideline already focuses on the most effective interventions to increase the rate of testing for groups who are at high risk of hepatitis B infection. However, no new evidence was identified during surveillance which indicated that other population groups should be considered to be at particular high risk of hepatitis B or C infection.

Another concern highlighted was that there is a lack of patient education following hepatitis diagnosis. As the remit for NICE guideline PH43 refers to increasing testing, care post-diagnosis is not covered by this guideline. However, related NICE guidance on the diagnosis and management of hepatitis B (NICE guideline CG165) has been published, which does include recommendations on the provision of information.

Issues regarding implementation of the recommendations were raised. This included a general concern that an improvement in implementation of the guideline is required. There

were also specific implementation concerns that there is a lack of equipment and commissioning guides for testing at risk black and ethnic minority populations, and that there is a lack of educational materials for general practitioners. This information has been highlighted to the NICE systems support for implementation team for consideration.

See [appendix B](#): stakeholder consultation comments table for full details of the stakeholder comments and NICE responses.

Overall decision

Hepatitis B and C testing (NICE guideline PH43) should not be updated. This is because no evidence was identified which is likely to have an impact on current guideline recommendations.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

ISBN: 978-1-4731-2763-0