Herewith The Hepatitis C Trust's comments:

1. On page 16 it states under aetiology – from contaminated blood products prior to 1991. In fact that refers to contaminated blood. Blood products were heat treated (for HIV) from the mid 1980s (1985 England, 1987 Scotland) and contamination from blood products would therefore only have occurred prior to the mid 1980s.
2. The economic assessment excludes any costs for 'onward transmission'. We strongly feel this is a serious and unnecessary omission.
3. The assessment of growth impairment appears only to have looked at the studies that were included in the overall effectiveness assessment. Please look at *Effects of pegylated interferon-α-2a monotherapy on growth in Japanese children with chronic hepatitis C Tomoyuki Tsunoda1,*, Ayano Inui1, Manari Kawamoto1, Tsuyoshi Sogo1, Haruki Komatsu2, Tomoo Fujisawa1Article first published online: 24 APR 2013* and *PEG-IFN led to loss of weight, height, BMI in children with HCV Jonas MM. Hepatology. 2012;doi:10.1002/hep.25690*
4. We can see no discussion on whether side effects of treatment may be different depending on the age of the child. Anecdotally we have noted that psychological side effects may be worse during puberty, when interferon may potentiate other hormonal changes.
5. We are not sure how this can be included but one of the 3 specialist centres suggested a single working mother should do HCV treatment at the same time as her teenage child. We consider this advice to be at best ill-judged, since we would recommend against adult partners doing treatment simultaneous, since we have enough anecdotal evidence to believe this to be hugely problematic.

[redacted]

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Chief Executive