

Date 13th August 2015

Ref: JN/JF/ai/2015/566

To Heads of UK Solid Organ Transplant Units
Chairs and members of Solid Organ Advisory Groups

Dear Colleague,

HEPATITIS E VIRUS AND SOLID ORGAN TRANSPLANTATION

We are seeing a significant increase in the number of reports of cases of hepatitis E virus (HEV) arising from infection acquired in the UK. In most cases, the infection is mild and self-limiting but there is increasing evidence that HEV infection in the immunosuppressed patient may lead to persistent infection which may lead to chronic hepatitis and cirrhosis.

SaBTO is currently assessing the implications of transmission of HEV by blood, blood products, organs and tissues and any actions that can be taken to lower the infection risk in the context of blood and organ donation/transplantation

The significance and impact on solid organ transplant recipients is not yet clear. In the interim, we are writing to clinicians to ensure they are aware of the possibility that HEV may be transmitted through the use of blood and blood products, through transplantation and through diet (especially inadequately cooked pork and pork products such as sausages and offal).

Clinicians concerned about possible infection should discuss diagnosis and treatment with their microbiological colleagues.

We attach an information leaflet which we hope is helpful. Please pass this on to your colleagues.

Diagnosis: a high index of suspicion is needed:

Blood testing:

- Liver tests may be normal or show mild hepatitis
- Serum IgM and IgG anti-HEV may be negative
- HEV PCR is the favoured diagnostic

Liver histology:

- Non-specific hepatitis
- May be attributed to rejection, graft-versus-host disease (in the setting of transplantation), drug-induced liver injury or other causes of hepatitis
- Immunohistochemistry for HEV Ag is informative

Management in the transplant patient:

Review immunosuppression

If no clearance within three months, consider a three month course of Ribavirin (note this use is off licence).

Report all cases of suspected donor-transmitted infection to NHSBT (www.odt.nhs.uk).

Advice on screening, viral load monitoring and confirming viral clearance is available:

England:

Virus Reference Department, Public Health England, Colindale, (telephone 020 8327 6014) or from an expert virologist.

Northern Ireland

Regional Virology Laboratory, Belfast Health and Social Care Trust (Duty virologist Tel 07889086946)

Scotland

From any expert microbiologist

Wales:

Welsh Specialist Virology Unit, University Hospital Wales on 029 2074 2178 (in hours) or the microbiologist on call, contactable via UHW switchboard on 029 2074 7747 (out of hours).

Reporting

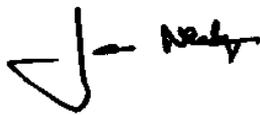
If you suspect transmission of HEV organs, you are obliged, under the HTA licence, to report this, through the Incident Reporting Scheme, to NHS Blood and Transplant (www.odt.nhs.uk).

Finally, we have also attached a patient information sheet. Please pass this information on to your organ transplant patients through all available means, and update your dietary advice for such patients with immediate effect.

Please pass this on to your colleagues.

Thank you.

Yours sincerely



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John Forsythe
Chair, SaBTO