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1. HIV and HCV Prevalence study

- (a) Jersey does not currently have accurate data on prevalence rates in the Island
- (b) In Jersey we currently have 330 cases of Hepatitis C, which is 3.7 times more than would be expected following the average rate in the United Kingdom per head of population. We don't know whether we have a larger problem or whether we simply manage to diagnose patients more effectively.
- (c) Hepatitis C is an expensive disease to treat particularly when dealing with late complications.
- (d) Individuals may be carrying the disease for many years as a result of drug use in early life but the effects may only become apparent much later. It is estimated 80% of carriers do not realise they have the disease.
- (e) General population is reluctant to have appropriate testing because of the stigma attached to the disease. Those at risk often don't volunteer for testing.
- (f) The answer would be to undertake Unlinked Anonymous Testing. This has been considered by the hospital but resource limitations have so far precluded this option.
- (g) Patient consent would be required before undertake a Hepatitis test using a blood sample taken for other testing purposes, such as blood donations.
- (h) Attempts to pursue the proposed prevalence studies will be renewed.
- (i) Similarly requests for part funding for the Hepatitis C and HIV sister will continue to be pressed.

2. Advisability of Needle exchange or condoms in prison to prevent spread of blood borne viruses.

- (a) It is important to make sure that individuals are not disadvantaged by being in prison, but it is also reasonable to understand that what works in open society may not translate into closed society that has own rules and problems.
- (b) Needle exchange has been piloted in Spanish prisons and has been monitored by UK prison authorities.
- (c) Needle exchange would help to prevent disease spreading but also requires careful controls to prevent the accumulation of needles and use as weapons.