

Hepatitis G

Contents

Associated documents.....	1
The Illness[1, 2].....	1
Notification.....	2
Laboratory testing.....	2
Management of case.....	2
Management of contacts.....	2
Other control measures.....	2
Reporting.....	2
References.....	2

Associated documents

Nil

The Illness[1, 2]

Epidemiology in New Zealand

Hepatitis G is listed as one category of “hepatitis not otherwise specified”, and so is a notifiable condition. Hepatitis G has a global distribution, with a high prevalence in the United States donor population. Co-infection with hepatitis C and HIV is common. Prevalence in New Zealand is unknown, and notifications are rarely, if ever, received, with no cases notified to CPH in the decade to end of September 2018, and Ministry of Health unaware of notified cases (Tomas Kierdzyndski, verbal communication, 2 October 2018).

Clinical description

Two viral agents related to hepatitis have been isolated and designated hepatitis G virus (HGV) and GB virus type C (GBV-C). Molecular characterization of these flaviviruses has shown them to be virtually identical isolates of the same virus.

The role, if any, of GBV-C in producing disease in humans remains unclear. Accumulating evidence suggests a protective effect of GBV-C on patients coinfecting with HIV.

Incubation

Unknown.

Transmission

GBV-C can be spread by sexual contact and transfusion of contaminated blood.

Routine screening for GBV-C is not performed in New Zealand blood donors.[3]

Communicability

Unknown.

Notification

Case classification

As there is no clinical illness associated with hepatitis G infection, a laboratory-confirmed case should be entered on Episurv as a confirmed case.

Laboratory testing

Currently, GBV-C can be diagnosed only by detecting its RNA in the serum by PCR. The sensitivity and specificity of the test are not known.

Management of case

Investigation

Nil

Restriction

Nil

Treatment

Nil

Counselling

The notifying doctor could be provided hepatitis G information to offer the case. A Health Canada fact sheet is available at <https://www.canada.ca/en/public-health/services/surveillance/blood-safety-contribution-program/bloodborne-pathogens-section/hepatitis/hepatitis-fact-sheet-1.html>

Management of contacts

Nil

Other control measures

Nil

Reporting

Enter information provided with the notification on Episurv. Because no other public health action is required, there is no need to contact the case for further information.

References

This protocol is based on the Ministry of Health Communicable Disease Control Manual.

1. Ministry of Health. *Communicable Disease Control Manual*. 2018; Available from: <https://www.health.govt.nz/our-work/diseases-and-conditions/communicable-disease-control-manual/updates-communicable-disease-control-manual>.
2. UpToDate. *GB virus C (hepatitis G) infection*. 31 October 2018]; Available from: https://www.uptodate.com/contents/gb-virus-c-hepatitis-g-infection?search=%22hepatitis%20g%22&source=search_result&selectedTitle=1~5&usage_type=default&display_rank=1.
3. New Zealand Blood Service, *Transfusion Medicine Handbook*. 3 ed. 2016, Auckland: New Zealand Blood Service.

Document review history

Protocol review task	Responsibility	Date completed
Advise team of review (and planned timeframes)	PHS	11/09/18
Create draft update document, including this table, and save in: Y:\CFS\Quality\NewDraftDocuments\CDProtocols	PHS	2/10/18
Review Ministry of Health (MoH) advice, literature, other protocols, and write draft update	PHS	2/10/18
Update Fact Sheet (or source link from MoH website)	PHS	Delete
Send drafts to MOsH, CD, Team Leader, and HPO for feedback	PHS	2/10/18
Update drafts further as required	PHS	31/10/18
Send final drafts to Com Dis MOH	PHS	31/10/18
Com Dis MOH sign-off	Com Dis MOH	31/10/18
Send final drafts to Clinical Director for approval	Com Dis MOH	as at 31/10/18
Clinical Director approval (by email to PHS and QC, who will save in Y:\CFS\Quality\ApprovedDocuments\DAFAApprovals).	CD	Reminder to CD 11/12/18 (by QC) Approved 21/12/18
Complete electronic document control tasks incl. header; footer; eMDS metadata. Check CPH P&P site page links work, or add new links as required. Create .pdfs (for external links), and save to: <ul style="list-style-type: none"> • Protocols – Y:\CFS\Quality\ApprovedDocuments\ProtectionTeam\Intranet\PROTOCOLS • Fact Sheets – Y:\CFS\Quality\ApprovedDocuments\ProtectionTeam\FactSheets Above folders are checked once a week and new documents are uploaded to: <ul style="list-style-type: none"> • Protocols – Surveillance (PHU server) website and Dropbox • Fact Sheets – CPH website or links are checked to MoH website 	QC	Completed 14/01/19
Update paper copies (on-call folder/ vehicle)	HPO	
Advise operational/ regional staff of update, summarising any substantial changes (text highlighted in blue in document)	HPO	
Once finalised, save the original draft document incl. this table (recording update process) in: Y:\CFS\Quality\Archive\Protection\ComDisProtocolsArchive	QC	Completed 14/01/19