

REF 1059

MRC

Medical Research Council
20 Park Crescent, London W1N 4AL

telegrams Medresco London W1
telex 24897 (Medresco London)
telephone 01-636 5422

reference S104/29

25 February 1983

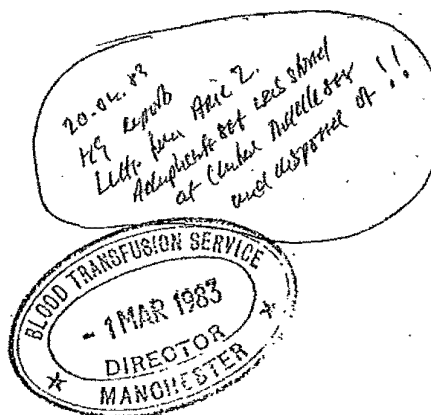
Dr H H Gunson
National Blood Transfusion Service
Roby Street
Manchester M1 3BP.

Dear Dr Gunson,

Thank you for your letter of 11 February 1983 concerning the samples collected for the MRC Hepatitis Working Party. I understand from the London School of Hygiene and Tropical Medicine that many of the samples were lost as a result of power failures some time ago. However, they will undertake an audit of the remaining samples and will let us know exactly what they have available. The audit will, apparently, take some weeks.

Yours sincerely,

J. MacArthur
Pp Keith Gibson



U.K. WORKING PARTY ON TRANSFUSION-ASSOCIATED HEPATITIS

Second meeting, Tuesday, 18th January 1983, in Room 251,
North Western R.H.A. Headquarters, Gateway House,
Piccadilly Station Approach, Manchester, at 11.30 a.m.

AGENDA

- 1 Apologies for absence.
- 2 Minutes of the last meeting.
- 3 Matters arising from previous meeting.
 - 2.1 Introduction of Dr. Polakoff (C.P.H.L.) to the members of the working party.
 - 2.2 Discussion of different approaches available for TAH studies (Dr. McClelland and Dr. Polakoff).
 - 2.3 Letter from Mr. Gibson, M.R.C., re samples from the 1974 P.T.H. study. (Copy enclosed).
 - 2.4 Report from Dr. Lane on collation of practices involving the use of HBIG in England and Scotland.
 - 2.5 Other matters arising.
- 4 Request for advice from States of Jersey Pathology Laboratory. (Copy enclosed).
- 5 Library of TAH data from the UK compiled by Dr. Barbara (Copies enclosed).
- 6 Some recent articles from the literature of potential interest to the Working Party. (Copies enclosed).
- 7 Preliminary ideas for compiling a model TAH follow-up questionnaire for use in the UK.
- 8 Any other business.
- 9 Date of next meeting.

20 DEC 1982

~~426~~

Recess serology with special thanks to HON

MCOS part 1

HON Lecture

RTS hep Dtg N Chester
18/1/83

Paper on retrospective transmission history of chicken cholera to John Barber

Phaloff Retrospective studies?

BRC Contact only James in Newcastle. Resampler
(Howard T.)

Richard: Welfare Trust should be approached

Agree ① HQ to ask REC - and cs. if necessary.
- that they resample
- are they to be made available
- are the cases being f.u.d to
look at long term control of NTHB.

② BRC will contact only James if samples have been sent

③ Phaloff will produce a proposal for a retrospective
study

④ BRC proceed with pilot study and
seek comments from the committee.

Castle

Agos see current obstacle - withdrawal of F8 batches?
NTHB Recommendation:

Next meeting April 20th → Diary

PAGE 1 of 4

U.K. WORKING PARTY OF TRANSFUSION-ASSOCIATED HEPATITISChairman

Dr. H.H. Gunson

Dr. J. Barbara
 Dr. J. Craske
 Dr. B. Cuthbertson

Dr. R.S. Lane
 Dr. D.B.L. McClelland
 Dr. R. Mitchell
 Dr. S. Polakoff

*(from
 item 6 around)*

Minutes of the second meeting, 18th January 1983, 11.30 am
 N.W.R.H.A. Headquarters, Gateway House, Manchester.

ACTION

- 1 Dr. Polakoff was introduced to the working party;
 Dr. Thomas sent apologies for absence due to illness.

- 2 Minutes of the previous meeting were agreed.

- 3 Collation of HBIG practices

Two important factors were mentioned

- 3.1 The wide range in interpretation of the
 indications for the use of HBIG.

- 3.2 The problem of the supply of plasma for HBIG.

Dr. Lane circulated a copy of his letter of
 7th January 1983 analysing the sources of supply
 of immune plasma. The variation between
 different Centres has noted.

Dr. Polakoff provided details of the distribution
 of HBIG from CPHL during 1981 and 1982. She
 also provided a provisional report on a study of
 hepatitis after HBsAg exposure and prophylaxis
 with specific immunoglobulin.

Dr. Mitchell provided details of the Glasgow and
 West Scotland BTS arrangements for supply and use
 of anti-HBs IgG (RJC/LC/6.10.82). In Scotland,
 HBIG supply is controlled by the RTC's whereas
 in England, the supply is centralised.

- 3.3 Guidelines for use

It was decided that issue of guidelines for use
 of HBIG by the TAH Working Party was unnecessary
 as queries could be referred to the report in the
 B.M.J., 2 October 1982, 285, pp 951 to 954. 'Use
 of immunoglobulin with high content of antibody
 to hepatitis B surface antigen (anti-HBs)' by the
 Working Party on the Clinical use of specific
 immunoglobulin in hepatitis B.

Dr. Gunson would bring this publication to the
 attention of RTD's.

*2nd dose
 policy
 Emphasise
 Demand
 Pay for
 keep
 supply*

DR. GUNSON

Cont.....

ACTION3 cont. 3.4 Increasing supplies of plasma for HGIg

Dr. Gunson was asked to report to the RTD's that if supplies were not urgently increased, material would not be available after August 1983. However, any increased supply must not be at the expense of the titre of anti-HBs. Donations should be as 'strong' as the standard provided by BPL and should be checked to ensure that repeated donations maintained that standard.

Advice could be obtained from BPL or NLBTC and the topic would be mentioned in the Transfusion Microbiology Newsletters.

It is not recommended that every RTC attempts boosting of anti-HBs donors with hepatitis B vaccine though some are exploring this topic.

*RL please
leave
last samples
of 8/8/83*

4 Letter from States of Jersey Transfusion Service

They are not supplied with HBsAg testing reagents by BPL.

Dr. Barbara was asked to contact them about testing methods and also to discuss their TAH follow up.

DR. BARBARA

5 Information on Yersinia infections (in relation to transfusion)

Dr. Craske will supply information on this topic.

DR. CRASKE

6 TAH studies

These could either be:-

6.1 A U.K. prospective study like the USA controlled TTV study which could provide a set of samples of known provenance for examination by any future non-A, non-B marker assays.

or 6.2 A study of recipients receiving blood that was either unscreened or retrospectively screened by candidate marker assays.

The reliability of marker assays was considered debatable although the Wolfgang Arnold marker system appeared to be the most consistent so far.

or 6.3 A study could be made of the transfusion history of chronic liver disease, the controls being non-transfused patients.

This would provide patient (but not donor) samples for test by future non-A, non-B marker systems.

Dr. McClelland will provide us with a copy of a Japanese study along these lines.

DR. MCCLELLAND

Dr. Polakoff will prepare a protocol for a pilot study.

DR. POLAKOFF

It was agreed that some form of study was needed so that the U.K. is equipped to answer queries about any specific or non-specific tests for non-A, non-B

ACTION

offered from abroad.

Also, prospective comparative studies are only feasible ethically when the outcome is unknown and we are still at that stage.

6.4 Fate of the 1974 MRC study

Dr. Gunson will again ask MRC if samples are available and if the recipients involved have been followed up to look for long term effects. If this is not successful he will ask the Chief Scientist.

DR. GUNSON

6.4.1. If there has been no long term follow-up this should be built into any future study since the chronic liver damage risk of non-A,non-B hepatitis is one of the most important parameters requiring clarification.

Dr. Craske is doing long term follow-up of haemophiliacs but the sample size is small.

6.5 Dr. McClelland circulated a draft proposal for a prospective study of non-A,non-B hepatitis. Members of the working party were asked to provide him with any comments on this.

ALL MEMBERS

He will contact Newcastle to ask about availability of samples from their study (abstract distributed by Dr. Barbara).

If MRC samples are not available the working party will put forward proposals for some form of study to the MRC and DHSS.

Not available

Individual commercial funding for a pilot study at Edinburgh will be explored by Dr. McClelland.

Dr. Gunson and Dr. Lane will approach the Wellcome Fund informally to see if they are interested.

DR. GUNSON
DR. LANE

7 Study, follow-up and reporting of TAH at RTC's

Dr. Barbara will circulate draft proposals before the next meeting.

DR. BARBARA

8 AIDs (Acquired Immune Deficiency Syndrome)

Dr. Craske summarised the current situation and mentioned the involvement of homosexuals. (In the USA it is recommended that homosexuals with AIDs be deferred from donating blood or organs).

Dr. Craske will be studying the effects of American factor VIII in UK recipients and will be examining immunological markers though the field is currently very confused!

ACTION

9

DATE OF NEXT MEETING

At the end of March, Dr. Barbara will canvas members and confirm that the suggested date (Wednesday 20th April 1983 at 11.30am) is convenient.

DR. BARBARA

JAB/REW
19th January 1983

Dr. J.A.J. Barbara
Secretary to the Working Party