

1) Mr. Mortimer
 2) Mr. Thomson
 3) File NGH 23/1/87

Dr McIntyre

TRANSFUSION-ASSOCIATED HEPATITIS WORKING PARTY

At the second meeting held to consider non-A, non-B hepatitis transmission on 22 January 1987 at Market Towers, the following were present besides myself.

Dr H Gunson (English BTS: in the Chair)	Dr Susan Lader (DHSS)
Mrs Janet Mortimer (CDSC)	Professor A J Zuckerman
Dr Ruthven Mitchell (SNBTS)	Professor Howard Thomas
Dr Jack Gillon (SNBTS)	Dr J Craske
Dr J Barbara	

1. The proposal for research into ALT plus anti-HBc screening was reviewed at length. Simply to screen for ALT and anti-HBc seemed a mere "evaluation of a kit", and the experts wished to include much more laboratory testing, relevant to the question of the infectivity of the donations and the meaning of the presence of anti-HBc. The extra tests would be applied only to donations containing anti-HBc, and could detect very small amounts of HB virus, reverse transcriptase and other constituents. The original plan was to administer the blood to recipients in the ordinary way, and at one (English) centre to follow them up; follow-up without alarming the recipients is a tricky task. The extra tests require so much blood that there might be no donation left to administer; yet the ultimate test of safety is the effect on the recipient.

There were hopes that the research might start on 1 April. I checked with Dr Lader that DHSS do mean to seek funds from their CSO, not from MRC, and gave her our draft minute to our CSO, so that action can be synchronous. She has come into DHSS from Wellcome Diagnostics, and was able to contribute helpfully to the research design. I stressed that the 12,000 donors to be studied was a crucial number, and is not yet justified in any proper fashion; it could be much too high, or even too low to answer the questions, and assessors would look for its justification. The cost (assuming 12K donors) has now risen to something like £120K because of the extra tests (£30K for Scotland), but the increase is not wholly unwelcome if it hardens the science, since CSO will not wish to fund soft science.

2. The position of fractionated coagulation products with or without non-A, non-B screening was discussed. Charles Forbes and Dr Rizza (Oxford Haemophilia Director) had not been able to come; but it was noted that the screening would still leave 60% of infected donations to enter the pools, and that so far no one in England or Scotland has contracted non-A, non-B hepatitis from heat-treated product.

3. Some mention was made of HTLV I. Antibodies turn up in occasional West Indians, drug abusers and HIV-positive persons. In Japan blood is known to convey the virus, but no acute disease ensues. It is not clear whether leukaemia or spastic paraparesis may follow much later.



DR J M FORRESTER
 23 January 1987