NOTE OF EIGHTH MEETING OF THE ADVISORY COMMITTEE ON THE VIROLOGICAL SAFETY OF BLOOD HELD ON WEDNESDAY 21 NOVEMBER 1990 AT DoH

The Chairman opened the meeting by referring to his summing up of the previous meeting held on 2 July 1990. This is recorded at para 22 of the minutes of that meeting. They are as follows:-

1. The UK should introduce Hepatitis C testing. While this would not abolish NANB Hepatitis it would reduce the number of cases.

2. The public relations aspect needed to be handled very carefully.

3. Blood found to be positive in the pilot study would not be used, with no look back at recipients of previous donations from positive donors. (The no look back refers only to the pilot study.)

4. The decision as to which Hepatitis C test to use will be made after the results of the Ortho and Abbot tests are known.

5. There was general support for the protocol of the pilot study. The Working Group would continue to coordinate the study and decide upon the procedure for counselling Hepatitis C positive donors.

6. Frozen down serum could be used for any other tests coming onto the market.

7. The same test should be applied to plasma as to whole blood.

8. A submission would be put to Ministers.

9. Consideration would be given to the funding.

The meeting then went on to consider a comparison of anti HCV tests using the Abbot and Ortho test kits. A summary of the results of phase 1 of the trial is shown in paper ACVSB 8/1. Glasgow played an important part in this study.

Of the 10,633 samples tested 69 gave repeatable positive tests.

All 69 repeatable positive samples were referred to 3 specialist laboratories. There then followed a long and detailed discussion about the results of the highly specialised tests.

There was also considerable discussion about the stage at which a donor should be counselled. Should this be at a preliminary positive result or after there had been detailed confirmatory tests. It was agreed that at the end of the day only about 6 out of the 10,000 tested required to be counselled but the identification of that 6 required a considerable amount of detailed and expensive reference work.

It was agreed that there were other causes of Non A Non B Hepatitis and that routine testing for Hepatitis C would only reduce the incidence of post-transfusion Hepatitis by 30% - but this was considered a valuable

contribution. After prolonged discussions the following decisions were made:-

1. A start should be made as soon as practicable to introduce routine testing of all blood donations for Hepatitis C. Some wanted to start forthwith but the Chairman suggested that 1 April 1991 might be more realistic.

2. The BTS would decide whether to use the Ortho or the Abbot test as, although they tended to identify different parts of the virus, they were about equal. Much would depend on the equipment available at the respective transfusion centres as the equipment for the 2 tests was different.

3. Blood identified as being positive on the initial screening test would not be used for transfusion purposes.

4. The donor would not be told at that stage that his blood was positive.

5. The blood would be referred to a reference centre for further testing. Once introduced as a routine it was anticipated that this would amount to 2,000 per year in Scotland and 60 per day in England.

6. The reference centre would do a repeat Ortho and Abbot test.

7. If positive to both Ortho and Abbot further investigative tests would be carried out.

8. Some specimens would get PCR - this is in fact a reverse PCR - and the reference laboratories would require considerable expertise to do this test effectively.

9. It was agreed that all the reference laboratories should adopt a common protocol for the follow-up.

Consideration was then given to the counselling of HCV positive donors. It was agreed that this should be considered further at a meeting of the UK BTS Advisory Committee.

It was agreed that a submission should be made to Ministers along these lines. The Chairman and his administrative colleague Mr Canavan agreed to send a copy of the draft submission to Scotland, Wales and Northern Ireland within the next few days. It was anticipated that the cost of each test would be in the region of £2; there would also be on top of this the costs of the further tests some of which were expensive. I understand that some provision has been made in the current financial year for the introduction of Hepatitis C testing but it seems unlikely that the test will be introduced this current financial year - but perhaps we should await the draft submission from DoH.

We will also have to give some consideration to the matter of the reference laboratories. Sometime ago it was agreed that the SNBTS should have its own reference laboratory for Hepatitis B and HIV and in one sense it would seem logical to add the further tests for Hepatitis C to this.

However, I understand that although the laboratory is built they have not as yet been able to staff it with a high level virologist; this would be essential for the effective carrying out of PCR. I understand that Dr Follett at the Regional Virus Laboratory in Glasgow might be able to carry out these further tests but this of course would involve some financial arrangement with GGHB and an assurance that the money allocated for the task was used for same.

26 November 1990