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NATIONAL BLOOD AUTHORITY

UK ADVISORY COMMITTEE ON TTD

5th Meeting - 16th March 1990

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NATIONAL DIRECTORATE OF THE NBTS

U.K. ADVISORY COMMITTEE ON TRANSFUSION TRANSMITTED DISEASES

Minutes of the fifth meeting held at the North Western Regional Health Authority on Friday 16th March 1990.

PRESENT: Dr. H.H. Gunson (in the Chair)
Dr. Marcela Contreras
Dr. E.A. Follett
Dr. R. Mitchell
Dr. J. Parry
Dr. W. Wagstaff.

1. Apologies for absence were received from Professor J.D. Cash and Dr. P.P. Mortimer (represented by Dr. J. Parry).

2. The minutes of the fourth meeting were accepted as a true record of the meeting.

3. Matters arising:

3.1 **Malarial antibody testing**

Dr. Mitchell presented a flow-chart for handling donations who had returned from malarial areas. It was agreed that this complied with the U.K. BTS/NIBSC Guidelines with the exception that blood donation should be deferred for 12 months after return to the U.K., rather than 6 months for donors without a history of malaria or recent febrile illness. This was amended. The schematic procedure is attached to the minutes.

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Dr. Wagstaff tabled draft recommendations from WHO on the acceptance of donors. It was noted that there was apparent conflict between paragraphs 1b and 1c in that donors who had taken anti-malarial drugs should be deferred for at least 3 years unless an approved antibody test was negative 6 months after return whilst those donors who had not taken anti-malarial therapy without a history of malaria should be deferred only for 6 months.

Members of the Committee were not prepared to speculate whether taking anti-malarial therapy would surpress the infection with malarial parasites suggested by this advice.

If the WHO guidance was followed it would cause the rejection of a significant number of donors and it was agreed that Dr. Mitchell would consult Professor Phillips on this matter.

Action - Dr. Mitchell

The draft WHO recommendations are attached.

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Concern was expressed that the anti-malarial tests were not particularly reliable. Dr. Mitchell was investigating the possibility of obtaining a more specific test.

3.2 **Anti-HCV testing**

3.21 The Chairman reported that the DOH Committee ACVSB had deferred the decision to introduce routine screening of blood donations at their last meeting. The next meeting was to be held at the end of April 1990 and they were hoping, at that meeting, to receive further advice on which a decision could be reached. The DOH were also carrying out a cost-benefit exercise.

3.22 Dr. Mitchell presented a flow-chart for the handling of donors who were found to be anti-HCV positive. This is attached to these minutes.

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This procedure had been based on that for anti-HIV positive donations.

The following amendments were agreed:

(1) At the 1st reactive positive the products from the donation would be quarantined but at this stage would not be labelled "Biohazard" and "Not for transfusion".

(2) Repeat screen tests on serum would read 2 or 3.

(3) After Reactive, any test, the products from the donation would be labelled "Biohazard" and "Not for Transfusion".

It was agreed that if the Reference Laboratory could not repeat the positive tests obtained at the RTC the donor's records would be flagged and the donor would not be contacted, and the procedure detailed in the schedule would be followed with the exception that the 6 month period detailed in section (2) would be reduced to 3 months. It was considered that there may be a particular problem with apheresis donors.

It was also agreed that when the result

obtained at the RTC was confirmed at the Reference Laboratory the donor should be interviewed by a doctor at the RTC and a further specimen taken for repeat anti-HCV tests and other liver function tests before referring the patient for further investigation with an appropriate hospital consultant.

Dr. Mitchell agreed to revise the flow-chart so that it could be circulated in the Transfusion Services for comment.

Action - Dr. Mitchell

4. **Introduction of anti-HIV 1+2 tests**

4.1 The Chairman explained that ACVSB had agreed that the use of combined anti-HIV 1+2 tests should be introduced for routine donor screening at the earliest opportunity.

4.2 Evaluation of anti-HIV 1+2 tests performed at various RTCs were considered and the initial and repeat reactive rates of the various test kits are summarised in TTD 7/90 attached to these minutes.

From these it can be seen that the Wellcome test gave the lowest repeatable reactive rate.

4.3 Dr. Parry introduced a paper which cannot be published at present until the firms concerned had been allowed to comment. He stated that there had now been 10 instances of HIV 2 infection (one of which was a combined HIV 1+2 infection). Commenting on the tests, he stated that if there was a washing delay which involved a soak rather than a wash, the Wellcome test may be reduced in sensitivity with low avidity anti-HIV2.

4.4 **Action to be taken**

(1) Because of stocks of anti-HIV1 tests held at RTCs it was agreed that the date for commencement of routine screening of all blood donations for anti-HIV 1+2 should be **1st June 1990.**

(2) It was considered essential that the Wellcome test should be subjected to a pilot trial and Dr. Contreras was requested to commence this trial from 1st April 1990. She agreed to do this.

Action - Dr. Contreras

(3) Dr. Gunson would send the summary of results of the evaluation studies to RTDs in England and Wales and Dr. Mitchell would arrange a similar

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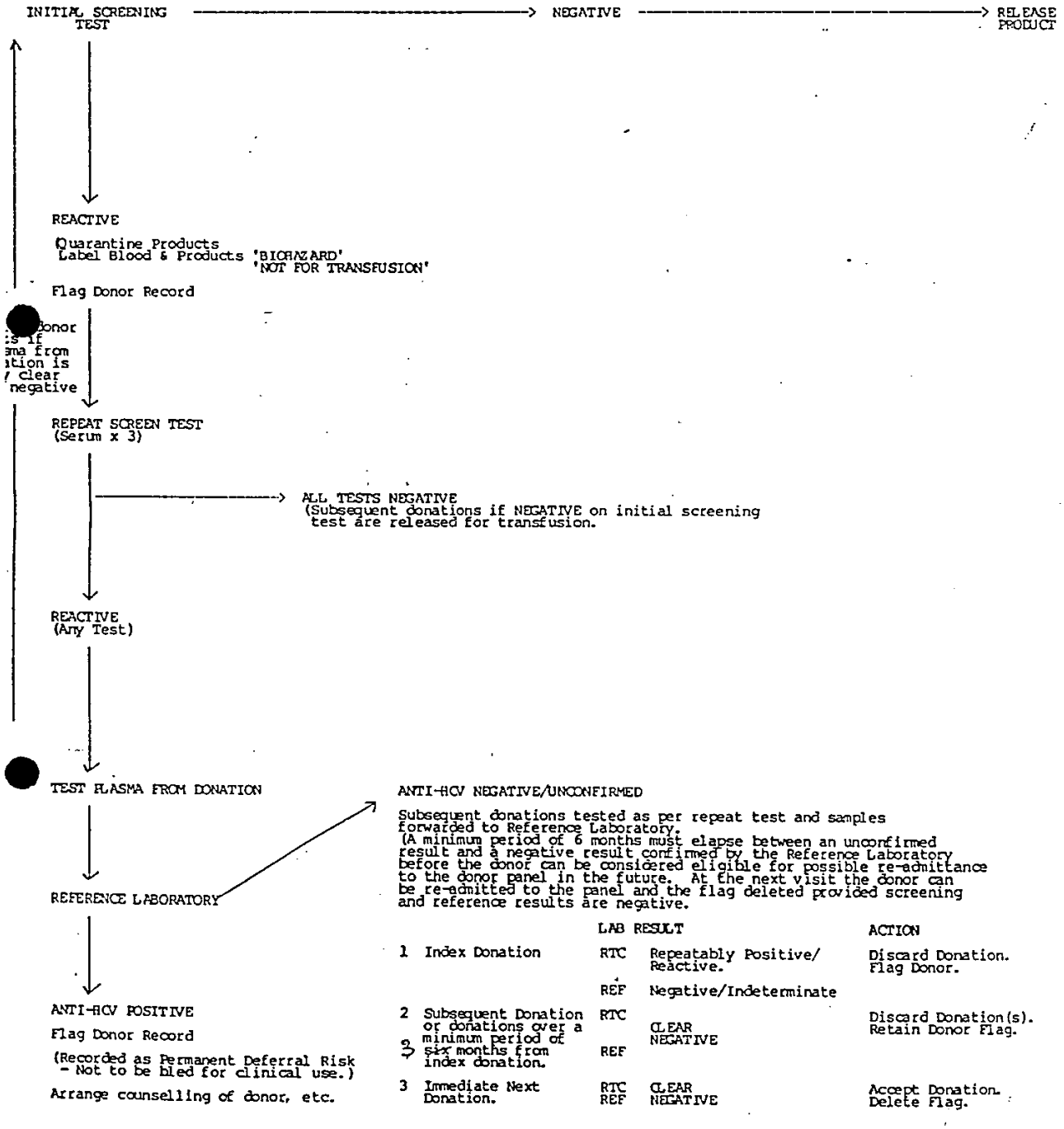
ACTION CHART

(ANTI-HCV)



INITION

Biohazard: Blood and Products labelled 'BIOHAZARD' must be isolated and not used for transfusion. Products Must be Discarded or Stored in Microbiological Laboratory for Future Investigation.