NOT FOR PUBLICATION

ADVISORY COMMITTEE ON THE VIROLOGICAL SAFETY OF BLOOD

MINUTES OF THE 3RD MEETING OF 3 JULY 1989

PRESENT

Dr E L Harris (Chairman)

Members:	Dr R Mitchell	Professor A Zuckerman
	Dr P Mortimer	Dr R Tedder
	Dr H H Gunson	Dr R Perry
	Dr R Lane	Dr E Tuddenham
	Dr P Minor	
Secretariat:	Dr A Rejman	
	Mr J Canavan	
	Mr M H Arthur	
Observers;	Dr H Pickles	Dr A McIntyre
	Mr J S Sloggem (for Dr Purves)	Dr H Flett
		Dr J Metters

Chairmans Opening Remarks

1. Dr Harris welcomed Dr Jeremy Metters who would succeed him as Deputy Chief Medical Officer, and as Chairman of ACVSB, upon the retirement of Dr Harris on 31 July.

Apologies for Absence

2. Apologies were received from Dr George, Dr Purves and Dr Summerfield.

Minutes of the Meeting of 22 May 1989

3. Subject to a typing error at paragraph 16 which should have read "anti HBc instead of anti HBs", the minutes were agreed as a correct record.

EC Directive on Blood Products (ACVSB 3/1)

4. Mr Sloggem reported that the amendment proposed by the European Parliament to extend the Directive to blood and plasma when used therapeutically had been rejected by the Commission, and that the original Directive therefore remains as it stands. Deadlines for implementation of the framework directive remain as in Appendix 2 of ACVSB 3/1, which includes proposals to take the directive forward. The Chairman noted the position and suggested Dr Lane and Dr Perry pass their comments on Appendix 2 to MCA.

Human Growth Hormone Recipients - Current Position

5. The Chairman thanked members for their past advice which had been forwarded to Health Ministers by the Chief Medical Officers. Professor Preece was to approach GPs through their FPCs about the state of health of hGH recipients. As an extension of this study he would approach patients direct and tell them not to offer themselves as donors; Professor Preece would be seeking a small budget increase to cover some additional computing costs. This action was expected to exclude the great majority of hGH recipients from blood and organ donation.

6. It was agreed that hGH recipients should also be added to the exclusion list shown to blood donors; it was noted that the trend towards licensing of blood products would make explicit exclusion essential to the fractionators if recipients of hGH were unacceptable as blood donors.

HTLV1 - Proposed NBTS Project (ACVSB 3/2)

7. The paper prepared by the secretariat summarised the issues arising from the last meeting. Members considered the NBTS proposals for a 100,000 donor study to determine HTLV1 prevalence (TT 10/89). An indication of repeat reactivity would also be a useful function of any such study.

8. After deliberation of a number of difficulties, including anonymity of sampling and gene detection, it was decided that it would be useful for a small team to visit the USA to draw on their experiences of HTLV1 testing so as to avoid problems encountered in USA. Study proposals would then be worked up further by the secretariat with appropriate experts advising. Members advised that the study should go ahead as soon as possible thereafter. Meanwhile a pilot project, not related to ACVSB, was proceeding at Edgware.

9. Dr Tedder had been awarded a UGC fellowship to develop an effective PCR for the gene of HTLV1; he also hoped to proceed on HTLV2. Members advised that action was required against both viruses, and expressed support for his work. Dr Tedder would give member colleagues full particulars and they would comment to Dr Rejman.

Non A Non B Hepatitis (ACVSB 3/4 and 3/5)

10. A Council of Europe Paper (see ACVSB 3/4) had stated that anti-HCV testing alone was not sufficient to eradicate post-transfusion hepatitis, and members supported this view.

11. The NBTS had undertaken an ALT and anti-core study (ACVSB 3/5) which had shown raised ALTs in 25% of the donors sampled. Members were concerned that this type of study revealed nothing of specificity. They also cautioned against the overtly commercial stance of test manufacturers.

12. The Chiron test had been used in first time recipients of Factor 8Y. Preliminary results had shown no positives, while most recipients of earlier concentrates were Chiron positive. Further study of stored haemophiliac sera was advocated.

13. Dr Mortimer had attended a recent conference, and he considered the findings represented a persuasive case that the Chiron test results were reliable. The Chairman therefore considered that a compilation of all the data should be given to the Committee for consideration at the next meeting. Members were asked to forward all contribution on NANB to Dr Rejman.

ACTION IN RESPONSE TO REPORTS OF BLOOD/BLOOD PRODUCT INFECTIVITY (ACVSB 3/3)

14. Members examined the standard operating procedure adopted by the Protein Fractionation Centre (Edinburgh) when notified of plasma contamination. It was considered essential that UK action should be harmonised.

15. The Chairman looked forward to seeing proposals from BPL Elstree, agreed with Edinburgh, to present to the NIBSC/MCA on this important issue.

Any Other Business

16. Effect of Gamma Irradiation on the Human Immunodeficiency Virus and Human Coagulation Proteins (ACVSB 3/6). This Paper was brought to members attention for consideration, and for discussion at a future meeting. It was noted that gamma irradiation could inactivate a whole range of viruses, and that this presented an interesting prospect for the NBTS, BPL and PFC to consider.

17. Dr Gunson asked for clarification of the decision at the last meeting that donors who had had jaundice in the last 12 months should be HBc tested before acceptance; he asked if HBsAb positive donors could be accepted for cell transfusion without the need for HBc Ab testing. The variant form of Hepatitis B present in Italy was mentioned. It was decided that Dr Rejman should consider further with the Hepatitis sub-group of the JCVI. Meanwhile the NBTS would not change its present procedure regarding people with a history of jaundice.

Date of next meeting

18. The date of the meeting would be Tuesday 17 October 1989.

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