

P/G
Secretary File

REGIONAL TRANSFUSION DIRECTORS' MEETING

9 DEC 1969

Minutes of a meeting held on Wednesday 15 October 1969 at 12 o'clock in Room D104, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London, SE1

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PRESENT

- in the Chair

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Department of Health & Social Security

Regional Transfusion Directors

Blood Group Reference Laboratory

Scottish National Blood Transfusion Association

Apologies for absence were received from

and

welcomed an

TALK BY

Before the formal meeting, London School of Hygiene and Tropical Medicine, spoke about the Australia - SH Antigen. He reviewed briefly its discovery, methods of detecting it and discussed its possible relationship with serum hepatitis. He explained that at present only a handful of sera containing antibody reacting with the antigen had been detected in UK; testing was therefore largely dependent upon gifts of sera from colleagues in USA. He asked RTDs to send him for examination samples of sera from multiply transfused patients in the hope that some of these would be found to contain antibody.

Kindly undertook to test, in addition, specimens from the following groups:-

- i. Patients and staff in haemodialysis units.
- ii. RTC staff who had been in post for more than 2 years.
- iii. Suspected cases of serum hepatitis and the donors concerned.
- iv. Donors whose red cells are to be used for immunizing or boosting anti-D levels.

Specimens should consist either of serum or plasma separated from 10ml blood.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 18 June were confirmed subject to the following amendment:

Para 2(e)(ii), line 2. Replace "should" by "could".

2. MATTERS ARISING

a. TRAINING OF HAEMATOLOGISTS

It was reported that he had not yet heard further from the College of Pathologists regarding the paper submitted by the RTC meeting.

It was said that he had been invited to attend a meeting at the College at which this matter was to be discussed.

b. POSITIVE SEROLOGICAL TESTS IN DONORS

It was reported that the Consultant Venereologist to the Department, had criticized the addition of the word "Venereal Disease" to NBTS 110 because this phrase would include many cases of diseases of no significance to NBTS. If any addition were to be made, he advised that it should be "syphilis and yaws".

c. AWARDS FOR PLASMAPHERESIS DONORS

It was reported that the proposal to award a Wedgwood plate decorated with the official NBTS symbol to donors of 100 donations was likely to be turned down because it would contravene the principle that officially approved awards have no intrinsic value. It was pointed out that Messrs Wedgwood

had produced a similar sort of plate that was issued by the National Savings Committee. It was agreed that

should enquire about this plate from Messrs Wedgwood and that would discuss the proposal again with the person concerned in the Civil Service Department. If the proposal were finally rejected a new scheme would be considered;

pointed out that there was no objection to giving such donors a special scroll.

d. JOB DESCRIPTIONS: HEAD NURSE, DEPUTY HEAD NURSE, TEAM LEADER, DONOR ATTENDANTS

It was reported that the Department would soon arrange an office meeting to discuss these documents, which had been distributed to all those concerned.

SENIOR DONOR ATTENDANT

The meeting, with one exception, agreed that this title should be used to denote donor attendants who had passed a test after at least one year's service and that passing of the test should entitle them to an allowance, eg a proficiency allowance. One Director thought that the proficiency allowance should be granted on recommendation only and that a test was unnecessary.

The meeting agreed that the standard of the test should be uniform throughout NETS.

e. EUROPEAN BANK OF FROZEN BLOOD

After discussion the meeting confirmed its reluctance to make use of this bank because Brentwood RTC would shortly be able to store rare blood in the frozen state. reported that the establishment of facilities for a frozen bank were progressing satisfactorily and that he was receiving much help from and his colleagues in Amsterdam.

f. PROVISION OF VERY FRESH BLOOD

reported that he had discussed the problem raised by with the Legal Division of the Department. The essence of their advice was that although the question whether or not all reasonable steps had been taken was ultimately a matter of law, in practice it seemed to be largely a matter of policy and administration. It was important that the bottles of blood supplied should be marked in the most distinctive way that was reasonably possible with a warning that the blood had not been "checked". A suitable label was that used at RTC Brentwood. Legal also considered that a letter on the lines of that in Appendix 1 to these minutes would also be helpful.

After discussion the meeting accepted this advice save that it considered that the user should be responsible for checking the ABO and Rh₊ blood groups and for compatibility testing and that the syphilis test should be done at the Regional Transfusion Centre, since the blood would normally be used before the results of this test were available.

g. FORMATION OF BSI COMMITTEE SGC/27 - MEDICAL PLASTICS TUBING

The meeting nominated and to represent NETS.

h. INTAKE OF PLASMA AT BLOOD PRODUCTS LABORATORY

A table comparing the amounts of time-expired blood converted to plasma with the amounts of plasma received by Blood Products Laboratory was examined. This confirmed the statement at the previous meeting that the amount of plasma received at HPL had declined steadily since 1967.

SUPPLY MATTERS

a. TAKING SETS

was agreed that central contracting arrangements should be made for supplying disposable taking sets to certain regions. would prepare a specification taking into account the length of tubing required and the intravenous needle specified in BS 2463 and send it to Directors for information. When the specification was prepared, contract arrangements would proceed and, when complete, details would be sent.

b. PLASTICS CONTAINERS

The present supply position was still unsatisfactory. It was hoped that containers would soon become available from a second maker in UK.

c. DISPOSABLE INSULATED CONTAINERS

Two of the boxes tested at Newcastle had survived 10 trips. If all the boxes at Newcastle were replaced by these boxes and if each survived 10 trips, the annual saving on transport costs might be about £300 pa. The boxes, however, had certain disadvantages and did not think they should replace the non-disposable boxes.

considered that the trial boxes had behaved well but that they should not replace the non-disposable boxes. They might be used as a temporary supplement to the latter boxes.

It was agreed not to investigate these boxes further at the present time.

d. DEFECTS IN PLASTICS CONTAINERS

A report by 1 and was considered. This showed that the incidence of defects in 1969 compared with 1968 had halved. It was not possible, however, to decide how many of the defects were present in equipment as delivered and how many arose as a result of handling in the centres. The improvement observed in 1969 was possibly due both to changes in manufacturing procedures and to greater skill in using the equipment. In the past 3 years there had been 5 episodes in which blood may have become infected because of defects ("microholes", pinholes) in plastics containers. Such defects had been found in equipment made by 2 manufacturers and it was known that manufacturers in other countries were aware of this problem.

The Department's specification includes tests to be used by manufacturers to detect "microholes" before containers left the factory. The meeting expressed the strongest disapproval of the fact that containers, with defects that might lead to contamination of the blood, were sold.

4. NOTIFICATION OF HEPATITIS CONTACTS BY MEDICAL OFFICERS OF HEALTH

presented a summary of donors reported to RTC Sheffield as cases or house contacts of hepatitis by local health authorities. In his opinion this scheme was most useful because it assists the NBS in identifying donors who might become carriers and because it enables the RTC to write, if necessary, to defer contact

donors and so save them a journey. RTCs Leeds, Cambridge, Edgware, Bristol and Birmingham were also taking advantage in this way of notification of hepatitis.

One of the attractions of the scheme was that in many if not most instances the household was visited by a Health Visitor.

The meeting discussed a proposal that the form of notification should be modified on the following lines:-

"Infective jaundice. Mark 'X' if blood donor and give details of any close contacts who are blood donors.

In order to reduce the necessity for follow-up of each case notified. The meeting considered that, if the form were altered for this purpose, the wording should be more specific, eg:-

"Infective jaundice. a. Mark X if blood donor and state whether there is a history of transfusion in the previous 6 months.

b. Give full names and addresses of any close contacts who are blood donors.

said he had noted the views of the meeting and would convey them to those concerned.

5. ANTI-D IMMUNOGLOBULIN FOR THE SUPPRESSION OF Rh(D) SENSITIZATION

i. INTAKE OF ANTI-D PLASMA

reported that the intake of plasma was still about 300 to 315 donations per month and that, contrary to expectation, the antibody content had fallen off. The amount of immunoglobulin that could be prepared from the type of plasma now being received would be insufficient to treat all who were eligible.

ii. BOOSTING

The position was:-

Leeds, Cambridge, Oxford: boosting of sensitized individuals had started.

Sheffield: boosting of 5 sensitized volunteers would begin in the immediate future.

Manchester: 5 male volunteers were being immunized, of whom one had responded with antibody.

stated that he was not yet ready to report on methods of dispatching red cells for immunization between centres.

The urgent need to improve the amount of antibody sent to the Blood Products Laboratory was discussed. Certain centres, which had originally said that extra staff and equipment would not be needed had now found that this was not so. It was agreed that the urgency of facilitating this work should be explained at SAKOs meeting on 30 October.

iii. NETS 49:

The following centres wished to continue using this form:

- Newcastle, Leeds, Cambridge, Edgware, Brentwood, Sutton, Birmingham,
- Manchester and Liverpool.

It was agreed that "Obstetric history" should be changed to "Total No. of previous pregnancies".

6. DISTRIBUTION OF PREPARATIONS FOR TREATMENT OF HAEMOPHILIA

After brief discussion this matter was deferred to the next meeting.

7. COLOURING OF GROUPING SERA

It was reported that those directors who used blood grouping machines, were discussing a colour scheme for distinguishing antisera. undertook to discuss their conclusions with and report at the next meeting.

8. LABORATORY TECHNICIANS CONSULTATIVE COMMITTEE

The meeting agreed that , Chief Technician, RTC Birmingham, should replace , RTC Cardiff, as from 1 January 1970.

9. USE OF IMMUNOGLOBULIN FOR PREVENTION OF TRANSFUSION-ASSOCIATED HEPATITIS

A copy of the recommendations of the US Public Health Service Advisory Committee on Immunization Practice, September 1968, was distributed for information.

10. DATE OF NEXT MEETING

This was arranged for Wednesday 17 December 1969.

APPENDIX 1

MINUTES OF REGIONAL TRANSFUSION DIRECTORS' MEETING

15 October 1969

Specimen letter to accompany a container of very fresh blood

Dear Doctor

This container of blood is being collected in advance of our laboratory testing. You are reminded that the ABO and Rhesus groups must be checked and a syphilis screening test performed before the blood is given.

A sample for this purpose accompanies this blood. Will you please inform us immediately of any anomalous results.

Regional Transfusion Director