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SCOTTISH RTDS
NWaH.

U.K. WORKING PARTY ON TRANSFUSION-ASSOCIATED HEPATITIS

3 MAY 1983

Chairman

Dr. H.H. Gunson

Dr. J. Barbara
Dr. J. Craske
Dr. B. Cuthbertson
Dr. R.S. Lane
Dr. D.B.L. McClelland
Dr. R. Mitchell
Dr. S. Polakoff
Dr. H. Thomas

Minutes of the third meeting, 20th April 1983, 11.30 am
N.W.R.H.A. Headquarters, Gateway House, Manchester.

ACTION

1. Minutes of the previous meeting were agreed subject to the proviso (raised by Dr. McClelland) that the second dose of HBIg need not always be given; this appears to conflict with the BMJ report (2nd October 1982, 285 , pp 951 to 954) to which any RTC queries would be referred (see item 3.3. of minutes of the second meeting).

2. This raised the question of whether or not victims of needlesticks with anti-HBe positive (HBsAg positive) serum and also infants born to anti-HBe positive carrier mothers, should be given HBIg. Although some anti-HBe positive mothers have been reported to transmit hepatitis B to their offspring, they are in the great minority. To a large extent the problem is resolved (if not answered) by the available supplies of HBIg from UK donors though sources have not necessarily been fully tapped. The DHSS Advisory Group on hepatitis will presumably advise following completion of studies in the USA.

   Dr. Polakoff reported that only 6 children under 6 months were notified in the CDR in the UK over the past 8 years. None of these died. A survey of death certificates to search for acute hepatitis B as a cause of death is currently underway.

   Figures for HBIg demand and estimations of future demand will be provided for the working party from Scotland and the rest of Britain. — Dr McClelland, Dr Polakoff

3. Yersinia transmission by transfusion

   (Item 5 in minutes of second meeting). Dr. Craske said there were no reports of cases to the CDSC in the UK.

4. Availability of 1974 MRC PTH study samples

   Dr Gunson had received letters from Dr Gibson reporting that duplicate sets of study samples (held at LSH and

Central Middlesex) had both been lost or destroyed. Dr. Gunson will reply to Dr Gibson. — Dr Gunson

5. Prospective TAH studies

5.1 The lack of samples from the 1974 MRC study rules out the chance of updating the testing of samples from that study with modern diagnostic assays.

5.2 Dr. O. James (Freeman Hospital, Newcastle) has sent Dr. McClelland the results of his prospective study with 248 patients who were sampled serially. Although 27 showed elevated LFTs within a month after their operation, 25 had normal levels within 6 weeks and stayed normal thereafter. One of the two remaining was an alcoholic and only one had persistent enzyme abnormalities. ~~Dr. McClelland will provide the~~ Secretary ~~with a copy of Dr. James' detailed results.~~ — Dr McClelland

Martin Thomas can follow

√No

The groups requiring access to Dr. James (or other investigator's) samples will submit the results of evaluations of their non A non B assay systems to the working party, for consideration. — Dr McClelland, Dr Mitchell, Dr Thomas
It will then decide what approach should be made to Dr James concerning selection and distribution of patient's samples (and patient's notes).

5.3 Dr Thomas reminded the Working Party that the USA TTV study will provide samples, for a small charge; any viruses in these samples would not necessarily have the same distribution as in the UK.

5.4 The working party felt that any samples obtained in UK TAH studies should also be available for testing by non A non B marker assays from abroad (eg Duermeyer's or Arnold's; Hollinger's seems to be the only candidate assay from the USA).
Dr Thomas commented on Alter's current panel of 'pedigreed' sera; these were usually of the longer incubation (7 to 10 week) variety, with the shorter (1 to 4 week) haemophiliac variety not represented. Dr Thomas' and Duermeyer's system appear to be the same and recognise the short incubation agent. However although Dr Thomas feels his system broadly correlates with that of Arnold, the latter's assay identifies more of the Alter panel positives. A new panel is required, representing the wider range of agents.
Dr Thomas will provide the Secretary with reprints of publications on the latest assay systems, as they appear. — Dr Thomas

5.5 Dr McClelland's TAH study proposal

So far a source of funding has not been found.
In the light of Dr James' results the problem of Edinburgh's likely low incidence of non A non B hepatitis numbers was raised.

It was therefore suggested to Dr Barbara that Edgware might provide a higher incidence area. He agreed to ask Dr Davies (Director, NLBTC) and will submit a draft concerning the possibility of this. Plans for a joint study with Edinburgh might then be submitted to the MRC by the working party. — Dr Barbara

6. TAH and chronic hepatitis study

Dr Polakoff informed the meeting that her collaborators were willing to assist her in this study (which will not require additional funding) and she is arranging details with clinical colleagues. She will provide the working party with a summary. — Dr Polakoff

7. Hepatitis in haemophiliacs

Dr Craske will provide the working party with a summary of hepatitis surveillance in 30 Oxford haemophiliacs who had been prospectively followed for 6 months. At the outset 4 had chronic liver disease but 26 had normal LFTs and had received no concentrate in the previous 6 months. — Dr Craske

Of the 26; 2 received cyroprecipitate and showed no hepatitis.
17 developed non A, non B hepatitis defined by elevated LFTs.
12 of these were jaundiced.

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Of the 9, 7 received NHS concentrate and 2, US products.
The 7 had each had material from only one batch (NHS, approximately 1500 donor pool).

8. TAH data from RTC's

It was decided that Scotland was best considered separately.
Dr Gunson suggested that the matter be brought up by Dr Barbara in the working party report to be made to the RTD meeting at Cambridge, planned for May 16th 1983. Centres could ask for details of TAH case reports, using a standard form. Yearly summaries might then be made and passed to Dr Barbara for collation. Specimen copies of report forms and yearly summaries have been distributed to the working party previously. The question of where samples might be tested (and of funding for this) might also be considered. Dr Gunson will contact Dr Barbara about this. — Dr Gunson

9. AIDS

Dr Gunson will be attending a meeting in May at the — Dr Gunson

Council of Europe, on AIDS and blood transfusion. He will provide the working party with a review of the meeting. Dr Craske reported that there are no cases of AIDS in UK haemophiliacs, though there are 6 likely cases in UK homosexuals.
Dr Gunson asked members of the working party to bear the topic in mind and consider the possibility of producing a pamphlet for donors illustrating the AIDS risk groups. He was aware that this might have adverse repercussions for donor recruitment etc. Because of AIDS the uptake of cryoprecipitate will probably rise in the UK (~~Dr McClelland thought about fourfold in Edinburgh~~) and this would mean a drop in supply of plasma to B.P.L. This would apply especially to patients who had not previously received concentrate.

(NO) correct the comment.

10. Parvovirus

Dr Barbara summarised a personal communication from Dr Mortimer (CPHL) showing evidence of parvovirus transmission by factor VIII.
Dr McClelland mentioned a donor who developed T cell leukaemia after the donation was given to a premature baby, apparently without sequelae.

11. UK hepatitis knowledge base

The working party asked Dr Barbara to tell Mr Carson (University of Bradford) that they felt the knowledge base should prove helpful.

12. Date of the next meeting

At the end of August, Dr Barbara will remind members that the next meeting will be at 11.30am on Tuesday 27th September 1983, at the North London Blood Transfusion Centre, Deansbrook Road, Edgware.

JAB/EJR
2nd April 1983

Dr J.A.J. Barbara
Secretary to the Working Party

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Third meeting, Wednesday 20th April 1983, in Room 251, North Western R.H.A. Headquarters, Gateway House, Piccadilly Station Approach, Manchester, at 11.30 a.m.

AGENDA

1 Apologies for absence.

2 Minutes of the last meeting.

3 Matters arising

3.1 Dr. Gunson's letter to RTD's, re HGIg.

3.2 Information on Yersinia (Dr. Craske).

3.3 Availability of 1974 MRC study samples and recipient follow-up data. (see enclosed copy of letter from Dr. Gibson).

3.4 Letter to Dr. McClelland from Dr. James (copy enclosed).

3.5 Proposed protocol for TAH and chronic hepatitis pilot study (Dr. Polakoff).

3.6 Progress with possible TAH study (Dr. McClelland): collation of working party members' comments.

3.7 Funding of studies (including reference laboratories).

3.8 TAH data from RTC's; see enclosed draft proposal for guidelines (Dr. Barbara).

4 Correspondence received by secretary.

4.1 AIDs. Dr. Mitchell supplied a review article by Prof. Grist. A review has also appeared by Prof. Waterson (BMJ, March 1983, 286, 743-746). The question has arisen about the preference for small pools of cryoprecipitate (as for TAH; Gabra et al (1981), BMJ, 283, 439).

4.2 Mr. Carson (University of Bradford); hepatitis knowledge base.

5 Treatment of haemophilia. 1976-1980. Rizza & Sooner (1983), BMJ, 286; hepatitis p932 (copy enclosed).

6 Post transfusion parvovirus infection.

7 Any other business.

8 Date of next meeting.