

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors meeting held in the BTS HQ Unit
on Tuesday 11 December 1984

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr W M McClelland
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow
Dr A E Bell, SHHD
Mr A J Murray, SHHD
Miss M Corrie (Secretary)
Mr J N Francis
Dr P L Yap (item 4)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notified from Dr I D Fraser and Dr H H Gunson.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 11 September 1984 had been circulated. The following amendments, which had been proposed, were agreed:-

Anti-D Working party (3a i)

First line to read "It had been agreed at the previous meeting that Dr Cash, Dr Mitchell and Dr Urbaniak...."

Charges to the private sector (3b)

Second sentence to be deleted.

Meeting of Transfusion Directors, England and Wales (6)

In the second sentence insert definitive before guidelines.

Appendix A

The reference to HBV in the first section to be replaced by Hb.

With the above amendments the minutes were agreed as a true record.

3. MATTERS ARISING FROM THE MINUTES

a) Anti-D Working Party (3a)i. Meeting with obstetricians:

Dr Cash reported that a meeting had now been arranged and that he had written to Dr Bell outlining the form which he felt the meeting might take. It was agreed that the idea of the meeting had been to fill the vacuum left by the disbandment of the Joint Sub-Committee

on HDN and that the scope extended beyond the likely interest of obstetricians alone.

After discussion it was agreed that Dr Bell should seek through the appropriate channels to invite a neonatal paediatrician to join the group. *

ii. Guidelines for immunisation of human volunteer donors:
Dr Urbaniak, who had incorporated into the guidelines the comments made at the previous meeting, tabled a further draft. It was noted that this should read draft 4. Further amendments which were agreed are noted in Appendix A to these minutes.

It was agreed that the document should (after the Appendix A amendments were incorporated) be adopted as the current Scottish guidelines for the procurement of anti-D plasma. Dr Cash undertook to re-write Appendix II (Message to Anti-D Plasma Donors) which would then be submitted to the BTS Sub-Committee and possibly to the SNBTS Ethics Committee. The guidelines would not be promulgated until an HTLV-III test could be applied to plasma donations. *

iii. NBTS Working Party on anti-D:
Dr Urbaniak reported that a meeting was scheduled for January 1985.

- b) Charges to the private sector (3b)
Dr Cash reported that colleagues at CSA had produced a preliminary draft paper on problems related to charging to the private sector. This paper would be discussed with Dr Cash before further action was taken. The unresolved problems were primarily:
- i. Whether CSA would adopt that part of the NHS Act which allowed Health Boards to undertake laboratory work for the private sector in NHS laboratories.
 - ii. If so, then there was a requirement for standard charges relating to a list of specific tests.
 - iii. Consultants' remuneration.

It was noted that those private hospitals receiving cross-matched blood were now being asked to pay a handling charge for supply only.

- c) Release of blood products (4)
(Formerly Disposal of Surplus Blood Products)
Dr Cash reported that the guidance note which had been agreed with the Directors was now complete and had been approved by the BTS Sub-Committee. Formal release of the guidance notes would not be made until a public announcement had been made. Agency colleagues had agreed that the Transfusion Directors must know of any announcement well in advance of it being made. It was noted that CSA had the Scottish Information Office to liaise with them in the preparing of a press release. Dr Cash reminded the Directors of views which had been expressed at the BTS Sub-Committee and that the matter, which was a good development for the SNBTS, might be considered contentious in some quarters.

It was agreed that the Directors would require to prepare information for donors and team staff. * It was noted that it would be important before doing so to know what was to happen to any income. Dr Cash reminded the meeting that the DHSS had agreed that revenue in England should go towards achieving self sufficiency in

blood and blood products and the CSA had recommended to the SHHD that income in Scotland should be treated similarly.

Mr Murray explained that all income generated by the NHS in Scotland was received by the Treasury who were asked, when allocating funds, to take into account work done for outside agencies.

It was confirmed that the CSA would only enter into joint ventures with industry if the venture was of direct operational interest to the Scottish Health Service. It was generally agreed that it was better to make use of surplus product than to destroy it.

Dr Cash confirmed there was some urgency in the matters discussed because the CSA would soon be in a position to sign agreements. He expressed a view that it was of importance to the future of the SNBTS to market its expertise.

d) AIDS(5)

1. Advisory Committee on the NBTS: Working Group on AIDS
(Formerly described as UK AIDS/Transfusion Service Committee)
Dr McClelland reported having attended a meeting of this committee and he found the outcome disappointing. Dr Bell explained that the committee was an England/Wales one to which a Scottish representative had been invited.

Dr McClelland reported the following:-

Dr Contreras had run a trial of a New York Blood Centre questionnaire in her West London Donor Centre. As a result a number of blood donors were interviewed and declared themselves to be homosexual. All were tested and found to be HTLV-III negative.

A new draft DHSS leaflet had been discussed. Most of the comments made on the earlier one had been met in the Scottish leaflet though one or two more might need to be taken into account in any new Scottish one.

On the matter of reagents it was noted that there was a British cell line available which would permit the growth and propagation of HTLV-III.

There had been unanimous agreement to test all donors once an antibody test was available. The matter of how to counsel and take care of antibody positive donors was acknowledged to be a very difficult problem.

The Advisory Committee on Dangerous Pathogens had drafted advice that AIDS should be treated as a category A pathogen, i.e. they had moved from the view that samples from AIDS patients should be treated in the same way as hepatitis B. After discussion the Scottish Directors reinforced their previous decision to treat AIDS samples in the same manner as Hepatitis B positive ones: it was noted that the CDC were retaining this view also.

Dr Cash said he would make further representations to the SHHD that there should be a more effectively co-ordinated UK approach to transfusion and AIDS - this had already been recommended by the Scottish Directors. The Directors noted with regret that a second meeting of this Working Group on AIDS had not been arranged and

that there appeared to be no evidence of co-ordination of the many spinner groups which existed.

Dr Cash reported that there would a paper in the Lancet very soon reporting that a nurse who had received a needle-stick injury while caring for a patient with AIDS had become anti-HTLV-III antibody positive.

ii. Factor VIII batch no. 023110090:

Dr Cash recalled the decision taken at the Co-ordinating Group meeting on 20 November to quarantine the plasma from subsequent donations by donors who had contributed to the suspect pool and to discard the red cells, platelets etc. It had transpired that discarding cells would cause considerable shortage in some Regions, particularly over Christmas and New Year and it had therefore been relaxed: the final decision on the matter would lie with individual Directors.

All the plasma had been identified and notified to the Transfusion Centres who would continue to keep the donor samples. Dr Mitchell explained that a donor had been identified in his region who was presumed to be a homosexual and had given one donation which was weakly positive for VD. He hoped to have the actual donation tested for HTLV-III by Dr Tedder of the Middlesex Hospital: there was no possibility of testing the 4,000 other donations in the suspect pool. After discussion it was agreed that the Directors should continue to hold the plasma of donors who had contributed to the pool, releasing the red cells and platelets for clinical use, until the result of Dr Tedder's test of the donor sample mentioned earlier. Dr Mitchell and Dr McClelland would notify the result of the test to the other Directors. *

iii. Circulation of AIDS leaflet:

Dr McClelland had indicated that it might be necessary to re-draft the leaflet yet again following the meeting he had attended. It was agreed to await his note of the meeting before taking a decision. Since the last meeting Dr Cash had written to the Directors because he had been worried that the decisions taken about circulating the leaflet had not been sufficiently comprehensive and that he felt the Service should attempt to mail all donors on the panel. After discussion the Directors agreed that this was impracticable and that the original decisions should stand. *

Dr Urbaniak reported a helpful reaction to the article which had appeared in an Aberdeen newspaper and in which the contents of the leaflet had been reproduced and Directors considered that it might be worth publishing advertisements locally.

Dr McClelland undertook to circulate a leaflet produced by the Terence Higgins Foundation giving to homosexuals a clear explanation that they should not give blood. *

It was remitted to Dr McClelland to consult ID colleagues for a closer definition of "active". *

e) European bank of frozen blood (8)

Dr Mitchell reported that he was still in correspondence with Dr Jean Harrison.

f) NBTS Working party on training of medical specialists in blood transfusion (9)

Dr Cash reported that Dr Derrick Tovey was preparing a paper for consideration at the next meeting of NBTS Directors. Dr Cash would distribute this to the Scottish Directors. *

g) Notes on transfusion (10)

As agreed at a Co-ordinating Group meeting Miss Corrie was circulating local guides to users of BTS which the local Directors had prepared for use in Aberdeen, Edinburgh and Dundee.

Dr Mitchell reported that some haematologists in W Scotland had received copies of Notes on Transfusion: he had warned them to ensure that the published amendments were incorporated. It was not clear from where they had received these, since the SHHD had not issued any copies.

It was agreed that the Directors should advise their local blood bank haematologists about the inadequacies of the document and offer instead a Regional publication. If they insisted on receiving copies these would be issued by the Transfusion Directors so as to ensure that the amendments were incorporated. *

h) BTS Support for liver transplantation (11)

Correspondence between Dr Cash and Dr W L Bayer of the Kansas City Blood Center had been circulated. This indicated that transfusion support for any liver transplantation programme would have to be extensive. Dr Cash reported that there was no need for the Centres to prepare immediately to support Dundee because there was now no major pressure from the Tayside Health Board to undertake liver transplantation. Dr Cash would, however, discuss with Mr Francis the matter of undertaking costing of the implications of transfusion support. *

i) Provision of blood to the private sector: Murrayfield Hospital (12)

Dr McClelland reported that he would have to press CSA Secretary for an urgent, definitive response to outstanding questions concerning the supply of blood and products to the Murrayfield Hospital.

4. CREATION OF A NATIONAL REGISTRY OF HLA-TYPED VOLUNTEER BONE MARROW DONORS

Dr P L Yap was welcomed for this item.

Dr Cash recalled a decision taken by the Scottish Directors some two years previously not to participate in unrelated donor bone marrow transplantation programmes. He had asked Dr Yap to organise a seminar in 1984 to note the current state of the art. Dr Yap spoke to a paper (which had been circulated) prepared by him following this seminar.

Current advice from haematologists was that BMT from unrelated donors should be used only in the case of patients with severe aplastic anaemia for whom no other treatment was successful and who had no suitable relatives. The success rate of transplants from unrelated donors had not been documented centrally but was believed to be 25%.

After discussion it was agreed not to participate in any UK bone marrow donor panel at present though the position would be kept under review *
 Meanwhile Dr Mitchell (who ran the only tissue typed platelet panel in Scotland) might ask these donors if they were interested in becoming BMT donors.

5. DIRECTORS MEETING ENGLAND AND WALES

Dr Mitchell spoke to his note (which had been circulated) of the above meeting. A paper concerning staffing of Transfusion Centres which had been circulated for the England/Wales meeting had been challenged as inaccurate by some Directors and was due to be reviewed.

6. MEDICAL STAFFING OF DONOR SESSIONS

It was noted that a proposal by Brentwood Transfusion Centre to cease sending doctors to donor sessions was not supported by the BTS Advisory Committee of the DHSS or by some Regional Medical officers in the English Health Regions. It was noted that it might be possible to conduct experiments in staffing donor sessions at a future date.

7. PURCHASE OF COMMERCIAL BLOOD PRODUCTS IN SCOTLAND

A table had been circulated on which were shown purchases of commercial blood products for financial years 1980-81 to 1983-84. Dr Cash had written to the Chief Pharmacist to ask if the latter could confirm the figures.

8. HEPATITIS VACCINE FOR STAFF

Dr McClelland described a case in his Centre in which a staff member had received a needle-stick type injury connected with the Groupamatic machine. He had been sent to a local ID consultant who administered vaccine and immunoglobulin. The other Directors agreed that it was important in such cases to send a potential patient to an independent physician and this would be done throughout the SNBTS.

Policy on giving vaccine to staff was discussed and it was noted that the decision had been devolved to Health Boards in circular SHHD(CAM0) 82/12 of 15 October 1982. There was now more Merck, Sharp and Dohme product available though its efficacy was disputed in some quarters.

Dr McClelland quoted (and agreed to circulate) a MMWR on the subject of hepatitis vaccination. He would also consult the Lothian Health Board and brief the other Directors. It was noted that a leading article in the BMJ of 10 November 1984 by Professor Zuckerman ("Who should be immunised against hepatitis B?") would arouse much interest amongst staff. Directors supported the concept of not advising staff to have mass vaccination but that it would be offered along with specific immunoglobulin in the event of accidents etc. *

9. PL1240 PLATELET PACKS

It was reported that Travenol were recalling a number of transfer packs containing the plastic known as PL1240 following an increased incidence in some Canadian hospital of transfusion reactions in recipients of platelets. One had died and an inquest was in progress.

Dr Cash undertook to ascertain what action had been taken by the National Director of the Canadian Red Cross and the Medicines Inspector and to report back. *

Meanwhile it was noted that several hundred thousand patients had been transfused from PL1240 packs apparently without harm. It was agreed * however to accept the offer from Travenol of PL 732 packs.

10. NBTS WORKING PARTY ON THE CODE OF PRACTICE FOR PLASMAPHERSIS

Dr Urbaniak, who had been nominated by the Scottish Directors (Co-ordinating Group 20/11/84) to represent the SNBTS on the above, reported that it had met and that a draft paper would be ready soon. He * would report to the next Directors' meeting.

11. DATE OF THE NEXT MEETING

Wednesday 27 February 1985.

GUIDELINES FOR IMMUNISATION OF HUMAN VOLUNTEER DONORS FOR ANTI-D PLASMA

Amendments to draft 4 made at Directors meeting 11 December 1984

GENERAL

Each page to be dated.

RED CELL DONOR SELECTION

Delete the words "where available" after "AIDS markers - negative".

IMMUNISATION SCHEDULE

Last line to read "--- independent medical review ---"

RED CELL DONOR REGISTRATION (APPENDIX 1)

Second line to read "red cell donor registration number"

In red cell phenotypes, add Kell and Cellano

"Date of first accredited - - -" to be replaced by

"date when first donation was fully accredited"

In cumulative recipient history the right hand box to read

"recipient donor registration number"

Provide space on the form for the year in question and for the signature of the medical officer who is the point of contact. Provision to be made for printing the name and title underneath the signature.

The forms to be submitted during April of each year to Dr Urbaniak: it would be useful to print this on them as well.

MESSAGE TO DONORS AND VOLUNTEER FORM (APPENDIX 2)

On pages 1 and 5 delete the word "small" before "amount of positive red cells".

Include reference to AIDS

The first line of the form comprising page 5 of the appendix to read "to..... Life Insurance Company"

Provide on this form space for an acknowledgement by the insurance company.

PLASMAPHERESIS DONOR REGISTRATION (APPENDIX 3)

Second line to be replaced by "plasma donors registration numbers ---"

Red cell phenotypes to include Kell and Cellano.

Dr Urbaniak to consider expanding the "antibodies present" entry to clarify that it refers to antibodies other than Anti-D

Next line to read "Date of initial independent medical examination".