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Report of the Advisory Group on Testing for the Presence of Australia (Hepatitis-Associated) Antigen and its Antibody

The first recommendation of this Advisory Group was that at the earliest possible date, Regional Transfusion Centres should begin to test all blood donations for the presence of Australia (hepatitis-associated) antigen and its antibody. This recommendation was implemented in full in the Western Region of Scotland on 13 OCTOBER 1970.

Since that date consideration has been given to other measures which might make transfusion therapy safer for recipients and for staff, not only in transfusion centres, but in hospitals. Any donation found to contain either Australia antigen or its antibody is immediately discarded in a safe and appropriate manner. In addition the particular donor is advised not to donate blood except for research purposes, and the general practitioner is informed of the findings.

As the transfusion service, by its very nature, is an agent in the dissemination of serum hepatitis, it seems important that every reasonable step should be taken to prevent the entry of the infective agent into a regional transfusion centre, or at least to recognise the entry. Clearly the vector of entry might be a member of staff or a blood specimen.

As far as staff are concerned, the present policy in the Western Regional Transfusion Centre is to test for Australia antigen and its antibody on a voluntary basis. The recommendation of the Advisory Group to the Central Departments is that staff of Regional Transfusion Centres should be tested initially as a condition of appointment, but no decision on this point has yet been communicated from Central Departments to Regional Transfusion Centres. Testing at present, therefore, remains voluntary.

Most specimens introduced into a Regional Transfusion Centre are those associated with actual blood donations, and as such are already tested for Australia antigen and its antibody. The minority of specimens accompany requests for ante-natal serology, for compatibility tests and for special serological investigations. This minority of specimens is now tested for Australia antigen and its antibody in order to protect staff and blood products. Blood and blood products are prepared in closed systems or using aseptic procedures so that, theoretically, they should not be contaminated, even if an antigen-positive person or someone unwittingly handling antigen-positive specimens assisted in their preparation. But we cannot be absolutely certain that there is no risk of contamination of donor blood or of blood products in such circumstances.

Any specimen found to be positive for Australia antigen or its antibody may require to be used for the tests for which it was submitted to the Regional Transfusion Centre. The essential tests are performed under the same conditions as the routine Australia antigen testing is done, and by staff who are not involved in handling blood donations. This is in accordance with the recommendations of the Advisory Group.

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The Report of the Advisory Group advocates that the family doctor should be informed of the donor with a positive test. One important reason for giving this advice is that the antigen-positive individual may have impaired liver function. It seems equally important and desirable that the practitioner who submits a specimen to the Regional Transfusion Centre should be informed, if the patient proves to be positive for Australia antigen or its antibody.

6 SEPTEMBER 1971. JOHN WALLACE.