BRIEFING NOTE: CHAIRMAN EAGA

1. HTLV-III ANTIBODY IN IgG PRODUCTS
(from plasma pools collected in 1984)

	UK (S N B T S)	U.S. (Commercial)
Normal IgG	Nil (8 batches)	"More than half"
CMV IgG*	Nil (3 batches)	"All batches positive"
HB IgG*	Nil (3 batches)	"All batches positive"

* These products are more likely to have included in the plasma pools "high risk" donors.

2. INFORMATION OBTAINED FROM EUROPE

Ten days ago I met several senior European Transfusion Directors (Denmark, Sweden, Switzerland, Netherlands, Austria). All are directly involved in advising their respective Governments. All strongly supported the draft (Lancet) letter enclosed and confirmed they have already advised their respective Governments not to introduce full donor screening with the current generation of commercial kits until such times as they have been evaluated. One country (Sweden) has decided that if external pressure becomes irresistable then it will rely exclusively on the Western Blot Technique (WBT) and continue to accept donors who are ELISA positive but WBT negative. All these countries have already established and funded (it appeared substantially) their national reference laboratories.

It was of interest to note that Norway has established well in advance of the introduction of donor screening, a system by which members of the public can have access to a confidential HTLV-III antibody screening service.

John Cash
21. 2.85

Lancet

Sir

HTLV-III Antibody Test: Blood Donors

We the undersigned believe that the likely incidence of false positive HTLV-III antibody tests using the current generation of commercial kits in our voluntary blood donor populations will be high. We would therefore recommend that careful consideration be given before they are introduced for the screening of all donations, for we take the view that the amount and degree of unnecessary stress and hardship which may befall a significant number of our donors and their families is unacceptable. This in turn could have a deleterious effect on blood collection programmes which would lead to serious consequences in the supply of blood and blood products for vitally needed surgery etc. Of no less importance, for the safety of transfused patients, is the need to ensure that the first priority for the introduction of any HTLV-III antibody tests into a community is given to patients attending special (venereal disease) clinics and other members of the general public who wish to have access to these tests. Unless this is done there is a significant danger that many high risk people, from a blood transfusion point of view, will present themselves at blood donation sessions simply to obtain their HTLV-III antibody status.

Whilst we would strongly support the need to introduce HTLV-III antibody testing for all blood donations we would advise that this is not done until such times as test systems are first carefully selected and then appropriately evaluated in the communities in which they will be used, and efforts made to give all members of the public access to HTLV-III antibody testing some months ahead of the introduction of full and comprehensive blood donor screening programmes.

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