File - English DD. Meetings

ABERDEEN AND NORTH-EAST OF SCOTLAND

BLOOD TRANSFUSION SERVICE

ROYAL INFIRMARY, FORESTERHILL, ABERDEEN, AB9 2ZW

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NOTES ON THE RTD MEETING HELD IN LONDON ON WEDNESDAY 24th MARCH 1974.

The Chairman introduced Dr. Raison, Chief Scientific Officer, who attended for the following item:

Donors from Tropical Areas (TA) The period before lunch was devoted to Tom Cleghorn's report and its implications. You will already have received from Tom a copy of this report, but you may like to see the enclosed copy of the instruction sheet which has been in use at the North London Centre since August 1973 to indicate which donors' blood should be used in the preparation of different blood components. At North London the term 'TA' (unqualified) is used to mean 'coloured'. They know that this will include some who have never been outside the UK, but in their opinion it would be socially unacceptable to enquire into the origin of their coloured donors. (It occurs to me that we used to enquire the place of birth and occupation of all new donors for Arthur Mourant's blood group survey, but I would agree that coloured donors should not be singled out for questioning.) Nevertheless with a ratio of 18:1 in the incidence of Australia antigenaemia in the two groups, Tom proposes to continue to use TA blood as indicated in paragraph 6 of his memorandum.

Tom said they also tested all their TA donors by electrophoresis for haemoglobin AS, and they advised the positives of the genetic counselling available in the region.

The term TA was apparently adopted about 10 years ago to indicate residence in a malarial area as defined by WHO, and most Centres appear to use the term in this sense. For example, Keith Rogers said that 0.3% of the donors in the S. London region are TA of whom two-thirds are white. He suggested that only the plasma from TA donors and prisons should be used, and that this plasma should be sent to Elstree for fractionation.

Geoffrey Tovey said that they were still taking donations at prisons, and he suggested that initially the most sensitive tests for Australia antigen should be used for testing donations from 'high-risk' groups. Fred Stratton mentioned that the incidence of Australia antigenaemia in the Manchester region was 1/3092 in donors who had been repeatedly tested, and 1/596 in new donors.

It was said that the Maycock Advisory Committee on testing for Australia antigen would almost certainly recommend the use of the turkey cell haemagglutination test, and we were informed that by the autumn Burroughs Wellcome would probably have sufficient material to keep the BTS supplied for a period of two years. A figure of £120 000 was mentioned as the possible annual cost of this reagent, but Tom thought that with the repeat tests that would be necessary this would probably work out at nearer £400 000.

We were informed that a small sub-committee comprising Tom Cleghorn, David Dane, Fred Stratton, Geoffrey Tovey, and others, was being set up to advise on answers to the PQs which had been put down for Barbara Castle to answer.

Tom had to leave the meeting to see his own Board on the same subject that afternoon. I gather they proved sympathetic to funding the introduction of more sensitive tests for Australia antigen at his Centre.

Life Blood Pamphlets The meeting reaffirmed that these pamphlets were of great value in donor recruitment, and reaffirmed the need for new ones and new editions. We were informed that one prepared by D. S. Smith et al had been rather 'roughly treated' by theDepartment, but this would be pursued further. A draft pamphlet on plasmapheresis, prepared by Tom Cleghorn, was considered unsuitable for general distribution, but suitable for plasmapheresis recruits. One suitable for general distribution is being written by Jack Darnborough.

Observations in naturally and deliberately immunised donors Derrick Tovey had prepared a draft report form, which as a result of discussion will be revised. The conclusion reached - if I have got it correctly - was that untoward incidents should be reported to him as soon as they occur, but the number of nil returns should be reported annually. I hope to receive copies of the revised report form for circulation in due course.

Arrangements under Regional Health Authorities There was some discussion on the place of the NBTS in the reorganised health service. Two items in particular were mentioned:

(1) Some thought that an effort would be made to get the area served by an RTC to coincide with those of the Regional Health Authority, but it was felt that in some cases this would be most unsatisfactory. For example, Bath which was now in the Wessex region is 90 miles from Southampton but only 13 miles from Bristol.

(2) Fred Stratton said that in his view the Regional Director should be directly responsible to the Regional Health Authority (cf the Regional Pharmacist) and not to any of the RHA officers. The meeting was in accord with this view.

Supply of blood for purposes other than transfusion Bill Maycock in introducting this paper said, among other things. that there was a need for human blood for purposes other than transfusion. Nobody dissented from this statement. There was however a great deal of discussion on the question of the supply of plasma (which could be obtained by plasmapheresis) versus the supply of serum (which could not). Serum had however been requested by the biochemists. It was stated that 'currently unreliable control reagents were being imported at colossal cost' and that the BTS could not constitute itself an 'inflexible monopoly'. When requested, I put the view of the Scottish Directors that while we were sympathetic to the purpose for which this blood was being requested we were not prepared to supply blood for distribution by commercial organisations. In fact we were in general accord with the views expressed on this subject in the English RTD minutes of 1971-73.

There followed a general discussion on the use of blood. Bill Maycock said that PPS must not be misused, and that it should not be used 'to wash in packed cells' as had been suggested by Robert Cumming. When I expressed a doubt that Robert had so expressed himself, Bill Maycock corrected his statement to say that Robert had stated that he thought that PPS might be so used. However, Geoffrey Tovey indicated that such a use had been mentioned at the RCP symposium in Edinburgh in February 1972, and I said I would check this reference. I have since done so, and have discussed this point further with Geoffrey Tovey. Such a statement does not occur in the printed proceedings, but Geoffrey Tovey's view is that PPS should not be used to replace all the fluids currently used for plasma volume expansion as suggested on page 50 of these proceedings. His view is that where the use of dextran is satisfactory its use should not be replaced by PPS, which in these circumstances he would consider a 'luxury'.

In further discussion it was mentioned that the Germans were considering the extinction of all paid donors and the import of blood, that at a recent WHO meeting in Geneva the paying of donors for blood was described as 'a prostitution of blood donation', and that the League of Red Cross Societies will make an announcement next Monday urging the elimination of all payments for blood.

Further consideration on this subject was deferred until the next meeting when a chemical pathologist would be invited to attend.

Frozen blood Following a brief report of the recent meeting on frozen blood at Aldershot, John Jenkins proposed that he should organise another meeting in the autumn to which all regional directors and not more than one or two others should be invited. He hoped it would be possible to arrange accommodation at the Middlesex. The main purpose of the meeting would be to exchange information on the processing of frozen blood, and in particular to demonstrate the cell washing devices now available. He said that demonstrations of the Haemonetics, Elutromatic, and IBM cell washing devices could be arranged. John was asked to go ahead with his proposal.

Specific immunoglobulin from convalescent measles plasma Bill Maycock mentioned that there was now a need for specific immunoglobulin from this source for the protection of children being treated for leukaemia.

2nd May, 1974.

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Memorandum on HBag carriers

There has been some comment recently by the news media concerning our activities at Edgware and the following notes are relevant.

1 The attached instruction sheet on component preparation was distributed within the RTC in July 1973.

2 Towards the end of 1973, following reports by BPL of HBag in 3 of our 5L packs, our honorary consultant advisor in virology, Dr. Dane, initiated testing by RIA of all such packs before despatch. Within one week, 2 were found RIA positive and in each instance, tests on repeat samples from the contributors identified the culprit as a TA donor.

3 This led to review of our figures for distribution of HBag between TA and non-TA donors. Combined figures for 1972 and 1973 were:

| TOTAL | NON-TA | TA | COMBINED |
|---|---|---|---|
| Tested | 301335 | 5719 | 307054 |
| HBag positive | 86 | 29 | 115 |
| Frequency | 1 in 3504 | 1 in 197 | 1 in 2670 |

Thus, 25% of carriers detectable by IEOP were located in less than 2% of the donor panel.

4 The detection efficiency of IEOP is probably not much better than 50%, so that even after elimination from the panels of all HBag positives to IEOP, an equal number of carriers almost certainly remains, and the TA donors must represent, comparatively, a high-risk group.

5 These facts became apparent at a time - the latter part of January - when blood intake in most RTC's was excessive as a result of public over-reaction to COI propaganda. I decided, therefore, to suspend issue of all TA donations until a policy decision could be made.

6 It has now been decided to re-sample the stock-pile of TA packs, test by RIA, pool the plasma of those found negative, and despatch to BPL.

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7 It is also proposed to test current and future TA donations by both HA and RIA and to store the serum samples for future reference; RIA negative plasma will be disposed of as in para. 6.

8 The desirability of taking a more detailed history from coloured donors than has previously been considered socially acceptable, is being discussed.

TEC/GW
18th April, 1974

T. E. CLEGHORN