IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of meeting of Directors held at the Protein Fractionation Centre, Liberton, Edinburgh at 11.30 a.m. on Wednesday 17 December, 1975.

Present: Major General H.C. Jeffrey (in the chair)
Dr. C. Cameron
Dr. I.A. Cook
Dr. H.B.M. Lewis
Dr. J. Wallace
Mr. J.G. Watt
Dr. A.D. McIntyre
Miss M. Corrie (Secretary)

1. INTRODUCTION

Apologies for absence were intimated on behalf of Dr. Cash, Dr. Maycock and Mr. Roberts.

2. MINUTES OF THE LAST MEETING

The following amendment was made to the minutes of the meeting held on 30 September, 1975:

"10. ACTIVATED CONCENTRATES OF FACTOR IX

Dr. Cash drew the attention of his colleagues to the imminent introduction, by commercial concerns, of activated factor IX concentrates for the management of haemophilia A patients with inhibitors. The Directors agreed that this development should be noted and that Mr Watt and Dr. Cash should continue to liaise."

With this amendment, the minutes were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a. 2nd Meeting of the Advisory Group on Blood Transfusion to the Planning Council

General Jeffrey reported that the second meeting of the Advisory Group, held at the PFC on 14 October, had discussed the following:-

bone marrow donor panel

report of the advisory group on testing for HBsAg and its antibody

report of the working party on the laboratory use of dangerous pathogens

the future of the Scottish National Blood Transfusion Association

the factor VIII supply position

an advisory group on fractionation policy

There was discussion on the structure of the Advisory Group, in particular whether its size and diverse membership would allow it to be an active body. The view held by its chairman was that it should become such once its members had learned more about the Service. Until then it would rely on its BTS members to propose subjects for discussion.

b. Advisory group on fractionation policy (minute 3h)

The Secretary explained that the use in the agenda of the title 'management sub-committee for the PFC' had been for continuity and identification and was not intended to reflect the purpose of the group whose formation had been discussed at the second meeting of the Advisory Group on Blood Transfusion to the Planning Council. The Advisory Group had agreed to continue consideration and Dr. McIntyre said that the idea had been sympathetically received within SHHD. Progress would be reported at the next Directors' Meeting.

c. Supply of Factor VIII Concentrate (Minute 5)

The following issues from September to December 1975 were reported, representing 8,000 donations in cryoprecipitate.

	Vials	Bottles
West	761	
South East	743	32
East	60	
North East	120	
North	252	15

In addition a small stock held at PFC would be available to Directors in emergencies. The chairman asked Directors seriously to consider reducing their preparation of cryoprecipitate. It was agreed that, in the West at least, the ability to do so depended on the acceptability to clinicians of intermediate Factor VIII. Dr. Wallace said that an increased supply of PPS would enable him to release plasma by reducing production of fresh dried plasma.

The number of patients on home therapy, for whom Factor VIII was primarily intended, was reported where known to Directors.

Mr Watt reported that he had in stock material very similar in composition to Cohn Fraction I. Dr. Wallace agreed to investigate the possibility of its use in the West as an interim measure and it was agreed that Mr Watt should approach Dr. Cash also.

The comparative yields of cryoprecipitate and Factor VIII concentrate were discussed. It was confirmed that, following the last meeting of Haemophilia and Blood Transfusion Directors, a study would be mounted.

d. Bone Marrow Transplantation (Minute 6)

General Jeffrey reported that the paper agreed at the meeting on 30 September had been discussed and accepted by the Advisory Group on Blood Transfusion. Meanwhile the Working Party on Bone Marrow Transplantation had been convened and Dr. Cameron and Dr. McIntyre had attended a meeting in London on 16 December.

Differing experiences and theories had been put forward by members of the Working Party. No firm conclusions had been reached nor had the Chairman sought agreement. Tissue typing could continue in BTS Regions but no national panel was being established for the time being. Scottish Directors agreed that any donor whose serum was being tissued typed for possible bone marrow transplantation should be told this from the outset. On points of detail the meeting had not shared the Scottish Directors' view that platelets and granulocytes should be provided by the same donor as the bone marrow, and one member of the Working Party did not share the view that a cell separator was necessary.

Dr. McIntyre said that the wider implications of undertaking bone marrow transplantation in Scotland would be considered by the National Medical Consultative Committee and SHHD would issue guidance.

e. Training of Technicians (Minute 9)

Dr. McIntyre reported that the implications of the IMLS proposals were receiving close consideration within DHSS and SHHD and their respective advisory bodies.

f. Reaction to PPS (Minute 11)

It was explained that, the bradykinin estimations undertaken by Dr. Maycock and Mr Watt having shown different results, it had been concluded that the reaction had been an allergic one.

4. TESTING FOR HEPATITIS

Dr. Wallace spoke to the second Report of the Advisory Group on Testing for Hepatitis, copies of which had been circulated. He emphasised that the advice it contained had been drafted early in 1975. Directors agreed with its main recommendations and asked Dr. McIntyre if SHHD could endorse the report to confirm Scottish BTS Regions in their respective practices. Dr. McIntyre explained that a general memorandum on hepatitis was being drafted by SHHD for issue to Health Boards and that the report under discussion would probably accompany the memorandum. Meanwhile it would be brought to the attention of SHHD's Advisory Group on Communicable Diseases.

There was discussion on whether new employees should undergo antigen testing and whether existing employees found to be antigen-positive should be employed in areas where contact with blood products was unavoidable. Dr. McIntyre agreed to pursue the question within SHHD.

On the question of reference of antigen-positive blood, General Jeffrey agreed to ask Professor Marmion of the Department of Bacteriology, University of Edinburgh Medical School, if he would undertake testing by RIA of specimens from Scottish BTS Regions except the West where all donations were being tested by RIA under a one-year agreement with Abbott Laboratories.

5. SUPPLY OF PLASMA FOR SPECIFIC IMMUNOGLOBULINS

The paper circulated before the meeting was discussed in detail. With the general comment that the stocks shown in the paper were the minimum because they did not take account of stocks held in hospital or at BTS centres or of plasma in process at PFC, the following were the main points made:

a. Normal IgG

Dr. McIntyre agreed to pursue the possibility of offering to developing countries the surplus which could be fractionated, perhaps funded by the British Council.

b. Anti-D

Dr. Cash was recruiting male volunteers, Dr. Wallace women donors, and Dr. Lewis hoped to concentrate on donations from sensitized women.

c. Anti-Vaccinial

It was confirmed that the source of donations was now limited mainly to medical students but that random screening could be undertaken if necessary. Dr. Wallace explained that he was collecting what he could from the population known to be vaccinated. Vaccination of medical students was declining in Dundee but not in Aberdeen and Dr. Lewis agreed to investigate this source.

d. Anti-tetanus

Dr. McIntyre said that SHHD proposed to issue a letter of guidance to Health Boards on the lines that active immunization with tetanus toxoid should be encouraged as a routine procedure, but that there were occasions on which passive immunization was required and that for such occasions anti-tetanus IgG would be available through BTS Directors. When the Department of Health and Social Security issued its own advice at a later date, SHHD would send out a circular reinforcing the advice about active immunization in the hope of limiting demand for the IgG.

Discussion followed on sources of recruitment of donors in the light of a forthcoming need for 200 litres of plasma. Dr. Wallace explained that he was screening all donations from employment where active immunization was likely to have been given. It was noted that Aberdeen's Agricultural College and service units were potential sources and that Dr. Lewis might bear these sources in mind. It was agreed that the panel of donors in Inverness should not be utilised meantime, but kept as a reserve in case demands for anti-tetanus IgG were considerably more than was envisaged.

e. Anti-zoster

It was pointed out that the stock shown in the paper had now been issued. PFC had 45 litres of plasma in hand and a delivery from Dr. Wallace would be fractionated shortly. An offer from the Medical Director of WB Pharmaceuticals to approach GPs who had patients convalescent following herpes zoster was welcomed and General Jeffrey agreed to follow it up, provided SHHD confirmed that there were no ethical objections to this approach.

f. Anti-rubella

The indications for anti-rubella IgG, mentioned in paragraph 8 of the paper, were discussed and Dr. McIntyre agreed to obtain expert opinion on the matter.

g. Anti-HBsAg

It was agreed that it was impossible to determine future levels of usage. PFC had a need for supplies of the IgG for staff. Dr. Wallace agreed to maintain his existing level of effort and Dr. Lewis notified that he would shortly send to PFC donations obtained through plasmapheresis. No further effort was required meantime.

h. Anti-brucella

It was agreed that there were at present no indications for the preparation of an anti-brucella IgG.

i. Anti-mumps

It was agreed that GPs should be reminded of BTS interest in convalescent patients as potential donors.

j. Anti-rabies

It was confirmed that assay of rabies antibody should be arranged directly by Directors with Dr. Turner of the Lister Institute. Fractionation would be undertaken at the Blood Products laboratory, Elstree, for the sake of economy.

10. TISSUE TYPED LEUCOCYTES AND PLATELETS

This item was carried forward for discussion at the next meeting.

11. KIDNEY DONOR CARD CAMPAIGN

General Jeffrey referred to two recent circulars from SHHD commending the campaign to Health Boards and the CSA; Directors agreed that each should decide whether or not to advertise in his own Centre.

12. PFC PRODUCTS IN CLINICAL USE - EMERGENCY PROCEDURE

Mr. Watt tabled a protocol which would be adopted for internal use in PFC. Directors were invited to submit comments by 31 December.

13. DATE OF THE NEXT MEETING

The next meeting was arranged provisionally for Wednesday 10 March, 1976 at 11.00 at the PFC.