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AGHB(80)N2

NOTE OF THE FIFTH MEETING OF THE RECONVENED ADVISORY GROUP ON TESTING FOR THE PRESENCE OF HEPATITIS B SURFACE ANTIGEN AND ITS ANTIBODY

Held on 17 September 1980, at the Department of Health and Social Security, Hannibal House, Elephant and Castle.

1980

Present: _____ (Chairman)

} Joint Secretaries }
DHSS

1. Apologies for Absence and Welcome

Apologies were received from _____ and _____

The Chairman welcomed _____ who had become administrative secretary following the retirement of _____. Members expressed their appreciation for the help which the committee had received from _____

2. Minutes of the Previous Meeting

_____ said that item 4d, page 3, second paragraph, should be amended to read '18' instead of '39' panels, as the number still available.

_____ said that item 6, page 4, third paragraph, should read "_____ stated that the views expressed in the paper on prophylaxis with a vaccine should be amended, because haemophiliacs had the same carrier rate of HBsAg as a random group, and therefore immunization would probably not significantly alter the total incidence of chronic hepatitis B cases", in place of "would probably not significantly alter the incidence of iatrogenic hepatitis B cases".

3. Matters Arising

a. Non-A, non-B Hepatitis - Work of the MRC Group

_____ said that the work was progressing but there was nothing particular to report at the moment.

Members were strongly opposed to the idea of medical considerations being disregarded in favour of what seemed political ones.

In considering ^{the present} position of the BPL RIA test, the following points were noted

- i. BPL had sufficient raw material available to permit production of reagents for 200 million RIA tests in the future.
- ii. BPL's yearly output is equivalent to a financial costing of £40-45 million pounds, and therefore for all practical purposes it should be possible to consider BPL as an established industry. It was suggested that this point should be put before Ministers for consideration.
- iii. Regions would not simply be able to select the BPL RIA test as a "best buy", because Departmental involvement with the North West Thames Regional Health Authority in respect of the Blood Products Laboratory means that decisions taken centrally would influence the supply situation of the test.
- iv. Although the PHLS has, in the past, enjoyed freedom in the practice of giving reagents away, free of cost, this would probably not continue to be the case in respect of diagnostic products, and no parallel can therefore be properly drawn when considering the BPL RIA test.
- v. Burroughs Wellcome had been offered the opportunity to develop the RIA test some 7-10 years ago, but did not respond to the offer. BPL undertook the activity and has successfully overcome all the difficulties and problems encountered during the developments of the test. BPL had established a test now in use and it was unfair that its test should be suspended in favour of BW.
- vii. It was a matter of concern that suppression of the BPL test would in the event of a subsequent failure of the BW venture, result in total dependence on the Ausria test; and that a loss of NHS expertise would mean that the future of the test would lie completely in the hands of industry. The committee was unanimous in expressing strong disapproval of, and great concern about, the decision to place an "injunction" on ~~the BPL~~ (BPL) preventing the development and future supply of the BPL RIA test for use in the NHS.

4. The Hepatitis Advisory Group

informed members that as a result of numerous requests to the Department for advice on diverse problems regarding Viral Hepatitis-B, non-A non-B being particularly problematic - and about questions relating to occupational hazards affecting staff and patients, it was decided that it was essential to set up an advisory group which would consider and advise on these matters.

The Hepatitis Advisory Group (HAG) would be meeting for the first time in October 1980. It was envisaged that the main committee would depend on a sub-committee to advise it on technical aspects of tests for viral hepatitis. Chairman of the AGHB would be meeting Chairman of the HAG to discuss future arrangements for the AGHB.

There was some cross membership between the AGHB the main committee on which and represented the interests of the Blood Transfusion Service. The terms of reference of the HAG were "To provide medical advice to the Chief Medical Officers of the Health Departments of the United Kingdom on all aspects of

The Department would then decide what further action should be taken on the Report.

6. Characterisation of non-A, non-B hepatitis antigens IAC(P)(80)7

██████████ reported the main findings contained in the extract of the paper which he had prepared for the MRC Research Committee.

It has been established that there were two distinct non A, non B hepatitis viruses. Infection with these agents was a major problem in all countries. The MRC was involved in extensive national and international studies of this subject. There was a need to collect information on both post-transfusion non A, non B hepatitis and on the incidence of infection in those who had not been transfused.

It had been shown that non A, non B hepatitis was not sexually transmitted; that there was a 20-30% incidence of infection in adults; and that it might present an occupational health hazard as two nurses were known to have contracted non A, non B hepatitis through work activities.

██████████ said that it would be useful to promote collaboration with commercial companies in exploring development of tests for various agents, whilst ensuring that the UK would preserve technological rights to the test. The commercial company could sell the license outside UK but arrangements should be made for the UK to enjoy negotiated low costs. [This idea in relation to non A, non B hepatitis tests should be put to ██████████, Under Secretary of Supply Division DHSS].

7. Any other business

There were no further items for consideration.

8. Date of Next Meeting

No date was fixed for a future meeting.

DHSS September 1980