

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' meeting held
in the HQ Unit on 10 December 1985

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr D B L McClelland (items 1-3 and 11)
Dr R Mitchell
Dr R J Perry
Dr W Whitrow
Dr J Forrester (SHHD)
Mr J N Francis
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Mr Murray (SHHD) and Drs Fraser, Gunson, Morris McClelland and Urbaniak had sent apologies.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 2 October 1985 had been circulated.

The following amendments were made:

i. counselling of HTLV-III antibody positive donors:
Dr Whitrow's letter of 21 October was noted (see item 11 below).

ii. Blood bank clearing house
The misspelling of 'countries' was corrected.

iii. Rh phenotyping
The following words were added "The NE had implemented the mooted changes 18 months before without any operational difficulty."

The spelling of Rh (D) was amended.

iv. Supply of plasma
Dr Mitchell's letter of 22 October had been circulated. It was agreed to change the sentence concerned to "The potential requirement for albumin was the highest in Scotland."

3. MATTERS ARISING FROM THE MINUTES

a) Developments with the private sector
It was noted that an SNBTS tariff of laboratory tests and of blood products had been submitted to the CSA Headquarters Unit for attachment to the substantive agreement with private hospitals. The pricing of products was based on BPL equivalents wherever possible in the interest of commonality.

Dr Cash asked Mr Francis to draft a letter with which Dr Cash would send both tariffs to the CSA Secretary.

Dr Mitchell would meet the managers of the Ross Hall Hospital, Paisley shortly following interest shown by the media and the trades unions in a reported contract between the Ross Hall Hospital and authorities in Norway for an extensive cardiac surgery programme.

The agreement required the private hospital to make advance requests and it included the maximum of each product which the SNETS could offer without further consultation.

The agreement forbade the movement of blood and products between private hospitals. In addition the NHS had priority over all products. Dr Cash had suggested that an additional sum be added to products to take into account testing for the AIDS antibody. Dr Forrester explained that the DHSS had not yet agreed to this.

In relation to recent meetings between the Regional Directors and the CSA Chairman Dr Mitchell reported that the existing draft agreement was not entirely satisfactory and that the Directors were making recommendations to the General Administrator.

b) AIDS

i. viral contamination of products: Dr Cash reported an expectation that Professor Montagnier and others from the Pasteur Institute in Paris would publish shortly a paper expressing the opinion that 68°C dry heat for 24 hours might not eliminate the HTLV III virus in Factor VIII. Dr Perry explained that staff at the PFC were preparing experiments to determine the facts, not only in respect of FVIII, but also for immunoglobulins: access to live virus was necessary for these experiments. The PFC's long term plan was to heat blood products at 80°C for 72 hours.

The PFC had a 9-month supply of factor VIII in stock, some of this having been processed in January 1985 and the total of plasma and product was 16 months supply. The first FVIII from plasma tested for HTLV-III antibody would be issued in February 1986 but it might prove possible to re-heat FVIII which had already been heat-treated for 24 hours and Dr Perry would know in a week or two if anything more could be done before fully tested product was issued.

The Directors discussed the possibility of checking all FFP back to the donors who had contributed it. This would require considerable effort and might not be worthwhile, given that no HTLV-III antibody positive donors had yet been identified.

Dr Cash explained that the DHSS were about to issue a letter to manufacturers to say that intravenous immunoglobulin must all be manufactured from HTLV-III tested plasma.

ii. testing for antibody: Dr Mitchell explained that his region's problem with the technology of the Wellcome test had been resolved.

Concerning confirmatory tests, Dr Cash and Dr McClelland were due to attend shortly a meeting at the SHHD principally to discuss quality assurance and the use of the Western Blot test.

The US Armed Forces were testing new recruits: the position of serving men or women was unknown. Meanwhile it was noted that the Transfusion Centres continued to visit US bases to collect blood and it was agreed no change should be made meantime. *

Dr Mitchell mentioned a letter he had received from Dr Forbes of the Glasgow Royal Infirmary. This concerned testing for AIDS antibody in connection with crossmatching and antibody screening of patient samples. Dr Mitchell had referred Dr Forbes to a MMWR on the health care of health workers and Dr Cash recommended that he should refer Dr Forbes' problem to the CAMO of the Greater Glasgow Health Board.

It was noted that in the SE Centre patient samples from high risk groups were being handled in category 3 containment. It was understood that the new ACDP guidelines would reduce HTLV-III to a category 2 virus. This aspect would be discussed in the February 1986 Co-ordinating Group following a report from the working group established by the Directors to consider the handling of dangerous pathogens.

iii. counselling: It was agreed to delete from the minutes of the previous meeting the footnote to the list of staff who had attended counselling courses at St Mary's Hospital. It was noted that Health Boards were beginning to set up counselling arrangements and, where relevant, the local Transfusion Director would refer donors to these. *

- c) SNBTS nationally sponsored clinical trials
Dr Perry confirmed that he had in hand the matter of recommending a coding system for nationally sponsored trials. Dr McClelland would give attention sometime in 1986 to a system for studying adverse reactions to new products.
- d) RH phenotyping
It was agreed to defer this matter until more Directors were present. *
- e) Commercial interface press release
The release had gone according to plan.
- f) HLA antisera screening
Dr McClelland had undertaken to seek from Dr Bradley of UK Transplant guidance as to what antibodies the Scottish Transfusion Centres should be screening for. UK Transplant had organised recently the first workshop dedicated to reagent procurement. This had been at the instigation of the SNBTS. Dr Yap of the Edinburgh Centre had attended and was producing a report and assessment of priorities for the Transfusion Directors.

This considerable progress was noted and it was hoped to summarise the position at the next Directors' meeting. *

4. DR TEDDER (HTLV-III) PROJECT

Dr Richard Tedder's suggested protocol for "investigation of the confirmed seropositive donor and of the recipients of putative infective blood" had been circulated. This would be a prospective British study which Dr Tedder hoped to commence of donors found to be HTLV-III antibody positive and their families and of the recipients of blood shown to be antibody positive.

Dr Cash reported his understanding that the MRC were anxious for such a study to be undertaken and that GU medicine clinics were launching similar studies.

After discussion of the significant ethical problems which required to be addressed it was agreed that Dr Cash should notify Dr Gunson that the Scottish Directors supported this proposal which they felt should be national and that they would participate as far as possible. *

5. DEFINITION OF HIGH RISK GROUPS (AIDS)

Dr Cash's letter of 11 October to Dr Gunson had been circulated with the agenda. This recommended discussion of the latest FDA definition of risk group homosexual and bisexual men.

After discussion it was agreed that the wording of the current Scottish leaflet covered the matter adequately. *

6. NOTES ON TRANSFUSION

Dr Fraser had written on 22 November to Dr Cash a suggestion that one or possibly two Scottish consultants with the assistance of two or three from England or Wales should revise Notes on Transfusion.

The Directors welcomed this and nominated Dr Urbaniak and Dr Brian McClelland. Dr Cash would notify Dr Fraser accordingly. *

7. ENGLAND/WALES DIRECTORS' MEETING

Dr Cash spoke to the note which he had circulated of the meeting held on 9 October.

Dr Mitchell wished to demit office as the Scottish representative after four years. The Directors thanked him for his work and nominated Dr Whitrow to succeed him for 3 years, followed by Dr Brookes. Dr Cash agreed to tell Dr Fraser. *

8. DIRECTED DONATIONS

There had been circulated with the agenda correspondence containing a request by a member of the public for his wife to receive directed donations should transfusion be required in a forthcoming delivery.

The Directors noted the increasing pressure by individuals in the USA, Canada and Europe for safe transfusion through autologous or directed donations. The DHSS Advisory Group on Transfusion had discussed autologous donations recently and Dr Fraser was seeking advice on the matter from Directors in England and Wales who operated frozen red cell banks. Although autologous blood had been used on many occasions, the most recent pressure arose from fear of the AIDS virus.

The Directors agreed to encourage Dr Ian Fraser to convene a group which should consider autologous transfusion and directed donations. *

9. UNRELATED BONE MARROW DONORS

Dr Alan Burnett's letter of 6 November 1985 to Dr Cash had been circulated and Dr Cash tabled a document which included a message from the UK TS bone marrow volunteer registry and a letter from Dr Goldman of the University of London Royal Postgraduate Medical School. This document encouraged unrelated donors.

After a brief discussion it was agreed to defer this subject till an occasion when further Directors could be present. *

10. LONG TERM SERUM SAMPLE STORE

Dr Cash referred to a previous discussion in which Directors had asked him to explore the possibility of establishing a long term store of serum plasma samples at the HQ laboratory. As a consequence of these discussions Dr Cash reported that Dr Pepper was prepared to undertake this responsibility and that funds had been ear marked (N/R funds) for 2 deep freezers. However, Dr Pepper had requested clearer guidance as he wished to establish a mechanism whereby the samples were accessible only to staff from the depositing RTC.

Dr Mitchell expressed the view which he believed was shared by Dr Urbaniak, that the concept of a centralised HQ store was not in the best interests of the RTCs and that samples should be stored locally.

Dr Whitrow and Dr Brookes wished to take advantage of any central store and Miss Corrie undertook to ask Dr Urbaniak and Dr McClelland whether they wished to join also. *

Dr Cash would ask Dr Pepper to circulate a protocol to those Directors who were interested in using the store. *

11. HTLV-III ANTIBODY TESTING OF STAFF REAGENT SAMPLES

Correspondence between Dr Mitchell and the Chairman of his joint shop stewards' committee had been circulated. This concerned the reluctance of certain staff members who gave small quantities of blood for reagents to undergo antibody testing.

Dr McClelland tabled a memorandum and draft protocol prepared by Dr Yap of the Edinburgh Centre. This concerned steps being taken there regarding HTLV-III antibody testing of reagents collected.

In a thorough discussion of the issues involved, the following definition of a reagent was proposed:

"Human material will be defined as a reagent when it is anticipated that repeated use will be made over a period of time of aliquots of a single sample for diagnostic reagent, quality assurance or control purposes."

The Directors agreed to consult staff in their Centres on the following two possible options:-

- a) using the above definition, to test only donors whose blood was used for reagent purposes.
- b) to make a new start in each transfusion Centre by calling for volunteers to form a panel for any diagnostic purpose, the members of which would be tested regularly for antibody.

The matter would be discussed further at the February 1986 Co-ordinating Group meeting.

12. 45% SODIUM CITRATE SOLUTION

Dr Perry reported that the Haemonetics company had ceased to supply the above. He had agreed to produce it in response to a request from the SE Scotland BTS and asked if there was a demand from other Transfusion Centres.

Dr Perry agreed to make the enquiry of each Transfusion Director in writing.

13. DATE OF THE NEXT MEETING

25 March 1986.