7/6/90.

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Mr Hogg
You are in touch with Finance re - funding of the study. Continue to press for funds — although it looks as though no study will be undertaken — and B/F for 3/7 for the ACVSB decision & have alerted Ministers and will speak to Mr Dinal about the first dip into the contingency fund

RP 7/6/90

Dr Young

Copy to Mr Tucker
Dr Skinner
DCNO

HEPATITIS C TESTING

Thank you for your minute of 23 May relating to the CSA Management Committee's consideration of this matter.

Things are moving very fast on the Hepatitis C front. The FDA have now approved the Hepatitis C antibody test. Until this approval was given in the country in which the test originated the Advisory Committee on the Virological Safety of Blood was reluctant to recommend its introduction in the United Kingdom. It was agreed at the last meeting that there should be a study to investigate the significance of positive finding using the ELISA Hepatitis C antibody screening tests followed up with an extended study of RIBA and PCR techniques.

I have this morning received a letter from Dr Jeremy Metters, Chairman of the ACVSB, indicating that recent developments may render such a further study inappropriate. It has now been decided to advance the meeting previously arranged for 24 July; it will now be held on 2 July and I shall be free to attend.

I am in little doubt that for a variety of reasons, many of them non scientific, it will be decided that there is no alternative but to recommend the introduction of the test.

My understanding at the moment is that it is likely that 1 in 250 blood donors will be found to have Hepatitis C antibodies in their blood but that only a fraction of these will be infectious; also that for most of them it will be of no clinical significance. This of course raises the question of what to tell the donors. The usual practice when a blood donor is found to have something which causes his blood to be rejected that he is referred to an appropriate consultant for further investigation and reassurance. In the case of Hepatitis B and HIV the numbers are relatively small and can be coped with. If all those positive for Hepatitis C are referred for expert consultation this is likely to constitute a very large workload.

As you will remember one of the problems in the litigation in relation to HIV infection of haemophiliacs is whether or not the HIV testing was introduced as early as was possible. Although Hepatitis C is not such a fatal condition as HIV infection litigation would be possible if a patient was subsequently to determine that he had been transfused with Hepatitis C positive blood - or blood which had not been tested for Hepatitis C antibodies. It is of course well known that there are many patients who suffer from Hepatitis C who never have blood transfusions. The whole issue is something of a minefield.

PAL157P3

In the circumstances I suggest we delay further action until the meeting on 2 July. Ruthven Mitchell is one of those who attend the meetings of ACVSB.

A D MCINTYRE
Room 20
Ext [redacted]

6 June 1990

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