

*Mr Macaiven* *23.7.*

*What aftershocks were there from X H*

*MacIntyre*  
*23 Jul 87*

Copy to Mr Morison  
Dr Scott  
Dr Forrester  
Mr Murray

SURROGATE TESTING FOR NON A, NON B HEPATITIS IN SCOTTISH BLOOD DONATIONS

Last year SNBTS applied in their PESC submission for funds to institute this testing. The request was declined.

In the Lancet of 13 June 1987 Dr R Mitchell and Mr Dow of the West of Scotland BTS and Mr Follett of the Hepatitis Reference Laboratory Glasgow concluded a letter on this subject by saying -

'It would be prudent to do a UK study to assess the real incidence of acute post-transfusion NANB hepatitis and to assess the proportion of those chronically affected, before considering following the American surrogate testing policy.'

x However in the Lancet for 4 July 1987 Professor Cash and the SNBTS Regional Directors have set out a case for starting testing, claiming that it is inescapable and cost-effective. The purpose of this minute is not to discuss all the relevant issues, but to point out that SNBTS may institute testing without further discussion as a fait accompli. I understand that a renewed PESC item seeks funding for the coming year.

In theory SNBTS should not be able to start without the necessary funds but in practice they may be able to start albeit in a limited fashion but nevertheless setting a precedent. If this had subsequently to be stopped for lack of money or on a decision that it was not cost effective adverse publicity is possible. The present PESC request is understood to be for £300K. The cost of testing is, according to the data in the Lancet letter, well in excess of £600K. Apparently spare resources already effectively at the disposal of SNBTS could meet half the cost.

Professor Cash has assured Dr Fraser of Bristol NBTS, in a letter dated 8 July, that he will not institute testing 'unilaterally'. We have however no assurance that he will not do so in the near future without specific funding and without necessarily reporting what he has done to CSA or SHHD.

DHSS have expressed their concern and dismay at the letter by Professor Cash and colleagues and have interpreted this as being SHHD policy; we have attempted to reassure them that it is not so. Their concern is that if we should commence testing unilaterally they will feel obliged to follow.

Professor Cash and his colleagues have been given the opportunity to engage in a research programme to evaluate the need for this testing but have withdrawn as they feel 'the time for this study has already past'.

*A D McIntyre*

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