0019

NATIONAL DIRECTORATE OF THE NBTS

U.K. ADVISORY COMMITTEE ON TRANSFUSION TRANSMITTED DISEASES

Minutes of the ninth meeting of the above Committee held at North London RTC, Colindale, on Tuesday 13th August 1991.

Present:

Dr. H.H. Gunson (in the Chair)
Prof. J-P Allain
Dr. J.A.J. Barbara
Mr. A. Barr
Prof. J.D. Cash
Dr. Marcela Contreras
Dr. J. Craske
Dr. E.A. Follett
Dr. R. Mitchell
Dr. P.P. Mortimer
Prof. R.S. Tedder
Dr. W. Wagstaff

1. The Chairman welcomed Professor Allain to his first meeting of the Committee.

2. Apologies for absence - none.

3. The minutes of the eighth meeting held on 10th June 1991 were approved.

4. Matters arising:

4.1 **Anti-HCV Testing**

4.11 The reports on the various trials were considered and the following points were made.

(i) In the 1st multi-centre trial using frozen samples from North London, Glasgow and Newcastle RTCs UBI tests had shown a considerable number of repeatably positive results. These had been calculated according to the first cut-off determined by the manufacturer.

Using a modified cut-off and a different plate washer Dr. Wagstaff reported that with 4170 freshly collected donor samples from Sheffield RTC from 7th August 1991 the initial reactive rate was 0.33% and the repeatably reactive rate was 0.31%.

(ii) Professor Tedder tabled a paper detailing the results of confirmatory tests on the samples from the first multi-centre trial.

There were 121 repeatably reactive samples additional to those found in the 1st study using the Abbott and Ortho 1st generation tests. Of these 120 were unreactive in RIBA-2 except for 10 samples showing a weak band to either c22-3 or c33c protein. One sample from Glasgow was reactive to c22-3 and was classified as indeterminate.

Difficulties were experienced in carrying out PCR tests, but 30 samples were selected on the following criteria.

(a) Any activity in RIBA-2 including faint bands.

(b) Reactive in Ortho ELISA and Abbott ELISA.

(c) Reactive in in-house ELISA, Ortho and Abbott ELISA.

(d) Two samples reactive in the in-house ELISA were included.

No positive results for HCV RNA were found. The result on the RIBA indeterminate sample from Glasgow referred to above was found PCR positive at Edinburgh University. It was hoped that with co-operation between the two laboratories the cause for this discrepancy could be resolved.

(iii) The results of the extended trial presented in the paper by J. Craske and W.J. Paver were discussed in detail. Two issues were particularly noted.

(a) One serum which had two bands with RIBA-2 was found negative when tested with UBI at PHL, Withington. These tests had been repeated and confirmed.

In a separate series of tests performed at Cambridge a positive anti-HCV test had been found that lacked antibody to c33c. The reactivity of this serum with UBI was not known. It was agreed that

this sample would be referred to Sheffield for UBI testing and that a PCR would be performed on the sample at Cambridge. The results would be sent to the Chairman who would circulate them to members.

Action - Prof. Allain/ Dr. Wagstaff

Concern was expressed about the lack of reactivity with UBI in samples lacking c33c protein. However, it was agreed that there was insufficient evidence as yet to recommend that the test should not be used for routine screening of blood donations.

(b) It was agreed that there were valid reasons for the discrepancies in the ELISA test results between the RTC and PHL. It was recognised that the repeat ELISA tests were done on samples which had been transported and in some instances frozen and thawed. That the test in the RTC was positive on the freshly collected sample was not a matter for doubt.

However, the selection of samples for tests with RIBA meant that it was not possible to evaluate RIBA reactivity in all of the repeatably positive samples referred to the PHLS. It was considered that it would be valuable to complete these series of tests by performing RIBA-2 on all the referred samples from RTCs. Dr. Craske agreed to undertake these tests.

Action - Dr. Craske

(iv) The most striking result in the extended trial carried out in Glasgow was the batch variation found with the Abbott tests. With the first batch used a repeatably reactive rate of 0.45% was found. A subsequent batch gave a repeatably reactive rate of 0.29%.

The 56 samples found repeatably reactive with the batch were tested with the second batch. Forty-five were repeatably reactive with the second batch, but the remaining 11 samples gave higher OD readings than the remaining negative population.

One sample found negative on retesting with the second batch gave an indeterminate (1+) reaction to band C100 in RIBA-2 and was PCR negative. One sample found positive with both batches was RIBA indeterminate, PCR positive. This sample was known to be Ortho-2 negative.

This is yet another important sample requiring further assessment.

4.12 Professor Allain tabled a series of tables in which the preliminary results of his trial on patients were summarised. He informed the meeting that five RTCs had now joined Cambridge in this study and it was agreed that the results obtained should be interesting and should make an important contribution to the overall debate on HCV.

4.13 **Protocol for anti-HCV testing during September/ October 1991**

(i) The Chairman reported this matter had been considered by the RTD meeting held in York on Friday 14th June following Dr. Mortimer's presentation on the previous day. It was agreed that his proposal for a study during the first two months of routine testing would be adopted and that RTCs in the Northern Division would refer samples to PHLS in Manchester, those in the Eastern Division to UCHSM and those in the Western Division to PHLS, Colindale.

(ii) Dr. Mortimer presented a draft protocol for the study and details of this can be found in the Appendix to these minutes.

(iii) It will be noted that these proposals refer to England and Wales. Professor Cash stated that the situation with respect to Scotland would be reviewed.

4.14 **Standards and Q.C. Panels required**

It was agreed that the following were necessary.

(i) Single working standard. This should comprise a pool of 3 or 4 repeatably positive HCV seropositives and would be supplied, probably in a bulk solution, which could be frozen in aliquots at RTCs.

If this standard was to be one from which the validity of a series of tests was to be determined it would have to give a reasonable OD level above the cut-off. This was agreed.

(ii) A small panel of say, 5 or 6, sera for the purpose of checking different batches of anti-HCV test kits. This should comprise two strong reactors, two weak reactors and one or two negative samples. This panel would be sent to RTCs.

It was noted that the weak reactors should preferably comprise neat sera which were weakly reactive. However, it was recognised that it may have to be obtained from a diluted strong reactor.

(iii) An evaluation panel for potential new tests being marketed. This panel would be held at PHLS, Colindale.

Dr. Mortimer agreed to make the necessary arrangements for the above and asked for help in the provision of specimens from RTCs in order to prepare the standard and panels. Glasgow RTC have already sent 12 donations of various HCV seropositive samples to Dr. Supran. PHLS will be submitting a request for this assistance.

Action - Dr. Mortimer

4.15 **Plasma for Fractionation**

ACVSB at their meeting held on 2nd July 1990 recommended that it was necessary to be consistent in the testing of plasma and whole blood and, therefore, both should be tested for anti-HCV. At a later meeting (25th February 1991), however, because of the problems with licensed U.S. products, it was stated that the matter would have to be considered further.

Professor Cash pointed out that there had been no official communication from MCA concerning the acceptability of plasma with respect to HCV antibody testing. Dr. Gunson reported that BPL had agreed to the recommendations made by this Committee at its last meeting. He agreed to follow up this matter urgently.

Action - Dr. Gunson

4.16 **Counselling of Donors**

It was agreed that an amendment of the recommendations previously made on counselling was not necessary at the present time.

5. **Yersinia Infection**

5.1 Dr. Mitchell tabled the draft of a questionnaire designed to elicit the incidence of bacterial infection of blood. It was agreed that this should be circulated.

Action - Dr. Mitchell

5.2 Professor Cash confirmed that the computer model on blood issues would be available later in the year.

6. **Readmission of unconfirmed HIV positive donors to active panels**

6.1 Dr. Gunson explained that EAGA were concerned that the proposed change would be in accordance with the practices used in other countries. A paper from Ann Hoppe (FDA) was circulated. The situation in the USA has not changed and was similar to that of the previous EAGA recommendations.

6.2 Professor Tedder's suggestions were still considered to be a useful contribution. It was agreed that he and Dr. Mortimer would submit this proposal to EAGA again giving more details.

Action - Professor Tedder
Dr. Mortimer

7. **HBsAg Confirmatory Testing**

Dr. Barbara stated that he was in the process of drawing up the membership of the sub-committee and he would report to a later meeting.

8. **Any Other Business**

8.1 Dr. Barbara asked whether there was any epidemiological significance in the fact that Glasgow RTC had found approximately equal numbers of HCV seropositives in males and females. It was noted that there may well be significance but that much more investigation was needed before any conclusions could be drawn.

8.2 Dr. Barbara asked, on behalf of Dr. Hewitt, whether any decisions had been taken on the policy of look-back.

This matter has been discussed by this Committee in the past, but the minutes do not indicate that any decision was made. It has not been considered either, as far as can be determined, by ACVSB.

It was agreed that look-back may have legal implications and that the matter should be considered. Look-back, at least to a point in time when it could be stated that a satisfactory test was available, may be advisable.

8.3 In this context it was agreed that an ad hoc group should be formed to consider the implications of the article by Simon Denison in the Independent on 7th August 1991.

The membership will be:

Dr. H.H. Gunson
Prof. J.D. Cash
Dr. Marcela Contreras
Dr. R. Mitchell
Prof. R.S. Tedder or Dr. P.P. Mortimer

9. **Place, date and time of next meeting**

North London RTC, Colindale, Friday 6th December 1991 at 11.00 a.m.