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NOTE OF MEETING OF UK WORKING PARTY ON TRANSFUSION ASSOCIATED HEPATITIS

BTS EDGEWARE

TUESDAY 27 SEPTEMBER 1983

Present: Drs Cuthbertson, Mitchell, McClelland, Craske & Barbara

Arrived Late: Drs Pollok, Lane & Thomas

Meeting Chaired by: Dr Barbara

1. AIDS

(a) J Craske reported. Twenty cases in the UK. Two haemophiliacs. First is the Cardiff case. A 21 year old hetrosexual non drug taker. Presented with oral and oesophageal candidiasis. Subsequently had a severe herpes simplex. Presently clinically stable. Has had commercial Factor VIII concentrate from 1971 onwards. Nine batches since 1980 have been traced and recipients are being followed up. Has also had NHS Factor VIII. The second case was Bristol, aged 57, mild haemophiliac, hetrosexual non drug addict, had received mostly cryo but got three batches of commercial concentrate in December 1981 47,000 units). Had non icteric non A non B hepatitis at three weeks. Persistent hepatomegaly thereafter. Subsequently became Hepatitis B marker positive. Spring 1981 developed candidiasis and zoster. Subsequently had a low circulating lymphocyte count and an absolute reduction in OKT4 cells. Died 23 August 1983. At post mortem had pulmonary pneumocystis. No other evidence of opportunistic infection or tumour.

In discussion Howard Thomas raised some doubts about the diagnosis, especially in the second case since it is known that infection with Hepatitis B, non A non B and EB virus can all produce marked changes in the T4/T8 ratios. However, absolute lymphopaenia and absolute reduction of T4 are unusual in these conditions.

Follow-up of materials involved in these cases; Dr Craske explained batches of Factor VIII and cryo back to January 1980 will be traced and attempts will be made to identify all other recipients of these. It appears that no additional resources have been made available for this tracing activity.

In the United States, there are apparently 18 proven Factor VIII related cases and the CDC is investigating 19 other cases related to the transfusion of fresh blood products.

AIDS Leaflet. Dr Mitchell reported from the discussions at the English Directors meeting. Our Working Group expressed the view that a common policy on the distribution of this leaflet was highly desirable but failed to reach any agreement what that policy should be. My own feeling is that we should now

seriously consider stepping up the approach and mailing the leaflet with a suitable explanatory note to all donors.

2. DONORS FOR SPECIFIC IMMUNOGLOBULINS - RELATIONSHIP TO AIDS RISKS

It became obvious that Edgeware BTS, the main supplier of Anti-HBs plasma for BPL depends heavily on a group of regular plasmapheresis donors in London who are declared homosexuals. The need for a firm policy decision on donor selection for this purpose is evident. The Group reached no conclusion.

It was agreed that Dr Craske and myself would draft a proposal following closely the line adopted in the United States and advise Dr Gunson accordingly.

I put to the Committee my own view, which was strongly supported by Howard Thomas, that Dr Gunson should now be advised that we should give high priority to exploring alternative sources for the provision of Hepatitis B antibody (mouse and/or human monoclonal antibodies). In this context, the data from chimp protection studies being done by Tabor in the USA using monoclonals produced in the Royal Free will be available within the next month or so.

3. NON A NON B HEPATITIS ASSOCIATED WITH IV IgG

A short report from Richard Lane and Howard Thomas. Eleven out of the twelve patients who have received the new material have persistent elevation of liver enzymes. Dr Thomas felt the picture was similar to that seen with commercial Factor VIII concentrates from the United States. Dr Lane reported that he has withdrawn all intravenous immunoglobulin batches including the batches of CMV immunoglobulin.

DMLMcC
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