

Minutes of the second meeting of the Working Group on AIDS in relation to Blood Transfusion, Held on 27 January 1984, in the Board Room, The Crest.

Present:

- Dr H H Gunson (in the Chair)
- Dr J Craske
- Dr I A Fraser
- Dr R S Lane
- Dr D B McClelland
- Dr P Mortimer
- Dr R Tedder
- Dr T Wallington

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1. Apologies for Absence

Apologies for absence were received from Professor A Bloom and Dr D Onions.

2. Minutes of Previous Meeting

The minutes of the meeting held on 14 October, 1983 were approved subject to the following minor amendments:-

Item 3 3.1.2. Second paragraph, 5th line, delete the figure 25,000, substitute 2,500.

3. Matters Arising from the Minutes

(i) Use of Surrogate Tests

Dr McClelland had circulated to members a discussion paper outlining proposals for further action that could be taken in relation to donors found to be anti-HBc positive. Also included in the paper were tables presented by CDC at the WHO AIDS meeting in Geneva in November 1983, which showed the high proportion abnormalities in 'control persons' in high risk groups. Consideration was given to the views of Dr McClelland, which covered the following points:-

- (a) The significance of non-specific screening tests applied to a donor population.
- (b) Consequences of donor screening for non specific markers possibly related to AIDS (including several options open to Regional Transfusion Directors).
- (c) Further investigation of donors already known to be anti-HBc positive.
- (d) Evaluation of non specific tests which could be applied to the donor populations.
- (e) Implication for supply of Hepatitis B Immune Globulin.

Following discussion of current anti-HBc screening in Bristol, Dr Gunson raised questions as to whether it would be valuable if a study included interviews with the donors and whether or not permission was needed to carry out further laboratory tests.

Arguments for and against informing donors prior to carrying out the tests were put forward and it was agreed that any proposed study should at the present time be confined to laboratory investigations only, and the question of approaches to donors be deferred until a clearer picture of the problems had been defined. If studies involving additional tests to the ones currently being carried out in Bristol and Edgware were carried out, the question of resources would need to be considered and therefore the CBLA through the Central Committee for R&D would have to make a decision on the viability of this. It was also felt that an approach to the MRC might be appropriate.

It was subsequently agreed that a protocol for the prospective study to include the probable cost involved, co-ordinated by Dr Wallington, should be drawn up prior to the next meeting of the Central Committee for R&D in Blood Transfusion. A recommendation would then be put forward to the CBLA at its meeting in March. The problem of what use to make of the donations for clinical use could be resolved in this study since the contents of the donation would be required for investigation.

Dr Caske outlined details of a study currently taking place involving 200 donors following two fatal cases of AIDS and it was agreed that the protocol for this study should be passed to members of the Working Group for information.

(ii) Use of Small Donor Pool Material

Dr Lane referred to plasma collections obtained from BTS at Leeds and Bradford, commencing two years ago which, because it was rapidly frozen, contained some batches with a high yield of Factor VIII and confirmed that it was the first opportunity to look at the use of material obtained from pools with a lower than usual donor input. It was noted that Dr Rizza was currently looking at this product.

Dr Lane confirmed that a first pool of Factor VIII involving 1000 donors had been exhausted and second and third batches, involving 300 donors, were now being used. He commented finally on the possibility that four or five small select donor pools may be available from BPL by the end of the year.

Report on Proceedings of WHO meeting on AIDS,
Geneva, in November 1983

Dr McClelland reported on this meeting and said that he had submitted a working paper as a personal document. It was noted that only one other UK representative had attended the meeting. As a result of the meeting a draft document, AIDS, An Assessment of the Present Situation in the World, had been produced and it was agreed that this would be circulated to Working Group members for information. Dr McClelland would also circulate to Working Group members a list of papers which had been produced for the meeting.

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5. MRC Committee on AIDS

The minutes of the meeting of the MRC Working Party on AIDS on 10 October, 1983 had been circulated to Working Group members for information. Dr Tedder reported that the MRC Working Party had held a subsequent meeting on 20 December and that much of the business had been taken up on what the MRC group should entail.

Dr Tedder did express some concern that the MRC Working Party had not given much time to the field of blood transfusion in their discussions. It was noted that the only relevant issue they had touched upon was whether or not any patients who had contacted AIDS had previously given a blood donation.

6. Blood Substitutes

Dr Gunson outlined current interest in regard to the use of blood substitutes which it was noted were only used at the moment for (i) organs prior to transplantation when there was a delay in getting relatives' consent for major surgery and (ii) for Jehovah's Witnesses.

Whilst it was not doubted that blood substitutes would be more common in the future it was agreed that they were not a practical proposition for solving the problems created by AIDS, at the present time.

7. Auto-Transfusion

It was noted that this was gaining considerable favour in the USA at the current time and was used for cardiac surgery although it was not a routine procedure. Dr Fraser said that one major problem with this technique was that of storage, labelling etc. Auto-transfusion had been used in some centres for a considerable period in connection with open heart surgery.

Although it was agreed that auto-transfusion was not recognised as being relative in terms of AIDS, it was felt that it was important as far as blood transfusion was concerned and if there was a senior registrar suitable and willing to devote time in this field in the future, the Blood Transfusion Service would wish to be informed. It was agreed that the Working Party would return to this topic at a later date when matters demanding a higher priority had been resolved.

8. Any Other Business

- (i) Dr Tedder reviewed some of the most recent studies in progress with regard to HTLV virus studies and commented on certain implications.

9. Date and Time of Next Meeting

It was agreed to defer the date and time of the next meeting until after the next meeting of the CBLA in March, and a subsequent response was received from the DHSS in regard to future studies.