

SELF-SUFFICIENCY IN BLOOD AND BLOOD PRODUCTS IN THE UK

1. The case for self-sufficiency in blood and blood products which is expected to be attained when the newly built Blood Products Laboratory is processing 450 tonnes of plasma has not substantially changed since Ministers agreed it in 1981.
2. In the first place Ministers are committed to the WHO recommendation that member states should be self-sufficient. It is ethically unacceptable for developed countries to rely on blood products obtained from people in less well developed countries who may suffer from inadequate nutrition. Both these and donors elsewhere are paid for their donations and for that reason may fail to reveal adverse circumstances which would normally render their donations clinically unacceptable.
3. The case of AIDS is apposite in illustrating this dilemma. There is no test at present to screen donors for evidence of infectivity. Groups at high risk of AIDS in the USA are known to be drug abusers who need funds to support their addiction. There is evidence in both the US and the UK that Factor VIII produced in the USA has transmitted AIDS to haemophiliacs. It cannot be guaranteed that AIDS-infected volunteer donors in the UK can be excluded from giving blood, but most volunteers from high-risk groups would be likely to observe the request not to donate. Only one UK donor, whose earlier donations were used in blood product manufacture, is now known to be suffering from AIDS.
4. It should be noted that AIDS is not the only transmissible agent; hepatitis is still an important infectious hazard for recipients of blood and blood products and again emphasises the advantages of a population of volunteer donors.
5. Between 50-60 per cent of the Factor VIII required to maintain the 4,500 haemophiliacs in the UK has to be imported as BPL are currently only able to manufacture sufficient for 40 per cent of them. The cost of commercial Factor VIII is held down in the UK because of the availability of the UK product. A much higher price is charged by commercial interests in West Germany for instance. However if there is a move to market commercial heat treated Factor VIII, (as there may be if research confirms the hypothesis that the AIDS agent is heat labile) then the costs of imported Factor VIII will probably escalate in the UK.
6. The economic argument for becoming self-sufficient in blood products is a convincing one in that a cost benefit analysis showed in 1980 that for the expenditure of £25 million, the outlay would be paid back in terms of replacement of imported commercial products within 3 years of opening the new unit. The same argument holds for an expenditure of £35 million, with reduced running costs - the break-even period is again 3 years of commencing production.
7. Ministers will be aware that Factor VIII, the most significant blood product, has been produced in the laboratory by genetic engineering methods. As far as any prediction can be authoritative in this highly complex and commercially secretive field, it is considered that it will take up to five years at least for this product to be available on a commercial scale. Even then its cost may be high compared to that obtained from human plasma. This possible development has been borne in mind and the plans for BPL are sufficiently flexible to allow the refining of such products from genetically engineering source material when available in the future.