

NATIONAL BLOOD TRANSFUSION SERVICE

National Director:

H.H. GUNSON, DSc MD FRCP FRCP(Ed) FRC Path.

Deputy Director (Administration):

R.J. MOORE, PhD CEng MIM FIQA



THE NATIONAL DIRECTORATE  
GATEWAY HOUSE

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MANCHESTER M60 7LP.

Tel: 061-236 9456

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HHG/LB

21st March 1990

SAME LETTER

^F1^  
^F2^  
^F3^  
^F4^  
^F5^  
^F6^  
^F7^

Dear *Rick*

*Terry*  
*See the plasma files.*

GRO-C

**ANTI-HIV 1+2 TESTING OF BLOOD DONATIONS**

The Department of Health have now agreed that we should proceed to the use of the combined anti-HIV 1+2 test as soon as practical.

At a recent meeting of the UKBTS Advisory Committee on Transfusion Transmitted Diseases, the performance of several anti-HIV 1+2 test kits evaluated at various RTCs was reviewed and consideration was given to a starting date for the introduction of the test.

Taking into consideration the stocks of anti-HIV 1 tests at RTCs the date of **1st June 1990** was proposed. This date has now been agreed with members of the Management Committee. It is important that this change-over is kept as close to this date as possible for reasons of product liability.

I enclose with this letter a table showing the performance of the test kits evaluated. It can be seen that the lowest incidence of repeatable positives is given with the Wellcome test, although the Abbott test (2nd generation) has a lower incidence than the other tests. You will wish to take this into account when considering the price of the test kits themselves.

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21st March 1990

SAME LETTER TO: RTDs - England and Wales

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^F2^  
^F3^  
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^F7^

Dear

*Richard*

## ANTI-HIV 1+2 TESTING OF BLOOD DONATIONS

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At a recent meeting of the UKBTS Advisory Committee on Transfusion Transmitted Diseases, the performance of several anti-HIV 1+2 test kits evaluated at various RTCs was reviewed and consideration was given to a starting date for the introduction of the test.

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I enclose with this letter a table showing the performance of the test kits evaluated. It can be seen that the lowest incidence of repeatable positives is given with the Wellcome test, although the Abbott test (2nd generation) has a lower incidence than the other tests. You will wish to take this into account when considering the price of the test kits themselves.

All tests were straightforward in their use, although the Wellcome test has a third incubation phase of 30 minutes. The Wellcome test is being subjected to a more prolonged pilot trial from 1st April 1990 at the N. London RTC and a report on this will be available early in May.

The PHLS Central Virus Laboratory will be notifying the Reference Centres of this change in testing.

Repeatably reactive seropositives should be referred to your local Reference Laboratory as for anti-HIV 1 tests in the past. After commencing anti-HIV 1+2 screening the practice of sending selected samples for anti-HIV 2 testing to Colindale can be discontinued.

I hope these arrangements will be satisfactory.

With kind regards.

Yours sincerely,

GRO-C

H.H. GUNSON,  
National Director

c.c. Dr. R. Mitchell  
Dr. J.V. Parry

NATIONAL DIRECTORATE OF NBTS

ANTI-HIV 1+2 ASSAYS

SUMMARY OF RESULTS

CENTRE	TEST KIT	NO. TESTS	IRR <sup>x</sup> (%)	RRR <sup>xx</sup>
WESSEX	WELLCOME	4671	3 (0.064)	1 (0.021)
TRENT	ELAVIA	4340	21 (0.5)	11 (0.25)
TRENT	BEHRING	1936	9 (0.46)	4 (0.20)
N. LONDON	BEHRING	4406	25 (0.57)	12 (0.27)
GLASGOW	BEHRING	3519	10 (0.28)	8 (0.23)
GLASGOW	ABBOTT	1700	1 (0.06)	1 (0.06)
N. WESTERN	DU PONT/ ORTHO	4080	5 (0.12)	4 (0.10)

x - IRR = initial reactive rate  
 xx - RRR = repeat reactive rate