

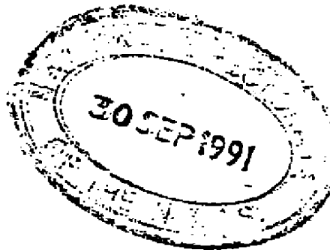
YORKSHIRE

BLOOD TRANSFUSION SERVICE

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The National Directorate,
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DIRECTOR/GENERAL MANAGER
E Angela Robinson MBBS FRCPath

PF/SEG



26th September, 1991.

Dear Dr. Gunson,

Thank you for your letter of 25th September concerning aspects of the way that we handle certain microbiology tests carried out on donations. I am responding in Angela's absence.

1. Counselling of HCV seropositive donors

All decisions are based on RIBA-2 results, currently I am only contacting those donors giving reactive results. The procedure is as follows:

- (i) Donors sent letter informing them of result and asking them to make an appointment to see me, or an Associate Specialist, to discuss the implications.
- (ii) Preliminary counselling carried out, followed by further specimens to
 - a) confirm result (EIA & RIBA) at local PHLS plus anti HBc
 - b) check LFT's
 - (c) PCR being performed locally by Jimmy Gooi)
- (iii) Once above results available donors directly referred to Professor Losowsky (Liver Unit St. James's) for medical assessment. GP also informed at this stage. Facilities are available in the east of the region in Hull but interestingly so for all seropositive donors have come from the west of the region, mainly concentrated on the Leeds/Bradford conurbation.

2. ALT testing ✓

We currently carry out ALT testing on all apheresis PPP donations, at the request of BPL. These are carried out in our own laboratory using the Eppendorf Epos system. Sampling is

undertaken using the Hamilton liquid handling system, and hence positive sample identification is in place. ALT testing is not carried out on whole blood donations.

My policy for dealing with abnormal results is as follows:

- (i) Any specimen with an ALT level > 100 iu/L is further investigated
 - a) confirmed by local Biochemistry lab, with full LFT's
 - b) anti HCV, and anti HBc tests performed at local PHLs.

Donors are only contacted at this stage if

- (i) HCV Ab positive (only 2 in 18 months)
- (ii) Marked abnormalities on LFT's, no specific criteria an individual assessment by myself!

The donor record is flagged and if 2 consecutive donations give results above 100 iu/L the donor is contacted and I arrange to see them and discuss the results. In most instances the donor is deferred, and reviewed 6 months later.

3. Anti HBc testing

Currently we do not routinely carry out any anti HBc tests, and no testing is undertaken in the BTS. Small numbers are referred to the local PHLs, mainly as a result of HCV and ALT testing as indicated above. I have deliberately avoided instituting anti HBc testing of donors with a history of jaundice, pending a national decision.

I hope that the above is sufficient for your needs. I accept that the procedures for follow-up of ALT testing are empirical but it has generated some interesting information and I hope to be able to publish it in the not too distant future. Should you have any further questions do not hesitate to contact me.

Best wishes.

Yours sincerely,

GRO-C

Dr. P. Flanagan,
Consultant Haematologist

WTD/ 3567