

## **NATIONAL DIRECTORATE OF THE NBTS**

### **U.K. ADVISORY COMMITTEE ON TRANSFUSION TRANSMITTED DISEASES**

Minutes of the fourteenth meeting of the above Committee held at the North London RTC, Colindale, on Tuesday 12th January 1993.

**PRESENT:** Dr. H.H. Gunson (in the Chair)  
Dr. M. Contreras  
Dr. J. Craske  
Dr. P.P. Mortimer  
Prof. R.S. Tedder  
Dr. W. Wagstaff

1. Apologies for absence were received from Dr. J.A.J. Barbara, Mr. A. Barr, Prof. J.D. Cash, Dr. E.A. Follett, Dr. P. Minor, Dr. R. Mitchell.
2. The minutes of the thirteenth meeting were approved.
3. Matters arising:

#### **3.1 Anti-HBc screening**

It was difficult to discuss this topic since the results from Glasgow, Cambridge and North London were not available.

However, on the basis that

- (i) the knowledge from the trials to date have revealed that potentially infectious donations for hepatitis B were being transfused
- (ii) that patients who had suffered from transfusion associated hepatitis B (when the blood was HBsAg negative) were being reported

It was agreed that a recommendation to ACVSB for the introduction of routine anti-HBc screening of donations should be made.

#### **Action - Dr. Gunson**

It was further recommended that donations could be used for all purposes (i.e., cellular elements and plasma) if the anti-HBc test was negative or if the anti-HBc was accompanied by anti-HBs with a level equal to or greater than 0.1 iu/ml. Those who are anti-HBc positive only or with anti-HBs less than 0.1 iu/ml should not be used and the donors withdrawn from the panel and referred for further clinical investigation.

The Chairman was asked to consult with the Scottish members of the Committee to obtain agreement that the following recommendation be put to ACVSB. "Routine screening of blood donations should commence but advice on the protocol and the tests to be performed would be subject to the recommendations of the U.K. ACTTD.

**Action - Dr. Gunson**

**3.2 Inactivated FFP**

The Chairman reported that the plasma to be treated by Octapharma using the solvent detergent process had been put on hold due to the outbreak of hepatitis A in haemophiliacs treated with their Factor VIII. The CTX had been prepared but was currently being held by MCA.

Negotiations were still proceeding with CRTS Lille with respect to the pasteurisation of plasma, but no conclusions had been reached to-date.

**3.3 Guidelines for transfusion transmitted diseases**

There appeared to be a misunderstanding between the Chairman and Dr. Barbara since each thought the other was preparing a final draft. Dr. Contreras agreed to sort this out.

**Action - Dr. Contreras**

**3.4 Alternate screen assays for anti-HCV**

It was agreed to defer this item.

**3.5 Anti-HCV tests and acceptance of plasma for fractionation**

Dr. Gunson reported that ACVSB had accepted that plasma which was EIA positive RIBA II negative did not involve a safety issue. Despite the scientific evidence it would be difficult for Ministers to convince the public that one type of component was safe for use but not the other. The views of members would be put to the four Health Ministers to decide on policy.

**3.6 Donors found repeatedly reactive in screen tests for HBsAg**

The final draft of the recommendations was approved.

**3.7 The report from WHO (via Dr. Leikola) on severe immune suppression without evidence of HIV infection was noted.**

4. **GENERIC PROTOCOL FOR THE READMISSION OF BLOOD DONORS TO THE ACTIVE PANEL**

This document, prepared by Prof. Tedder, had been commissioned by ACVSB. The Committee considered that his proposals were satisfactory and could be recommended for implementation. The Chairman was asked to consult the Scottish members of the Committee.

5. **RESIGNATION OF THE CHAIRMAN**

Dr. Gunson stated that he had been Chairman since the formation of this Committee but recognised that his precipitous resignation following several incidents had caused problems. Dr. Contreras offered Dr. Barbara and herself as joint secretaries so that the Chairman would not be in the position of chairing the meeting, writing the minutes and reporting to third parties. Dr. Gunson was asked to chair the next meeting at least when, hopefully, more members would be present. He agreed to do so and carry forward this item to the agenda for the next meeting.

6. **Any other business**

6.1 Since the outbreak of hepatitis A it was considered that steps should be taken to encourage donors to notify RTCs if they developed jaundice following donation. It was thought that using notification data would not be satisfactory since there was likely to be under-reporting.

The testing of plasma pools using PCR for hepatitis A was discussed but no conclusions were reached.

These items will be placed on the agenda for the next meeting.

6.2 Dr. Mortimer asked if sexual transmission of HCV disease could be put on a future agenda. This was agreed.

7. **The next meeting will be held at North London RTC, Colindale, on Tuesday 20th April 1993 at 10.30 a.m.**