



REVION HEALTH CARE (UK) LIMITED

INTER OFFICE MEMORANDUM



TO : MR. K. W. FITCH

FROM : DR. P. A. HARRIS

SUBJECT : FACTORATE/HEPATITIS B

DATE: MAY 16, 1985

REF: PH/EB

COPIES TO :

Mr. P.M. Bradford
Mr. R.B. Christie
Mr. C.J. Collins
Mr. B. Lloyd

INTRODUCTION

We reviewed on 14.5.85 the recent reports of hepatitis B in association with our FACTORATE. This memo details status and proposed actions and seeks your approval to initiate the latter.

STATUS

1. A report has been received from Dr. Savidge of St. Thomas' Hospital, London concerning a haemophiliac who developed clinical hepatitis B in December 1984, about a month after receiving our FACTORATE batches Y67101 and X47408 in September 1984.
 - This patient was exposed to no known other potential causes of hepatitis B in the 6 months preceding September 1984, and is believed to have been seronegative (for B) in December 1981.
 - Patient recovered and was confirmed seropositive in March 1985.
 - D.H.S.S. have been notified by us.
2. A report has been received from Dr. Hill of the Birmingham Children's Hospital of nine children who seroconverted for hepatitis B at a time which suggests possible association with our FACTORATE batches X61611 and X60311. More suspicion is held towards batch X61611 since this was a common denominator in all nine cases.
 - These 2 batches have been tested locally by Dr. Hill's group using conventional tests and found to be antibody positive but antigen negative. Dr. Hill surmises that an excess of antibody would bind (inactivate) most of any antigen present. He therefore proposes that we test the batches using the "Dane test" which cleaves antigen from antibody and is considerably more sensitive.

Cont'd. ...

MR. K. W. FITCH

MAY 16, 1985

-2-

- Were this "Dane test" to be negative, he further proposes an in-vivo primate inoculation test.
 - D.H.S.S. have not been informed of these seroconversions.
3. Remainder of all four batches has been quarantined.
- Value of stocks held are as follows:
- | | |
|--------|---------|
| X61611 | £425 |
| X60311 | £7,979 |
| Y67101 | £4,633 |
| X47408 | £19,115 |
- One assumes that these batches could not ethically be of further use unless one attempted with success a sensitive screen on each batch.
 - A past problem with FACTORATE was resolved by using the "Dane test".
4. Sensitivity and specificity of "Dane test" not yet known, nor are probabilities of false positives and false negatives.
- Cost would be (Dr. Tedder, Middlesex Hospital) around £500 per batch.
 - Mr. Rodell in his telex proposes that the "Dane test" is too sensitive and that all FACTORATE would be positive.

PROPOSED ACTIONS

5. Check whether serum from acute hepatitis episode is held in freezer for Dr. Savidge's patient, to try to narrow down time of seroconversion. (RBC)
6. Discuss with Dr. Tedder re "Dane test", reliability, etc. (RBC)
7. Confirm that Dr. Hill would accept "Dane test" results which, if negative, would clear the retained batch(es) for release without recourse to in vivo primate work. (RBC)
8. Notify D.H.S.S. re the Birmingham episodes (low key approach, not yellow card). (RBC) ✓

Cont'd. ...

ARMOUR002519

ARMO0000392_0002

MR. K. W. FITCH

P0000034/3 MAY 16, 1985

-3-

SUMMARY

- Suspicion that one or more of our FACTORATE batches is associated with Hepatitis B.
- Undertaking "Dane test", including a "known" satisfactory batch sample, could generate good will with 2 centres, and allow us to re-release £30K+ of quarantined product.
- No "Dane test" would generate potential ill-will and force a write-off of stock value £30K+.
- KWF's approval is sought.

DR. PETER HARRIS

ARMOUR002520

ARMO0000392_0003