Department of Medical Microbiology

UNIVERSITY COLLEGE AND MIDDLESEX SCHOOL OF MEDICINE

UCMSM

Head of Department : Professor J. R. Pattison

Rockefeller Building,
University Street,
London WC1E 6JJ

School of Pathology,
Ridinghouse Street,
London W1P 7PN

Professor J. R. Pattison
Dr M. J. Anderson
Dr A. Cohen
Dr L. Ho
Fax (01) 387 3272

GRO-C

Dr C. H. Cameron
Dr J. Holton
Dr G. A. W. Rook
Dr J. L. Stanford
Dr R. S. Tedder
Fax (01) 636 8175

GRO-C

20 May 1991

Professor J-P Allain
Professor of Transfusion Medicine
National Blood Transfusion Service
Regional Transfusion and
Immuno-Haematology Centre
Long Road
CAMBRIDGE CB2 2PT

Dear Jean-Pierre

Thank you for the memo of the 13 May 1991 to members of the Advisory Committee on Transfusion Transmitted Diseases. Broadly I agree with the general concept expressed in your paragraphs 1, 2 and 3; however it is clear to me that you have been unable to see the copies of all discussions which have occurred relating to HCV in the Transfusion Service. In particular the in depth discussions in the ACVSB are probably more relevant to helping you acquire a feeling for the views held by the Virologists of this group.

Though one has concerns about the use of the RIBA 2 and questions about its mandate as a confirmatory test, it clearly performs well in the epidemiological studies which we have conducted on large donor and other patient serum panels. You would be more than welcome to see these data and particularly the relationship of the performance of the RIBA 2 compared with in-house assays based on both structural and non-structural proteins. I, like you, do not interpret C100 and 511 as individual datum points on a RIBA and I take them as alternatives rather than individual reactions. This is the natural approach in respect of one's experience with HIV and I would agree with the criteria you suggest. Unlike you, I am quite happy to have the RIBA 2 used as a confirmatory test. The Abbott neutralisation assay is not in the same league.

It is a pity that you were not made aware that the PCR primers which have been used on those specimens identified in the first 10,000 trawl of NBTS donors included the non-coding 5' primers as described in our letter in Lancet. In practice I am not sure how you would define sensitivity for PCR in biological terms though the data which Jeremy Garson has of the distribution of geometric mean titres of HCV RNA copies in plasma or serum indicate that PCR in the 5' NCR region may have a sensitivity in excess of 90%. I personally find myself at variance with Peter Simmonds and would not necessarily agree with the assumptions you make in your paragraph 2b. Like you, particularly in response to the comments put forward by John Cash be infected with HCV for the time being and would be most reluctant to use PCR as a mandate for inclusion or exclusion of blood products. The information provided by PCR I think is probably not overestimated by the

over/...

WTD/ 1902