R.H.B. 6/1.

NATIONAL BLOOD TRANSFUSION SERVICE

(REGION XI—WALES)

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REGIONAL TRANSFUSION CENTRE
RHYD-LAFAR, ST. FAGANS,
Nr. CARDIFF.

RD/MB.

4th October, 1958.

Dr. W. d'A. Maycock,
Lister Institute of Preventive Medicine,
Elstree, Herts.

Dear Maycock,

Homologous Serum Jaundice.

I have carefully considered the suggestion that it might be a wise precaution to reject donors whose blood, either in the form of whole blood or plasma, has been associated with homologous serum jaundice. If by this you mean a donor whose name crops up in two or more patients who have had jaundice, I am in agreement. If, however, the meaning of your letter is that donors whose names are associated with a case of virus hepatitis should be rejected, then I cannot possibly agree. I think it would be most unwise. It would mean the unjustifiable rejection of a good many donors. We have many records, as I am sure other regions have, of transfusions comprising anything from three to a dozen bottles of protein fluid. Supposing, for example, a patient has six bottles of blood and this patient, three or four months later, develops jaundice. Let us suppose, also, that all six donors are "brand new" donors. I am sure it would be quite wrong to reject all six donors. Rather the policy should be to do as we have done here for so long, namely to card-index these six donors and find out whether any one of them is associated subsequently with a case of H.S.J. It is by persistent pegging away on these lines that we have been able to discover the sundry donors who were apparently virus carriers.

Of course, when you find a donor upon whom suspicion can be fixed, you then have to go to a great deal of further trouble because you have to find out what recipients had his blood in the past and what happened to those recipients, i.e. did any of them develop jaundice. If you adopt the shotgun principle of simply rejecting all donors associated with cases of H.S.J. it will mean needless rejection of a number of donors, besides which some of them, at least, will want to know what it is all about. There is no point in arousing anxiety unnecessarily. As to the numbers which might be rejected on such a policy, I find on looking at our records that

during the past four years, 30 cases of H.S.J. have been notified to us. However, in this year the total, so far, is 15. I think it can be assumed that in previous years we have not been notified of all the cases of homologous serum jaundice which have occurred. It would seem that in this year there is better co-operation and more cases are being notified and also our own line of search has unearthed some of the cases.

What, then, is the solution? I think you will never get to the root of this trouble until it is required of hospitals that they follow up the history of every patient for a period of 6 months after transfusion and that they notify to the B.T.S. any case of jaundice developing in a transfused patient within that period. The alternative is to make all cases of virus hepatitis compulsorily notifiable.

As to the number of donors who would be rejected, I think it would average out at not less than 3 or 4 donors per case, but possibly more.

Yours sincerely,

GRO-C