

## Suggested Scheme for the Further Investigation of the Incidence of Homologous Serum Jaundice following Transfusion.

The follow up of cases given serum or plasma to determine the incidence of homologous serum jaundice carried out in the N.W. London area during the last six months has given information which suggests that further surveys extended to other areas would be of value. The experience already gained makes it possible to make certain practical suggestions as to the methods to be employed in such surveys.

### Geographical situation

It is obvious that any investigation of the incidence of homologous serum jaundice should be made in the closest association with a Blood Transfusion Depot unless, as in the case of East Anglia, some other unit particularly interested in jaundice is already at work. While so little is known of the course of jaundice and factors influencing the severity of the attack it is felt that the regions chosen should be representative of the country as a whole. It is suggested that the following regions would be suitable. Dr. Drummond, Cardiff., Professor Davies, Liverpool., Dr. Cant, Birmingham., Dr. McFarlan, East Anglia.

### II. Personnel

1. The investigation should be under the direction of the Regional Transfusion Officer or a medical man he may appoint as his deputy.
2. A trained almoner has been employed in the initial survey and though her special experience has been of value she herself feels that the work could be done by a competent educated woman preferably with some knowledge of medicine and case work..... an almoners training is not however essential. A doctor's secretary for instance, would probably be able to undertake the necessary investigations. It is, however, essential that the investigation should be carried out in a personal manner - a mere postal follow up would fail to achieve the necessary reliable information or to encourage accurate record keeping on the part of the hospital staff. Help in finding necessary personnel might be obtained from the Secretary of the Institute of Hospital Almoners or the Ministry of Labor, Sardinia Street.
3. A clerk for one day a week only has been available in the initial survey. A clerk working a minimum of 3 days a week would however enable the work to be carried out both more efficiently and more quickly.

### III. Procedure

#### 1. Co-operation with hospital personnel.

It is essential, if the work is to be successful, to obtain the help and co-operation of hospital staffs so that a) records are kept enabling transfusions of serum and plasma to be correctly followed up. b) cases of jaundice occurring in hospital patients are notified to the investigator. In order to obtain this co-operation it has been found that personal contact between the investigator and hospital personnel is essential. Correspondence alone is rarely satisfactory.

#### 2. Records

Every bottles of serum or plasma issued must carry a detachable label with the label number of the contained material which should be supplied by the issuing depot and space for information to be filled in by the hospital at the time of administration. This information should include the name and the hospital record number of the patient, the date of administration and the name of the hospital. The label should then be returned to the issuing depot for filing and follow up. The batch number should also be entered in the patients notes.

### 3. Issure of plasma and serum

As far as possible hospitals should be issued with whole batches of dried material so that one patient may be expected to receive transfusions from one batch only. If small batches are to be prepared, as has been suggested, the importance of giving one batch only to any patient should be explained to all hospital authorities. The issuing depot should keep a record of the batch numbers issued to every hospital so that any icterogenic material may rapidly be traced.

### 4. Follow up

The follow up would of course be facilitated if the address of the patient were filled in at the time of transfusion on the label. It is however, judging from experience, most unlikely that this would ever be done. The investigator must therefore, six months after a transfusion is recorded on a returned label, visit the record department of the hospital where the transfusion was given and look up the notes of the patient in question to discover; a) whether the patient developed jaundice while still in hospital b) the home address.

A circular letter is then sent to the patient asking them whether they have had jaundice since discharge from hospital. If the patient replies that they have had jaundice it is important either to visit the patient or else to make contact with their doctor to determine that they had no contact with a case of infective jaundice or that the jaundice was not due to some other cause such as carcinomatosis. A small proportion of the cases reported in the follow up already completed have had to be classified as doubtful.

### 5. Incidence of infective jaundice in the area in which the follow up is carried out.

Information as to the incidence of infective hepatitis in the adult population in the area in which the follow up is being carried out should be obtained by asking all donors attending at centres for bleeding whether they have had jaundice in the last six months. Such information should be recorded by the reception clerk at the transfusion depot and may be used to determine how the incidence of jaundice in patients following transfusion in the area compares with the incidence in the adult population.

### 6. Expenses

The expenses of an investigation in any area on the basis of the previous survey may be classified as follows.

1) Salary of senior investigator	£300 per annum
11) Salary of clerk	£156 if fulltime £78 if parttime
111) Postage	£70
* 1V) Car mileage and garage	£100
V) Filing cabinet and cards	£30
VI) Stationery, Office furniture and typewriter etc.,	£50
VII) Sundries, telephones etc.,	£5
	£711

\* To visit hospitals for the purpose of looking up records and to follow up patients in their hown homes a car is essential if time is not to be wasted. It may be possible to use a car attached to the service in which case the above estimate may be too high. It is based on the cost of using a car in the initial survey when it proved necessary to provide a special car for the purpose of the survey.

A sum of £5,000 should therefore cover a follow up of patients receiving serum and plasma over one year period in five regions. It is essential to organize immediately the proper distribution of batches of serum and plasma to hospitals and a label system in the areas chosen for investigation as owing to the long incubation period involved no follow up can be undertaken for six months after the transfusion has taken place.

(SGD. DR. J. VAUGHAN)

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