



Dr. M. CONTRERAS
Director

01 OCT 1987
NATIONAL BLOOD TRANSFUSION SERVICE

NORTH LONDON BLOOD TRANSFUSION CENTRE
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MC/rsb

29th September, 1987

Dr. I. Fraser
Chairman, Regional
Transfusion Directors,
South Western Regional
Transfusion Centre
Southmead Road
Bristol BS10 5ND

Dear Ian,

Following our recent telephone conversation may I formally please request that at the next RTD's meeting one of the agenda items is the suggested formation of a National Register for hepatitis B in the Transfusion Service? John Barbara has volunteered to be the central co-ordinator.

We propose three possible aspects for consideration, with initial emphasis on the first one:

- a) Compilation of all new detections of HBsAg in blood donors and establishment of a record of annual HBsAg positive rates in individual Regional Transfusion Centres as far back as possible.
- b) Compilation of annual hepatitis "jaundice-enquiry" investigations carried out by Centres following hospital reports of transfusion-associated hepatitis, which should encompass all forms of post-transfusion hepatitis including hepatitis A and non-A, non-B hepatitis. This was already tentatively started some years ago under the auspices of the Transfusion Hepatitis Working Party of which John is secretary.
- c) Compilation of any occupationally associated hepatitis B infections, in Transfusion Service staff, with a view to confirming the extremely low rate of such occurrences. These infections should be separated into two broad categories; those involving exposure to blood or 'sharps' and those without any obvious occupational risk. Infections are likely to be at a very low rate and many centres should be able to provide retrospective data on number of incidents for a given number of "worker-years".

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The latter two aspects of our proposal would only be considered once the first was up and running. We append draft Reporting Forms as discussion documents for the basis of a national reporting system for donors found positive for HBsAg.

In their fullest context these proposals are far reaching but I think we should be aiming to start implementing the more basic aspects as soon as possible. It seems illogical that national analysis for hepatitis data (the 'model' for HIV understanding) is still not in operation although there is such a mechanism for anti-HIV data compilation. The register should have considerable benefit in providing accumulated data which will achieve far greater significance than that from individual centres. This will assist analysis of donor trends and help monitor the safety of the blood supply. A continuing survey of hepatitis B in blood donors (particularly any acute infections that may be occurring) is of intrinsic value epidemiologically to justify the small amount of extra time and effort involved in individual centres. The need for collating data on transfusion-associated hepatitis is clearly apparent in view of the debate on surrogate screening for non-A, non-B hepatitis. Additionally it will serve as a check on the efficiency of HBsAg screening.

I hope therefore that the RTDs will feel that this proposal is of immense practical as well as epidemiological value both in the short term as well as in the longer term.

With best wishes.
Yours sincerely,

GRO-C

DR. MARCELA CONTRERAS
Director

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ANNUAL RATE OF HBsAg-POSITIVE DONORS (NEWLY DETECTED)
(NATIONAL TRANSFUSION SERVICE REGISTER)

Name of Transfusion Centre.....

Report for the year : 19.....

Number of donors bled in that year.....

Total Number of newly
detected and confirmed
HBsAg-positive donors.

Number of these who
were 'first-time' donors.....

HBsAg screen test used

Results confirmed by.....(Reference Laboratory)

If available, the data for HBsAg positive donors may be subdivided
as follows:

	'First-time'	'Established'
Number: Male
Female
not recorded

Number: High Hepatitis risk area	.....	.....
origin unrecorded	.....	.....

Number undergoing acute infection (determined by follow-up and/or anti-HBcIgM assay)	.....	.....
likely carriers	.....	.....
status undetermined	.....	.....

For HBsAg carriers: no. HBeAg pos	.....	.....
no. anti-HBe pos	.....	.....
no. eAb/eAg neg	.....	.....
no. untested	.....	.....

Comments

Reporting Officer: Name.....

Signature.....

Date.....

Please return this completed form to:

Dr. J.A.J. Barbara,
North London Blood Transfusion Centre,
Deansbrook Road,
Edgware,
Middlesex HA8 9BD

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NBTS REGISTRY OF HBsAg POSITIVE DONORS

:Individual characteristics
(this sheet to be compiled for each
HBsAg-positive donor and returned to
Dr. J. Barbara with the annual figures)

Donor History

Full Name
Gender
Donation number.....
(when first detected)
Date
Date of Birth
Ethnic Origin
(or country of origin)

Any relevant history?
.....
With dates, if available:
hepatitis scarification
(tattoo, acupuncture, ear
piercing,) intravenous
drug use, homosexuality.

Virology

HBsAg titre, if available
(and test used).

anti-HBc result
anti-HBc IgM result

anti-HAV status, if
history of jaundice reported

HBeAg/Ab status

carrier or acute infection?

any LFT estimations?
(which enzymes, what levels,
what upper limits of normal)

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Retrospective Statistics

[illegible]

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