MINUTES OF THE EIGHTH MEETING OF THE HAEMOPHILIA CENTRE DIRECTORS' HEPATITIS WORKING PARTY HELD AT THE OXFORD HAEMOPHILIA CENTRE ON DECEMBER 15 1980.

Present; Dr J. Craske, Chairman
Dr Charles Rizza, Oxford Haemophilia Centre
Dr Susanta Ghosh, ...
Dr C.A. Ludlam, Edinburgh.
Dr Joan M.Trowell, John Radcliffe Hospital, Oxford.
Dr Peter Kernoff, Royal Free Hospital, London.
Dr Richard Lane was represented by Dr J. Smith, Protein Fractionation Centre, Oxford.
Dr F. E. Preston, Sheffield.
Miss R.D.J. Spooner, Oxford Haemophilia Centre.

1) Apologies for Absence were received from Dr H.C. Thomas, Royal Free Hospital

2) The Minutes of the 7th meeting of the Working Party held on September 7 1980 were approved.

3) Matters arising from the Minutes.

a) Hepatitis Surveillance. Dr Craske presented the results of 3 years surveillance in U.K. Haemophilia Centres. The cumulative attack rate was still about 5% per year. A few cases of hepatitis B still occurred. There was firm evidence that transfusion of commercial Factor VIII concentrate is associated with a 4 to 10 times higher risk of overt non-A,non-B, hepatitis in patients treated with only one product in a treatment year. Preliminary results of serological and liver function tests on spouses and parents of haemophiliacs had so far shown no evidence of secondary hepatitis, apart from the already documented cases of hepatitis B. Dr Kernoff said that similar findings had been made during studies at the Royal Free Hospital.

Unanswered Questions.Dr Craske said that there was as yet no firm evidence about the relative risk of symptomless hepatitis associated with different products. Preliminary data at Oxford suggested that there might be a lower risk of transfusion hepatitis associated with current batches of NHS Oxford Factor VIII concentrate (batch size 500 donations) compared with NHS Factor VIII made at Elstree (batch size 3000 donations). It was proposed to submit a research application to the D.H.S.S. to carry out a prospective study of acute and chronic hepatitis associated with the use of different brands of Factor VIII and IX concentrate at Oxford. Dr Kernoff said that the experience at the Royal Free was that nearly every batch of commercial Factor VIII was contaminated with non-A, non-B, hepatitis viruses.

It was also agreed that there will be a need for about £2,000 per annum for continued support for the collection and analysis of the hepatitis returns after the end of the 3 year project suppuorted by the D.H.S.S. on Septrmber 1st 1981. It was decided to approach the Oxford A.H.A.(T) and the D.H.S.S. with a view to obtaining this finance.

b) Chronic Hepatitis,Sheffield-Royal Free Collaborative Survey

Drs Kernoff and Preston presented their joint experience of the use of liver biopsy in the investigation of chronic liver disease in haemophiliacs.

About 40 patients had been biopsied. Complications included 2 cases of haemobilia, 1 case of hepatitis associated with the concentrate used to cover the procedure and one death which occurred one week after haemorrhage occurring 5 hours post biopsy. Clotting tests had been normal throughout the procedure. The patient had suffered 5 previous episodes of cholestatic jaundice, and it was possible that this type of chronic hepatitis was associated with increased risk in a haemophiliac. Dr Kernoff had presented a full report of this case to the Reference Centre Directors' committee, and changes in the criteria for liver biopsy had been made

in the light of this experience. These had been included in a letter to the Reference Centre Directors.

The results of liver biopsy showed that about 1/3 of patients studied had the histological appearances in their biopsy of chronic active hepatitis (CAH), and 2/3 chronic persistent hepatitis (CPH). Three patients had evidence of cirrhosis. Most patients were entirely symtomless. One patient at Sheffield had oesophageal varices.

Detailed analysis of the results of this survey were continuing. Preliminary results had been presented at the Symposium on Unsolved Problems in Haemophilia held in Glasgow in October 1980.

Dr Ludlam described a case of hyperfibrinogenaemia associated with haemorrhage in a haemophiliac transfused with Edinburgh Factor VIII. Another episode had occurred in a second patient following accidental transfusion of HB_cAg positive cryoprecipitate. It was likely that these complications were unrelated to hepatitis.

Chronic Hepatitis Surveillance Form

Dr Craske said that there had been a poor response to this survey so far. It was agreed to review this survey at the next meeting of the WP.

4) Proposed Trials of Hepatitis B Vaccine in British Haemophiliacs.

Dr Craske said that the results of the trial of the Merck, Sharpe and Doehme in homosexuals in New York showed that it had a 95% protective effect when compared with controls inoculated with a placabo preparation. Side effects were few and mild. The results also suggested that post-exposure immunisation would be possible, e.g. for inoculation accidents and haemophiliacs treated with concentrate for the first time. Since protection had been demonstrated, it would be unethical to have placabo control gruups in any future study. The position with regard to a possible immunogenicity trial of the vaccine in U.K. haemophiliacs would be clarified in a few months time.

5) Recent Hepatitis Research

It was noted that recent attempts to develop precipitin tests for non-A, non-B, hepatitis related antigens had all been unsuccessful. Most systems had proved to be non-specific. Other lines of research were being persued.

6) Any Other Business.

There was none.

7) Date of Next Meeting.

To be arranged.