U.K. WORKING PARTY ON TRANSFUSION-ASSOCIATED HEPATITIS

Minutes of the inaugural meeting, 27th September, 1982, 11.30 am
N.W.R.H.A. Headquarters, Gateway House, Manchester.

1. Members of the Working Party

See attached list.

There were no members absent.

2. Election of Secretary

Dr. Barbara was elected Secretary.

3. Terms of Reference

It was unanimously agreed to adopt the above title for the Working Party ('transfusion-associated hepatitis' TAH, as opposed to 'post-transfusion' hepatitis). This was in line with the Council of Europe's precedent.

The terms of reference (based on a suggestion by Dr. Craske after consultation with Dr. T. Davies (Director, NLBTC) and Dr. Barbara) were as follows:-

"To promote the investigations of the epidemiology of transfusion-associated hepatitis, to promote research into the methods of prevention, and to make recommendations to the Directors of the U.K. Transfusion Service regarding procedures and sceening tests necessary for its prevention."

The brief was not widened to include other specified infections; however, experience gained in dealing with co-ordination of reports, etc. of transfusion-associated hepatitis could be applied to other infections where applicable. This also applied to 'acquiredimmune deficiencies'.

It was agreed to request that the DHSS Advisory Group on Hepatitis should nominate a member to attend meetings of the Working Party. Dr. Lane, or the RTD representative in that group (Dr. T. Davies) could fulfil this role, if this is agreed. Dr. Gunson will ask if copies of the minutes of both Groups could be interchanged.

4. Anti-HBs immunoglobulin (HBIg)

Concern was expressed that detailed consideration of HBIg would so widen the brief of the TAH working party as to make it unwieldy.

It was agreed that the TAH working party would examine proposals that come forward on the use of HBIg from any source and would consider the effect on the level of production that the proposal entailed.

Recommendations and comments should be able to be passed on to the Advisory Group on Hepatitis.

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Before the next meeting, Dr. Lane agreed to collate the various protocols and practices available from England and Scotland for the use of HBIg (e.g. in needle-stick accidents and for 'at risk' neonates).

It was agreed that Dr. Sheila Polakoff (CPHL) be invited to attend the next meeting to discuss this aspect.

5. Transfusion Associated Hepatitis

Dr. Gunson felt that the quarterly TAH reports were an inadequate estimate of the true incidence of TAH.

Present Practices

Dr. Barbara asked if we could enquire into the present U.K. Transfusion Centre practices for analysing reports of TAH and for dealing with reports of hepatitis in donors (especially after recent donations). Dr. Gunson was asked to write to Regional Transfusion Directors to ask about their particular practices. He would also ask what action they took when notified by BPL that one of their plasma pools had been found to be HBsAg positive.

Dr. Craske would advise on the special situation involved in the use of products obtained from plasma pools.

Future Policies

Dr. Mitchell and Dr. McClelland agreed to provide Dr. Barbara with copies of Scottish publications concerning TAH. Dr. Barbara would collect a library of U.K. published data (including preliminary prospective studies, e.g. from Newcastle; Dr. Oliver James, via Dr. Thomas, and North London) for consideration at the next meeting.

The formulation of future policies (including,possibly, the encouragement of Hospitals to report TAH) would be considered in the light of the above information.

Prospective Studies

These would be considered in the light of the above information.

Dr. McClelland will produce an outline study-protocol for the next meeting for either

a) determining the incidence of recipients with 'transaminitis' so that a library of putative non-A, non-B hepatitis samples could be collected.

or b) determining the incidence of PTH in recipients of blood positive for existing putative markers of non-A, non-B hepatitis.

This might also include non-specific markers like ALT level and/or presence of anti-HBc in the donor.

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The latter type of study would be preferred by Dr. McClelland and Dr. Thomas.

Library of Putative non-A, non-B Hepatitis Positive Samples

Although the American TTV study was originally supposed to be able to provide samples for analysis in the U.K., this has not materialised. Dr. Gunson will therefore write to the M.R.C.. to ask if samples from the 1974 U.K. prospective TAH study could be made available to the TAH working party.

6. Viral Hepatitis as an Industrial Disease

Dr. Mitchell asked if this was within the brief of the TAH working party. It was decided that Transfusion Centres would be best advised to consider this subject individually.

7. Other items for the Agenda for the Next Meeting of the Working Party

a. Dr. Lane asked for consideration of the financial involvement in the U.K. of marker screening tests.

b. The working party should collate data which determines the importance of non-A, non-B hepatitis in the U.K. It should also consider the implication of new marker tests for, e.g.

increased sensitivity in HBsAg detection
Anti-HBc screening
Non-A, non-B hepatitis with special reference to the impact on donor counselling.

8. Date of next meeting of the Working Party

This was tentatively fixed for January 18th, 1983, at 11.30, at Manchester (Gateway House).

In early December, 1982, Dr. Barbara will write to each member to ensure that a quorum can be achieved on that date.

Dr. J.A.J. Barbara
Secretary to the Working Party,
28th September, 1982.

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U.K. WORKING PARTY ON POST-TRANSFUSION HEPATITIS

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