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NORTH WESTERN REGIONAL HEALTH AUTHORITY



## National Blood Transfusion Service

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Date: 19th April, 1984

MEMBERS OF THE CENTRAL RESEARCH COMMITTEE  
AIDS WORKING PARTY

Dear *Richard,*

I do not know whether you are able to obtain sight of the ABB Newsbriefs so I thought I would send you a copy of the first two pages of the current issue.

You will note the discussions about anti-HBc testing - it seems that our efforts in this direction are timely.

Kind regards.

Yours sincerely,

GRO-C

H.H. GUNSON,  
Director

Enc.

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# NEWS BRIEFS

AMERICAN ASSOCIATION OF BLOOD BANKS

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## AABB AIDS Survey Completed

A survey commissioned by the American Association of Blood Banks and conducted by Dominion Research Corporation was completed in March. The purpose of the survey was to determine the way in which the public perceives the problem of AIDS as it relates to blood, which in turn would assist in generating information and educational materials, and to assess how giving blood and blood bank performance are viewed by the public. The survey consisted of telephone interviews of 15-20 minutes duration with 750 individuals in a cross-section of U.S. cities.

Some of the information gleaned from the survey include:

... Although 59.2% felt there would be either no risk or very little risk of getting AIDS were they to receive blood, 40.1% were concerned about the quality of blood should they or someone they know need a transfusion.  
... 43.4% thought that you could get AIDS from infected blood.  
... 36% believed you could get a disease by donating blood, with 47.3% of this number believing you could get AIDS and

46.9% that you could get hepatitis; 32.7% said they would have special concerns about AIDS if they were a blood donor.

... 78.8% thought blood was tested for diseases, with 58.7% believing that blood for transfusion is tested for AIDS.

... 66.5% believed that if they donated blood for a friend or relative, it would be put into the general blood supply rather than being used for that person only; 58% said donors should not be allowed to choose who gets their blood, while 31.8% said they should; 59.9% thought patients should have the option of selecting their own donors; 33.4% said no; 77.8% did not believe patients needing blood should be responsible for getting their own donors.

... 35.3% felt donors were adequately screened before being allowed to donate; 26.3% felt they were not; 31% felt blood donors did not tell the truth about their health history, with 47.5% saying they were truthful; 74.1% felt some people give blood who should not; of this number, 53.4% said these were unhealthy people and 46.3% said they were people

*Continued, page 2*

## AABB Takes Stand on Organ Procurement and Transplantation

The AABB Board of Directors approved the following policies regarding organ donation at its January Board meeting. The policies were recommended by the Committee on Organ Transplantation and Tissue Typing, Emanuel Hackel, PhD, chairman. The policies represent a large amount of discussion among committee members with input from a broad group of constituents and unofficial input from members of other organizations.

1. AABB is opposed to payment for organs donated for transplantation. This should not prohibit payment of costs of organ procurement, processing and transplantation, including travel and maintenance expenses for living donors.

2. AABB urges the Federal government to:

- (1) increase public awareness of the need for organ donation;
- (2) encourage the development of private sector organ procurement agencies and interregional cooperation, and;
- (3) explore mechanisms wherein there can be more effective use of monies to pay for the medical bills of transplant patients.

3. AABB supports the expansion of private sector programs and believes that the interests of patients and the tax paying public would not be well-served by an operational role of the government in this field.

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## Irwin to Institute Anti-Core Testing; New York Blood Center Rejects Concept

Speaking at the Annual Meeting of the Council of Community Blood Centers, Brian McDonough, administrative director of the Irwin Memorial Blood Bank, San Francisco, CA, confirmed reports that Irwin will begin anti-core testing "later than May 1." According to McDonough, the institution of anti-core has been under study for some time as a screen for hepatitis and the Blood Bank is hopeful it will be useful for AIDS as well.

"It's the feeling that Irwin needs to do more than it's doing," said McDonough. "Self-exclusion has not worked well enough in the San Francisco area, and some individuals are giving blood who should not."

At the same meeting, Aaron Kellner, MD, of the New York Blood Center, stated that his facility was "not about to make a decision in favor of anti-core testing," not because it would cost \$10 million and defer six percent of the donors, but because they don't believe it would do anything to improve transfusion safety. "We're not convinced that AIDS is transmitted by blood transfusion... the evidence is still very shaky," said Kellner. None of the panel members spoke out in favor of anti-core testing for AIDS.

Irwin has reportedly been under some pressure to adopt a test and conduct a directed donation program, most particularly since Stanford University Medical Center, Stanford, CA, instituted T4/T8 screening several months ago. "The physicians of patients who went to Stanford provide pressure," McDonough said.

According to McDonough, Irwin is also considering instituting a directed donation program, although the exact date such a program would begin is undetermined. "This decision would not be based on any scientific validity," he said "but on the large number of patients, donors, and clinicians who are pressuring for it."

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## Bove Predicts Future Trend Toward Blood Center Expansion

The future will bring an even greater expansion of the blood center and possibly the eventual closing of hospital blood banks, according to Joseph R. Bove, MD, medical director of Yale-New Haven Hospital Blood Bank and chairman of AABB's Committee on Transfusion Transmitted Diseases. Addressing attendees at the Annual Meeting of the Council of Community Blood Centers (CCBC), held in St. Petersburg, FL, February 26-29, Bove cited the advantages of centralization such as economy of scale, special services, improved supply and improved safety which could result from expansion of the role of the blood center.

The key to a workable, productive blood center/hospital relationship is close communication between the two facilities, he said. Bove stated that blood centers "have the freedom from hospital cost control and the ability to do what the hospital won't." Additionally, he said that the blood center has a distinct advantage when it comes to research opportunities, since blood centers don't have the external controls that are found in hospitals.

According to Bove, the disadvantages of centralization through the blood center are the removal of transfusion "excellence" from the hospital, the possibility of increased costs due to the lack of the type of cost control that is exercised by hospitals, and the possibility of additional overuse problems.

The Puget Sound experience may provide a model for the blood center of the future, stated Bove, where close contact between the hospital staff and the blood center staff is emphasized. Puget Sound currently provides a unit of crossmatched red cells at a charge of \$47, which many present at the meeting felt was a hard figure to beat.

## Study Group Releases Statement on Anti-HBc Testing

by Michael B. Rodell, PhD.

On March 6, 1984, the study group formed subsequent to the December 1983 meeting of the FDA Blood Products Advisory Committee met to discuss the issue of testing potential blood and/or plasma donors for core antibody to hepa-

titis B (anti-HBc). Membership of the study group consisted of representatives of the commercial and non-commercial fractionation industry, the plasmapheresis community, nonprofit blood collection and processing organizations and the Food and Drug Administration. The purpose of the meeting was to review all aspects and ramifications of the use of testing for anti-HBc as an additional means of determining whether potential donors were members of high risk groups associated with acquired immunodeficiency syndrome (AIDS). Although a full report of the study group's deliberations and conclusions will be furnished to the Food and Drug Administration in the near future, it was felt that an interim statement should be made available at this time.

The study group was divided in its position on testing for anti-HBc as a means of identifying AIDS high risk group members, with the majority believing that such testing was not appropriate for that purpose. However, members of the majority group indicated that they would likely be compelled to follow suit if any of the organizations represented initiated anti-HBc testing programs. The report to be prepared will contain certain position papers summarizing the majority and minority opinions on this issue. It was clearly recognized by the study group that a positive finding of anti-HBc in an individual was not necessarily indicative of AIDS or the future development of the disease state. Rather, it was viewed as a possible mechanism of identifying high risk group members, a number of whom are positive for this serologic marker. It was the prevailing opinion of the study group that if testing programs for anti-HBc are employed, they should not be confined to the plasma donor population but should extend to whole blood donors as well.

There was unanimity on two additional issues that the study group addressed. First, the study group recommended the initiation of a pilot study in at least two metropolitan areas to ascertain the effectiveness of allowing plasma donors to privately provide a written indication as to whether their plasma should be used in manufacture of products used in hemophilia treatment, analogous to the system currently utilized by the New York Blood Center in whole blood collection. Secondly, the study group recommended that pilot studies involving testing for B-2 microglobulin levels be designed, since the presence of this analyte appears to offer a higher degree of correlation with prodromal or active AIDS.

## AIDS Survey, from page 1

who gave blood for money. Only 2.8% said these individuals were homosexuals. 33.2% of the total respondents believe blood for hospital patients comes from paid donors, while 67.3% believe it is from volunteer donors.

... Among those who don't donate blood regularly, fear of the needle was the biggest single reason cited for not giving. However, 83.8% did not believe giving blood is a painful process.

... Of those who donated blood regularly, the largest percentage did so to contribute to a company blood drive (33.6%), because it was their civic duty (26.2%) and to help others (30.8%). 11.2% gave for credit or family coverage, and 6.1% for a friend or relative.

... 80.5% said that blood banks and hospitals are doing a good job in assuring the health and safety of donors and patients.

... Of the 39.4% who had seen or heard a recruitment message recently, television was the most often cited medium.

## AIDS Update

### AIDS Working Group Convenes

The AIDS Working Group of the Blood Diseases Advisory Committee, Division of Diseases and Resources of the National Heart, Lung and Blood Institute, (NHLBI) held its second meeting on March 5. Joseph Bove, MD, a representative to the Working Group, said the Group concluded studies were needed in two important areas: 1) to determine what happens to the recipient of components transfused to patients other than the patients that came down with AIDS, 2) to determine what happens to the recipients of blood and blood products from those donors who later came down with AIDS.

Participants at the meeting agreed that the Centers for Disease Control was the most appropriate group to conduct these studies; however, the cooperation of the nation's blood banking organizations will be needed if the effort is to be successful.

Key to the studies will be the issue of confidentiality. NHLBI is contemplating the appointment of an "ethics group" to address these concerns.

During the meeting, Louis Aledort, MD of the National Hemophilia Foundation, reported that there appeared to be about a 30% decrease in the use of Factor VIII concentrate nationwide, with a corresponding 30% increase in cryoprecipitate use. Aledort also reported on a foreign case of AIDS in a hemophiliac who has been treated only with cryoprecipitate.

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