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Dr John D. Cash,
National Medical & Scientific Director,
Scottish National Blood Transfusion Service,
Livingstone House,
39 Cowgate,
EDINBURGH, EH1 1JR,
UK.

Dear John,

Thank you for your letter dated 18 February and The Lancet correspondence on whether one should or should not include HCV antibody-positive donations in fractionation pools.

The National Blood Transfusion Committee has decided that such donations, i.e. from repeatedly reactive donors, should be excluded on the grounds that
(a) we should not consciously be using material from donors who are not normal;
(b) we should not contravene the Code of GMP by handling potentially infectious raw material in the plant, and
(c) we cannot absolutely rely on current procedures to guarantee the virus safety of end products. The latter relates particularly to Prothrombinex, which we still inactivate at 60 degrees C for 72 hours in the dry state. The 80 degrees C process is wending its way through the registration process.

You are, of course, aware that all Australian Transfusion Services have had universal anti-HCV screening in place since 19 February 1990.

Kindest regards,

Yours sincerely,

GRO-C

WTD/ 1971

PETER SCHIFF
Clinical Services Manager
Blood Products