HHG/LM

3rd March, 1987

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F R A N C E.

Dear Vera,

I am sorry for the delay in replying to your letter of 29th January, 1987, which arrived here after I had left for holdiay and I only returned yesterday.

In answer to your two questions. I think the draft agenda is very satisfactory and the re-groupings that you have done I am sure will lead to a more systematic and smooth conduct for the meeting. I cannot think of any other items that need to be included on the agenda.

The replies to the questionnaire of NANB hepatitis indicate to me that there is a great need for further information before we follow the example of the U.S.A. and put routine ALT and anti-HBc screening into practice. I notice that some countries are tending to carry out investigations to find out the true incidence of NANB hepatitis which, by evidence given so far, appears to be much lower than that quoted in the United States.

One has, however, I think to be very careful in putting forward the economic argument that the cost of such testing would exhibit cost effectiveness, since even with an incidence of NANB hepatitis of 2% to 3% following transfusion, if such screening is effective in reducing up to 35% to 40% of cases throughout the whole of Europe this would represent a considerable number of patients who might not suffer from this post-transfusion complication and, indeed, there are occasional fulminating cases of NANB which are transfusion associated and these have resulted in death.

It is important that the Committee comes to an opinion as to whether this complication of transfusion should be regarded as a justifiable reason balanced against the cost of testing and the consequent loss of donors to the panels. It is hoped that in the United Kingdom a study will commence shortly to try and evaluate the latter two aspects, and I notice that in several countries, particularly in Canada, a study of the incidence of NANB hepatitis in transfused and non-transfused patients is under consideration.

My personal view is that we should not rush into the deployment of these tests, but that the Committee should actively recommend that investigations be carried out in as many countries as possible to validate the usefulness of the tests on donors presently giving blood since the American evidence was taken on donors in the late 1970's. The exclusion of donors with respect to high risk with AIDS may well have altered the constitution of donor panels with respect to carriers of NANB hepatitis and the need for up-to-date information is urgent.

I hope you do not consider this too negative a view, but I think this is a very difficult matter and indoubtedly the financial considerations for all governments would be considerable with the introduction of this test, and I am not yet convinced that we are in a position to put down a firm recommendation to the Council with respect to the introduction or non-introduction of routine anti-HBc screening.

I hope these comments are helpful.

I look forward to seeing you in Rome.

With kind regards.

Yours sincerely,

H.H. GUNSON,
Director