

ADVISORY GROUP ON TESTING FOR THE PRESENCE OF HEPATITIS ASSOCIATED ANTIGEN
AND ITS ANTIBODY

CURRENT ARRANGEMENTS IN THE BLOOD TRANSFUSION SERVICE IN SCOTLAND

Northern Region (Inverness)

All donors have been screened since October 1970 by immunodiffusion. No positives have yet been found. The immunodiffusion method is considered safer for staff, but counter-current electrophoresis is being considered in special cases. Discussions are taking place with the Consultant Bacteriologist about the respective roles of the BTS and the Microbiology Department.

North-Eastern Region (Aberdeen)

At present screening is restricted to blood for patients in the Renal Dialysis Unit and where a donor is suspected of being associated with a case of serum hepatitis. For the future, the Chief Technician is being trained in the technique of counter-immuno-electrophoresis and testing of all donations will begin when construction of a new laboratory is complete. It is considered that diagnostic work should not be undertaken and the BTS has been co-operating with Dr Frank Albert-Recht, Senior Lecturer in Chemical Pathology who has undertaken the screening to date.

Eastern Region (Dundee)

All donors are now being screened and there is close liaison with Dr Green of the Department of Virology, Dundee University. No diagnostic work is undertaken - this is carried out by Dr Green.

South-Eastern Region (Edinburgh)

1. Screening of blood donors for HAA is limited to the amount required for designated high risk areas - in particular the Renal Dialysis and Renal Transplantation Units. Apart from restrictions imposed by space, plans for the immediate future are influenced by the factors referred to in the memorandum dated 15 December 1970 (copy attached).
2. In brief, it is considered that certain fundamental points require clarification before extension of HAA testing to all blood donors as a "selected group" should take place. These are:
 - a. Whether assurances can be given to blood donors found to be HAA positive (or whose serum contains antibody) that they are fully protected against loss or personal inconvenience.
 - b. Dependent on the above, the nature of the action taken in communicating the results of positive HAA tests by the Transfusion Service.
 - c. Whether a nationally uniform policy on a. and b. had been reached in terms of blood donors.
 - d. Whether agreement on this policy has been reached with other authorities or individuals directly concerned. These include hospital and general practice, public health authorities and dentists.

3. At the present time the screening tests on from 75 to 100 donations weekly are being carried out by counter-current immuno-electrophoresis. Given solutions to the points enumerated above, screening of all donations would take place as soon as facilities allow and the specific ethical and medico-legal problems are settled.

4. The method in routine use has been selected following developments within the Centre and in consultation with workers in this and other countries. These include:

1. United Kingdom - colleagues in other Regional Transfusion Centres in Scotland and with Dr Green (Department of Virology, University of Dundee), Dr Albert-Recht (Department of Clinical Chemistry, University of Aberdeen) and Professor Marmion (Department of Microbiology, University of Edinburgh).

In England communication has been mainly with Dr Cossart, PHLS, London who has carried out electron-microscopic and other studies on selected samples and with Dr Turner, Liverpool, with reference to complement fixation tests.

Although as far as is known "standard reagents" are not yet available for distribution in this country, some degree of comparability is achieved by exchange of reagents with other laboratories. Within these limits the method in use is giving reproducible and comparable results.

2. Abroad - samples have been exchanged with workers in many centres in order to promote standardisation and with the aim of compiling an antigen/antibody "reference library". Active communication was maintained with Japan (Dr Okuchi), United States (New York, Philadelphia, Minnesota), South Africa (Durban), France (Paris), Denmark, Switzerland and Spain.

Arrangements have been made to obtain reagents through NIH in the United States with which information on the results is exchanged on a world-wide basis. In this way comparability is achieved between all the participating centres.

In addition international communication was maintained through the medium of the Hepatitis Scientific Memorandum, circulated monthly through the NIH and to which each "member" submits information on the work carried out.

With the co-operation of the Department of Microbiology in Edinburgh University, plans for the production of antiserum from animal sources are continuing.

3. The Centre is not involved in routine diagnostic work for the Hospital Service except by personal arrangement in specific circumstances. Collaboration with the diagnostic service provided by the Department of Microbiology of Edinburgh University would of course continue.

Western Region (Law and Glasgow)

1. This Centre is undertaking total screening of the nations for HAA and anti-HAA.

2. When it is felt necessary to obtain a second opinion, this is done by inviting the help of one of the virologists who is a member of the Advisory Group. ~~in the Western Region.~~ Informal discussions have been held with Professor Grist of the Regional Virology Laboratory at Ruchill Hospital. Professor Grist has close ties with various workers in this field in USA and intends to extend the facilities

for diagnostic work which he is at present offering for HAA testing.

3. Because of the fact that this RTC is undertaking tests on donor blood, requests have been received to undertake some diagnostic work for the hospital service. Clinicians making these requests are however encouraged to send specimens to Professor Grist and it is intended to limit the work in the RTC to the screening of donor blood and to the investigation of donors involved in cases of alleged post-transfusion hepatitis.

Scottish Home and Health Department
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