CHAIRMAN'S BRIEF

ADVISORY COMMITTEE ON THE VIROLOGICAL SAFETY OF BLOOD
MEETING 4 APRIL 1989 - 10.30 HRS: ROOM 65 HANNIBAL HOUSE

Domestic Arrangements

1. A morning only meeting is envisaged. Consequently we have not arranged a working lunch.

Introductions

2. There will be name plates and the list of members, secretariat and observers was circulated with the Committee members. However you may wish to go round the table and allow members to introduce themselves. In addition you could mention that Dr Tedder has agreed to serve since the membership was circulated; and that Drs Mitchell, Minor and Tuddenham will also be members but unfortunately could not attend this first meeting.

Terms of Reference (ACVSB1/1)

3. It would be worthwhile in introducing this paper to remind members of the terms of reference set out in paragraph 1 of ACVSB1/1. Their attention could also be drawn to following points:-

- remit is UK wide and Committee will formally report to the CMOs;

- committee is concerned with major policy and not detailed implementation;

- other groups with interests in this field will bring to the committee any proposals which impact on the others;

- committee is specifically concerned with blood donors. However advice will be made available to others in the Department with responsibility for tissue and organ donors. Members should indicate in their discussions if their advice is not relevant to these other donors.

4. Should also make the point that the intention in drawing up the membership has been to embrace representatives of all parties at producer and user levels as well as expert advisers.

5. It would then be appropriate to invite [DHP.] to provide some background to the Committee.

Overview of Problems and Plan of Work (ACVSB1/2)

6. You may wish to introduce this paper. The main point to be made is that the issues which seem to require early attention are the EC Directive on Blood Products, HTLV1 and CJD and that these are ~~currently~~ papers to be discussed at this meeting. The issues of AIDS viruses and Non A Non B hepatitis are to be considered at future meetings.

7. We would not wish to have the Committee discuss the merits of the proposed programme at this stage. However it could be mentioned that they will have the opportunity to suggest items for future meetings.

EC Directive on Blood Products (ACVSB 1/3)

8. Mr J Canavan will introduce this and one paper setting out how the consultation might be conducted. The ~~paper~~ Cattaí has been tabled at the meeting.

9. Following this introduction, Dr Purves could be invited to comment as Medicines Division has been in the lead in this matter.

10. It would then be worthwhile seeking Dr Gurson's comments. He will be particularly concerned that the BTS should have the opportunity to comment on the technical specifications which will give effect to the framework Directive. Dr Lane may also express the same concerns about consultation with BPL interests.

11. At the end of the discussion you may wish to assure the Committee that their interest in this field has been made known to Medicines Division and that they will be consulted about the development of the technical specifications. Also at each meeting there will be a progress report.

HTLVI (ACVSB1/4)

12. Dr Redman will introduce this paper focussing on the conclusions and draft recommendations.

13. Afterwards Dr Gunson should be invited to comment and report the views expressed by his Advisory Committee on Transfusion Transmitted Diseases. This Committee considered the subject at its meeting on 24 February 1989.

14. Dr Mortimer could then be asked if he has any further information on the figures he supplied for the annex to this paper. He may also wish to say what progress has been made with Mrs Janet Mortimer's application for research funding as mentioned in paragraph 7(1)(b) lof the paper.

15. Following the general discussion you will wish to focus the Committees attention on the draft recommendations and take them point by point through paragraphs

12.1) to establish whether it is agreed as drafted or how it should be
12.2) amended. In relation to 12.3 it should be pointed out that if
12.3) Departmental funding was required, the usual protocols would have to
12.4) be submitted for consideration.

You will also wish to establish if there are any additional recommendations that the Committee considers appropriate.

16. You could then propose that the recommendations will be circulated to members (including those not present) with the minutes by mid April to confirm they are in the format members would like. Comments would be asked for by mid May. If any major disagreements were expressed by those who had not attended this meeting, the issue would be discussed again at the next Committee meeting. Otherwise the recommendations will go forward to the CMOs for their consideration.

Human Growth Hormone Recipients (ACVSB1/5)

17. Dr Pickles will introduce this paper.

18. After the discussion you will wish to go through the draft recommendations at paragraph 7 to determine the Committee's view on their appropriateness. Recommendations 7(1)(2) and (3) can be treated as a group and 7(4) and 7(5) can be considered separately.

19. The intention would be to circulate members with the agreed recommendations in the same timescale as for HTLV (paragraph 16 above). If there were no major objections these would also be forwarded to the CMOs.

Any Other Business

20. This opportunity could be taken to ~~and~~ ask members if they are content with the way it has been proposed that the Committee should function, or if they have suggestions for improving it.

21. Members should also be reminded to submit any topics for future meetings either at this meeting or by writing to the Secretariat, ~~if they wish to do so.~~

Date of Next Meeting

22. This is expected to be about 3 months hence, subject to members availability.

Background Note

Historically the Blood Transfusion Services have adopted new screening procedures in an ad hoc fashion in response to advances in clinical knowledge. In some cases the advice of specially constituted expert groups have been sought as with Hepatitis and AIDS.

Concern to maintain the safety of the blood supply has been heightened by greater public and clinical awareness of the potential for viral contamination and the developments in product liability legislation. Decisions on testing for particular viruses involve a range of disciplines. Clinical and scientific expertise must be balanced by expertise representing the practicality and cost/benefit of testing. Other interested parties in this field such as the Committee for the Safety of Medicines, the Central Blood Laboratories Authority and the Blood Transfusion Services do not have the remit nor the expertise to take this broader approach. Hence the need for this new Advisory Committee on which all the interests are represented but which can also take an overview.

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