

CHAIRMAN'S BRIEF

ADVISORY COMMITTEE ON THE VIROLOGICAL SAFETY OF BLOOD  
MEETING 22 MAY 1989 - 10 30 am - ROOM 63 HANNIBAL HOUSE

Domestic Arrangements

1. The meeting is expected to last for the morning only and therefore lunch has not been arranged.

Apologies for Absence

2. A full list will be supplied at the meeting. So far Dr R Mitchell of the Glasgow and West of Scotland BTS has said he cannot attend.

Reminder About Confidentiality

3. In view of the 'Guardian' enquiries about HTLVI testing after the last meeting, you may wish to remind members of the need for confidentiality.

Minutes of Meeting on 4 April (ACVSB1/9)

4. These have been circulated and if members are content they can be formally approved as a correct record of the first meeting.

Matters Arising from Minutes

5. Human Growth Hormone Recipients. You will wish to report that the Committee's advice on the need to alert hGH recipients not to donate blood, organs or tissue has been accepted by DH Ministers. The observers from Wales (Dr George), Scotland (Dr McIntyre) and Northern Ireland (Dr Flett) may be able to say if their Ministers have agreed yet.

6. Dr Rejman should be asked to report on progress with asking Professor Preece about his willingness to take on the task of alerting hGH recipients of the risk of donation and the timetable for this work.

7. Dr Gunson should be asked to speak to his paper ACVSB2/1 on the NBTS action. It is proposed that donors should be asked whether they received hGH prior to 1985 and if this is confirmed they will be deferred and the RTD will arrange for them to see a specialist.

8. The Committee can be asked for its views on the proposals, in particular on the use of specialists rather than GPs for counselling. If they are broadly content, the details and timing of the change in NBTS procedures can be left with the Department/BTS Directors.

HTLVI

9. The Committee concluded at its last meeting that universal screening of donors was not justified but Dr Gunson was asked to consider the practicality of selective screening with BTS colleagues. He should be invited to speak to his paper ACVSB2/2 giving their views.

*Following Chris's report letter to Ministers  
following Chris's submission to Ministers re. HTLVI - letter sent to  
Chris to Prof Preece  
this will then be followed up by and  
then Dr Gunson (Revised manuscript) + I will  
be contacting Prof Preece to get further info  
which - not yet stated due to OPCS figures*

10. Following the general discussion you will wish to obtain the Committee's advice specifically on whether:-

a. the selective screening of Afro-Caribbean donors is scientifically justified at present;

OR

b. the Committee should reconsider this matter when the results of the BTS testing of 100,000 donors are available.

The Committee expressed support for the BTS study at this last meeting. Dr Gunson should be asked to put in a formal application for financial support. A small sub-committee could be set up to assess the application comprising a virologist, BTS representative and a fractionator; perhaps Drs Mortimer, Mitchell and Lane. *→ Result  
negative*

#### EC Directive on Blood Products (ACVSB2/3)

11. Mr Canavan will introduce this paper. Afterwards Dr Purves (who takes the lead on EC pharmaceutical matters) should be invited to comment on the European developments and to say if there has been any progress in preparing first drafts of the UK position on this Directive. A meeting between MCA and NIBSC was scheduled for 16 May. He could be invited to prepare a situation report for the next Committee meeting on 3 July giving an account of the discussions held by them.

#### Overview of Problems of Hepatitis (ACVSB2/4)

12. Dr Rejman will introduce this paper. Dr Gunson could then be invited to give the BTS view and Dr Lane the fractionator's view (his concerns are set out in ACVSB2/9). Following the general discussion you will wish to obtain the Committee's view specifically on the question what action the fractionators should take in respect of plasma donated by a donor whose red cells have been implicated in an episode of post transfusion jaundice. In particular the Committee's advice should be sought on whether such plasma should be discarded if the tests for hepatitis infection are negative. (Alternatively all questions for advice on this and the next two items could be taken at the end. However it could then be difficult to draw advice from members.)

#### Hepatitis B (ACVSB2/5 and ACVSB2/9)

13. Dr Rejman will introduce the first paper and will if possible table the latest NBTs figures. Dr Lane should be asked to speak to the hepatitis B concerns expressed in his paper ACVSB2/9. Dr Gunson should be asked to comment. Following this you may wish to invite general discussion on the issues raised by the papers and on the questions suggested by Dr Mortimer in ACVSB2/8 (page 2) and at the conclusion obtain clear advice on those questions.

#### Non A Non B (ACVSB2/6, 2/7, 2/8 and 2/9)

14. Professor Zucherman, Dr Rejman, Dr Lane and Dr Mortimer should be asked to speak to their respective papers. Dr Gunson should then be asked to provide an update in relation to surrogate testing. Following the general discussions you will wish to focus the Committee's attention on the recommendations in paragraph 5 of ACVSB2/7. You may wish to point out that while CBLA has

legitimate concerns about marketing its products, the Committee should consider the issues only in relation to protecting public health. The question is whether the Committee agrees there is no pressing need to introduce routine surrogate testing for Non A and Non B hepatitis for health reasons but that the position should be reconsidered when the results of the BTS study are available.

Any Other Business

15. Members can be asked if there are any other matters they wish to raise.

Date of Next Meeting

This was fixed for 10.30 am, 3 July at the last meeting. Perhaps members could be asked for dates for the subsequent meeting in October.