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Blood Products and Related Matters

DHSS/SHHD Joint Meeting on Mutual Problems 22 August 1977.

At the meeting held on 11 March 1977 it was agreed that the Directors of the Central Laboratories would furnish complete figures relating to the production capacities of the laboratories.

Dr Maycock has provided the following information about the annual capacity of BPL and PF Lab. Oxford.

BPL Elstree:

Albumin solutions:	PPF (400 ml x 4.5 g%)	133,000 bottles
	Albumin (100 ml x 20 g%)	7,000 bottles
Normal immunoglobulin		200 kg (see below)
Specific immunoglobulins		BPL can prepare all for which specific plasmas are likely to be available in next few years (see below)
Fibrinogen (1.5 g/container, freeze-dried)		2,000 bottles
Factor VIII concentrate (ca 250 iu/bottle, freeze-dried)		60,000 bottles (15.0 M iu.)

PF Lab Oxford:

Factor VIII concentrate (ca 250 iu/bottle freeze-dried)	10,000 bottles (2.5 M iu.)
Factor IX concentrate (ca 800 iu/bottle freeze-dried)	10,000 bottles (8.0 M iu.)

Factor VIII concentrate: Combined capacity, Elstree and Oxford is about 17.5 million iu per year.

Normal immunoglobulin: Although the original planned capacity at Elstree was 200 kg per year, this could only be achieved now at the expense of albumin fractionation. At present 50 kg per year meets the needs of PHLS and in recent discussions with PHLS it seemed that this annual amount is likely to be enough for the foreseeable future. If all 200 kg were to be prepared in a form for issue, the capacity of the freeze-drying and preparation departments, sterile filling area, etc. would not be adequate for this amount of immunoglobulin as well as albumin preparation at the rate of 140,000 bottles per year.

Anti-tetanus immunoglobulin: If enough "tetanus plasma" were obtained from which to prepare the 140,000 to 150,000 x 250 iu doses estimated as possibly necessary by Tetanus Immunization Advisory Sub-committee, some adjustment of the fractionation programme would be necessary. It seems unlikely that the volume of plasma needed for this number of doses will be obtained without a centrally co-ordinated and appropriately financed operation. From the other point of view, judging by the amount of anti-tetanus immunoglobulin apparently used in Scotland, it seems improbable that the provision suggested by the Tetanus Advisory Sub-committee will be necessary. It might well be cheaper and would certainly be more efficient, medically, to stage compaigns for more widespread active immunization against tetanus.

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W d'A Maycock