

File Haem Director's AIDS Committee 33
NORTHERN REGIONAL HAEMOPHILIA SERVICE

NEWCASTLE HAEMOPHILIA CENTRE

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20th March, 1986

Dr. D. I. K. Evans,
Consultant Haematologist,
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Dear David,

Thanks very much for your letter of 25th February. It was good to see you at the Conference and I thank you very much for your very kind remarks.

More information about heat treatment and its efficacy is beginning to emerge. The really worrying thing to me is that there is evidence that there are still concentrates being used which have been derived from plasma which has not been individually donor tested. This I know to be true of the Armour product but I suspect that it might also be true of other commercial concentrates as well. As you know, all the evidence about the safety of heat treatment has, because of the time lag, to depend on in-vitro testing of spiked material. The handful of cases in which sero-conversion might have occurred (one was published from North Carolina in last week's Lancet), may or may not grow. My argument is that we do not have time to wait for this epidemiological evidence and should be making sure that the material we use is covered by the only three methods that we have of trying to screen out the retro-virus. I think that this is particularly important because there is still evidence of non-A non-B hepatitis, despite heat treatment, and there is a school of thought that one of the agents for non-A non-B hepatitis is a retro-virus. The three precautions are that plasma is only drawn in populations with a low incidence of HTLV III, that individual donations are tested, and that the best method of heat treatment is employed. Details from the various firms were published in the New Scientist the week after the Conference, together with a comment from BPL that they considered the Armour material, which is only heated for 30 hours, as being unsafe.

I have sent all the information that I have to the Committee on Safety of Medicines. At present in Newcastle I am prescribing anti-HTLV III tested cryo for the children (or FFP in the case of factor IX minor bleeds) and NHS 8Y for everybody else, as far as stocks will allow. The only commercial product I am using is the Alpha Profilate and this solely on the basis of their non-A non-B evidence.

Kind regards,

Yours sincerely,

GRO-C

PETER JONES
Director

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