GIVE BLOOD
National Blood Transfusion Service

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The Editor
The Lancet
46 Bedford Square
London WC1B 3SL

Sir,

The flurry of publications on "Hepatitis C virus" in The Lancet of 5 August 1989, including the excellent editorial, comes as no surprise.

We agree that the new Ortho ELISA for anti-HCV clearly appears to be a specific assay for the major agent causing post-transfusion non-A, non-B hepatitis. It is obviously incomparable with any of the previous attempted assays for NANB virus and provides a welcome advance over surrogate markers for infection with this virus. However, in the context of donor screening, precipitate action should be avoided. As in any other assay, the predictive value of a positive result hinges on the prevalence of the marker in a given population. While the test scores well in panels of well characterised NANBH sera and in samples from patients with a diagnosis of NANBH, we do not know the predictive value of the test in low prevalence populations, such as UK blood donors. In this context, it is essential to have confirmatory assays to eliminate, for example, the possibility of cross-reactivity with yeast antigens, before sensible policies for generalized screening of blood donations are implemented.

At the request of the National Director, we have carried out an evaluation of the Ortho ELISA for anti-HCV on behalf of the National Blood Transfusion Service. Between 0.5-1% of blood donations have been found to be repeatedly reactive (unpublished observations). Excluding this proportion of blood donors might appear to be a minimal problem. However, when related to the annual 2.5 million blood donations in the UK, the problem is certainly not trivial. Contacting and counselling 12500-25000 blood donors will be an enormous and costly undertaking especially when the significance of a positive test in a healthy person is as yet unknown.

The current test takes more than 3 hours; its introduction in routine donor screening would be logistically difficult. The release of components such as platelet concentrates, especially those collected by apheresis, would be considerably delayed.

Considerations of the cost-effectiveness of routine donor screening must await the advent of reliable confirmatory tests as well as faster screening tests.

Yours faithfully,

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