NATIONAL BLOOD AUTHORITY

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18th January 1995

Dr J F Harrison
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Dear Jean

HCV Look Back

I am enclosing a copy of the definitive version of the Action to be undertaken by RTC's which will be presented at the first meeting of the Ad Hoc Advisory Working part of the MSBT on Friday 20th January.

This represents the first stage of the HCV Look Back programme for which the NBS has sole responsibility. I am sending a copy of this to you now to clarify exactly what is expected of each RTC at this stage. Guidelines for how to proceed beyond this stage will be provided as quickly as possible by the UK Ad Hoc MSBT Working Party. Please therefore, at present, do not go beyond the point of preparing the data ready for issue to the hospital concerned. I will release guidelines of how to proceed beyond this stage as soon as they have been drawn up and agreed by the Ad Hoc MSBT Working Party.

The objective of the Working Party is to try and achieve a consistency of approach throughout the UK. It would be helpful if you could feed back through your Zonal Executive Director how long you think this first stage will take and whether you anticipate particular difficulties in obtaining and collating the data required. I would like to be able to claim at the MSBT meeting that this first part of the HCV Look Back programme could be completed by the end of February.

Please feel free to contact me if you have any queries or require any further clarification.

Best wishes.

Yours sincerely

GRO-C

Dr E Angela Robinson
Medical Director

cc Dr M Contreras, Dr W Wagstaff, Mr G Austen

HCV Look Back

Action by RTC

1. All reference laboratory confirmed HCV antibody positive donors to be identified and their donor record examined. There is no requirement to follow up donors whose final result is deemed to be indeterminate.

2. All donations given prior to the index HCV antibody positive donation to be identified by donation number together with all the unfractionated blood components prepared from these previous donations.

3. The fate of all these previously donated units and their associated unfractionated components must be established.

   i.e. red cells
   platelets
   clinical fresh frozen plasma
   cryoprecipitate

   (plasma that went for fractionation does not need to be traced back but its fate needs to be noted for completeness)

4. A list of all components issued to each hospital must be prepared. This list must provide the donation number, the type of component and the date of issue to the hospital.

   N.B. Regardless of how far back individual hospital records are kept the NBS must endeavour to provide a complete list of components issued and the date of issue for each previous donation from reference laboratory identified anti-HCV positive donors. This is crucial information as even if the hospitals no longer have records going back far enough, at least the NBS will still be able to provide an estimate of how many potentially at risk recipients cannot be traced and when and at which hospital they were transfused.

5. Based on available data, it is sensible to work on the assumption that all previous donations were potentially infectious. It is not therefore considered necessary to test archived samples for the presence of anti-HCV. An exception could be made where individual patient circumstances make it desirable to know whether or not they were put at risk.
   i.e. in individual patients where it would be preferable not to inform them that they had been put at risk unless the presence of an HCV infection would alter their management.

19th
with Dr Robinsons letter