

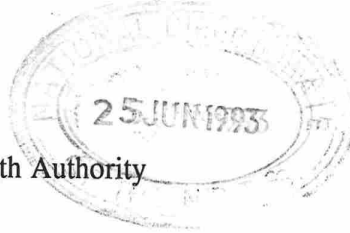


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MC/csw/Gun

3 June 1993

Fax to: GRO-C

Dear Harold

Anti-HBc testing of blood donations

In your letter of 3 June 1993 you reported that the Advisory Committee on Transfusion Transmitted Diseases will advise ACVSB that anti-HBc testing of blood donations should commence. On logistical and scientific grounds, we could commence screening as soon as funds are available, but therein lies a problem. I have had confirmation from my RHA that all development monies were allocated at the start of the financial year. Furthermore, NLBTC agreed all contracts with provider units at the start of the financial year and it would not be acceptable to load the additional costs of anti-HBc testing onto agreed prices. On pure finance grounds, therefore, there is clearly nothing we can do to implement anti-HBc screening within 93/94.

I have discussed this matter at length with Pat Hewitt and John Barbara and here is a summary of our views:

We firmly believe that anti-HBc testing of blood donations is the necessary and logical step to reduce further the already small number of HBV transmissions by blood transfusion. We feel that this is the obvious progression for reduction of PTH, given the implementation of HCV screening almost 2 years ago. We note, however, that some of our colleagues have proposed that the screening is being introduced as a marker of "high risk" activity, rather than as a specific marker of HBV infection. In our own context, with "self-exclusion" in place, we feel that markers of HBV infection usually reflect infection early in life; nevertheless the question may need scientific investigation if significant numbers of anti-HBs positive donations are at stake. Clearly this point must be considered and the ACTTD should produce a firm statement on exactly why anti-HBc testing of blood donations should be introduced. It would be a source of both embarrassment and confusion if it became apparent that testing was to be introduced without a unanimous view of the scientific basis of its value.

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There is another aspect that worries us. In the case of both anti-HIV and anti-HCV testing of blood donations, there was an agreed national approach to the implementation of testing and the notification and counselling of blood donors. Anti-HBc testing of blood donations is being introduced, we believe, to increase even further the safety of blood transfusion in the UK. The test will be unique, however, since the donor will gain no benefit from the knowledge of the test result. Compared with other screening tests, the issues of notification and counselling therefore need to be considered even more carefully and a national approach suggested. We would propose that no decisions should be made on the starting date for anti-HBc testing until the ACTTD has discussed these matters in detail and arrived at clearly stated decisions concerning:

1. The reason for the introduction of the test;
2. The approach to be taken with regard to the notification and counselling of donors;

With best wishes.

Yours sincerely

GRO-C

Marcela Contreras
Chief Executive - Medical Director

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