MEMORANDUM

From: Dr. P. Flanagan

To: Dr. A.E. Robinson

Date: 3rd December, 1990.

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Re Donor Counselling: HCV

I think this is a very informative and helpful document but feel one or two problems may arise if we were to attempt to adopt it in Yorkshire.

1) If the false positive rate is as high as has been indicated it would be very expensive to continue to bleed 0.4 - 0.6% of our donors when we know that donations will not be used. This would be a particular problem with plasma donors, especially now that they can donate up to fortnightly. I have already deferred some false positive HIV & HBsAg individuals who are regular apheresis donors on the expectation that we may change to Abbott in the near future. The size of this problem can only be assessed once the results of the UK pilot study are available, but financial considerations may make the Scottish proposal problematic. We also need to know what confirmatory tests will be available!

2) The feasibility of any lookback programme will be determined by the number of HCV confirmed positive donors we find. If the number is large it would be a very large undertaking for RTC's within England & Wales, more so than for Scottish centres. This will obviously require a specific answer from the National Directorate.

3) The method by which a second sample is taken will also need careful consideration, and is heavily dependent on the number of confirmed positives as apposed to repeatedly reactive false positives. I personally feel that the second specimen should be taken and tested before counselling is undertaken and this approach would allow other tests to be carried out at the same time. A decision will need to be made on how to determine who needs specialist referral and I feel 2 sets of ALT results would be helpful here.

We clearly need to resolve how we will approach the problem in Yorkshire, I personally favour initial counselling by BTS medical staff, but the feasibility of this will only be know once the confirmed positive rate is known.