MC/LP

23rd May, 1986.

Dr.A.Smithies,
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Dear Alison,

There is a real need for a study to assess the effect of "self-deferral" on the prevalence of "high-risk" blood donors following the AIDS - education campaign. Now that we have routine anti-HTLV III screening of blood donations, which has reduced a very small risk of transfusion-transmitted HTLV III infection even further, there is pressure to introduce screening to reduce the incidence of post-transfusion non-A non-B hepatitis. We know that there is under-reporting in this country, but it appears that there is a much lower incidence of post-transfusion non-A non-B hepatitis than in the United States. On the other hand, the reports of the sometimes severe sequelae of this type of hepatitis particularly in recipients who have received blood products originating from large donor pools, have caused concern.

In the United States, the American Association of Blood Banks has announced this month that routine screening of blood donors for anti-HBc and ALT levels (as surrogate markers for donors at high risk of transmitting non-A non-B hepatitis) has been approved as a requirement, and will be introduced into the Association's "Standards". The F.D.A is also considering this subject. Yet in this country we do not even know the current prevalence of anti-HBc in blood donors and we might predict that the rate has decreased since the introduction of measures to exclude "high risk" donors. We need to carry out a study of these surrogate "high risk" markers in British blood donors - and anti-HBc is a practical marker to choose, as it relates not only indirectly to HTLV III and non-A non-B hepatitis, but also very directly to Hepatitis B. We would also need to follow-up recipients of anti-HBc positive donations and this would entail a great deal of work and medical time. Once we had this information we could then start making informed decisions about the need for this surrogate screening and the implications in terms of cost,

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donations lost etc.

I know that Dr Fraser of the Bristol RTC shares our concern over this matter, and would be willing to co-operate in a joint study of anti-HBc prevalence in donors. Could you let me know what your feelings are on this subject please?. We can hardly start deciding policies on our approach to anti-HBc and ALT screening when we do not know the background data!

With best wishes.

Yours sincerely,

Dr.Marcela Contreras
Director

Copy to: Dr. I. Fraser