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Dr. E. Angela Robinson,
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Oak House,
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PF/SEG

13th January, 1995.

Dear Angela,

Re: HCV lookback programme

Thank you for your letter of 13th January concerning the details of the HCV lookback programme. I will do my best to answer the questions that you have raised.

First the easy bit. I am happy with the proposed procedures to be followed by NBS centres with regard to the formation of the hospital dossiers. My major concern relates to the definition of HCV antibody positivity. I have taken this literally, other centres are including indeterminate results. I believe that an executive decision is required here to ensure that a consistent approach is taken by centres.

I am in full agreement with your view that an assumption should be made that all previous donations were infectious. I suspect that most centres will not have archive samples for donations prior to 1991 and hence aliquot testing is not a practical proposition.

The main area of difficulty relating to tracing within centres will be where computer records are limited. This will become most marked where longstanding donors are involved, since inevitably the quality of, and ease of accessibility of records will reduce with time. The extent of this problem will vary from centre to centre.

The timescale for the generation of dossiers will be determined by the number of donors which need to be followed, and the extent of resource thrown at it. I have taken soundings from centres within the North. These indicate that the centres feel able to meet a deadline of the end of February, possibly earlier if pushed. This seems a reasonable timeframe, particularly since the main source of delay will be at the hospital end. This assumes that the lookback is restricted to confirmed positive as

opposed to indeterminate donors.

The manpower issue is difficult to estimate. The search process will inevitably require skilled NBS personnel. In our case this will mean diverting resource from other areas of work. I plan to recruit two part-time agency staff for a short period to help with the tracing but other centres may take different approaches. I suspect that the only realistic way to identify additional resource implications would be to contact individual centres.

I will contact you by separate letter regarding the follow-up issues.

Best wishes.

Yours sincerely,

GRO-C

Dr. P. Flanagan,
Clinical Director