



NATIONAL BLOOD AUTHORITY

19th January 1995

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Dear <DEAR>

It is a regrettable fact that the recently broadcast Panorama programme entitled "Bad Blood" greatly increased public anxiety with regard to transfusion transmitted HCV infection. However, I am aware from the feedback I am getting that you and your staff are doing a terrific job in containing the situation in very difficult circumstances. This is earning you all a great deal of well deserved respect from all sides.

I am also aware that further advice from me would be welcome at this difficult interim stage as to how to handle certain key issues that ultimately need to be addressed by the MSBT Ad Hoc Advisory Working Party.

Firstly I am sending you the documented version of the public statement Dr Jeremy Metters made during the "HCV Look Back" press announcement last week.

This is now in the public domain and you may find it of further help in your provision of a satisfactory advisory service within your region. In particular, para 11, emphasises the point that at this stage we should try and actively discourage demands for immediate "speculative" anti-HCV testing.

However, I recognise that you are now having to cope with quite a few hyper anxious recipients and would appreciate some guidance from myself on how to handle the occasional exceptional case where immediate access to anti-HCV testing appears to be the only solution.

This is my interim professional advice to all Medical Staff within the NBS. Please bear in mind that this advice may shortly be superseded by UK wide MSBT guidelines, once the Ad Hoc Committee has had its first meeting on Friday 20th January. I am happy for you to liase with and share this advice with your local medical colleagues outside the NBS if you feel it may be helpful, as long as you make it clear that these are internal NBS guidelines aimed at

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trying to achieve a consistency of approach throughout the NBS during this very difficult interim period.

My advice issued on behalf of the NBS is as follows: -

1. Until the Ad Hoc MSBT Working Party have deliberated upon how, when and where anti-HCV testing should be undertaken during the HCV Look Back exercise and until the full medico-legal implications of such testing has been clarified, I strongly advise against any RTC offering to provide an anti-HCV testing service for any interim "speculative" testing requests.
2. Please try and ensure that where recommendations are made for the occasional "exceptional" case to have immediate anti-HCV testing done that these requests are directed via GP's to the usual diagnostic laboratory services.
3. To help the diagnostic laboratory services determine whether immediate anti-HCV testing needs to be undertaken the request form for anti-HCV testing needs to provide clarification of the individual case of need, i.e. past history of transfusion alone should not be regarded as a sufficient indication. Further clarification is needed and I would suggest that as a minimum -
 - (i) the date of the transfusion episode must be recorded (if this does not predate September 1991 testing is not indicated)
 - (ii) The special circumstances giving rise to the high level of anxiety needs to be recorded, i.e. past history of massive transfusion, the presence of any symptoms or signs suggestive of underlying liver disease, e.g. an enlarged liver.

For your information I have just received a copy from Dr Metters of advice issued to all the PHLS labs, a copy of which is enclosed.

I am sorry I cannot be more definitive at this stage but hope that this interim NBS professional advice will assist you in trying to contain your own local situation until such time as I can update you with the more definitive nationally agreed MSBT guidelines.

You may like to know that up to yesterday (18th January 1995) our Helpline had handled 10,000 public enquiries. I have no information and will not be provided with any information about how many calls the Panorama Helpline handled. The BBC Helpline ceased to function 48 hours after the programme was broadcast, however we believe that they did use our Q & A Helpline guidelines for their service. The only additional service we think they provided to

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any caller was a promise to post them the British Liver Trust (foundation) leaflet on Hepatitis C - a copy of which I enclose for your information.

The public eye is on us at present and it is vitally important that we continue to maintain a consistency of approach during this critical interim stage.

Keep up the good work and thank you for rising to the occasion so well.

Yours sincerely

GRO-C

Dr E Angela Robinson
Medical Director

Encs.

cc Dr M Contreras
Dr W Wagstaff
Mr G Austen
Sue Cunningham