

NATIONAL BLOOD



TRANSFUSION SERVICE

WEST MIDLANDS REGIONAL HEALTH AUTHORITY

Director:

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Our Ref. FAA/MP

Your Ref.

22nd April 1991

Dr. h. Gunson,  
National BTS Director,  
BTS National Directorate  
Gateway House,  
Piccadilly South,  
MANCHESTER M.60 7LP



Dear Harold,

Screening for HCV

As I said at the CBLA Meeting, I wonder about the necessity for carrying out PCR testing as the "gold standard". As you have pointed out yourself, this is a complex and expensive (but unfunded) test, and for some time to come, expertise will be confined to a very few reference centres. By implication, this may lead to delays in obtaining results and the associated inconvenience of those delays. I am sure you are familiar with van der Poel's results (enclosed) which, together with the Finnish results, do not suggest that PCR/RIBA2 disparities pose any problem. Incidentally, ALT does not appear to be of material benefit in the Amsterdam study.

I am uneasy also about selectively requiring disproportionately "heavy-weight" technology for one virus infection which we do not apply to others. After all, HBsAg negative HBV and anti-HIV negative HIV transmission are well documented. Should not the standards of discernment we apply to all these infections agents be comparable?

Naturally, it is quite another matter to carry out research into the ability of one and the other test to prick out donors who are likely to be infectious. That, we shall learn as more experience is acquired. But is it appropriate to require PCR?

With kind regards,

Yours sincerely,

GRO-C

DR. F. A. ALA  
Director

*dictated by  
& signed in his  
absence.*

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