UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL

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Dr Peter Flanagan Clinical Director Northern Zone (Designate) Bridle Path Leeds Blood Centre LS15 7TW

Dear Peter

Thank you for your fax of 13 July. You should see a copy of the response I have had from the Chairman of the MSBT, Dr Jeremy Metters, relating to the points I raised previously. One of these points was concerning the need to investigate, and possibly enrol for look-back, the HCV-indeterminate donor. From Dr Metters' letter it appears that the problem has been passed back to us and hence to Angela. I think she has already received a copy of the letter.

You ask in your letter as to the precise role of PCR. If I may draw the analogy as follows you may have a feel for my views. We have I assume enrolled into the look-back donors whose serum contains confirmed antibody to HCV. On this basis anybody with two or more lines in RIBA is thereby enrolled. Depending on the pattern of these lines and the level of reactivity, it is entirely likely that a significant proportion of such donors will not be HCV-infected. They will have what I would term the serological scars of previous infection which has now been cleared. I realise that this is heretical but it is the only explanation I can find for the serology such as we see. Nevertheless it has been agreed, and I think appropriately in view of the variable nature of HCV RNA detection, that such donors whose serum contains anti-HCV(?) should be enrolled in the look-back. By analogy, the failure to detect HCV RNA in a "genuinely" HCV antibody indeterminate donor should not exclude us from enrolling the donor into a look-back procedure. If we are to limit ourselves purely to those who have dual reactivity in ELISA plus either a strong NS3 or a strong P22 line (3 or 4+), I think we will have a relatively small number of such donors many of whom will be HCV-infected.

I note that you pass to method of looking at people's algorithms, I'll do what I can and certainly I am very willing to help with this little exercise.

Best regards.

Yours sincerely

GRO-C

Richard S Tedder Head of Department of Virology

cc: Dr Angela Robinson, Medical Director, NBA Dr Pat Hewitt, Consultant Haematologist, NLBTC

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