## Public Health Laboratory Service



From The Director of the Service

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Our ref

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## TELEFAX COVER SHEET

TO: Da Angela Robinson

FROM: De Diana Wartard

LOCATION: PHLS HEAD OFFICE

FAX TEL: 081 905 9742 OR 081 905 9729

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DATE: 23 1 95

On Walterd would be grateful to know please whether you are content that these letters are sent out as indicated.

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23 January 1995

Dear

GRO-C

## HEPATITIS C AND RECIPIENTS OF BLOOD

Thank you for copying me your faxed letter of 20 January to PHLS Laboratory Directors. Unfortunately, it reached me immediately after the end of the first meeting of the ad hoc Working Party that Ministers instructed me to convene to draw up guidelines for the "look back" to identify transfusion recipients who may have received blood from a donor subsequently identified as Hepatitis C positive.

As PHLS Laboratories are now receiving requests for Hepatitis tests for individuals who are anxious that they might have been infected from a previous blood transfusion, the Working Party considered that the results from such tests would ideally need to be notified to the relevant transfusion centre. It is likely that some of these individuals will subsequently be identified through the "look back" exercise. This presents a number of practical difficulties as the PHLS Laboratory will have no direct contact with the patient, and any information that the Laboratory passes to the transfusion centre must be with the patient's consent.

Perhaps the best way to address this proposed transfer of information from the PHLS Laboratory to the transfusion centre would be for the Laboratory, when it notifies the referring GP of an initial positive Hepatitis C test result to ask the patient's general practitioner to obtain consent for the test result to be conveyed from the PHLS Laboratory to the transfusion service. I assume for most of the cases the Laboratory would be asking for a second blood sample for confirmatory testing. At the same time the general practitioner could be asked to obtain from the patient details of the date of the transfusion and the hospital in which it was given. These details, together with



details of the Hepatitis C tests that have already been undertaken in each individual case, will also be helpful to the transfusion centre in attempting to match such individuals with cases subsequently identified through the "look back" exercise.

The identification at the hospital where the transfusion took place will give an indication of the transfusion centre from which the blood originated, but in cases of doubt the PHLS Laboratory may need to inform the nearest transfusion centre.

The details of how the PHLS Laboratories would pass on information to the transfusion centres were not discussed by the Working Party, and I expect you will wish to speak with Angela Robinson at NBA to be sure that the mechanism I have outlined fits in with the RTCs plans.

The Working Party also noted that the Epinet message to PHLS Directors on 13 January had suggested, in the second paragraph, that "general practitioners dealing with anxious patients should be encouraged to establish the date of transfusion(s), and to perform liver function tests on those transfused prior to September 1991. In this context, the Working Party observed that "the reliance on a normal liver function test to discourage Hepatitis C testing may be difficult to defend in all circumstances".

In all this the Working Party recognise that any transferred information about a named individual must be with their consent. When you have had a chance to discuss with others at PHLS Headquarters, it would be helpful if we could have a further word.

I am copying this letter to Angela Robinson at NBA.

yours surerly

**GRO-C** 

J S METTERS
Deputy Chief Medical Officer

Enc.

166/YdcS