

NBA HCV lookback scientific meeting, 26 April 1995

Attending: A Gorman, P Hewitt, S Knowles, L Williamson, JP Allain

1. Update on numbers involved.

Brentwood	75 donors	517 components
Cambridge	88	335
NLBTS	150	953
SLBTS	250+	2500+
Total	563	3805+

The current estimation of alive and traceable recipients is 951.

All Centres will provide JPA with an update on these numbers as soon as finalised.

2 Indeterminate RIBA results.

Issues:

a. Some 20% of C22 only are HCV RNA pos and should be included in the current lookback exercise. However, far from all of them are identified. Some can be traced through R. Tedder's lab, others are known in Cambridge, none in Brentwood.

Action: All Riba 2, 3+ or 4+ will be retested with RIBA 3. If still positive, a sample will be sent to a reference centre ie R Tedder or Cambridge BTS for detection of HCV RNA. All HCV RNA positive will be included in the lookback.

b. There is some evidence that part of the C22 only indeterminate and RNA neg correspond to HCV infected patients having recovered or with special HCV subtypes. Such donors may therefore have been infectious in the past and recipients of prior donations may well have been infected. Investigating those recipients might be important to determine the rate of HCV recovery, to discover possible distant variants of HCV, and to make progress in the interpretation of such test results. It is the consensus that though a very interesting issue, it should be the subject of a special investigation to be addressed after the present lookback exercise is completed.

3. Data base.

The need of a common data base for all traced recipients and corresponding donors is recognised.

Such data base should facilitate data analysis for the whole zone. It implies a common frame including items not identified in the current lookback forms but necessary to meet the research objectives delineated at our last meeting.

Action: LW will organise a meeting of the relevant computer people in each Centre to standardise the data collection programmes.

(PJO)

Additional items include:

for donors

- Date of earliest HCV transmission to determine a time frame of potential infectivity.
- Date of presence of a risk factor ie earlier time of IV drug abuse or transfusion.
- Identify risk factors being limited to IVDU and transfusion.
- Note the absence or presence of donors archived samples and, if present, the dates of collection.
- Date of collection and of use of FFP or cryoprecipitate to determine the possible impact of long term storage on infectivity.

for recipients

- For non infected recipients of infectious donors, attempt to trace archived hospital samples. Check for treatment with IgG IM or IV during or after hospitalisation.
- Prepare frame for recipient data collection on the basis of G Alexander's computer program. Attempts will be made to standardise data collection between hepatologists, in particular indications for liver biopsy.

Action: SK will organise a meeting with leading hepatologists involved ie G Dusheiko, H Thomas, R Williams, I Murray-Lyon, G Alexander to present the lookback study from a zone point of view and attempt to get some standardisation in approaches.

- A list of recommended hepatologist will be provided to consultants or GPs for referral. Include HCV RNA testing for all recipients. Seropositive and/or HCV RNA pos recipients are referred to an hepatologist.
- Take the necessary steps to ensure that recipient samples directed to PHLS for testing are accessible to NBS research group for additional studies.

Next meeting: 26 May 1995 at NLBTS 10:00.