

LW

Anti-HBc study: Minutes of meeting held at Cambridge 11 July 1996

Attended: J-P Allain, P Hewitt, D Howell, C Parkhouse, I Reeves, U Wicheloe, L Williamson.

Apologies received from J Barbara, J Griffiths

1. Minutes of last Meeting. On page 3, PH indicates that 6000 donors of the TTI study have been tested for anti-HBc.

2. Matters arising.

Data correlating anti-HBc tested with Corzyme and Ortho are presented. All anti-HBc/anti-HBs positive samples correlate well. Only 1/3 of isolated anti-HBc correlated between the two tests, suggesting that Corzyme + Imx do not completely eliminate false positive anti-HBc.

Hbs Ag positive samples collected during the study period at Tooting have been sent to RT for sequencing but no information about the processing of the samples was available.

DH indicates his holiday period during which recipient testing will continue supervised by either S Brown or I Rayfield.

PH will arrange with LWE and E Caffrey to insure that patient counselling will be available during her holidays.

CP confirms that the funds for RT PCR and sequencing are available from Chicago and will be sent to UCLM. A letter from J-P A is required to obtain the £10,000 allocated to the lookback part of the study. PH indicates that the nurse to work at South London has been recruited. A medical student will also be needed to speed up the project. All will be covered by the allocated funds.

3. UW reports on the status of the lookback at South Thames. All ethical approvals have been obtained. Letters for 1128 recipients identified have been sent; 17/51 hospitals have replied corresponding to 235 recipients. Sampling may start in August.

4. Update of lookback in Cambridge. A summary Table is in annex. Of 21 results received from North London, one recipient has markers of HBV: strong anti-HBc, low anti-HBs and borderline HBsAg. Two recipients of donations from the same donor one preceding, one following the index donation are part of the lookback and recipients did not seroconvert. Preliminary conclusion is an HBV infection preceding the surgery and no evidence of HBV transmitted by the index unit. Another sample is required from this recipient to confirm serology. A sample was kept in Cambridge and will be used for HBsAg testing with PRISM.

5 Date of next meeting: 12 September, 9:30 at Cambridge BTC.