Minutes of

Anti-HBc Screening Project Study Group meeting

East Anglian Blood Centre

Wednesday, 12 September 1996

Present:	Professor Jean-Pierre Allain	Division of Transfusion Medicine
	Dr Lorna Williamson	Division of Transfusion Medicine
	Professor Richard Tedder	University College London Medical School
	Chris Parkhouse	Abbott Diagnostics
	Dr Pat Hewitt	South Thames Blood Transfusion Centre
	Una Whicheloe	South Thames Blood Transfusion Centre
	Barbara Cant	South Thames Blood Transfusion Centre
	Joanna Griffiths	East Anglian Blood Centre
	Ian Reeves	East Anglian Blood Centre

ACTION

1. **Update on Look Back**

a) South Thames (paper tabled by UW)
So far 200 medical records had been reviewed, with approximately 40% of patients still alive. Additional help with case note procurement was being used at South Thames.

b) Cambridge (summary tabled by JG)
Of 48 investigations completed, two patients had tested strongly positive for anti-HBc with accompanying anti HBs. LW reviewed the cases and suggestions were made for further investigations. In both cases, however, the connection with the index unit was weak. PH reported that in the North London prospective TTI study, up to 3% of patients had pre-existing markers of HBV prior to transfusion (contrast HCV <1%). The HBV prevalence is more than 10 times that in donors.

2. **Finance**

An extra £10K had been received from Abbott for salaries. RST to invoice separately for genome detection work. **RST**

3. **Donor Counselling**

There was discussion as to whether the possible transmission should influence donor counselling. PH was adamant that advice to patients should be based solely on their own serology, as possible previous infectivity via transfusion was by no means the same as current social/sexual transmission.

ACTION

Donors were generally informed by letter, explaining the need to remove them from the panel.

PH to send copy of standard letter to LW

4. **Genome Detection** (paper tabled by RST)

Three samples from South Thames had initially appeared HBV DNA positive. This had not been a consistent finding in different aliquots from the same sample, nor had sequencing data been consistent. Laboratory contamination could not be excluded, and it was agreed that re-bleed unopened samples from the donors should be provided for re-testing.

BC/PH

5. **Any Other Business**

LW had received a request from Kate Soldan, asking for prevalence data for anti-HBc to contribute to a CDSC advice to the Department of Health regarding universal hepatitis B immunisation. Little data were available on the prevalence of anti-HBc in different populations. The limitations of this approach were recognised, including the difficulty of defining a confirmed positive. With these caveats we should be able to provide Kate with some data, although the breakdown by sex and age would be time consuming, as each donation would have to be accessed on the computer separately.

LW to write to Kate Soldan. IR and BC to identify donations positive by Corzyme + Ortho +IMX. UW/BC and JG/IR to discuss how to obtain epidemiological data.

Copy to: Dr John Barbara, North Thames Blood Transfusion Centre
Barbara Cant, South Thames Blood Transfusion Centre
Dr Sue Knowles, North London Blood Transfusion Centre
Mr Chris Parkhouse (+3), Abbott Laboratories Limited
Prof R S Tedder, University College London Medical School
Dr Patricia Hewitt, North London Blood Transfusion Centre
Professor J-P Allain, Dr Lorna Williamson, Cambridge University Division of Transfusion Medicine
Mr David Wenham, Mr Ian Reeves, Joanna Griffiths, East Anglian Blood Centre
Una Whicheloe, Research Nurse, South Thames Blood Transfusion Centre
David Howell, North London Blood Transfusion Centre

LW/cmh
19 September 1996

GRO-C