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Dear Harold

Since I won't be able to attend the Infectious Diseases Committee meeting next week, I wanted to touch on some of the issues listed in the agenda :

1. **Viral inactivation of FFP**

Besides collecting information on the product itself, I am trying to obtain proper clinical data from Germany where the product has been mostly used. I have also circulated a letter among the Consultant Haematologists in my region to get the feel of the consumer's interest in this product. I will let you know about both issues as soon as information is obtained.

2. **Anti-HBc and other assays**

The choice among new tests theoretically able to improve the nation's blood supply are anti-HBc, ALT level, anti-HTLV I/II and HIV antigen. I would agree with Marcela and John that anti-HBc is much higher on the list than ALT since, in addition to reducing the risk of HBV transmission, it helps to exclude well-known risk groups for various viruses, such as IV drug abusers and homosexual males.

For the other two tests, their usefulness is highly dependent on the virus prevalence in the population concerned, and while it would be of questionable interest in London, it would be totally irrelevant in East Anglia. Could any type of blood testing be regionalised ? The issue may be worth addressing.

As a comment to the letter to the Editor, I would agree that neopterin level is as unspecific as ALT level and should not be considered. For HIV Ag, it has to be kept in mind that current assays are much improved and can detect 5 pg/ml of antigen and have a 0.1% repeat reactive rate in negative populations.

Kind regards

↑ too high!

Yours sincerely

GRO-C

Jean-Pierre Allain

J-PA/DA

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