Public Health Laboratory Service

Public Health Laboratory
Withington Hospital
Manchester M20 2LR
Fax 0161-446 2180
Telephone 0161-445 2416

10 AUG 1995

Our ref DL Your ref

cc NHS for info.

cc Also Nur Roach.

9 August 1995

Dr E M Love
National Blood Transfusion Service
Regional Transfusion Centre
Plymouth Grove
MANCHESTER
M13 9LL

Dear Elizabeth

re: HEPATITIS C LOOK BACK

Thank you for your letter of the 4th August. We are well aware of the problems mentioned in your second paragraph regarding the situation where we find a positive antibody test often with a strong reaction in both Elisa's where the PCR test is negative on repeat testing. We have found this to be a constant feature of our test results since we started in 1992.

For your interest, I enclose a copy of the current algorithm we are using. This has an additional note on the second page regarding possible causes of various combinations of tests including anti-HCV positive and PCR negative specimens. So far as I know there have been no published papers which have attempted to investigate these problems. We had in mind, in any case, plans to look closer at the significance of these results since there are quite a few alternative possibilities as an explanation of the results as mentioned in the paper I have enclosed. (Send EDTA blood on all LOOKBACK prospectively.)

Would you be interested in a collaborative project using some of the patients from the hepatitis C lookback?. If necessary, we can involve other RTC's. We would need to compare the clinical and laboratory data very carefully, and it may involve prospective follow-up over, say, six months to a year to exclude some of the possibilities such as intermittent viraemia.

I have also written to Philip Mortimer regarding the cost implications of doing additional RIBA tests. I think, in actual fact, the costings of extra tests should be catered for, but I will raise this with PHLS HQ again since it looks as if the NBA are going to investigate RIBA indeterminate reactives as a separate class of transfusion recipient. The only problem with your remark in the last sentence of the first page of your letter is that the

somewhat unnecessary algorithm which was sent round with the lookback papers was drawn up by people who have little experience of the practical side of investigating hepatitis C infection. For instance, there is a myth at present abroad which claims that many immunosuppressed patients produce PCR positive results with negative antibody tests. This can occur rarely in immunosuppressed patients with other infections, but our experience to date suggests that in the Christie patients three instances where we had a PCR positive on the Roche test all turned out to be false positives and, therefore, I think positive tests in the absence of the presence of antibody results should be treated with extreme caution and confirmed by follow-up with a full clinical evaluation. A PCR test by itself is not robust enough as performed in the average virology laboratory to allow a straight interpretation of a single positive test without supporting evidence as being significant.

Agree.

We can discuss this matter when I see you at the meeting next week.

With kindest regards,

Yours sincerely

GRO-C: J Craske

Consultant Virologist

J:\virus\pauline\love9.let