

D. Heint

MINUTES OF THE EASTERN DIVISION MEETING HELD AT BRENTWOOD BTC

ON THURSDAY, 26 MARCH 1992

Present:

Dr J F Harrison	(Chairman)
Dr H Boralessa	(Secretary)
Professor J P Allain	
Dr R Brearley	
Dr M Contreras	
Dr E Caffrey	
Dr M de Silva	
Dr G Fryers	
Dr A Gorman	
Dr P Hewitt	
Dr R Jones	
Dr J Kemp	
Dr S M McDougall	
Dr E Ranasinghe	
Dr M Thomas	
Dr L Williamson	

1. Apologies for Absence

Apologies for absence were received from Dr B Brozovic, Dr S Knowles and Ms B Phipps. The Chairman welcomed Dr Liz Caffrey the new Consultant from Cambridge, on behalf of the Division. Dr W Ouwehand attended in the afternoon for the Medical Audit Meeting.

2. Minutes of the Previous Meeting

Minutes of the Meeting of 9 January 1992 were accepted as a true record.

3. Matters Arising

(a) Selection of Donors for Collection of Plasma for Fractionation

Dr Harrison informed members that the EEC document did not make a distinction between selection of blood and plasma donors. Hence there was no purpose in making a list of drugs which donors might take and still be acceptable to donate plasma for fractionation.

(b) Apheresis Plasma

Dr Harrison had taken up this matter at the NMC Meeting. Dr Gunson had not replied to Professor Allain's letter, as he said it was not addressed to him. Professor Allain confirmed that from now on Cambridge BTS will only collect apheresed plasma as a by-product of plateletpheresis.

(c) NEQAS Funding

Brentwood - No funds available from Region.

Tooting - Costs included in the prices for products.

Colindale - Have applied to Region for funding.

(d) Update on COSHH Sheets

Dr Harrison has now completed the NBTS COSHH sheets and handed them over to Dr Gunson for approval and distribution.

4. Agenda and Papers for the NMC Meeting on Thursday, 2 April 1992

Matters Arising from NMC Minutes of 16 January 1992

(3.1) Revision of the AIDS Leaflet

Dr Hewitt reported that contacts of prostitutes will be given a two year exclusion period. Homosexual men and IV drug users will be permanently excluded.

Heterosexual contacts of persons living in Sub-Saharan African countries are to be given a two year exclusion period. Thailand, Brazil, Caribbean and New York are to be taken off the 'At Risk Areas' list. The majority of members felt that persons who had put themselves at risk in Thailand should be excluded for two years.

(3.2) Working Party on Retention of Records

The Working Party met last week and a draft report will be submitted to the NMC shortly.

(3.4) Plasma Specification

Dr Contreras did not approve of the 'special arrangements' which are to operate for underfilled and overfilled packs. It was reported that there are very few underfilled packs, but many overfilled ones, as some Centres are collecting donations at the upper limit of specification (495 mls) in order to obtain more plasma. The general feeling was that BPL should refuse to accept these overfilled packs, as they are out of specification. Meanwhile, perhaps the idea of a larger plasma pack should be explored.

(5.2) Anti-HCV Testing

Wellcome wish to conduct a trial of their new anti-HCV test and had requested the results, not only of their test but of the Centre's routine tests. Until now, other manufacturers have not been given the results of their own tests, so the Wellcome study could give rise to problems of confidentiality.

(15) Advisory Committee on Science and Technology (ACOST)

RTCs were very keen to participate in research projects proposed by this group.

Agenda for NMC Meeting on 2 April 1992

(4) UK TTD Committee

(a) Professor Allain did not agree with the incorporation of ALT testing into anti-HCV testing. Dr Contreras said that ALT may be useful for anti-HCV indeterminates and data should be collected to explore this possibility.

(b) Virally Inactivated FFP

Professor Allain informed the Meeting that they were in the final stages of organising a clinical trial with Octapharma. Cambridge, Birmingham and Newcastle will be participating in this trial where virally inactivated FFP will be used for:

- (1) Warfarin overdose.
- (2) Cover of liver biopsy.
- (3) Treatment of TTP.

This trial may be combined with the proposed NBTS study.

(c) Anti HBc testing

Dr Thomas informed members that the experience of the U.S. Army blood collection in Europe, indicated a significant improvement in identifying persons infectious for hepatitis B when screening for anti-HBc was performed in addition to HBsAg. It was also felt that the anti-HBc test is a useful marker for 'high risk' activity.

(5) P.O.D. Committee

Dr Harrison reported on the last meeting and explained the purpose of the trial of yellow cones to give directions to donors at sessions. She displayed a sheet of 'stickers' for donors. She felt that the slogan on one of the stickers could be misinterpreted, so N.E Thames BTS would not be distributing it. The other stickers met with general approval.

(6) NBTS/CBLA Liaison Committee

Dr Harrison gave a verbal report.

(a) High Titre CMV Plasma

Dr Contreras was very disappointed that BPL had not given her Centre more notice that high titre CMV plasma is no longer required. Colindale have already incurred expenses in screening and recruiting plasma donors for CMV antibody, and some of the plasma for next year has already been collected.

Mrs Gaynor Fryers defended BPL's action by informing the Division that sales of the product had fallen after Dr Gooi was nominated to vet requests from NHS customers. Then BPL was informed that non-specific immunoglobulin was being used instead of the CMV product because of the high cost of the latter. BPL then reduced the price of CMV immunoglobulin, but the market did not 'pick up'. BPL was then informed that Dr Gooi had been recommending the use of commercial non-specific immunoglobulin, rather than the BPL CMV immunoglobulin. Divisional members sympathised with BPL and resolved to try and assist the sale of remaining CMV immunoglobulin by advising local hospitals to use it. It was felt that the DOH should allow BPL to sell the high titre CMV plasma abroad, if there is a market.

(b) Hepatitis-B Immunoglobulin

The intravenous product is of proven value for liver transplants in hepatitis B positive patients. Dr Contreras had explored the possibility of collecting high titre hepatitis B plasma for processing to IV immunoglobulin in Scotland. She had not yet approached the users in the N.W. Thames Region to ascertain whether they would buy and use the NHS product.

Mrs Fryers stated that BPL would undertake the market research with potential customers. Centres would be asked to collect the high titre HB plasma and BPL would arrange processing in Scotland.

There was considerable discussion. Some members felt that BPL should concentrate on developing their own IV process. It was pointed out that the BPL 'standard' for hepatitis B high titre plasma is very high and it will be very difficult for Centres to collect the 1,000 kg of plasma required.

(7) Management of Hepatitis B and C Positive Results found in Antenatal and other Specimens referred to RTCs

It was agreed that it is not essential to test referred samples for hepatitis B and C. But if samples are tested and proved positive, the referring clinician should be informed. HIV testing should not be performed without the patient's consent.

(9) Funding for Post Graduate Education

The Post Graduate Dean for the N.E. Thames Region has informed Dr Harrison that hospital clinical tutors have funds to pay for post graduate education, such as training in transfusion medicine for Registrars and Senior Registrars.

(10) Survey of Blood Cholesterol Levels in Blood Donors

Members felt very strongly that Transfusion Centres should not be involved in health screening. Tests should be confined to those which are relevant to blood collection.

Eastern Division Agenda

5. NBA and Briefing of Representatives

Dr Contreras confirmed that a meeting will be held at Colindale to discuss the above matter on 1 April 1992. Members from Centres which would not be represented on 1 April and those who will be attending, confirmed that they continued to support the views expressed in the document prepared by Drs Wagstaff and Robinson, following the National Meeting held on 25 October 1991.

6. Any Other Business

Colonel Thomas asked what should be done about donors who had visited areas where Visceral Leishmaniasis is prevalent. Dr Harrison suggested that this question should be referred to the Committee for Transfusion Transmitted Diseases.

7. Date and Venue of Next Meeting

In view of the proposed meeting in York on 25 June, the date of the next Eastern Division Meeting was altered to 18 June 1992 and South London BTC has provisionally agreed to host the meeting.