

EASTERN DIVISION MEETING

Minutes of the Meeting held at the South London Regional
Transfusion Centre on Thursday, 11 April 1991

Present:

Dr J F Harrison	(Chairman)	
Dr H Boralessa	(Secretary)	
Professor J-P Allain		Dr R Jones
Dr R Brearley		Mr A Martin
Dr M de Silva		Col. M Thomas
Mrs G Fryers		Dr L Williamson
Dr P Hewitt		

The Chairman welcomed Professor Allain, the new Director of the Cambridge BTC.

South Thames
BTC
Mr Martin informed members that the South West Thames RHA had made a formal offer to Mrs Belinda Phipps, of the Managing Director's post at the South London BTC. Because the Eastern Division membership in the future will not exclusively be confined to medical consultants, it was agreed to call this group "Eastern Division", rather than "Eastern Division Consultants".

1. Apologies for Absence:

Apologies for absence were received from Dr M Contreras, Dr B Brozovic, Dr S Knowles, Dr W Ouwehand, Dr M McDougall, Dr A Gorman, Dr E Ranasinghe.

2. Minutes of the Previous Meeting:

Minutes of the meeting held on 31 January 1991 were accepted as a true record.

3. Matters Arising:a. Format of Minutes:

This was acceptable to the Division.

b. Bar Code Date Labels:

Has been referred to the Bar Code Working Party for consideration. Colonel Thomas pointed out that 'Optipress Bags' were not correctly labelled. Baxter are redesigning the labels. The matter has been referred to the Bar Code Working Party.

c. Hepatitis B Vaccination for Antibody Donors:

Dr Harrison consulted Professor Zuckerman, who said that there was no evidence to suggest that vaccination produced antibody unsuitable for immunoglobulin production.

- d. Keith Rogers Retirement Present:
Dr Rogers had written to thank the Eastern Division for their gift.
 - e. Consultants' Meeting at York:
Members stated that they wished to know which topics were to be discussed at the meeting, before they decided whether to attend. "Policy for HCV Screening and Counselling" was suggested as a very important topic and "Self-sufficiency" was another topic that members would like to see discussed at the York meeting.
4. Discussion of the Agenda for the Fourteenth Meeting of the National Management Committee to be held on 16/4/1991:
- 3.1 Medical Audit:
Audit of Hospital Blood Banks by BTC Consultants, was discussed. Are BTCs expected to perform such audits, or is this a matter for decision by individual transfusion centres? Those BTCs that had already performed audits at hospitals, felt that this was extremely beneficial to both parties. Dr Harrison agreed to ask Dr Gunson for written guidelines as to whether BTCs were expected to perform audit of hospital blood banks or not. Such guidelines would assist when asking RHAs for the necessary resources to perform hospital blood bank audit.
 - 3. Organisation and Management of the NBTS:
It was noted that Management Consultants, Ernst and Young had been asked to advise. Mr Martin said that Tooting BTC was not satisfied that only 5 RTDs were to be interviewed by Ernst and Young. He had written to Mr Shaw Edwards requesting an interview. Members also noted with dismay that Dr Gunson had said that the Department of Health would be unlikely to accept central management of the NBTS since this is the situation that the majority of consultants wish to achieve. The value of employing Ernst and Young to advise, was questioned.
 - 3.4 Aids Leaflet: - discussed later
 - 3.5 COSHH Regulations: - A meeting is to be convened shortly.
 - 3.6 Rhesus Negative Donations:
Members agreed that some RTCs would have difficulty in implementing the changes. Nevertheless, a deadline of 1/4/92 had been set and it was felt that all RTCs should adhere to this deadline.
4. QUIN Committee:
Members wished to have details of the BPL Product Recall procedure as soon as possible.

7. Minutes of Other Divisions:

Western Division - 3.7: Colonel Thomas pointed out that Gulf forces were not supplied with blood from Romania. There had been some field hospital support.

Northern Division - 13.7: Dr Hewitt stated that the Eastern Division representative Mr Martina, is not aware that any action has yet been taken by the Working Party on Record Keeping.

5. Dr Harrison reported on the POD Committee meeting of 3/4/91. New leaflets and posters were shown to members and met with general approval.

Dr Harrison reported on the NBTS/CBLA Liaison Committee meeting of 10/4/91. Some members of the Division thought that there was still a large demand for anti-CMV immunoglobulin which was not being satisfied by the BPL supply. BPL had reduced the request for anti-CMV plasma. Mrs Fryers mentioned that the fact that users had to request immunoglobulin through RTCs and complete a questionnaire, appeared to have reduced the sales of CMV immunoglobulin by BPL. There was much further discussion about the need for various types of plasmas and BPLs production targets. It was decided to invite Dr Terry Snape to the next Eastern Division meeting in order to answer some of the technical questions raised by Divisional members.

Anti-HCV Testing:

This matter was discussed at length. Members felt that:

- a. PCR testing could not be justified for samples referred from the BTS. The use of this test for HCV screening and not for testing for other viral markers within the BTS means that double standards are being applied. There is no evidence that PCR testing adds much to confirmatory testing using RIBA 2. Preparation, storage and transportation of samples for PCR presents enormous difficulties.
- b. The way that ALT testing was to be used in conjunction with HCV screening was thought not to be satisfactory.
- c. Members felt that to quarantine plasma at various stages of HCV screening and confirmation testing would be complicated and potentially hazardous. All donations screening HCV positive at transfusion centres should be discarded.

6. Selection of Donors - Response by Standing Committee to points raised by Eastern Division.

The minutes of the Standing Committee Meeting of 28/2/91 had been circulated and were discussed.

- a. Revision of the AIDS Leaflet
Eastern Division members were strongly opposed to several of the changes proposed for the AIDS leaflet.

- a) Inclusion of Guidelines on syphilis and gonorrhoea in the AIDS leaflet was thought to be unnecessary. Currently, persons who have had syphilis are permanently excluded as blood donors in England and Wales, particularly if the TPHA test is positive and is likely to remain so. Persons who have had gonorrhoea or other non-syphilitic venereal diseases, can be excluded for 12 months, but this can be done using general guidelines.
- b) The Eastern Division feels that it is essential that countries that the NBTS regards as having a high prevalence of HIV infection through heterosexual spread, should be named. If such countries are not named on the leaflet, donors at risk will not be prevented from attending donor sessions and will have the embarrassment of being turned away from the session. In addition, donors receiving leaflets which do not name countries considered to be high risk will immediately telephone the Transfusion Centre to ask for such countries to be named. The Eastern Division considers that donors who have had sexual relationships with people from sub-Saharan Africa since 1977 should be excluded. Other countries and areas such as New York, Brazil, Thailand and the Caribbean, have only been considered High Risk since about 1988 and therefore, a date of 1977 is inappropriate.
- c) It was pointed out that it is probably not justifiable to exclude as donors, persons who have had a sexual relationship only with their spouse even if that spouse lived in a "high risk" area.
- d) Some members thought that the 1977 deadline for homosexual activity should not be removed, since it may be that some men have had a single homosexual encounter in adolescence more than 20 years ago and this should not preclude them from acting as blood donors.

Donor Age

The Eastern Division was not entirely satisfied with the decision of the Standing Committee that new donors over 60 should not be accepted. Colonel Thomas agreed to examine the evidence both in the UK and abroad on age and blood donation and write a paper on the subject.

Frequency of Donation

The Eastern Division welcomed the suggestion that the evidence for the safety of a twelve-week donation interval for male donors would be looked at.

7. Problems with PHLS Referral Service

The Tooting BTS had written to Dr Mortimer to report problems with delays in receiving results. Dr Mortimer has responded and it was agreed that the situation will be kept under review. Dr Kemp will report back at the next meeting. No other centres reported particular problems with the PHLS service.

8. Readmission of Donors Testing Positive for Viral Markers, but not Confirmed at PHLS

Dr Kemp had written a paper on this subject, which had been sent to Dr Gunson and also to BPL. The main problem concerned plasmapheresis donors as there are no clear national guidelines on the subject. Copies of Dr Kemp's paper will be circulated to Divisional members and we will await Dr Gunson's comments.

9. Charges for Blood/Components Supplied Between Regions

Dr Harrison expressed her concern because it seems likely that the prices charged by different regions for blood and blood components will vary considerably in 1991/92. Dr Harrison urged all divisional members to write to Dr Gunson giving details of financial arrangements at their centre for the current year. The Division felt that for 1991/92 at least, there should be a common national price for surplus red cells and components which are supplied by one region to another to cover shortages. Otherwise, there may be some regions which are forced to discard blood or components even when other regions could use them, because they are too expensive.

10. Rare Cells Supplied to the National Frozen Blood Bank

Dr Boralessa pointed out that currently, if a rare unit of blood is collected by any BTC and sent to Birmingham for freezing for general use, then the BTC which collects and sends this unit has to bear the cost of this. In these circumstances, regions might be unwilling to identify and send rare units to the frozen blood bank. It was agreed that transfusion centres in the Eastern Division would be quite willing to collect and send units during this current year at their own expense, but that Dr Ala should include the cost of this in the general charge for the frozen blood bank in 1992/93. Then the cost of collecting and transporting units for general use can be paid by Birmingham BTC.

11. Any Other Business

- a. Members asked that Dr Gunson should send out a list giving details of all NBTS Committees and their membership with, for each committee a one sentence description of the function of that committee. This would enable members to refer things to the correct committee and to ensure that each division is appropriately represented.
- b. Research Committee: Members had all sent to Dr Gunson lists of their current research projects. It was felt that a list of all the research projects being undertaken nationally within the NBTS should be circulated so that people who are contemplating similar research projects might make contact with each other and duplication of effort would be avoided.
- c. Dr Williamson asked when centres can cease sending quarterly statistics to the Department of Health. Dr Harrison agreed to take up this matter with Dr Roger Moore.

12. Date of Next Meeting

The next meeting will be held on Thursday, 6th June 1991 at 11 am at ABSD Aldershot. Dr Harrison agreed to circulate members with details of the dates of divisional meetings for the rest of 1991.