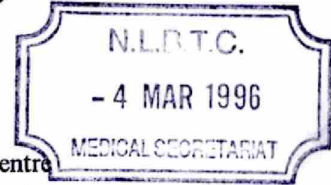


**Anti-HBc Screening Project Study Group meeting  
Wednesday, 28th February 1996**



Present:	Chris Parkhouse	Abbott Laboratories
	Professor Jean-Pierre Allain	Division of Transfusion Medicine
	Barbara Cant	South Thames Blood Transfusion Centre
	Una Whichelow	South Thames Blood Transfusion Centre
	Joanna Griffiths	East Anglian Blood Centre
	Ian Reeves	East Anglian Blood Centre
	David Wenham	East Anglian Blood Centre
	Dr Lorna Williamson	EABC/Division of Transfusion Medicine

**Apologies received from:**

Dr John Barbara	North London Blood Transfusion Centre
Dr Pat Hewitt	North London Blood Transfusion Centre
Professor R Tedder	University College London Medical School

**ACTION**

**1. Minutes of Last Meeting**

The minutes of the meeting held on 17th January 1996 were accepted as a correct record.

**2. Matters Arising**

3. Lorna Williamson had circulated revised figures on the final results of donor testing. Barbara Cant now reported that of the 58 'anti-HBc only' donors from South Thames, two should be excluded because of HBsAg positivity. Of the 56 remaining there were 18 new and 38 old donors. The split between new and old donors in Cambridge will be provided by Joanna Griffiths.

JG

It would be necessary, if possible, to obtain the denominators for new and old donors tested as part of the study. South Thames can give this figure precisely. The Cambridge computer system does not permit this, but the figure should reflect Cambridge's overall split between new and old donors. David Wenham will provide this figure.

DW

**Supplementary Testing (see attached)**

There is still a discrepancy in the figures as this set of results reports 71 anti-HBc only. Ian Reeves to check for discrepancy.

IR

Anti-HBe positivity rate is now much as expected. The two IgM anti-HBc positive samples from South Thames will have HBsAg performed on PRISM followed, if positive, by neutralisation. Of other samples so far tested for HBsAg on PRISM, three have been above cut-off and 10 close to cut-off. Anti-

HBsAg assay on AusAb is in progress. Ortho anti-HBc plates not obtained yet. To do all anti-HBc positive samples would require five plates at a cost of nearly £1,000. However, if one plate can be obtained this would permit all isolated anti-HBc positive samples to be tested.

3. **DNA Testing**

Professor Allain reported on behalf of Professor Tedder that due to problems with contamination the results were not yet available but would be repeated shortly.

4. **Look-back East Anglia**

Approval from all Ethics Committees had been received. All blood banks except one have returned recipient data. The remaining hospital (Peterborough) has only recently been computerised and would appreciate help with data gathering. Joanna Griffiths to contact Mr Ed Didsbury, Blood Bank Chief.

JG

Medical records have been obtained from three hospitals so far. To date approximately two-thirds of patients are still alive and theoretically contactable. Blood samples would mostly be obtained by local GPs or practice nurses, with Joanna Griffiths available to take any where GP sampling would be difficult. In order to have closer information on which samples have been taken, it was agreed that samples should come via the Cambridge Centre for logging in. Serum would be separated here and forwarded in batches to John Barbara. A similar system should be established at South Thames.

JG/DW  
UW/BC

Joanna Griffiths's work is being limited by computer access. David Wenham to investigate further with Robin Lambert. (Resolved 29.02.96)

DW

5. **Look-back South Thames**

Ethical Committees' approval had been obtained for more than 25% of total patient numbers. The largest outstanding hospital is St George's. Two other hospitals (including Marsden) asked for more statistical information, which Lorna Williamson has provided. The database is being constructed for both sites at Cambridge. The considerable help given by Dr Charlotte Llewellyn was gratefully acknowledged by the group. Problems with obtaining data from South Thames archive would soon be overcome.

To provide a further control group of donors with no markers of hepatitis B, it would be helpful if donors with isolated anti-HBc could be matched for age and sex, and number of donations if possible, with donors in NLTC's TTI study. This would control for possible passive protection by high level anti-HBsAg in our current control group. Lorna Williamson to discuss with Pat Hewitt. Joanna Griffiths and Una Whichelow to provide a combined list suitable for matching.

LW  
UW/JG

6. **Any Other Business**

- 6.1 Jean-Pierre Allain reported Pat Hewitt's concern that children should not be used in research studies unless there was direct benefit to themselves. It had already been agreed that where a local Ethics Committee objected to children being tested this would not be done for that hospital. Barbara Cant suggested that we could, in performing the look-back, test all the adults first and then consider testing children, depending on the results. It could be particularly justified to test a child whose donor had already been shown to have transmitted to an adult. This excellent suggestion was agreed.

correct these  
minutes at  
next meeting

A

- 6.2 Lorna Williamson reported on a meeting she had had with Pat Hewitt and John Barbara during the study day on counselling for Una Whichelow and Joanna Griffiths (notes attached). The suggestions from that meeting were agreed. Joanna Griffiths reminded the group that informing the patient and formal counselling were not the same thing, and that confusion over this had led to some problems during the HCV look-back.

7. **Date of Next Meeting**

Friday, 29th March 1996, 09.30, at East Anglian Blood Centre.

**Attach.**

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 & Middlesex School of Medicine  
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 Whichelow, Research Nurse, South Thames Blood Transfusion Centre

LW/cmh  
29th February 1996

# Anti-core trial, results of supplemental testing.

Anti-core pos, anti-HBs below 0.1 iu/ml = 102

Anti-core only = 71

Total number of Anti-HBe pos. = 67 (38.7%)

Total number of IgM Anti-core pos. = 2 (1.16%)

	No's	Anti-HBe pos ( % )	IgM Anti-core pos ( % )	HBsAg pos ( % )
Anti-core + low Anti-HBs	102	58 (56.9)	1 (0.99)	.
Isolated Anti core	71 (69)	9 (12.7)	1 (1.41)	* 2

\* 2 confirmed HBsAg positives, more results to come.