

letter sent by H. Yellowbees (Chief Medical Officer)
1st May, 1975

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1. 6BY

TELEPHONE GRO-C

To all Regional Medical Officers

1 May 1975

Dear Doctor

BLOOD DONATION AND HEPATITIS

The Department has recently received advice from a group of experts* on the use of blood donations from certain categories of donors.

GEOGRAPHICAL FACTORS

The group have advised that a high frequency of hepatitis B surface antigen (HB_s Ag) occurs in people who were born or who have lived in certain countries which are (or were) designated by WHO as endemic malarious areas and that there is a much greater risk of transmitting hepatitis through blood from these donors than from donors born in the UK. This risk, however, is not confined only to donors from endemic malarious areas because HB_s Ag occurs with high frequency in many other countries. In Europe HB_s Ag occurs with high frequency in those countries, other than France, which have a Mediterranean littoral. Thus, for example, the blood of a person born in Greece or Turkey must be considered to be at 'high risk' of transmitting hepatitis no less than the blood of a person born, say, in Jamaica. Parts of the world with low frequency are Australia, Canada, New Zealand, the United States of America and some parts of Europe, including the UK and the Irish Republic.

In the experts' view no tests can be completely reliable but the risk of HB_s Ag not being detected by one of the more sensitive tests which have recently been developed (reversed passive haemagglutination and radio-immunoassay) is small. They have therefore advised that the whole blood or concentrated red cells of donors found to be HB_s Ag negative by one of these more sensitive tests and which are otherwise medically acceptable may be used for transfusion purposes irrespective of the donor's ethnic group or country of origin. However, the red cells of all donors who were born or have resided in an endemic malarious area must continue, as at present, not to be used.

In order to identify donors from 'high risk' hepatitis areas and donors from endemic malarious areas, it will be necessary to ask all donors where they were born and whether they have lived in a 'high risk' hepatitis or endemic malarious area. These enquires must be carefully phrased and suitable explanations given in order to avoid inferences being drawn of discrimination on grounds of race or colour. Donors from 'high risk' hepatitis areas (until the more sensitive test for HB_s Ag is in use) and donors from endemic malarious areas (irrespective of the type of hepatitis test), should be told that their

*a sub-group of the Advisory Group on Testing for Australia Antigen.

red cells cannot be used as they may transmit hepatitis or malaria respectively, but that their plasma is a valuable source of plasma fractions or diagnostic materials.

PRISONS

There is a relatively high risk of hepatitis B being transmitted by the blood of prisoners. But there is probably an equally high risk in other groups of the population, eg drug addicts, who are not so easily identified in advance as prisoners, if they can be identified at all. The advice we have received is that it is not necessary to discontinue the collection of blood at prisons and similar institutions provided all donations are subjected to one of the more sensitive tests referred to above.

The Memorandum on the Selection, Medical Examination and Care of Blood Donors, issued for the guidance of Regional Transfusion Directors, will be revised to take account of the advice we have received. The Advisory Group on the testing for HB Ag has almost completed the review of its previous Report (which was published under cover of HM(72)33) and advice on the introduction of a more sensitive routine test will be issued in due course to Health Authorities.

I am enclosing a copy of this letter for the Regional Transfusion Director.

Yours sincerely

GRO-C

H YELLOWLEES
CHIEF MEDICAL OFFICER

Enquiries 01-703-6380 Ext **GRO-C**

Further copies of this letter may be obtained from Central Store, DHSS Depot, Primrose Mill, Clitheroe, Lancashire BB7 1BP, telephone : 0200-2-2187