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The Guardian

THE INDEPENDENT

# Hepatitis blood test may hit transfusions

LEADERS of European blood transfusion services and leading haematologists meet next month to assess a new test which detects the liver disease Hepatitis C.

Transfusion services stand to lose thousands of pints of donated blood if the screening is set up internationally.

The test, developed in the United States and available here for less than two months, has raised as many questions as it appeared to answer.

It is hoped that an assessment of thousands of screened blood donations and patients with the liver problems will give more information. Using the method, Hepatitis C was found in 1 in 150 of 9,000 British blood samples, and the West Germans have had similar results with 5,000 tests, Dr Harold Gunson, national director of UK Blood Transfusion Service, said.

This could mean that 15,000 donations a year, or 0.75 per cent of donated British blood, would no longer be acceptable. But, Dr Gunson said, the test was not necessarily specific to Hepatitis C, which can cause a range of problems from mild illness to cirrhosis of the liver.

This may result in an unknown number of false positive results, denying the service donors and alarming some with the knowledge they may have Hepatitis C.

"What this means is that all of these people may not necessarily carry the disease, be ill, or transfer it in their blood. We need confirmatory tests to tell us if the screening is really picking up anti-

By Celia Hall  
Medical Editor

bodies to this virus or to something else," he said.

The Chiron Corporation, a US company, has now been asked to provide a confirmatory test to be used on the samples that were positive at the first attempt. Dr Gunson said it was impossible to say how long it would be before such a test was available.

In today's edition of *The Lancet*, Dr Marcela Contreras and Dr John Barbara of the North London Blood Transfusion Service, who carried out the trials for the national service, also call for a confirmatory test.

They point out that the new test takes three hours and that its introduction into routine donor screening would be "logistically difficult". They say that "precipitate action should be avoided".

Nonetheless, if an accurate screening method is available, its introduction must follow, despite the unavoidable loss of donors to the service.

More autologous blood donations — when patients give their own blood, up to five weeks before operations, and it is kept for them — may be encouraged further, as well as a greater use of man-made plasma substitute.

But Dr Gunson warned that autologous donation was only suitable in about 5 to 10 per cent of cases. "Most patients are too old, too young or too ill to do this. However, we encourage it wherever it can be done," he said.

# Call for action on blood checks

Aileen Ballentyne  
Medical Correspondent

THE Government was urged yesterday to carry out an immediate review of international evidence on the newly-developed test for hepatitis C to ensure the national blood supply is protected.

The recommendation came from the British Medical Association, which represents Britain's doctors. It follows disclosure by the Guardian that the Government is considering screening every pint of blood donated in Britain for the virus, which can in some cases lead to hepatitis C and fatal liver failure.

Dr Vivienne Nathanson, assistant secretary of the BMA's science and ethics committee, said that blood donors should also be given "clear, well defined advice" from the Government on the exact meaning of a positive test for the recently isolated hepatitis C virus, so as to allay anxiety.

If the test proved reliable, this would allow those found to be carrying the virus to receive expert treatment and counselling "at the earliest possible opportunity".

But Dr Marcela Contreras, director of the North London Blood Transfusion Centre, who carried out a pilot study of the test on more than 5,000 blood donors, writes in a letter in today's issue of the *Lancet* that "precipitate action" in using the test to screen donors should be avoided.

She warns of the "enormous and costly undertaking" in-

involved in contacting up to 25,000 of the 2.5 million donors who give blood every year.

The pilot study using the new test found that up to one in every 100 blood donors is the tested positive for the hepatitis C virus (HPC).

Dr Contreras was commenting on a leading article in the *Lancet* earlier this month, which concluded that results from the new tests in Germany, Spain and Holland showed that the test was "sensitive and specific."

The *Lancet* suggested that the results "underline the urgency of making the system available for donor blood screening."

Dr Harold Gunson, national director of the Blood Transfusion Service, said yesterday that availability of the test for the hepatitis C virus could make the blood supply in Britain even safer, provided that it proves to be a suitable test.

A spokesman for the Department of Health said Britain blood supply was considered one of the safest in the world. "We are continuing to investigate ways of making it safer still."

Along with other countries, the National Blood Transfusion Service was "examining all available data" before making a decision on extending testing to all donated blood.

Dr Nathanson added that those found to be carrying the hepatitis C virus after their blood was screened might consider having a series of liver function tests.

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## 20 COMMENT

## Trouble in the blood stream

**T**HE EIGHTIES are proving a troubled decade for the blood transfusion service. So the discovery, first reported on our front page yesterday, of a new form of hepatitis virus which could infect one in every hundred blood donors confronts it with a dilemma it could well do without. Pressures have already mounted in the blood donation world from every direction. Scientific and technical staff, dismayed at low pay and poor prospects, have left the service in droves. The often chaotic regional fragmentation of the system in England and Wales (Scotland has a nationwide system) produced delays and shortages affecting vital operations which moved the Government last year to reorganise it centrally, a move which under the guidance of Dr Harold Gunson now seems to be getting results. Above all, there has been Aids, which has necessitated a reorganisation of screening procedures and which, most alarmingly of all, has led to a sharp drop in blood donation, especially among poorer people. All of which had already forced the service to start a rethink of its public relations needs.

The problem of the newly isolated hepatitis C virus adds a further disturbing element to this catalogue. If the random tests carried out by the National Blood Transfusion Service are correct, then as many as 25,000 of the 2.5 million registered blood donors in this country could be carrying the blood-transmitted virus which, in turn, can eventually kill up to 10 per cent of those infected. As a result of these findings, it is

now estimated that 6,000 people last year alone may have been given contaminated blood transfusions. That in itself is serious enough, but the real headache for the authorities is that, in order to find out *which* donors are actually affected, it must decide whether to screen *all* future blood donations, as well as existing stocks, for the HPC virus. That would be time consuming for staff and would add approximately £2 per pint to the existing £25 per pint production cost, producing a total extra cost of approximately £6 million. Obviously, it would also eventually mean the loss of the infected donors to the service. Additionally, the episode might risk creating a more general deterrent to other existing or potential donors at a difficult time. Donations have fallen by an alarming 10 per cent in the past four years. With the Department of Health increasingly recognising the seriousness of the blood shortage problem — it is playing havoc with some transplant timetables — there must inevitably be some temptation, both on cost and public relations grounds, to decide to turn a blind eye to the case for screening.

That would, though, be an unacceptable conclusion for the Department of Health to adopt when it meets to draw up its response in October. Blood donations are already tested for three other serious infections: syphilis, hepatitis B and HIV. There is now no technical reason why HPC should not be added to the screening list. To do so would remove the risk of infection which, on the basis of last year's figures, may ultimately cause 600 critical liver failures every year. It would also, no less importantly, help to bolster public confidence in the blood transfusion service. That confidence is not lost yet — the public rightly has high levels of faith in the service — but it is already more vulnerable than it was a decade ago, and the HPC threat will weaken it significantly, as HIV has already done, if it is not now dealt with effectively.

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## Hepatitis dangers 'minimal'

A BLOOD expert moved quickly today to correct an impression that people receiving transfusions face a big risk of developing the liver disease hepatitis.

Dr Harold Gunson, director of the National Blood Transfusion Service, was responding to a report in The Guardian suggesting that 6000 people in the last year could have received blood contaminated with the hepatitis C virus.

He said that the blood transfusion service had tested 9000 samples and found that less than one per cent was positive for hepatitis C. Moreover the infection was "one of the milder forms of the disease, more commonly known as Non A and Non B hepatitis."

The true number of contaminated samples was thought to be even lower because the test only registers antibodies to the virus rather than the virus itself.

"If I needed a blood transfusion tomorrow I would have one," said Dr Gunson. "The chances of a complication are very small."

Dr Gunson said that the test for hepatitis C had only become available within the past few and was currently being evaluated in Britain.

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Blood transfusions

# Hepatitis test to be considered

By Our Science Correspondent

A test that can detect a recently discovered type of hepatitis virus may be used to screen all blood donations.

The National Blood Transfusion Service is carrying out studies on the effectiveness of the test, developed in the United States, for hepatitis C, usually a milder form of the liver disease.

The infection is unknown in Britain, but it is known to be the most common form of hepatitis occurring after blood transfusions in some developing countries.

Dr Harold Gunson, director of the National Blood Transfusion Service, said that the screening of 9,000 blood samples with the new test had found that less than 1 per cent had antibodies to the hepatitis

C virus and some of those were probably false positives.

"Patients should not be concerned if they have a transfusion because the incidence of post-transfusion hepatitis in this country is very low indeed", he said.

He discounted a newspaper report that said that in the past month up to 6,000 people had received transfusions which might have been contaminated with the virus.

This was a misinterpretation of the sampling results, he said. "If I needed a blood transfusion tomorrow I would have one. The chances of a complication are very small."

The Department of Health said: "We have no information on the prevalence of the infection in Britain and that is

why an accurate screening test would be useful."

● The limbs of people involved in fatal accidents could eventually be used in transplant operations, a surgeon said yesterday.

The "macabre" prospect could result from techniques already developed to reconnect severed limbs and to replace lost or deformed fingers with toes, Mr Simon Kay, of the micro-surgery unit at St James's Hospital, Leeds, West Yorkshire, said.

Mr Kay, speaking after accepting a cheque of £120,000 towards research from Yorkshire Television, said: "Although it is a long way off, I am sure we will eventually be taking parts of bodies and using them for

transplantation. This might seem a bit macabre to some, but we are very responsible in the work we do."

● Doctors at São Paulo University, Brazil, have given two children liver transplants using live adult donors, according to a report in *The Lancet*.

The first patient, a girl aged four, died six days after receiving part of the liver of her mother last December. However, a baby girl, aged 19 months, given part of the liver of a man, is still alive and her new liver had begun to function.

Both operations involved transplanting a small segment of an adult liver, which it was hoped would grow to normal size.