

NATIONAL BLOOD TRANSFUSION SERVICE

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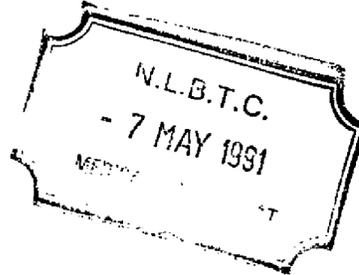
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Our Ref: HHG/DCW

1st May, 1991

Dr. M. Contreras,
Director,
North London Blood
Transfusion Centre,
Colindale Avenue,
LONDON, NW9 5BG.



Dear *Marcella*,

Yes, you are quite right. When I see your letterhead I wonder on what I am about to be taken to task!

I will attempt to answer the points you have raised in your letter but firstly, I should like to state that the minutes of a meeting should reflect accurately the discussion which took place at the meeting. I hope that these do so.

Secondly, when I sent out the agenda, I attached to it papers giving the views of the specialist laboratories on confirmatory testing and John Cash's proposals for plasma for fractionation. I realise that you have been greatly occupied with other matters over recent weeks, but it would have been helpful if you had consulted Pat Hewitt and John Barbara prior to the meeting and expressed the views you have now put in your letter to me.

Having said this, however, I personally agree with much you say in your letter. Indeed I have already had discussions with Richard Tedder and Philip Mortimer and told them that after discussions with several RTDs that it is unlikely that there would be agreement to PCR tests, since these were not essential to determine the safety of the blood supply. If they were needed at all, it would be to evaluate the donor once he has become a referred patient as part of the assessment for interferon therapy. I still think that it is important to evaluate the PCR but that it should be done as a separately financed research study and I have written to Richard and Philip suggesting this course of action.

NLN/ ~~3173~~

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GRO-C

01 May 91

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Since the meeting both Richard Tedder and Eddie Follett have written to John Cash questioning both ALT and PCR testing in relation to plasma for fractionation.

I am about to send out the minutes of the TTD Committee for consultation in the Divisions. I am sure that there will be comments similar to yours coming back. I have stressed to those who Chair the Divisions that the information in these minutes are proposals and not necessarily the final recommendations.

I do not think that you should be so dismissive about the recommendations on counselling. RTCs, other than North London, may wish to have such advice either for their own use or for the consultants to whom they refer donors.

I did point out in the minutes that the active continuation of a donor whose anti-HCV result cannot be confirmed for the purpose of donating plasma was not cost-effective.

The suggestion that Miss. Rawlinson should monitor the results came from me, and was discussed at the last two meetings without dissent. I suggested this so that the test for this virus could be monitored and it would allow us to find regional variations. I take your point about HBV and I think I have written to John Barbara who retrospectively assesses HBsAg tests to ask if the RTCs could send the data on testing more frequently. Since I am aware that some RTCs are obtaining a significant number of false positive results with the ELISA tests now being used. (I say, I think I have written because I am unable to locate a copy of the letter - I certainly intended to).

Before the next meeting of the TTD Committee on 10th June, I propose to write a paper summarising the recommendations for anti-HCV screening. I shall bear in mind the contents of your letter. I do ask, however, that you discuss the contents of my paper prior to the meeting, because I would like to have these agreed or amended at that meeting without having to have yet another meeting to go over the same ground.

As long as the virologists were advising PCR as a confirmatory test for the presence of HCV and NA it was difficult to go against this advice. Now they seem to be having doubts on scientific grounds about the value of PCR, it is right that these are challenged and I think that we will eventually arrive at sensible conclusions.

With kind regards.

Yours sincerely,

GRO-C

H.H. GUNSON
National Director

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