

EASTERN DIVISION OF CONSULTANTS IN BLOOD TRANSFUSION

Minutes of meeting held 11 a.m., Monday, 13th April 1987,  
at the Regional Transfusion Centre, Brentwood.

Present: Dr. J. Blagdon  
Dr. H. Boralessa  
Dr. B. Brozovic  
Dr. J. Darnborough  
Dr. T. Gibson  
Dr. P. Hewitt  
Dr. J. Kemp  
Dr. S. Knowles  
Dr. P. de Silva  
Dr. E. Williams

1. Apologies were received from:-

Dr. M. Contreras  
Dr. A. Gorman  
Dr. J. Harrison  
Dr. R. Lane  
Dr. K. Rogers  
Dr. T. Wood

2. Minutes of Divisional Meeting held 19th January 1987

Correction:- Page 2, 7, 2(c), line three should read  
"It would not stop ...."

3. Matters Arising

Nil.

4. Albumin

Dr. Blagdon spoke at some length. He could not understand, and nobody, including Mr. N. Pettet, had been able to explain why there should be any reduction in output of HAS from BPL. There was more than adequate start material that had been HIV tested.

If for some reason or other there was inadequate Fraction 5 or TE plasma available, then FFP should be used for HAS production, even if the Factor VIII is lost, for as things are going it would appear that the productive life of the new factory at Elstree will be very limited with the advent of synthetic Factor VIII.

There was general agreement to these views, and it was hoped that urgent action would be taken to increase HAS production.

5. Hepatitis B Vaccination

The practice of offering and arranging vaccination against Hepatitis B varies greatly from place to place. At the present time there does not appear to be great interest.

It was suggested that the persons vaccinated could be used as a source of immune plasma. They would be identified at follow-up monitoring of their immune status.

6. Further Selection of Donors for Anti-D

There was a general discussion on the selection of donors for anti-D immunoglobulin. One of the main points questioned was cervical lesions - were they viral in origin? If so, should we accept donors who have had cervical erosion treated with laser or other forms of treatment as anti-D donors, or even blood donors?

There was some discussions as to whether too much pressure is being put on potential donors.

7. Minutes of RTD's Meeting, 21st January 1987

No points were raised.

8. Items from RTD's Agenda for 15th April 1987

(3) Transfusion for UK Citizens Working Abroad

This subject has been raised before; the last time about 4 years ago. No satisfactory guidelines were given at the time and none appear to have been formulated since.

This has again become a problem because of AIDS and travel to Africa.

It was generally agreed that the party requesting the blood must be responsible for transportation. The question of cold boxes was raised - these usually make a one-way trip!

It was hoped that firm guidelines would be given this time by the DHSS.

#### HIV Risk Donors at Sessions

RTC Edgware has a confidential unit exclusion form which the donor may complete so that a high risk donation is excluded. The system appears to work well, but requires additional staff:- full time CO, part-time ass. spec. 2 sessions per week.

Edgware also exclude prostitutes, male and female, and their contacts.

Both Cambridge and South London would find this system difficult to introduce and rely on self exclusion of the potential donor.

#### Autologous Transfusion

Following general discussion on this subject, it was agreed that the RTCs should not be involved other than to give advice to the hospitals as to how they should set up their own system.

The main interest in autologous transfusion in London came from the private sector.

It was estimated that the cost of units of blood for autologous and conventional would be about the same.

The only directed donation that was agreed with was mother to baby.

#### (6) Transfusion Centre Head Scientists Meetings

Quality control of Kleihauer tests.

Quality control of anti-D quantitation.

It is hoped that both these will be started up again from Sheffield and Oxford respectively.

(7) University of Surrey - Study of NBTS

Nobody seems to know what is happening!

(8) HGV Driver Hours

There appears to be contradictory rules from the EEC. Duty hours re driving time. It is hoped Dr. Moore can sort something out.

(12) Donor Haemaglobin Tests

Dr. Entwistle's paper seemed to depend too much on the assumption that the copper sulphate test is known to be unreliable. The meeting was not in favour of the proposals.

(13) Herpes Simplex Virus and Blood Donation

Generally agreed that a person should not donate with active herpes simplex.

(14) Letter from Institute of Electrolysis

It was generally agreed that a certificate would be of little value as there was no national professional body to strike off wrong doers!

Some people buy their own needles for use.

(15) Acupuncture and Blood Donation

Edgware accept donors if acupuncture carried out on NHS. Exclusion time 6 months. Most patients have further treatment before six months is up!

9. Any Other Business(i) Management Services Study

Verbal report expected at the next Central Advisory Committee meeting in June.

(ii) Anti-D

Again not enough anti-D has been produced. It was queried if Mr. Norman Pettet had got his sums wrong again. Regions appear to be sending in more plasma of higher titre, but still not enough.

10. Date and Venue of Next Meeting

13th July 1987. --Date to be confirmed.

Place, RTC Tooting.

JB/CMH

July 1987