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Advisory Committee on the N.B.T.S.

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Working Party to Advise on Plasma Supplies for Self-Sufficiency in Blood Products

Minutes of a meeting of the Working Party held at Manchester Regional Transfusion Centre on Thursday, 2nd September 1982, at 11.00 a.m.

Present: Dr. H. H. Gunson (in the Chair)
Dr. A. E. Robinson
Mr. S. Godfrey
Dr. J. K. Smith
Dr. J. R. Kemp )
Mr. L. Vallet ) Invited for the meeting.
Dr. M. L. Kavanagh)

1. Apologies for absence: Dr. P. Clark.

2. Supplies of Fresh Frozen Plasma:

2.1 Response from Regions to requests for increase in fresh plasma supplies to attain self-sufficiency

Mr. Godfrey reported that 11 Regions had responded to the paper circulated which outlined the need for additional plasma. Certain regions had sent detailed comments but all had accepted the principle that self-sufficiency should be the aim and that the N.B.T.S. should provide the plasma to attain self-sufficiency. However, this was qualified by statements questioning whether financial resources would be available to achieve this aim within a relatively short time scale.

2.2 Plasmapheresis Centre Trials - Progress Reports

2.2.1 Machine Plasmapheresis, Bradford Centre

Dr. Robinson reported that the Centre in Bradford had commenced with two machines operating some months ago and this was increased to four, and finally to the projected six machines. Unfortunately, due to the industrial action within the N.H.S. it had not been possible to proceed as expected. However, data collated to the end of June 1982 showed that 74% of the 3,252 donors invited to enter the plasmapheresis scheme had responded, and 64% (2,636) had contributed donations. She assessed the response to be significantly higher than that for routine donations. The aim was to accept donors who had given two normal donations and the frequency of donations by plasmapheresis was approximately one donation every ten weeks. Yields of factor VIII from the plasma obtained were satisfactory and higher than those obtained from plasma obtained from whole blood donations from the Yorkshire R.T.C; however, it was too early to assess the entire effectiveness of the operations of the Centre.

2.2.2 Lancaster Manual Plasmapheresis Centre

The Chairman reported that suitable premises had now been obtained and that equipment was being ordered. Staff would be engaged shortly and it was hoped that the Centre would be operational by the end of October 1982.

2.2.3 Trial at Lewisham Hospital

Initial trials using the IBM cell-washing centrifuge as an adjunct to a manual procedure had received favourable comment from both donors and staff. Apheresis procedures to collect 500 ml. plasma could be undertaken in approximately 50 minutes, although the centrifugation time may have to be lengthened, to obtain plasma with a platelet count within the proscribed limits. A proposal had been made to the S.E. Thames R.H.A. to establish a 4-bedded unit to evaluate properly this procedure and a decision was awaited.

2.3 Proposals for Monitoring Trials

A protocol was considered for the monitoring of the plasmapheresis trials at the three Centres which were currently proposing to undertake this work. In order to obtain the maximum information the Working Party strongly recommended that other Centres who undertook plasmapheresis for the purpose of collecting plasma from normal donors should be urged to follow the protocol and send the information to the Working Party.

2.4 Code of Practice for Manual Plasmapheresis of Volunteer Donors

The Chairman presented proposals for this Code of Practice, which have been circulated also to the Divisions of the N.B.T.S. and to the Scottish Directors' Committee. Comments were made on the proposals and the Chairman undertook to pass these on to the R.T.D. Committee and the Scottish R.T.D. Committee.

3. Supplies of Plasma for Preparation of Immunoglobulins

Mr. L. Vallet presented a paper on behalf of B.P.L. on the production of normal and specific immunoglobulin preparations. Several aspects were highlighted in the discussion.

3.1 The production of normal immunoglobulin could be contained within the plasma supply for factor VIII and albumin solutions.

3.2 The production of specific immunoglobulins required a continual review due to changes which took place in clinical practice.

3.3 The demand for certain specific immunoglobulins could probably be forecast at present and deficiencies in supply of suitable plasma identified. Thus:

3.3.1 Anti-D Immunoglobulin

Sufficient supplies were available for present usage; however, if antenatal protection were to become more frequently used it would not be possible to accommodate this increase in production in the present facility at B.P.L. This may entail the licensing of commercial manufacturers.

3.3.2 Anti-Tetanus Immunoglobulin

The demand for this product was expected to increase and this may be combined with an increase in potency of the immunoglobulin. Since the bulk of plasma for this product is obtained from only six R.T.Cs. it was agreed that other R.T.Cs. should be encouraged to contribute plasma.

3.3.3 Anti-HBs Immunoglobulin

It was clear that there would be a shortage of this material unless additional plasma supplies were obtained urgently.

3.3.4 Anti-CMV Immunoglobulin

It was anticipated that this product would be in demand from Bone Marrow Transplantation Centres. There was clearly a need for a definitive test to determine suitable donations and this was being investigated at B.P.L. R.T.Cs. would have to seriously consider the testing of donations to make this product available.

3.3.5 Other Specific Immunoglobulins

A variable pattern emerged with respect to these products. Some appeared to be in balance with demand, whereas with others the intake of plasma was not sufficient to maintain continuity of supply. Mr. Vallet agreed to consult with P.H.L.S. to determine optimum quantities which were needed and report back to the Working Party.

The input of plasma from R.T.Cs. for the preparation of Specific Immunoglobulins showed considerable disparity. If the preparation of these products is not to be prejudiced in the future then it was clear that some R.T.Cs. would have to increase their contributions of plasma. It was agreed that plasma supplied for the preparation of these products should be included in the pro-rata supplies of factor VIII and albumin solutions, and this recommendation is presented for consideration by the Advisory Committee.

It was also recommended that R.T.Ds. should be appraised of the situation and requested to consider how they could increase the supplies of specific antibody plasmas, where appropriate, in conjunction with B.P.L. who would co-ordinate the level of intake.

4. Any Other Business: None.

5. Date and Time of Next Meeting: Spring of 1983.