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Dr McIntyre

Copy to: Dr Scott
Mr Murray

UK WORKING PARTY ON TRANSFUSION-ASSOCIATED HEPATITIS

This Working Party was established in 1981 and has been inactive for some time. It reports to English and Scottish BTS Directors and through them to DHSS. It was convened on 24 November 1986 to discuss screening of blood donations for ALT level (Alanine amino-transferase; an index of liver disorder) and for antibodies to the core of hepatitis B virus (which evidently does not indicate hepatitis B infection but has some association with the risk of transmitting non-A, non-B hepatitis), in the hope of reducing the incidence of non-A, non-B hepatitis in recipients of blood and blood products. The meeting noted that both Europe and USA are closely interested in the prospects; some American blood handlers have begun ALT screening, but FDA have postponed till February 1987 their decision whether to insist upon it.

Members had already seen a searching and dispassionate written presentation by Dr Gunson, the Chairman, who advises DHSS on Blood Transfusion. They considered the following issues:

1. Is the American experience of frequent non-A, non-B hepatitis in recipients of blood and blood products reproduced here? If so, a 40% reduction in it would follow screening. The answer is No. Such evidence as exists does not bear out the American experience, but to examine the question properly would be a long and expensive business. All blood is now screened for HIV. This step may be excluding some that would convey non-A, non-B infection, or discouraging donors whose blood would do so, thus indirectly reducing the chances of transmitting non-A, non-B hepatitis. It was pointed out that in USA some donations might evade present screens entirely, and that in Italy half the donations might apparently contain hepatitis B core antibody.

2. Is ALT screening the application of a straightforward Yes/No test? The answer is No; it is an arbitrary decision on where to draw the line; if it is to exclude viraemia arguably the line should be drawn lower than it is now set - with inevitably even greater loss of donations. Dr McClelland put the proportion of local donations showing an ALT test in excess of 45 i.u. (a credible place for the line) at 34/1008: 3.4%. The proportion excluded by hepatitis B core antibody screening is put at 1 to 1.8%, and there are divergent opinions about methodology. It is clear that much "innocent" blood would be excluded.

3. Will better solutions emerge? Zuckerman is against the proposed screening on general principles, and would like to investigate further the reasons for hepatitis B core antibodies being present.

4. Is research indicated? The meeting felt that a prospective study to discover the present burden of transfusion-associated non-A, non-B hepatitis was impracticable on grounds of cost and huge sample size. They propose instead a study to identify in three centres (1 Scottish) donors positive for ALT or core antibodies, and search for other risk factors in them. There seemed no ethical objection; donors could be warned that these tests would be applied to their blood. The meeting did not reach a decision on whether "positive" blood could be administered to patients or not.

5. There was some discussion of the cost of screening all donations (perhaps £8m). I asked the Chairman whether he would advise screening if it were free of cost. He said No.

The position explicitly reached at the meeting is to recommend research of no great significance or scientific interest because the prospect of research would serve to counter pressure from for example haemophiliacs and Haemophilia Directors to embark on an indirect and largely ineffective form of screening, which would also lose us a certain amount of perfectly harmless blood. Figures were produced at the meeting for the total number of non-A, non-B hepatitis cases encountered annually among haemophiliacs (A and B) and patients with von Willebrand's disease. The average UK total per year is 35 over the past 6 years, but 1985 saw a sharp decline to 11 in all. A proportion of these cases among haemophiliacs and similar patients are asymptomatic.

GRO-C

DR J M FORRESTER
1 December 1986

Room 25
SAH