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CONFIDENTIAL

On 10th June last I chaired an informal meeting at which we discussed the problem of hepatitis following the administration of AHG concentrates. A list of those attending is attached.

Dr. Craske presented the results of his epidemiological survey and there was further comment on the virological aspects by Drs. Banatvala and Dane. It was clear that not only identifiable hepatitis B was involved but also presumptive A and/or other varieties.

Dr. Josephson on behalf of Travenol Laboratories stated that the incidence of hepatitis B was explained by manufacture of stock-piled plasma, the donors of which had been screened only by CEP. He suggested that it was unlikely that the problem was confined to Hemofil and events subsequently have shown this to be true, at least in respect of Kryobulin.

After considerable discussion, it was agreed that while we could expect a drop in cases of hepatitis B as material screened by HA and RIA techniques came through, the problem of non-B hepatitis would remain.

I suggested that administration of pooled plasma from donors with high HBs Ab activity could be expected to give some protection against hepatitis B in these cases. Also, if this pool was drawn from some 30 or more individuals it could reasonably be expected also to contain antibody against hepatitis A and perhaps other non-B types. Dr. Dane agreed, but would have preferred the number of contributors to be nearer 100. This was thought to be impracticable.

It was decided that pooled material would be prepared in Edgware and distributed initially to the Haemophilia Centres represented at the meeting.

TEC/REW
25th July, 1975.

DR. T.E. CLEGHORN

Encl.