MINUTES OF THE SEVENTH MEETING OF THE U.K. HAEMOPHILIA CENTRE DIRECTORS' HEPATITIS WORKING PARTY HELD AT THE OXFORD HAEMOPHILIA CENTRE ON WEDNESDAY 3RD SEPTEMBER, 1980

| PRESENT: | | | |
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| | Dr. J. Craske | (Chairman) | Manchester |
| | Dr. C. Rizza | (Director) | Oxford Haemophilia Centre |
| | Dr. S. Ghosh | | Oxford Haemophilia Centre |
| | Miss R.D.J. Spooner | | Oxford Haemophilia Centre |
| | Dr. E. Preston | | Sheffield Haemophilia Centre |
| | Dr. J. Trowell | | Nuffield Dept., of Medicine, John Radcliffe Hospital, Oxford. |
| | Dr. R. Lane | | (Represented by Dr. J. Smith of the Blood Products Laboratory, Oxford) |
| | Dr. C.A. Ludlam | (Director) | Edinburgh Haemophilia Centre |

1) Apologies for absence was received from Dr. H.C. Thomas and Dr. Peter Kernoff, Royal Free Hospital, London.'

2) The Minutes of the sixth meeting of the Working Party held at Oxford on Wednesday 20th February, 1980 were approved.

3) Matters arising from the Minutes

a) Hepatitis Surveillance. Dr. Craske circulated preliminary data of the incidence of hepatitis for the years 1977-1979 which was to be included in the Annual Report to the D.H.S.S.

The conclusions so far for the survey were:

i) Non-B hepatitis antibodies at the same level as 1974-5 for Hemofil and Kryobulin, and similar figures are available for the other U.S. concentrates. Apparent variations in the incidence of hepatitis B were most likely to be associated with changes in the use of different products, e.g., the incidence in cases of hepatitis B and non-B associated with Armour factor VIII were associated with an increase of 300 patients treated with this product from 1977-1979.

ii) Hepatitis B. Despite screening of donations for $HB_sAg$ this continues at a low level. A survey of hepatitis B antibodies in Oxford haemophiliacs had shown a high correlation with exposure to factor VIII concentrate with a positive blood test for Anti-$HB_s$.

iii) Chronic hepatitis B is not a major cause of chronic liver disease in British haemophiliacs, as only 3/124 patients studied are carriers of $HB_sAg$.

iv) Hepatitis B is associated with a low risk of secondary infections in household contacts of haemophiliacs (1 case/14 over index cases). This occurred in 2 circumstances, spouses or girl friends of the index case or parents who administered factor VIII to the index case.

v) There is no evidence of overt secondary non-A, non-B hepatitis in household contacts of British haemophiliacs who contract factor VIII associated non-A, non-B hepatitis.

In reply to Dr. Smith, Dr. Craske said that there was a low level of hepatitis in haemophiliacs not associated with factor VIII therapy, but these were excluded from the analysis.

There had also been at least 2 cases of hepatitis A in Haemophilia B patients at Oxford in 1977-8. The relationship of their illness to factor IX concentrate transfusions was being investigated.

Further data was being analysed to be included in the Annual Report to the D.H.S.S. The most common association of non-A, non-B hepatitis was a first transfusion of factor VIII, particularly U.S. commercial factor VIII.

b) Chronic Hepatitis.

a) Liver Biopsy. Royal Free - Sheffield collaborative study. Dr. Preston said that detailed analysis of the results of this project were not yet available, but agreement had been reached between the histopathologists involved as to the criteria to be used in assessing histological appearances of the biopsy specimens. Preliminary results suggested that the appearances in patients with acute hepatitis were unique and might mean that the hepatitis associated with factor VIII concentrate was of a distinct type. One patient at Sheffield had suffered from haemobilia after biopsy, but had made a complete recovery. Further data would be presented at the Glasgow meeting on Unsolved Problems in Haemophilia on October 1st, 1980.

b) Other Studies. Dr. Ludlam said that the Edinburgh Haemophilia Centre were contemplating a study of chronic liver disease in patients on long term Edinburgh Factor VIII therapy. The Edinburgh patients would be evaluated using the same criteria as Oxford, but it was likely that liver biopsy would be included in the investigation.

c) There was some discussion as to whether a general survey of patients thought to have chronic liver disease would be of benefit. Dr. Craske said there had been a limited response to the form for reporting cases of chronic hepatitis. It was decided to await the results of the studies at present underway, and to encourage reporting of chronic cases to Oxford where Directors thought appropriate using form C3.

c) <u>Prospective Study of Transfusion Hepatitis in patients first exposed to Factor VIII or IX Concentrate.</u>

Dr. Craske circulated data which suggested that NHS Factor VIII made at Oxford might be associated with a lower risk of non-A, non-B hepatitis than other batches of NHS factor VIII, e.g., Elstree or commercial factor VIII. Oxford factor VIII had a pool

size of 500 donations, whereas Elstree factor VIII had a pool size of 3,500 donations. It was proposed to carry out a prospective study to evaluate the value of such a preparation for the treatment of mild haemophiliacs at operation, etc. The question as to whether more than one Centre might be required would be considered later.

4) Proposed trial of Hepatitis B vaccine in British Haemophiliacs

Dr. Craske said he had received a letter from Dr. Reichle, Associate Medical Director, Merck, Sharp & Dohme, in which he said that it would not be possible to undertake an evaluation of the MSD vaccine for at least another year owing to problems with obtaining trial certificates for the U.K. The results of the New York homosexual vaccine trial would appear in the New Eng. J. Med. in October, 1980. This matter would be reviewed at the next meeting.

5) Any other business. There was none.

6) Date of next meeting. To be arranged.