SURVEY.

Wd'AM/PP

20th February, 1978.

Dr. J. Craske,
Consultant Virologist,
Public Health Laboratory,
Withington Hospital,
MANCHESTER M20 8LR.

Dear Dr. Craske,

Thank you for your letter of 30th January, 1978.

I note your information about Treloar.

Thank you also for asking me to comment on your survey. I am in general agreement with the proposal to study the incidence of hepatitis after transfusion of available preparations of factor VIII concentrate. But you do not say whether it is intended to look for subicteric cases. If so, the survey becomes much more difficult and perhaps something along the lines of the MRC Post-transfusion Hepatitis Survey but considerably simplified (see J. Hygiene, 1974, B, 173) might then be considered. It would be a pity not to attempt to find subicteric cases.

I am not convinced of the wisdom of following up earlier "Hemofil" recipients for evidence of chronic sequelae. To do this effectively will involve, apart from history, HBsAg and anti-HBsAg tests, transaminase measurements (which, in the event of abnormal values, should be repeated within 3-4 days and the high values confirmed) and possibly other hepatic function tests. In some patients liver biopsy will be indicated but to do this would be attended by many difficulties.

Too close investigation of these patients might suggest to any who were found to have chronic hepatic sequelae that they had been negligently treated originally and that a claim for compensation might be in order. If this aspect has not been considered I think it should be,,if only to dismiss it. I believe concentrate is becoming progressively safer, both here and in other countries, so that it may be undesirable to be seen to be giving emphasis to this complication of the use of the earlier batches of "Hemofil", the use of which was attended by considerable publicity. What is going to be gained? It is known that an attack of post-transfusion hepatitis associated with HBsAg may entail chronic hepatic damage.

One thing would limit the exposure of patients to batches of concentrate which may be infective. This is that there should be a quicker method of collecting and analysing information about cases of hepatitis so that suspect material could be withdrawn. To do this may be impracticable and the occasions on which a batch becomes suspect with any great certainty are perhaps few since many patients seem to receive material from so many batches and sources. Practice could be greatly improved in this respect: whenever possible

cont'd.....

9/288

a patient should receive concentrate from only one batch.

I have sent a copy of this letter to Dr. Waiter and Dr. Holgate.

Yours sincerely,

GRO-C

W. d'A. Maycock.

9/269