dane interview 7/10/75

became involved in factor 8 after biological standards lab had found one of batchs of hemofil supplied for repeat testing by highland to be just positive for HB.asked to repeat test by travenol.tested by usual abbott testing kit,as used by biological standards lab and travenol,and found just negative.decided to test by own more advanced method.found that batch and two others to be positive HB.
conveyed these results to travenol and m.o.h.no reply from ministry altho later learned did not dispute findings.m.o.h. very embarassed.travenol were very angry as did not like any criticisms of their product as big business.
later learned of craske's work at poole.craske initially found correlation of HA.he notified data to travenol and to ministry.travenol threatened him with legal action,i.e. injunction,if he published it.
as a result of these two findings and pressure from those treating haemophiliacs travenol arranged a meeting at churchill hotel at beginning of the year.chairman cleghorn.craske and dane present plus others.met dr.jacobson of hyland.he accepted findings of dane and craske.after meeting it was agreed by hyland that its leaflet would be altered to spell out more clearly the risk re HB.not done.

ministry attitude that all very embarassing as hemofil passed by fda and by bsl. want to play down what has happened,epidemic among haemophiliacs,and say that it will resolve itself thru higher standards of testing in usa.ministry attitude also that leaflets clear eno and that those doctors treating haemophiliacs know the risks anyway.

fda brought in new rule with effect from sept.15.now all donations of plasma must be ria tested individually as well as in final batch.this was being done by abbott but not by hyland or cutter(?).use of ria means that few cases of infection escape detection and those that do are weak.as a result the combination of this with dilution amid 1000 donations should make safer but still a risk.test used (cep)by hyland before ensure that only find 100 out of 140/150 cases in each 1000. guaranteed risk therefore compounded by nature of walk in donors used by hyland. reason not use ria test as expensive and require expert staff.not always possible cheaply in nicaragua.hyland should have known the risk given the nature of donors and the fact that british haemophiliacs less immune than us.hyland took risk by cutting corners and saving cash.result'epidemic of HB.

in mid 50s cutter one of suppliers of salk vaccine against polio.cut corners on testing.result was live virus in each dose of supposedly killed vaccine.100 children and 100 members of family given polio as result before cutter withdrew vaccine.

believes that craske found evidence of 100 to 200 cases of HA and HB as result of using Factor 8.best results in centres like poole where haemophiliacs only given factor 8 and not mixed with cryo.result of use of factor 8 has been epidemic in past 18 months.two HA cases at middlesex.one case of family member getting HB where child using factor 8.

case of ~~kmpm~~ death from HB at middlesex last year(nov.?).elderly patient ,60,under prof.stewart.came in for tests re suitability for open heart surgery re new valve. given factor 8 hemofil in addition to cryo.developed HA.came in for operation and again given large amount of HB.stewart did not want to use but essential to save life.used part of batch tested as positove but less so than other two.there was a risk but less than if other two batches used.three months later patient reentered hospital with jaundice.developed acute HB with heavy bleeding.after two cardiac arrests died.no doubt that death caused by hemofil as valve working ok. hospital had to take preventive action re all staff who had been in contact with him.travenol would dispute because of heart condition and also previous use of cryo for which all donors not tested.

lot of doctors now treating haemophiliacs aware of risk and only using factor 8 where cryo not applicable.risk tho for patient re home use where factor 8 most popular.

found several hemofil batches positive.tested three immuno batches and found negative.then immuno used in middlesex and HB developed in patient.tested batch and found positove.positive using abbott kit.immuno had similarly tested and found negative.problem of companies not knowing how to read tests properly.tested one batch of cutter,ok.not tested any abbott.

biological standards lab run by medical research council.now headed by david evans.testing done by mcgrath.fault that lab should be gievn same tests used by manufacturer to repeat.should use different tests.

much research on hepatitis done by dr.prince at new york blood centre.he is saying that finding cases of neither HA or HB.main problem paid donors.his proportion of these new cases far greater than in north london where only 2 donors positive against 35 four years ago after close control of donors and use of prophylactic methods.

virulent strain of HB known as AD and AY.AD mainly found in northern hemisphere, i.e. us and europe.AY found in tropical or warmer climates such as africa,the mediterranean area.often in east africa ad and ay mixed.most drug users ay.west africa ay.

fault of ministry that no british factor 8.maycock able to produce.much of work done in uk.no shortage of plasma without plasmaphereses.matter of cost.ministry decided cheaper to buy american.once made decision not wish to reverse it despite findings by craske and dane.

have been cases of HB found among maycock donors.testing by method less safe th an ria.but as british blood lower risk anyway. failure of bts to respond to factor 8 possibilities.

cutter best leaflet followed by hemofil and then immuno which is least effective. not seen abbott literature.abbott very high standard as company.

abbott safest prodcut probably.immuno better than cutter or hemofil as use large number of regular donors also using students.also prospect that using foreign workers in which case very high risk from turkey or yugoslavia.also possible using imported us or african plasma.hyland said impossible to use regular donors. rely therefore on casual donors.