

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of a meeting held on Wednesday 6 October 1971 at
11 am in Room D104, Department of Health and Social Security
Alexander Fleming House, Elephant and Castle, London, SE1

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Continued from the above meeting

e. AUSTRALIA (HEPATITIS ASSOCIATED) ANTIGEN

i. REPORT OF THE ADVISORY GROUP ON TESTING FOR THE PRESENCE OF AUSTRALIA (HEPATITIS ASSOCIATED) ANTIGEN AND ITS ANTIBODY

Comments had been received from 5 RTDs as well as from, among others, the Association of Clinical Pathologists, Royal College of Pathologists and Joint Consultants Committee. Several organizations, including the Royal College of General Practitioners, had made no comments.

The Advisory Group had considered the comments received and a final text of the report had been prepared which would be distributed as an Appendix to a Hospital Memorandum.

ii. CENTRIFUGES. reported that MSE were about to make a prototype model of a Super-Minor centrifuge fitted with a rotating windshield. If MSE could expect firm orders for this model the cost of the prototype would be reduced. It was agreed that the model must be shown to be satisfactory before orders could be placed.

iii. TESTING OF DONATIONS FOR HEPATITIS ANTIGEN

The position was:-

Testing all donations now: Sheffield, Edgware, Wessex, Cardiff (PHLS)

Testing all donations by end of 1971: Bristol, Liverpool, possibly S.London

Testing about half donations: Newcastle, Cambridge

The position in other centres was as reported in RTD Minutes 14 July, para.6, except for RTC Brentwood which had had to stop testing until accommodation could be provided.

iv. ACCIDENTS. Two incidents were reported in which a member of RTC staff had pricked themselves with an instrument contaminated with Au positive blood: a doctor at Birmingham who did not develop hepatitis or become Au positive; a scientific officer at Bristol who had so far remained well for 4 weeks since the incident.

v. PRISONERS AS DONORS.

It was noted that since 1 July 1971 American Red Cross had stopped collecting blood from donors in "correctional institutions" because it is generally accepted in USA that the incidence of infective but Au-negative donations is higher among those from prisoners than from voluntary unpaid donors, and that the incidence of Au-positive individuals among prisoners is 10 times greater than among voluntary unpaid donors.

The following points were made in discussion:-

All RTCs collected blood in prisons, borstals or other similar institutions.

Several RTDs did not consider that the association of donations from such sources with cases of hepatitis was any greater than that of donations from other donors.

reported that he had found a greater incidence of Au positives among prisoners than among other donors. These results confirmed those of in Glasgow.

There was great difficulty in following-up prisoners found to be Au-positive and arranging for confirmatory tests. This was particularly so after prisoners had been discharged. In one prison the names of donors were not given to the RTC. Dr Grant said it was sometimes difficult to keep any record at all of prisoner donors.

suggested that prison and borstal governors should be asked to prevent any individuals known to be or to have been a drug user from volunteering as a donor.

After further discussion the meeting agreed to adopt suggestion but decided that before considering whether to stop collecting blood in prisons etc. more information should be obtained about the association of such donations with cases of serum hepatitis.

vi. AU-POSITIVE DONORS WHO CANNOT BE TRACED

referred to RTD Minutes 1966, 16 February, recording the decision that particulars of donors associated with cases of hepatitis, who could not be traced and warned not to give blood again, should be sent to all UK transfusion centres and to RTC Dublin. The meeting decided that this was not necessary in the case of untraced Au-positive donors as they would be detected if they attend to give blood.

[Note:- this is not necessarily correct.]