# The Treatment of Haemophilia A and B and von Willebrand's Disease

EDITED BY

ROSEMARY BIGGS

BSc, PhD, MD, MRCP, MA.

Director, Oxford Haemophilia Centre.
Lecturer in Haematology
University of Oxford

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3 Treatment should not be withheld from the severely affected patient because of the danger of hepatitis. The danger of death from haemorrhage and crippling are of more immediate importance.

**The need for future observations for the prevention of hepatitis**

There are two urgent problems which need solution, one concerns the production of virus free fractions, and it is to be hoped that progress will be made in testing plasma submitted to fractionation procedures to eliminate virus. The second important line of study concerns the fate of virus and clinical disease in patients. In this latter problem it is important to know the liver function of patients who receive frequent dosage of factors VIII or IX and the relationships of liver function to tests for $HB_sAg$ or $HB_sAb$. It is only by keeping the most meticulous records of individual cases that progress can be made in assessing the long term danger to patients of repeated infusions of virus contaminated materials. So far our attention has centred on clinical illness associated with jaundice but it will be necessary to assess the significances of various abnormalities in liver function tests and of alterations in the results of tests for $HB_sAg$ on the patient's general health over a long period of time.

**An attempt to analyse the source of hepatitis in patients during 1974 in Oxford**

During 1974 sixteen patients developed some evidence of hepatitis. During 6 months prior to the development of illness the sixteen patients had received 40 different batches of NHS concentrate each batch being made from pools of plasma each derived from 400 donors. In addition 5 different batches of commercial human factor VIII had been used, each of these batches being made of pools from more than 2,500 different donations. Four of the NHS batches received by some of the patients were reported as $HB_sAg$ positive a long time after all of the material had been given to the patients. A survey was made of all the different batches of concentrate used and those batches which had been received by three or more of the patients who developed jaundice were selected as probable sources of virus infection. The patients were then divided into those who had had a change from negative to positive of either $HB_sAg$ or $Hb_sAb$ at the time of developing jaundice and those whose plasma showed no change in this respect. This separation is shown in Table 9.2. For the patient with a positive change in $HB_sAg$ or $HB_sAb$ a long incubation period for jaundice is to be anticipated. Six batches (5 NHS and one commercial) are disclosed as possibly causing infection. Of the NHS batches which may have been implicated 2 were not tested by RIA, 2 were tested by RIA and recorded as positive and one was