16 JUN 1989

(1)

NATIONAL DIRECTORATE OF THE NBTS

UK ADVISORY COMMITTEE ON TRANSFUSION TRANSMITTED DISEASES

Minutes of the meeting held on Friday 19th May, 1989

Present: Dr. J. Barbara
Professor J.D. Cash
Dr. E.A. Follett
Dr. R. Mitchell
Dr. P.P. Mortimer
Dr. W. Wagstaff (In The Chair)

In Attendance: Mr. P.J. Cosgrove

1. Apologies for Absence ACTION

Apologies for absence were received from Dr. Marcela Contreras and Dr. H.H. Gunson.

2. Minutes Of The Last Meeting

The minutes of the meeting held on 24th February, 1989 were approved.

3. Matters Arising From The Minutes

3.1 HTLV 1:Outline Proposals For The NBTS/ SNBTS Study

The committee considered the outline proposals for the testing of 100,000 blood donations for Anti-HTLV 1 by the NBTS and the SNBTS using 5000 stored random blood sera collected in Glasgow and the West of Scotland. Preliminary data from this study indicated little correspondence between the Abbott, Du Pont, and Fujireibo test kits. Of the 5000 samples 34 were found to be repeatedly positive, but of these only three were found to be repeatedly positive by the Abbott and Du Pont tests and none were found repeatedly positive by all three tests.

Confirmatory testing is currently being performed on the 34 repeatedly positive samples and until the results of these tests were known no firm conclusions could be drawn.

	ACTION
Nevertheless, it was felt that the data did indicate the inability of present technology to provide a reliable system of screening blood donations of HTLV 1.	
A second report, a "Comparison of HTLV 1 Assays" was tabled by Dr. Barbara. The report noted that although automated sampling methods were available for the Abbott test, these were bulky and the assay is not compatible with other microplate tests which might lead to some confusion.	
Regarding the Du Pont test, it was reported that this takes about three hours and sensitivity appears to be quite good, with a low reactivity rate.	
The modified Fujirebio test can produce a result in less than two hours however, specificity is poor, even when using a 1/64 titre as a cut off point 1/200 samples were still repeat reactive. The standard Fujirebio test was not favoured because it was both time consuming and involved a number of filtrations.	
The committee was aware that other tests were being developed which should be available in the near future which might be more reliable. These tests would also need to be evaluated when they were available.	
With regard to confirmatory testing, it was reported that these tests were also open to question due to the absence of positive control material of human origin.	
Dr. Mortimer agreed to set out the present criteria for describing a sample as HTLV 1 positive.	Dr. P.P. Mortimer
It was also agreed that members of the committee would approach colleagues who had positive control material and this would be passed to Dr. Mortimer for the creation of a panel for use in confirmatory testing.	Dr. J. Barbara Prof. J.D. Cash Dr. E.A. Follett Dr. W. Wagstaff Dr. P.P. Mortimer

Given the problems identified above the committee requested that the National Director of the Blood Transfusion Service should approach the Minister of Health and advise him of the urgent need to organise the Blood Transfusion Service's response to the problems of evaluating commercial tests; confirmatory tests; quality control support; and research and development. **ACTION** Dr. H. H. Gunson

It was suggested that a group should be set up, to be guided by a steering group of leading European microbiologists who would provide the necessary scientific information and promote international co-operation such as the sharing of scarce materials.

It was also agreed that the examination of existing tests should continue using samples from groups with high risk profiles. It was agreed that the outline proposals for the NBTS/SNBTS study should be amended to include the following paragraph at (6):-

"Preliminary data indicate little correspondence between results obtained with the three test kits, the difficulty being compounded by comparatively poor reliability of confirmatory testing due to unavailability of positive control material of human origin".

It was also agreed that (3) should also be amended to read as follows:-

"The ethnic origin/apparent risk factors of the donors....".

3.2 Non-A, Non-B Hepatitis

(i) Oral report by Dr. J. Barbara on progress with anti-HCV testing of donors in England and Wales: ALT/anti-HBC study

Dr. Barbara informed the committee that at present ordinary donor samples from the tri centre trial of ALT Testing were being tested before proceeding with selected groups.

ACTION

An assessment panel had been provided and likely positive figures were available. To date the test is running consistently with the manufacturer's expectations. At present 400 samples per day were being processed and this was a considerable drain on resources.

(ii) Anti-HCV testing of donations from Scotland

Professor Cash reported that the SNBTS would be interested in taking part in evaluative trials of the Ortho Pharmaceutical Company's Chiron test and said he would be grateful if Dr. Gunson would contact him about this matter. In particular the West of Scotland Centre has a bank of frozen donor samples already tested for ALT, from which further samples are available of i.v. IgG known to have produced raised ALT levels in recipients. Dr. H.H. Gunson

4. HBV And Blood Transfusion

Dr. Barbara tabled a preliminary report on donors found positive for HB's Ag in the U.K. in 1987, figures 3, and 4 of which are attached.

Dr. Barbara stressed that the data in the report was incomplete and required checking and further analysis.

With regard to the two regions which had not yet sent in their returns, East Anglia and the East of Scotland, the National Directors were requested to urge them to send their returns in as soon as possible. Prof. J.D. Cash Dr. H.H. Gunson

It was agreed that ideally this project should be funded so that a Scientific Officer could be appointed, for the duration of the project, to be responsible for the analysis of the data which would also be of great interest to other disciplines such as epidemiology.

5.	Anti HBc Testing Dr. Follett reported that although he had information regarding Scotland, he was unable to make a report of a lack of information regarding the reset of the U.K. Dr. Follett asked if information could be made available to him. Dr. Barbara agreed to liaise with Dr. Follet on this matter.	ACTION Dr. J. Barbara Dr. E.A. Follett
6.	Topics For Future Meetings It was agreed that the committee should discuss the position regarding Malaria in the near future.	
7.	Date Of Next Meeting It was agreed that the date of the next meeting would be fixed by Dr. Gunson.	 Dr. H.H. Gunson

FIGURE 3.

Figure 3a RATE OF HBsAg PER 100000 DONATIONS (overall figures)

	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
Aberdeen													17	15	13	6	3		
Army													55	34	29	28	7		
Belfast		47	29	14	22	19	11	15	15	15	16	5	6	1	8	3	2		
Birmingham		46	23	18	26	18	19	13	13	18	10	16	19	8	5	6	5		
Brentwood			32	22	20	27	36	26	23	25	17	22	13	19	17	6	7		
Bristol			29	21	23	31	17	14	18	19	10	16	19	6	7	5	9		
Cardiff									17	12	9	10	7	6	3	3	15		
Edinburgh																	10		
Glasgow										28	16	27	22	20	15	9	5		
I.Ness	82	0	32	40	29	19	17	24	7	21	14	13	6	0	0	0	6		
Lancaster			51	20	37	54	60	42	25	39	32	26	14	19	25	8	14		
Leeds		35	18	16	13	32	13	15	9	12	9	13	17	12	7	7	8		
Liverpool											34	38	22	22	19	7	6		
NLBTC				27	40	33	32	38	39	29	27	26	22	21	13	13	16		
Newcastle												4	6	4	7	5	4		
Sheffield			15	18	17	29	14	10	8	19	9	11	10	4	5	7	7		
Wessex										22	10	10	16	11	10	11	7		
Tooting		54	37	20	19	24	18	19	17	12	12	18	11	13	11	9	12		
Oxford			38	12	17	16	24	13	19	12	11	10	5	12	4	2	10		
Manchester												20	16	20	12	10	11		

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Fig 4

RATE OF HBsAg PER 100,000 FIRST-TIME DONORS*

	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
Aberdeen													69	53	38	38	19		
Army													167	103	175	56	43		
Belfast		283	174	84	82	107	37	90	90	17	78	28	38	9	46	18	9		
Birmingham		123	107	101	126	94	106	71	78	99	57	71	92	50	28	27	24		
Brentwood			117	99	92	119	208	137	133	144	96	125	76	107	98	35	44		
Bristol			62	70	65	98	69	52	44	42	28	35	49	28	36	3	43		
Cardiff									64	49	49	41	439	31	20	19	87		
Edinburgh																	60		
Glasgow										142	73	84	74	48	53	48	26		
I.Ness	71	0	63	60	0	0	104	94	44	128	42	39	37	0	0	0	39		
Lancaster			90	67	92	203	81	184	98	118	82	63	10	31	81	29	57		
Leeds			21	29	19	62	59	55	51	57	56	75	86	58	32	37	39		
Liverpool											102	115	70	60	66	28	25		
NLBTC				128	206	172	168	208	21	162	146	149	118	98	76	69	96		
Newcastle												27	32	23	45	23	5		
Sheffield				65	70	123	75	53	47	51	42	54	58	21	28	38	41		
Wessex										98	47	60	84	52	45	57	38		
Tooting		110	124	72	78	95	102	95	100	55	70	86	47	60	47	36	55		
Oxford	----	-----	122	66	75	77	115	69	108	57	45	52	30	50	11	11	52	-----	-----
Manchester												104	59	102	64	53	61		

*Assuming that first-time donors are one-sixth of total numbers bled

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