TOPIC C4 – SCREENING OF BLOOD FOR HEPATITS C

Response of Dr Brian McClelland to Witness Statement request dated 19.08.11

The Inquiry Team’s text is reproduced below. My responses are shown in this font (Book Antiqua 14). I have left a clear space where I am unable to answer a question or the question is addressed to others.

1. The Inquiry Team now has the correspondence referred to at paragraph 9.93. The letter of 5 July to Chiron is SNB.008.3584, SNB.008.3585 was a letter to Ortho asking if they were to market the test and SNB.008.3586 is the reply from Ortho dated 19 July.

2. The Inquiry team has minutes of the meetings of two groups which considered developments in the testing for hepatitis C over the period 1988 to 1991: the ACTTD and the ACVSB. Why was it necessary to have both the ACVSB and the ACTTD? What lay behind the raising of the roles of the two groups at the meeting of 24 April 19901 – had it come to seem that there was unhelpful overlap?

It has never been clear to me why it was necessary to have both these committees. I recall that some time in 1988 I had discussed with Dr Gunson the idea of establishing a single group to form policy in relation to transfusion transmitted infections. Both were established in early in 1989. I suspect that there were two groups because both the Department of Health and the NBTS National Director wished to influence the decisions that were taken. The committees had very similar remits.

ACVSB remit:
To advise the Health Departments of the UK on measures to ensure the virological safety of blood whilst maintaining adequate supplies of appropriate quality both for immediate use and for processing.

ACTTD remit:
To consider the epidemiological, clinical and laboratory aspects of diseases. To determine the appropriate policy which should be implemented by the UK Blood Transfusion Services for the control of infectious diseases. To advise the departments of health accordingly.

1 Minutes SNB.001.9761
Early in the life of these groups, the documents show evidence of difficulty in differentiating between their respective roles. At the first meeting of ACSVB its chairman offered the following interpretation of its remit

"Our concern is matters of major policy, not the implementation of policy... our specific remit is with blood donors..."

Sometime later the Chair of ACVSB felt it necessary to make further comments which, as I read them now seem to add to the confusion rather than clarify the role of the two groups

"ACTTD will be considering many of the same issues as the present committee (ACVSB) but only from a transfusion point of view"

"There should be no confusion over the roles of ACVSB and the UKBTS Committee on Transfusion Transmitted Diseases....The ACVSB advised Ministers on the virological safety of blood. The UKBTS Committee advised on the operational implications of policy...contributed to the advice on viral safety through input to the ACVSB"

3. How was the membership of each body determined, in particular the Scottish representation? We have a copy of the letter inviting Dr Perry to serve on ACVSB2 – was he in fact nominated by SHHD? How did Dr Mitchell end up on both groups?

I have no definite knowledge of the way in which membership was determined. I suspect that there was no documented process and that that would have been considered quite normal. I think that individuals would have generally been invited to join the ACTTD by its chair, Dr Harold Gunson. I think that these would in the main have been people known to him and believed to have knowledge relevant to the remit and probably also NBTS personnel with responsibility for microbiological testing of donors.

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2 SNF.001.1263
I do not know how the DHSS would have selected membership of ACVSB, but I assume that again that people approached would have been those known to the department to have relevant expertise. I think the Department would have taken advice on membership from Dr Gunson among others.

I do not know if Dr Perry was nominated by SHHD to be a member of the ACVSB. It would certainly have been logical to have at least one member who was involved in plasma fractionation. Dr Mitchell may have been invited to join both groups because of the recognised interest of the West of Scotland SNBTS centre in the evaluation of virological blood screening tests.

4. The first meeting of ACTTD was on 21 February 1989. Further papers are now available, at SNB.006.1920, 1921, 1922 and 1923. SNB.006.1923 is the draft terms of reference, which were agreed at the meeting as the terms of reference of the committee.

5. Each group met in May 1989: the ACTTD had its second meeting on 19 May and the ACVSB its second meeting on 22 May. The minutes of the former meeting are now available at MIS.001.0009. At that meeting, Professor Cash expressed a desire to proceed with testing the Ortho assay. The minutes of the latter meeting may reflect a different attitude. Reservations appear to have been expressed about the benefits of the Ortho test, and the possibility of proceeding in due course without resort to the Ortho/Chiron test was mentioned. A figure of 50% was given as the sensitivity of the test — what was the source of that figure? What further data from Chiron additional to the information in the article in Science in April 1989 (LIT.001.0629) was being anticipated?

I was unable to find the reference to "50% sensitive" or to reservations about the benefits of the Ortho test or to additional information awaited from Chiron in the documents cited in the preceding paragraph. Are these perhaps taken from the ACVSB minutes of May 22?

The second Science article, describing the antibody test for the new virus, appears to suggest sensitivity better than 50%.

6. Professor Cash duly proceeded with his intention to arrange testing of the Ortho assay, as set out in paragraph 9.123. From the report of this study referred to in paragraph 9.148 (SNB.006.1596) it is evident that one objective was "to determine the efficiency of the test in the examination of sera from patients with alleged post-transfusion non-A non-B hepatitis along with the implicated donations."
Was this the Scottish equivalent of the assessment discussed in paragraph 9.126?

The study reported in SNB.006.1596 appears to have been broadly similar in design to that in SNB.001.9545

What was the particular function of these studies – were they seen at the time they were initiated as potentially sufficient to inform a decision as to whether or not to proceed to introduce the Ortho test or were they in some way preliminary to a further assessment?

My recollection is that I had little or no involvement in the design or conduct of the SNBTS study and I do not remember how it was viewed at the time it was carried out. It would have been consistent with what had been done with other tests in the past to perform initial assessments such as these and to follow them, if possible with a larger scale assessment on which could be based a decision about the suitability of a test for routine testing of large numbers of donor samples. I am reasonably sure that the thinking at the time would have been that that these initial studies would not have been considered as a basis for introducing routine testing in the absence of some form of confirmatory test

7. What was the relationship between that assessment process and the exercise referred to at paragraph 9.124 (the assessment of samples of special interest using 1000 Ortho tests)?

It appears that the samples tested in the study described in document SNB.006.1597 included samples to which the “special interest” description could be applied (see paras 3,4,5,6 of the study objectives SNB.006.1599). Such samples tend to be quite scarce, so it seems likely that the reference in Preliminary Report para 9.124 is to the same study

8. At the meeting of ACVSB on 3 July 1989, Dr Mortimer reported a view that the Ortho tests were reliable. The Chairman asked for all the data to be given to the committee at its next meeting. On the face of it, this does not appear to reveal a sense of urgency. Was there a sense of timescale within which testing might be introduced? Why did ACVSB not consider it necessary to commission its own evaluation of the test?

I have no personal knowledge on which to base a reply to these questions. I have indicated in evidence already given to the
Inquiry my view that the scale of non A non B post transfusion hepatitis in the UK was still being underestimated at that time, and suggested some factors that may have contributed to this.

9. Paragraph 9.128 narrates a letter from Professor Cash of 28 July 1989, concerning the fact that the decision on testing was to be taken by SHHD not SNBTS. Did Professor Cash ask for this letter to relieve pressure from Ortho representatives?

10. Dr McIntyre replied to Professor Cash on 2 August 1989. His reference to introduction of a further test was conditional, suggesting that the principle of introducing a further test designed to reduce the incidence of post-transfusion hepatitis had not yet been determined. Is this a correct impression? He also mentioned his understanding that any new test would be introduced simultaneously throughout the UK. What was the source of his understanding?

I think that in early August 1989 there may still have been some uncertainty about the introduction of the HCV test for blood donations in the UK. I am not able to comment on the source of Dr McIntyre’s statement on simultaneous introduction across the UK.

11. At this time there was also correspondence between Professor Cash and Dr Gunson regarding the timing of screening and the desirability of Scotland and England moving together on the matter. We now have the letter of 26 July from Dr Gunson (SNB.006.1574) to which the letter referred to in paragraph 9.129 is the reply. In his letter of 3 August 1989 to SNBTS Directors Professor Cash referred to its being only a matter of time before the new testing programme would be commenced. At this point, was he envisaging a shorter time period than in fact eventuated?

I cannot speak for Dr Cash, but I am fairly certain that in August 1989, we would have expected to start HCV testing earlier in less than 2 years.

12. Dr Mitchell and Dr Follett attended a meeting with Ortho representatives and also Drs Gunson, Contreras and Barbara in London on 23 August 1989. Dr Mitchell’s report of the meeting is SNF.001.1449. It is clear from that report that the next meeting of ACVSB was scheduled for 17 October 1989, which would be after the Rome meeting on the virus, organised by Ortho. Was there a view that the meeting of 17 October (subsequently postponed – see paragraph 15 below) was likely to take the decision to recommend the introduction of screening? What is the “turn-key” system referred to in paragraph 4? Were the figures presented by Dr Mitchell (paragraph 5) those from the ongoing studies referred to in paragraphs 9.123 and 9.148?
I was not present at this meeting and I do not have any recollections that would help to answer these questions.

13. A Civil Servant, G W Tucker, sent a memo to Michael Forsyth, (at the time a Minister rather than Secretary of State), on 23 August 1989 (as discussed in paragraphs 9.134-6). The memo was prompted by an article in the Guardian regarding the hepatitis C test. At the end of the memo, it is stated that “this (was) a UK issue” and that the Department of Health were “taking the lead”. This appears slightly different from a position that the health departments were working together to appraise and, if appropriate, introduce the tests simultaneously. There is also the penultimate paragraph of page 3 of SNB.002.4627, which seems to suggest that the Scottish decision would be taken in its own right, on a recommendation from ACVSB.

What was the position – were the health departments for Scotland, England/Wales and Northern Ireland working jointly on the decision or was it an issue on which Scotland would follow whatever decision was taken in England? Was the formal position that the decision for Scotland would be taken in Scotland, independently from the decision for England?

I cannot comment on the working relationships between SHHD and DHSS on this issue.

I am not aware that there was a “formal position that the decision for Scotland would be taken, independently from the decision for England “although I have a recollection that on an earlier occasion (in relation to surrogate testing for non A non B hepatitis) Dr McIntyre had written a letter that made it explicit that SNBTS would toe the UK departmental line.

My recollection of that period is that I was under the impression that the UK Health Departments expected that the HCV test would be introduced at the same time across the UK. I think this was generally accepted among the Scottish RTDs. I am sure that along with the other directors I would have mainly gained this impression from Dr Cash, since it was his responsibility as national director to negotiate with the SHHD. I think this impression would also have been reinforced – although perhaps not explicitly - by the SHHD personnel who attended the SNBTS directors’ meetings. I do not remember questioning the basis of this assumption although I was quite clear that I had a professional responsibility to push hard for early implementation of measures that I believed were important for patient safety.
14. From the letter discussed in paragraph 9.140 (and from other statements made around this time) it appears that there was no question of introducing screening until a satisfactory confirmatory test became available. Our understanding of the thrust of this particular letter is that it was possible simply to repeat a positive test, using another kit the same as the first, or to carry out a further test using the same antigen but a different set of reagents and that the latter was preferable and should be facilitated by Ortho as soon as possible. Is this correct?

It was possible to increase the confidence in a given HCV antibody screening test on a given sample result by comparing the results with those obtained with a different screening test performed on the same sample. This second testing can identify some of the false positive results obtained with the first test (ie result positive on test type 1, negative on test type 2). In common with the use of a procedure such as RIBA or Western blot (WB), the use of a second screening test cannot identify false negative results since samples that give a negative result with the first test as these would not be selected for retesting.

The use of a second screening test as described in para 14 above is certainly better - in terms of reducing false positive results - than not using any form of confirmatory testing.

The advantage of RIBA or WB is that with these methods a sample that gives a positive reaction with a screening test can be further analysed to show the reaction of the sample with different components of the virus, and can give additional help in distinguishing a false positive from a true positive result.

15. The Rome symposium in September 1989 was clearly an important meeting. We have reports of this meeting prepared by Dr Mitchell (SNB.001.8678) and Dr Gunson (SNB.006.1456), and the sequence of events from and after the meeting is set out in paragraphs 9.143 to 9.159. Dr Gunson’s report of the Rome meeting was amended after the meeting of ACTTD on 9 October; his recommendation remained that introduction of testing be approved in principle by ACVSB. The meeting of ACVSB on 6 November did not accede to this recommendation. Evidence about this period and about the proceedings of the two committees at this time was given to Mr Justice Burton in A v NBA, and an extract from his judgement is provided. Unfortunately, it is not possible for this Inquiry to hear from Dr Gunson, he having died on 15 October 2005. It would assist the Inquiry if those who were members of either group and who can recall this period could provide any further comments or recollections of events at that time, including the discussions at the
meetings. Similarly, those who were not members of one of the two committees but who recall the atmosphere of the time may wish to provide their comments or recollections.

I have no recollection of the expectations prior to the ACVSB meeting on 6 November 1989. My recollections about the judgement of Lord Justice Burton are of discussions of concern that it should be appealed because of the implications of his interpretation of the EC directive on strict product liability. I recall attending a meeting that CLO arranged with Counsel (J Moynihan) about this, and the opinion given that an appeal would not succeed.

16. Para 3 e ii of the minutes of the SNBTS Directors' meeting on 29 September 1989 says Scotland had not been invited to participate in UK evaluation but SHHD had asked that they should and so the West and SE regions had obtained kits for evaluation. This must have been a different exercise from the evaluation conducted by Dr Dow and his colleagues, who looked at samples from Aberdeen, Dundee and Glasgow. We are able to follow the latter study but are unaware of how the participation of the West and South East regions in the former was organised. Is it possible for any of those involved to recollect this information? It also appears from this set of minutes that Dr Mitchell was not particularly enthusiastic about the Ortho test ("not robust") – is this an accurate impression?

I do not recall how the contribution of the SE and W regions of SNBTS were organised. It would have been usual for much of the organisation to be done by informal contact between the transfusion directors and members of the regional centres' staff who were responsible for testing and archiving of blood samples.

If I have correctly interpreted the report SNB.006.1597, the study involved 2745 unselected donor blood samples supplied by 3 SNBTS centres (Aberdeen, Dundee and Glasgow). Samples from other categories of donors and recipients were also assessed. These samples were supplied by 4 of the 5 SNBTS regions (Inverness did not contribute)

I cannot add to Dr Mitchell's minuted comments about the Ortho test.

As narrated in paragraphs 9.123 and 9.148 of the Preliminary Report
17. Ortho were pressing ahead with their confirmatory test – see para 9.163. Was this (RIBA) the one that was thought unsatisfactory at the autumn meetings? At that time, what were seen as the defining characteristics of a satisfactory confirmatory test?

It is my understanding that the Ortho confirmatory test referred to was RIBA (the first version – RIBA 1). I do recall that there were differences of opinion among the testing experts about the value of this test. (Similar disagreements had arisen about the use of the Western Blot procedure as a confirmatory test for HIV antibody.)

I do not know if there was any consensus about the characteristics of a satisfactory confirmatory test in 1989-90. I suspect that there was not. The objections raised about the RIBA test were in essence applicable to any other method of testing for antibodies. Methodologically independent evidence of the presence of the virus depended on detection of the genetic material of the virus (PCR or NAT). In 1989-90 this was still a research laboratory procedure.

18. We now have letters referred to in 9.162 and 9.163 (SNB.006.1560 and SNB.006.1561).

19. Dr Barbara’s editorial in the December 1989 edition of Transfusion Today (LIT.001.3786) indicates that Ortho were developing confirmatory Western Blot assays. Is it correct that they were simultaneously developing tests using both RIBA techniques and Western Blot? If so, was it considered that Western Blot would be superior?

I do not know if both techniques were being explored by Ortho but it is most likely that the company would have been looking at a range of techniques for confirmatory tests. I am not aware of any reasons to suppose that one method would necessarily be superior. These procedures are essentially variants of a technique in which the constituents of the virus are separated chromatographically and then exposed to plasma or another fluid that may contain antibody to one or more constituents of the virus.

20. In December 1989, the final report of the SNBTS evaluation of the Ortho kits was produced (paragraph 9.168). There was a concern, mentioned also in the October report, about the reduced sensitivity compared with “the dev kit”. “Dev” may stand for development, but what was the “dev kit”? 
I have no personal knowledge. I assume this was the laboratory staff shorthand for a particular variant of the test supplied by the manufacturers and being evaluated.

21. Over this period, there are repeated references at meetings to the need for the Ortho test kit to be approved by the FDA for use in screening in the USA. Yet a number of evaluations of the kits were being carried out in the UK. Moreover, there does not appear to have been any legal requirement for licensing of the kits in the UK. Why, therefore, was it necessary to tie introduction of the test in the UK to approval by the FDA?

My understanding is that Ortho required an export licence, issued by FDA, to be permitted by the US authorities to market the kit in other countries and that this could be, and was issued to Ortho before the FDA licensed the test. (Burton – paragraph 21, page 102 in my copy).

22. Paragraph 9.187 of the Preliminary Report narrates the transmission in February 1990 of a Press Statement from the USA to Dr McIntyre and to the DoH. Can any present or former civil servants shed light on the handwritten notes on the letter from Professor Cash, in particular the comment that the statement had “stirred up a hornet’s nest”?

23. The meeting of ACVSB on 24 April 1990 again stopped short of recommending the introduction of testing. According to a note Dr Perry sent to Professor Cash about this meeting on 2 May, (SNF.001.1710) he and Dr Gunson had both felt that there was sufficient data to justify testing now. Can Dr Perry now recall his sentiments at the meeting? What did he consider to be the answers to the negative points made in paragraph 29 of the minutes of the meeting (SNB.001.9761 at 9764)?

24. The memo from Dr Young dated 23 May 1990 (paragraph 9.207) appears to suggest some concern about progress on the issue of hepatitis C screening. Can Dr Young recall anything further about the CSA management committee meeting, and what in the discussion there prompted the memo? After Dr McIntyre attended each meeting of ACVSB, to whom within SHHD would he report its proceedings? It would also be helpful if all the “hieroglyphics” on this letter could be translated – who are all the individuals writing or referred to and what was the role of each in dealing with the memo?

25. Dr McIntyre responded to this memo on 6 June (SGF.001.2034). Mr Panton then wrote on it on 7 June. What is the background to his reference to the need to “dip” into the contingency fund? There is another (handwritten)
memo from someone to Mr Hogg and Mr. Panton dated 6 June 1990 (SGH.002.7935) but this does not appear to add anything to the narrative of events – is this correct?

26. The letter from Dr Metters to Dr Perry of 5 June 1990 (SNB.002.0245) suggested that the study to investigate the significance of a positive reaction to the antibody test might not now proceed; the subgroup comprising Drs Gunson, Mitchell, Mortimer and Tedder had taken the view on 23 May that an extended study of RIBA and PCR techniques might not be appropriate. If the study had been considered important at the ACVS B meeting on 24 April, why was it no longer considered so? It appears that the grant of FDA approval of the test may be the explanation – was this so?

27. In his letter of 21 June 1990 to Dr Gilion (SNB.005.5023) Dr Cash said “now that we know we will have access to confirmation testing”. At the ACVS B meeting of 24 April Professor Zuckerman remarked that the RIBA test was not good enough to use routinely as a confirmatory test (explained in A v NBA as meaning not good enough because it also tested for the antibody). Dr Tedder commented that the PCR test was not yet suitable for the mass screening needs of RTC laboratories. Can Professor Cash recall what testing he was thinking of in his reference to access to confirmatory testing being available?

28. Paragraph 9.215 refers to a bid for funds to introduce testing. It appears to the Inquiry team that, given the information in SNB.013.4871, had screening been introduced before the financial year 1991 – 92, it could only have been paid for from the reserve (the contingency referred to in SGH.002.7930). Is this correct?

29. The ACVS B meeting of 2 July did recommend that screening be introduced, but not before the results of a comparative study of the Ortho and Abbott tests, (the latter only having become available at the beginning of July). Why was it considered necessary to have a UK wide comparison of the two tests, and selection of one of them? The alternative would have been to allow each centre to decide individually which test to use – as was ultimately the outcome (see paragraph 9.241). Does the fact that this was ultimately the route followed (see for example letters SNB.005.2555 and SNB.004.7202) mean that the time taken for this study was, in retrospect, wasted?

30. We have not found any memo by Dr McIntyre reporting the decision of 2 July 1990 to others in SHHD. Was there such a report or note of the meeting? The minutes record that a submission would be put to Ministers and the minutes of the next meeting (21 November) record that “a note had gone to ministers” after the July meeting. We have located some documentation from the Department of Health but have not found any memorandum or submission
to the Scottish Health Minister and would be grateful if any such document could be identified to us.

31. As is recorded in the Preliminary Report (paragraph 9.241), the meeting of ACVSB on 21 November 1990 decided that hepatitis C screening should be introduced as soon as practicable. At that meeting, Dr Gunson thought that a six month period to set up testing would be excessive (paragraph 21 of minutes). In his note of the meeting, Dr McIntyre records that the chairman had suggested 1 April 1991 as a realistic start date. We have not found it easy to determine why, given those views, testing was not introduced until 1 September 1991. We have amplified this section of the Preliminary Report with additional material now available to us, and enclose a copy of this enhanced narrative for reference. The following questions address this period.

32. It appears from Dr McIntyre’s note of the meeting of ACVSB on 21 November 1990 (SGH.002.8501) that any submission to the Scottish Health Minister was to await sight of the draft of the English submission. The memo from Mr Tucker to Mr Panton dated 21 January 1991 (SGH.002.7890) asks for preparation of a submission; a later memo apparently dated 19 March 1991 (SGH.002.7880) indicates that the Scottish submission was based on the English one but shorter. It appears that the submission did not go to the Scottish Minister until 24 July 1991 – SGH.002.7828. Is it possible for those involved within SHHD to explain why the submission was not sent more quickly?

33. The correspondence at the end of January 1991 now referred to in paragraphs 9.251 and 252 suggests that both in Scotland and England there was difficulty in moving the issue forward in the early part of 1991 – is this correct?

34. Why was SNBTS not to be told that there was an unofficial start date of 1 July 1991 (SGH.002.7886)? Why would this be confidential to the extent of not informing the transfusion service?

35. As is recorded in the Preliminary Report, Newcastle unilaterally commenced testing in April 1991. It is evident that Professor Cash and other transfusion Directors were opposed to this action, although it is also evident that Dr McClelland became increasingly uneasy at the delay (SNB.002.7902). Is it the case that there was no consideration of Scotland similarly going ahead more quickly? If ministerial approval had been granted in Scotland around the same time as such approval was granted for England and Wales (January 1991), could this have happened, albeit with a second generation kit which was still being evaluated?

There certainly was consideration of an earlier start. My recollection is that at the SBNBTS Board meeting on June 11 and
12, 1991 there was a period of discussion about the timing of starting HCV testing... The discussion may have been sparked in part by my letter to Dr Cash (SNB.002.7902). My recollection is that the General manager, David McIntosh, was also very concerned about the implications of further delays. It appears from the date of that letter and an undated annotation on it that I may have dictated the letter immediately before that meeting. Unfortunately the minutes of the meeting are unhelpful. However I have recently unearthed a note that appears to be my note of that Board meeting, although it is dated 10 6 91. Part of this note appears to touch on factors to consider with respect to the date of starting testing, and an earlier start so that we could have “all tested” by the start date. There is also a note that appears to be a first try at an explanation for a decision to adopt a common UK start date. I have attached a copy of these notes.

What was the “near disaster” referred to in Professor Cash’s letter of 17 June 1991 (SNB.011.8178)?

I think this is a reference to the above discussion and the fact that there had been a proposal for SNBTS to start testing before the September start date

36. SNB.005.4822 appears to be a recognition that there had been failings in the process leading to the introduction of screening. Do those now providing statements agree with Mr McIntosh’s views?

I agree that there were failings in the process leading to the introduction of HCV Screening.

Statement of truth

I believe that the facts stated in this witness statement are true

Signed:........................................

Dated:........................................
3.1.2 How fast can we insulate || Left-back || Steering link - possibly
(3) Cannet test at 144km

3.1.3 Golden

[Person's Name] (Lyndsay) - Send copy of final report
[Copy] Minutes and findings from management group
[Team Brief, Lyndsay added]

Communication structure

[Meri, Max, and others] - These areas
[Planning, quality, and security]

Invisible to invisible to [Log]

HIPC

For the LHC, this is still unfair

Can we move to strengthen this

By considering that LEP have

Considered the early start option

And rejected it in the interest

Of support by stressing a commission

Optimize, service
Nick's Email Address
Pl. Issue
Cong From Malaysia

Compromise
Mark to Bern
Cell Phone

[Handwritten notes]
Allies - US - VP/President, message from program host recipient.
July 1st - thunderstorm