11. Select Committee of Experts on automation and quality control 
in blood transfusion services (5th meeting)

Professor E FREIESLEBEN (Denmark) presented the report of the 
Select Committee's 5th meeting. According to its terms of reference, 
giving high priority to quality control, the Select Committee had 
concentrated on this subject and discussed 24 reports submitted by 
its members. Automation and computerisation had to be postponed 
to the 6th meeting because of lack of time. The committee also 
discussed the results of exchanges of sera for exercises in red cell 
antibody detection and identification, in anti-HBc testing, and in 
anti-D quantification. The red cell antibody exercise showed an 
improvement in antibody screening on Groupamatic using the 
trypsin-polybrene-citrate technique: it also showed the difficulties 
of the identification of a mixture of antibodies. Anti-HBc testing 
showed little variation in results between the laboratories. 
Automated anti-D quantitation showed a much improved accordance of 
results in the participating laboratories as compared to the 1980-81 
results.

Based upon the reports of the members and the discussions during 
the present and previous meetings, an editorial committee, consisting 
of four members (Professor E FREIESLEBEN (Chairman, Denmark), 
Dr. C HÖGMAN (Sweden), Prof. R BUTLER (Switzerland), Dr. W WAGSTAFF 
(United Kingdom), drew up draft quality control guidelines for three 
chapters (selection of donors and apheresis donors, blood collection 
procedures, and blood components) out of the planned 10 chapters 
(see SP-HM (82) 20 addendum). Time did not permit the group to 
deal with the missing parts, which therefore have been assigned to 
the four members for home work to be completed autumn 1982 and 
circulated among members of the Select Committee. The committee 
will then finalise the guidelines at its next meeting.
The committee asked for approval of its plan of work, of the
date and place of the 6th meeting (January 1983, Paris), and of a
proposal concerning the appointment of a consultant to assist the
Editorial Committee in harmonising and editing the Quality Control
Guidelines before approval by the Committee of Experts on Blood
Transfusion and Immunohaematology. Members of this latter committee
were asked to give their comments on the already prepared draft
guidelines, in particular the controversial problems in respect of
blood donors with a history of malaria, syphilis or jaundice.

A lengthy discussion took place in which most members took part.
A number of proposals for reconsideration or changes of minor details
were put forward, and Prof. FREIESLEBEN promised to bring these
to the attention of the Select Committee.

More generally, it was proposed that the recommendations should
not be too strict and should be considered more as guidelines than
as mandatory minimum requirements. Attention should be paid by the
Select Committee to work previously done by the Committee of Experts
on Blood Transfusion and Immunohaematology.

The measures for the prevention of transfusion-associated hepatitis
were discussed; further to a proposal by Prof. LUNDGAARD-HANSEN
(Switzerland) which was supported by Prof. BINCOL (Turkey) and
Prof. FREIESLEBEN, it was agreed that attention should be paid to
geographical differences in the epidemiology of hepatitis, and preventive
measures therefore determined on a national basis.

It was agreed that proposals and comments from members of the
committees of experts in a written form could be sent to Prof. FREIESLEBEN
(with copy to the Secretariat) before the end of June 1982, they would
then be brought to the attention of the Editorial Group and the members
of the Select Committee. Comments should deal with all items included
in doc. SF-MF (82) 20 Addendum.

The committee then approved the report, the plan of work for the
6th meeting of the Select Committee, and also its date and place
(Paris, 24-27 (or 28) January 1983). It also requested that a
consultant be available to assist in harmonising the final proposed
guidelines document.
14. Control of post-transfusion hepatitis

Dr. H H GUNSON (United Kingdom) presented a report on the control of post-transfusion hepatitis. Routine testing for the presence of HBsAg commenced in the United Kingdom in 1972 initially by immuno-electro-osmosis but was superseded by reverse passive haemagglutination (RPH) in 1975. For several years, however, pools of plasma (approximately 5 litres) submitted for fractionation into coagulation products have been screened by radio-immune assay (RIA). During the past year, all blood donations have been tested by RIA or enzyme-linked assay techniques. Although such testing reduces the chances of post-transfusion hepatitis, particularly following the use of fractionated products prepared from large pools, the incidence is not eliminated and there is evidence to suggest the onset is delayed in patients receiving regular doses of Factor VIII.

With respect to the incidence of non-A, non-B hepatitis in the United Kingdom, there appears to be a low contamination rate in patients receiving cryoprecipitates but a high rate following transfusion of Factor VIII concentrates prepared from large pools. At present there is no move towards the routine testing of donations for increased levels of transaminases and clearly a specific test is urgently required. Avoiding the use of large-pool fractions for the treatment of patients with mild coagulation defects is a practical way of reducing the incidence of post-transfusion non-A, non-B hepatitis.

In the discussion which followed, it was generally agreed that the term transfusion-associated hepatitis, suggested by Dr B P L MOORE (ISBT), was more appropriate to describe this condition which varied in incidence considerably in the member countries.

Committee members reported that it was generally recognised that the frequency of transfusion associated hepatitis was higher when using commercial plasma (which may contain a multiplicity of causative agents.) In order to reduce the risk of such hepatitis, it was again recommended that national blood transfusion services should take steps to ensure that there was an adequate supply of plasma from voluntary, non-renumerated donors in order that national self-sufficiency could be achieved in the production of coagulation factor concentrates (see also Recommendation No. R (80) 5). In the event that importation of products is required, this should preferably be from countries known to have a low incidence of hepatitis. In any case, the committee reiterated the need for implementing Recommendation No. R (80) 14 of the Committee of Ministers with respect to the identification of the source of plasma.