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Dr McIntyre

Copy to: Dr Scott

MEETING OF DIRECTORS OF SCOTTISH BLOOD TRANSFUSION SERVICE ON WEDNESDAY, 25 JUNE

Items of Departmental interest discussed at this meeting include the following:

1. **Research on possible transmission of HTLV-III (HIV) virus in PFC products.** Evidently the scientist (Dr Orr) sent to Professor Weiss's Department to acquire the technique of culturing the virus has now returned, and is establishing it in Professor Collee's Department. Tests will then proceed on material spiked with virus and subsequently processed wholly within the virological containment suite at PFC.

SNBTS are inclined to maintain the fiction that statutory requirements compel them to pursue their own research in this field - as if every plasma-processing plant in the world were obliged to do the same, instead of leaning on the research of plasma processors who were early in the field, have large research resources, and are already busy publishing evidence (not wholly concordant) on what makes plasma products free of HTLV-III (HIV) virus. The English, however, who still shelter behind Crown privilege, have already approached SNBTS to get work done on their own behalf. We have refused to authorise expenditure by CSA for that purpose. But I am not sure that SNBTS will tell us whether they are taking on virus-spiking experiments for England too. Dr Perry was not at the Directors' meeting. I can ask about this at the next meeting.

2. **Present status of PFC products.** Meantime, PFC products are largely derived from plasma donations each tested for HTLV-III (HIV) antibodies, but intramuscular immunoglobulins, anti-CMV intravenous immunoglobulin, factor VIII and factor IX are not yet thus derived. Heat-treatment is the single safeguard for these products until fresh stocks from tested donations become available.

3. **Antibody positive donations.** The numbers of donations in which the presence of antibodies has been confirmed are:

Inverness	1
Aberdeen	0
Dundee	3
West of Scotland	2
South East Scotland	5 (plus 2 awaiting Western Blot)
Northern Ireland	1

The rate of increase seems extremely low; at the most 3 since March.

4. **Testing donations indirectly in order to reduce transmission of non-A, non-B hepatitis.** There is a proposal to introduce a liver function test (and a test for the core antigen of Hepatitis B) for all donations. An able PhD thesis of last year concluded that in the West of Scotland any advantage would in no way justify the cost and the loss of donations entailed. However, in USA certain blood banks have understandably adopted these measures, to restrict their legal liabilities. I have previously examined a copy of the thesis; Dr Dan Reid's opinion is that non-A, non-B hepatitis is heterogeneous and generally mild (except in pregnant women), and that a testing programme cannot be justified. Dr Smithies tells me that there is no pressure in England to institute one, and the recent Directors' meeting there would not even back research into its value.


I presume that Scottish Directors may be unaware that Dr Cash has just submitted to CSA a request for £800,000 to fund the testing in 1987-88.

5. **Northern Ireland.** It appears that the SNBTS threat to trim Northern Ireland's ration of PFC products has been withdrawn.

6. **Product liability.** Dr Cash continues to express grave anxiety on this score. I protested that his anxiety appears impossible to justify or comprehend. Perhaps it is a means towards securing unrestricted funds, to instal every conceivable protection for his customers (would that the NHS in general could follow suit!), or to escape liability for even totally careless and negligent actions.

7. **Purchase of commercial blood products.** I have minuted separately on this matter.

8. **Efficiency savings.** Dr Cash mentioned that efficiency savings (£210,000) were being sought by CSA, and stated his intention of claiming that the only practical way was to restrict collection of blood, thus saving salaries. He did not refer to the cost of SNBTS research and whether it could be reduced without loss to the customers.



DR JOHN FORRESTER
30 June 1986

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