

UNIVERSITY OF GLASGOW

HAEMOSTASIS AND THROMBOSIS
RESEARCH UNIT

REGIONAL HAEMOPHILIA
REFERENCE CENTRE

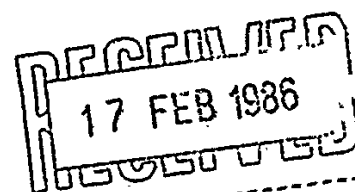


UNIVERSITY DEPARTMENT OF MEDICINE
ROYAL INFIRMARY
10 ALEXANDRA PARADE
GLASGOW G31 2ER

TEL: 041-552 3535 EXT. [REDACTED]

12th February, 1986.

Dr. John D. Cash,
Scottish National Blood Transfusion Service,
Ellen's Glen Road,
Edinburgh. EH17 7QT.



Dear John,

Further to detailed studies carried out by Dr. Rajan Madhok in this unit, we have become aware of three seroconversions in the past year in patients receiving blood products. I enclose details such as we have at the moment.

Patient 1.

Factor VIII deficient; 1% ; no inhibitor.

20.5.83 HTLV-III/LAV = negative
09.09.83 HTLV-III/LAV = negative
05.10.84 HTLV-III/LAV = negative
→ 25.10.85 HTLV-III/LAV = positive

HTLV-III/LAV - confirmed by western blotting.

Factor consumption:

1980 = 18,180
1981 = 13,720
1982 = 37,980
1983 = 83,630
1984 = 150,640

Only one batch of US concentrate ever received, amount = 1080 units;
batch nos = 4632/4633 in 1979.

Batch numbers of SBTS concentrate used in 1984/85.

757; 766; 775; 780; 782; 784; 785; 796; 797; 803

023100040 x 6
023100030
025100040
023120160 x 30
02401006 x 36
024040221 x 80
02408511 x 45
0204090501 x 93
023110130 x 11
023100050 x 95

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-2-

Patient 2

Factor IX; level 5%

07.08.84 HTLV-III/LAV = negative

29.01.85 HTLV-III/LAV = negative

→ 08.11.85 HTLV-III/LAV = positive

seropositivity confirmed by western blotting

1983 total = 30,000
batch nos: 629 x 7
643 x 1
645 x 1
665 x 20
677 x 22
695 x 32

1984 total = 9,600
batch nos: 695 x 2
714 x 30

no treatment in 1985.

Patient 3

Factor VIII deficient; high titre inhibitor.

→ Seroconverted in October/November.

Treatment during 1984 and 1985 has been FEIBA only. Since the beginning of this year he has received heat treated FEIBA and porcine factor VIII to cover a dental extraction. Western blot is positive, and interestingly shows two bands only, suggesting that he is just seroconverting.

Obviously we cannot be entirely sure that heat treated concentrate is implicated in these seroconversions as there is now evidence that there is a long latent period from the time of the infected material being given to the time of seroconversion. I have reviewed the literature for seroconversion intervals;

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-3-

1. Haemophiliacs. 16 patients; median duration = 84 days.
Range = 21 - 280 days.
2. Prompt CA - Renal allograft patients.
Patient 1: February 1984 transplanted had seroconverted
by April 1985 when he had AIDS.
Patient 2 : February 1984 transplanted seroconversion
noted June 1985.
3. Needlestick injury - Lancet editorial - seroconversion
in under one month.

A recent paper from the transfusion division of the NIH (Lancet, 16th November, 1985) would suggest that our patients have been exposed to live virus rather than just viral proteins.

Twenty-nine other factor VIII patients received the heat treated concentrate batches implicated in patient one and we are in the process of following these patients up. Five factor nine patients received either batch 695 or 714 and we shall be determining their antibody status.

Yours sincerely,


Dr. C.D. Forbes.

c.c. Dr. R. Perry.
Dr. R. Mitchell.
Dr. J.F. Davidson.