IMPORTANT MESSAGE TO OUR DONORS

The Blood Transfusion Service Board
Pelecan House P.O. Box 97
40 Mespil Road
Dublin 4 Tel. 01 603333
Cork Centre 21 Lemon St.
Cork 021 507227

INTRODUCTION
There are a small number of illnesses which can be transmitted from donors to patients. This is because some apparently healthy persons can carry viruses or other causative agents in their blood, not necessarily harmful to themselves, that may result in illness in the recipients of such blood. Because of this, special regulations apply with regard to donors who have had Hepatitis (Jaundice) or been exposed to Malaria.

More recently an additional disease, known as AIDS has been described, details of which are as follows:

AIDS (Acquired Immune Deficiency Syndrome)
This is a condition in which the body's natural resistance to various diseases is seriously reduced. The cause of AIDS is unknown. Whilst there are, as yet, no formal proofs of transmissibility by transfusion, there is a strong possibility that the disease, which is frequently fatal, may be transmitted by blood or blood products. There is no laboratory test to identify persons who might transmit the disease. For the present, therefore, it is recommended that those who belong to certain groups who have an above average risk of contracting this condition should not donate. These groups are:

— residents of or visitors to certain areas such as Haiti, Zaire and Chad.
— sexually active homosexual males who have multiple partners.
— present or past abusers of intravenous drugs.
— sexual partners, male or female, of any of the above persons.

If you feel you belong to any of the above mentioned categories, please do not donate blood at present. If you have any enquiries, you can ask to see the clinic doctor or you can contact one of the medical consultants in Pelican House, 40 Mespil Road, Dublin 4, Telephone No. (01) 603333 or the Regional Centre, 21 Lemon Street, Cork, 021 507227.

Thank you for your attention in reading this leaflet and helping to make 'GIVING FOR LIVING' a reality.
International comparison of dates of introduction of HIV testing for all donations

- Australia: United States (May 1985)
- Netherlands (June 1985)
- Belgium (August 1985)
- Ireland: United Kingdom (Oct 1985)
- Austria (July 1985)
- Sweden (September 1985)
- Portugal
- Greece

- Canada: Iceland, Switzerland (November 1985)
- Italy (Norway, December 1985)
- Japan (Spring 1986)

- Hungary: Denmark, Finland, Malta, Turkey, January 1986
**Previous Donation History of Positive HIV Antibody Donors**

<table>
<thead>
<tr>
<th>Case</th>
<th>Date Donated</th>
<th>Blood Group</th>
<th>Date Confirmed Positive</th>
<th>Previous Donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>6 November 1985</td>
<td>O Positive</td>
<td>23.11.82</td>
<td>10.5.83, 21.4.82</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31.5.82</td>
<td>21.6.82, 31.7.81</td>
</tr>
<tr>
<td>Case 2</td>
<td>9 December 1985</td>
<td>A Rh Positive</td>
<td>13.10.78</td>
<td>11.8.75, 26.3.76</td>
</tr>
<tr>
<td>Case 3</td>
<td>1 September 1986</td>
<td>O Positive</td>
<td>15.8.82</td>
<td>16.7.85 (most recent)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.8.82</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total 17 donations commenced 12.3.1967.</td>
<td></td>
</tr>
<tr>
<td>Case 4</td>
<td>2.3.87</td>
<td></td>
<td>Confirmed Positive</td>
<td>First donation.</td>
</tr>
<tr>
<td>Case 5</td>
<td>21.4.87</td>
<td></td>
<td>Confirmed Positive</td>
<td>Previous donations: 7.5.84, 16.2.82, 31.7.80</td>
</tr>
</tbody>
</table>


B03181A
Acquired Immune Deficiency Syndrome

A Meeting of Reference Centre Directors was held on May 13th, 1983 to discuss this problem in haemophilia, its implications and our recommendations. So far one possible case has been reported to our organization. This patient (A/1) conforms to the definition published by the CDC in Atlanta, Georgia but cannot be considered as a definite case. We are not aware of any other definable patients amongst the U.K. haemophilic population.

At the above mentioned meeting on May 13th the following general recommendations were agreed.

1. For mildly affected patients with haemophilia A or von Willebrand's disease and minor lesions, treatment with DDAVP should be considered. Because of the increased risk of transmitting hepatitis by means of large pool concentrates in such patients, this is in any case the usual practice of many Directors.

2. For treatment of children and mildly affected patients or patients unexposed to imported concentrates many Directors already reserve supplies of NHS concentrates (cryoprecipitate or freeze-dried) and it would be circumspect to continue this policy.

It was agreed that there is as yet insufficient evidence to warrant restriction of the use of imported concentrates in other patients in view of the immense benefits of therapy but the situation will be constantly reviewed. Following the meeting on 13th May, the Licensing Authority was asked to consider any implications for us of the revised recommendations of the American Food and Drug Administration which were made on March 24th, 1983 to American plasma collecting agencies.

Two additional points have been drawn to our attention since the meeting of May 13th.

1. The first concerns the treatment of patients with haemophilia B. The evidence to incriminate factor IX concentrates in AIDS is even less than with factor VIII and it seems logical to continue to use our normal supplies of NHS concentrate.

2. Another point concerns the proposed trials of "hepatitis reduced" factor VIII concentrates. There is no evidence that the processes involved in the manufacture of these inactivate any other hypothetical viruses. However it is
still important that the effectiveness of imported "hepatitis reduced" concentrates vis-à-vis hepatitis is subjected to formal clinical trials in mild haemophiliacs notwithstanding our general recommendations above. Directors are urged not to use these concentrates randomly on a "named patient" basis.

If you have any other queries or suggestions please write to us or telephone.

Yours sincerely,

A.L. Bloom
Chairman, Haemophilia Centre Directors Organisation

C.R. Rizza
Secretary, Haemophilia Centre Directors Organisation
TREATMENT OF SEVERE HAEMOPHILIA A (less than 2.0%)

1. All haemophiliacs on home therapy have been allocated a commercial product and a batch number. Only this batch should be used for routine treatment and for such procedures as tooth extraction.

   All haemophiliacs coming to the hospital for 'day treatment' will be allocated the Pelican House cryoprecipitate only. This product will be used for these individuals for routine treatment and for such procedures are tooth extraction.

2. The above plan should only be disregarded in a serious emergency, if there is an allergic reaction or on the advice of the Consultant on duty.

3. Further information regarding the above can be obtained from Staff Nurse King, Top Floor, Hospital One or Mr. Paul Lynam, Blood Transfusion Unit, Central Pathology Laboratory, St. James.

TREATMENT OF MILD HAEMOPHILIA A (greater than 5.0%) and VON WILLEBRANDS DISEASE:

1. All mild haemophiliacs and von Willebrand's patients will be treated with DDAVP when possible. Situations for use include lacerations, epistaxes, uncomplicated GIT bleeding, tooth extractions and cover for minor operations. The dosage of DDAVP is 0.4 μg/kg and blood samples for FVIIIIC and FVIIIA much be sent one hour after infusion irrespective of the time.

2. When FVII infusion is considered necessary e.g. bleeding during the night following infusion of DDAVP for tooth extraction, freeze dried cryoprecipitate should be used. (Each bottle of five donations should be considered to contain between 300 and 350 u. FVIIIIC.)

3. Prophylactic cover for intracranial bleeding should first be treated by DDAVP. It is essential in this situation that a post-infusion level should be obtained and this should be greater than 30%. If there is any doubt freeze dried cryoprecipitate should be used.
4. Cover for major operations should be decided by the Consultant on duty.

**PATIENTS WITH FVIII LEVELS BETWEEN 2 AND 5X**

These patients will be treated as severe or mild depending upon the individual, the particular problem and the advice of the Consultant on duty.

**TRANEXAMIC ACID (CYCLOKAPRON)**

The use of tranexamic acid should be fostered on all suitable occasions i.e. for skin and mucosal bleeds and for dental extractions. Adult dose is 0.5 G 6 hourly or q.d.s. Remember not to give tranexamic acid for urinary tract bleeds.

**HEPATITIS B VACCINATION**

1. All members of the health care team must take particular care regarding factor VIII and IX concentrates. Any needle prick attached to a drip set or syringe or any similar accident must be reported to the Consultant on duty. A sample of the product must be sent immediately to the Virus Reference Laboratory in UCD together with a blood sample from the person concerned for hepatitis B Ag and Ab estimations.

2. All haemophiliacs receiving their first infusion of concentrate (VIII or IX) should be given hepatitis B vaccine. Dr. Marvyn Taylor should be contacted regarding young children. The patient should be seen six weeks and three months after infusion for LFTs and HbAb estimations.

3. All patients who have been seronegative for hepatitis B antibody for seven years will be vaccinated at the time of their next infusion of FVIII or IX concentrate.
4. All close relatives and sexual contacts of haemophilia carriers of hepatitis B must be offered vaccination.

5. Remember that hepatitis B immunoglobulin is available from Pelican House.

Ian J. Temperley,
Medical Director
22.12.83.

C.c. Staff Nurse King
Sr. Kyne
Dr. McCann
Dr. Daly
Dr. Cotter
31st May 1983.

Prof. Ian Temperley,
St. James Hospital,
Medical School Building,
St. James Street,
Dublin 8.

Dear Prof Temperley,

I am writing on behalf of the committee of the above Society to express our concern regarding Acquired Immune Deficiency Syndrome, (A.I.D.S.)

We are particularly concerned with the use of American Blood Products especially when one takes into consideration the high instance of A.I.D.S in the United States and the nature of their blood donor system.

It is our understanding that the risk of contracting A.I.D.S and indeed Hepatitis and other blood borne infectious agents can be considerably decreased by using Irish Blood Transfusion Board Service products. We would like to know what steps are being taken to supply the home market, including Home Therapy requirements, with this Irish product. We would also like to know what steps, if any, the Society could take to expedite the matter as the Society considers that this subject should receive immediate attention.

We would be pleased to hear from you in the near future.

Yours sincerely,

SHAY FARRELLY
Hon Secretary