

Scottish Home and Health Department
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COMMON SERVICES AGENCY	
RECEIVED: 21 JAN 1977	
Your reference	FILE No.
Our reference	NQI/1/2 Pt 3
Date	19 January 1977
	REFERRED TO
	ACTION TAKEN

Previous Circular cancelled: SHM 37/1972

Health Board Secretaries
 Secretary, Common Services Agency

Your reference

Our reference

Date

Dear Sir

HEPATITIS B SURFACE ANTIGEN: SECOND REPORT OF THE ADVISORY GROUP

1. This Circular relates to the Second Report of the Advisory Group on the Testing for the Presence of Hepatitis B Surface Antigen and its Antibody, and asks that copies of the Report should be drawn to the attention of all laboratory consultants and relevant staff with a view to the adoption of revised procedures.

2. In 1970 an Advisory Group was set up to advise the Secretaries of State for Social Services, for Scotland and for Wales on the testing of blood donations and specimens for what was then known as Australia (hepatitis-associated) Antigen and its Antibody. Its Report was circulated to hospital authorities in July 1971. In May 1972 a revised Report, modified in the light of consultation, was distributed to hospital authorities under cover of SHM 37/1972 with the request that they arrange for blood donations and other blood specimens to be tested in accordance with its recommendations.

3. At that time the Advisory Group recommended, *inter alia*, that Regional Transfusion Centres should initially use an immunoelectro-osmophoretic method of testing but pointed out that knowledge of the subject was accumulating very rapidly and that the recommendations should therefore be regarded as interim and subject to modification at a later date. The Group has recently completed a review of its previous Report in the light of new information which has become available and has, in its Second Report, made several new recommendations while confirming a number of its previous ones.

4. The Second Report has been accepted subject to the reservations set out in paragraph 6 below, and CSA and Health Boards are accordingly asked to follow the revised procedures recommended in the Report. The Scottish National Blood Transfusion Service has already adopted more sensitive methods of testing for HB_sAg.

5. Other important changes in procedure recommended by the Advisory Group include the following:

- a. While blood donors whose blood is HB_sAG positive must continue to be permanently excluded from the panel and their donations rejected for clinical use, donors whose blood contains hepatitis B surface antibody (anti-HB_s) may be retained on the panel and their donations used clinically; however, the detection of anti-HB_s should

be continued to the extent necessary to obtain sufficient plasma for the preparation of human anti-HB_s immunoglobulin (paragraphs 16 and 17).

b. The practice of permanently excluding from the panel donors with a history of jaundice may be discontinued provided that HB_sAg is not detected by reversed passive haemagglutination (or a test of equal sensitivity) and that the donor has not suffered from hepatitis or jaundice during the previous 12 months (paragraph 18).

6. The Department is still considering the following recommendations of the Advisory Group and no action should be taken on them meantime.

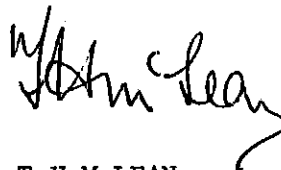
a. Paragraph 41, relating to the investigation of hepatitis B surface antigen carriers among medical or paramedical staff.

b. Paragraph 50, relating to the differential notification of hepatitis.

c. Paragraph 61, relating to the use of the BIOHAZARD sign on laboratory doors.

7. CSA and Health Boards are asked to bring this report to the attention of all laboratory consultants and other relevant staff. Copies of the report for this purpose are being sent under separate cover and further copies are available from Mr J Docherty, SHHD, Room 10, St Andrew's House, Edinburgh EH1 3DE.

Yours sincerely



T H McLEAN