Attachment III

JANUARY 13, 1983

JOINT STATEMENT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME RELATED TO TRANSFUSION

Recent reports of abnormal immune function, Kaposi's sarcoma, and opportunistic infections in some gay males, Haitian entrants, and intravenous drug users and in others suggest that a new disease of unknown etiology has appeared in the United States. The disease has been called Acquired Immune Deficiency Syndrome (AIDS). Over 800 cases of AIDS have been reported with a very high mortality rate. While the major foci seem to be New York, San Francisco and Los Angeles, cases have been reported from other areas of the United States.

The predominant mode of transmission seems to be from person to person, probably involving intimate contact. The possibility of blood-borne spread, still unproven, has been raised. This latter impression is reinforced by eight confirmed cases in hemophiliacs treated with antihemophilic factor (AHF) concentrate, by a case in a newborn infant who received 19 units of blood components, one of which was from a donor who later died of AIDS, and by fewer than 10 unconfirmed case reports in other transfusion recipients. No agent has been isolated and there is no test for the disease or for potential carriers. Evidence for transmission by blood transfusion is inconclusive at this time.

The finding of cases in hemophiliacs, especially those who use antihemophilic factor concentrates, coupled with the long incubation period and the continuing increase in reported cases is of sufficient concern to warrant the following suggestions for action on the part of blood banks and transfusion services. We realize that there is no absolute evidence that AIDS is transmitted by blood or blood products, and we understand the difficulty in making recommendations based on insufficient data. There is a need for additional information about this disease. Public health authorities should allocate resources to study the etiology of AIDS, its mode of transmission, appropriate preventive measures and therapy. Blood centers and transfusion services should continue to assist public health agencies investigating AIDS. Given the possibility that AIDS may be spread by transfusion we are obliged to respond with measures that seem reasonable at present. The lack of a specific test means that our major effort must revolve around two areas: (1) Additional caution in the use of blood and blood products and (2) reasonable attempts to limit blood donation from individuals or groups that may have an unacceptably high risk of AIDS. Our specific suggestions follow:

1. Blood banks and transfusion services should further extend educational campaigns to physicians to balance the decision to use each blood component against the risks of transfusion, be they well-established (e.g. hepatitis, cytomegalovirus, malaria) or under investigation (e.g. AIDS).

2. Autologous blood transfusions, as an alternative to allogeneic transfusion, should be considered more frequently, especially in elective surgery.

3. Blood banks should plan to deal with increased requests for cryoprecipitate. Altered T lymphocyte function, a component of AIDS, has been reported to be less frequent in hemophilia patients who are treated with cryoprecipitate rather than AHF concentrates. Although this does not necessarily imply that cryoprecipitate is free of risk, this finding may lead to an increased demand for cryoprecipitate.

4. Donor screening should include specific questions to detect possible AIDS or exposure to patients with AIDS. In particular, all donors should be asked questions designed to elicit a history of night sweats, unexplained fevers, unexpected weight loss, lymphadenopathy or Kaposi's sarcoma. All positive or suggestive answers

should be evaluated before anyone donates.

5. Persons with responsibility for donor recruitment should not target their efforts toward groups that may have a high incidence of AIDS.

6. A major area of concern is whether attempts to limit voluntary blood donation by individuals from groups with a high prevalence of AIDS are appropriate at present. This question has medical, ethical and legal implications.

a. The presently available medical and scientific evidence that AIDS can be spread by blood components remains incomplete. Fewer than 10 cases of AIDS with possible linkage to transfusion have been seen despite approximately 10 million transfusions per year. Ongoing epidemiologic studies of all cases of AIDS are being conducted at this time. Should evidence of a clearly implicated donor population become apparent, specific recommendations to the blood banking community will be made promptly.

b. There is currently considerable pressure on the blood banking community to restrict blood donation by gay males. Direct or indirect questions about a donor's sexual preference are inappropriate. Such an invasion of privacy can be justified only if it demonstrates clear-cut benefit. In fact, there is reason to believe that such questions, no matter how well-intentioned, are ineffective in eliminating those donors who may carry AIDS. Blood banks should work with the leadership of groups which include some individuals at high risk of AIDS.

7. While there is no specific test for AIDS, there are laboratory and clinical findings that are present in nearly all AIDS patients. The use of these non-specific markers, for example, lymphopenia, immune complexes, and anti-HBc, are being evaluated in those areas of the country where AIDS is prevalent. We do not advise routine implementation of any laboratory screening program for AIDS by blood banks at this time.

These recommendations are made with full realization that the cause of AIDS is unknown and that evidence for its transmission by blood is inconclusive. We believe, however, that we must respond to the possibility that a new and infectious illness has surfaced. Until more information is available, we believe that the measures outlined above are prudent and appropriate. We will continue to monitor new developments and revise our position promptly should medical or scientific findings indicate that a different course of action is warranted.

This document was developed by American Association of Blood Banks, American Red Cross, and Council of Community Blood Centers with the assistance of the American Blood Commission, the National Gay Task Force, and the National Hemophilia Foundation. Also in attendance were representatives from the American Blood Resources Association, Centers for Disease Control and Food and Drug Administration.