13th February, 1985.

BTC/JDH

Dr. R. Tedder,
Department of Virology,
School of Pathology,
The Middlesex Hospital Medical School,
Ridinghouse Street,
London, W1P 7PN.

re: anti HTLV III Survey

Dear Dr. Tedder,

I am now enclosing my results and apologies for the delay which has been caused by the difficulty of getting the data together. I hope the results arrive in time to be useful to you.

So far we have results for one group of patients being studied by John Craske and we are waiting for more results from you (names of patients enclosed). Leslie Collier should soon be testing by the immunofluorescent technique here. I have also included some data on two patients tested at Colindale who have only ever had NHS heat treated concentrate.

Please let me know if I can be of any further help.

Yours sincerely,

B.T. COLVIN, M.R.C.P., M.R.C.Path.,
Senior Lecturer in Haematology.

Enc.

Department of Medical Microbiology

THE MIDDLESEX HOSPITAL MEDICAL SCHOOL
AND UNIVERSITY COLLEGE LONDON

Please reply to:
School of Pathology
The Middlesex Hospital Medical School
Ridinghouse Street
London W1P 7PN
Tel: 01-636 8333 Ext. GRO-C

Virology Section

Head of Department: Professor J. R. Pattison

Faculty of Clinical Sciences
University College London
University Street
London WC1E 6JJ

Patients who are anti HTLV III +.
Proportion total + total tested.
+
Post treatment characteristics. commercial vs NHS and their proportions.

8th January 1985

Dear Colleague,

As you will know we have been able to perform HTLV3 serology on serum samples from many of your patients. We hope that we will in future be able to continue to provide this as more of a service rather than just as a research project. However, in the meantime we are very eager as a group to compile the results of serological tests on patients receiving blood products, relating serology to the source of these products. We would like to do this as soon as possible and some may already have received a letter to this effect.

As far as the patient data is concerned, any recipient of commercial factor VIII since the beginning of 1979 should be included within the commercial factor VIII treatment group even if they have received additional non-commercial concentrate. Quantification of therapy (Factor VIII International Units per patient per year) in the commercial group should relate only to commercial concentrate since seroconversion from NHS products remains up to present a rare occurrence. For this reason it is probably not necessary to present data from NHS-concentrate recipients separately from recipients of cryoprecipitate. It will be easier to examine in detail those few seropositive patients who appear to have only received NHS products.

As you will see we would hope to be able to give a prevalence for seropositivity in 1984 and also a longitudinal multi-point half-year prevalence survey covering from 1979 to the present, both "surveys" related to therapy i.e. any commercial v.s. no commercial concentrate. There are two reasons for presenting these results simply and quickly. Firstly we would not wish to delay people from writing up their own series relating HTLV3 serology to other patient parameters. Secondly, we feel that a comprehensive statement on the prevalence of antibody (and we would like to think infection) in a significant proportion of British Haemophiliacs may help one to take a reasoned approach to therapy in the immediate future, that is at a time when heat-treated factor VIII will be introduced to replace native concentrates. We sincerely hope you will be able to comply with our request, hopefully within the next few days, and look forward to our collaboration continuing into this new year.

John Craske Philip Mortimer Richard Tedder Robin Weiss

LONDON HOSPITAL HAEMOPHILIA CENTRE.
December 1984.

B

Anti-HTLV III serology.

Result for the latest specimen in each half year.

1. COMMERCIAL FVIII	NUMBER OF PATIENTS TESTED	NUMBER POSITIVE
1978 J-J		
J-D		
1979 J-J		
J-D		
1980 J-J		
J-D		
1981 J-J		
J-D		
1982 J-J		
J-D		
1983 J-J		
J-D		
1984 J-J		
J-D		
	21	15

2. BRITISH FVIII	NUMBER OF PATIENTS TESTED	NUMBER POSITIVE
1978 J-J		
J-D		
1979 J-J		
J-D		
1980 J-J		
J-D		
1981 J-J		
J-D		
1982 J-J		
J-D		
1983 J-J		
J-D		
1984 J-J		
J-D		
	4 + 2*	0

*These two patients treated exclusively with heat treated NHS concentrate

LONDON HOSPITAL HAEMOPHILIA CENTRE
December 1984

C

Point prevalence of disease related to 1984 serology

Clinical Disease:	Seropositive No. with ___	Seronegative No. with ___
AIDS:	0	0
Persistant Generalised* Lymphadenopathy:	3	0
- Without symptoms:	3	
- With symptoms:	0	
Lymphadenopathy:	1 [*]	0
Repeated infections:	0	0
Thrombocytopenia	1	0
- Without purpura:	1	
- With purpura:	0	
Asymptomatic lymphopenia:	0	0
Lymphopaenia:	1 [+]	0
Others:**		0

* Lymphadenopathy in two sites other than inguinal for more than three months.

** including acute illness related to seroconversion.

Note 1. [*] Recent acute cervical lymphadenopathy in an anti HTLV III positive child. Pain in lymph nodes has now resolved leaving modestely enlarged cervical nodes.

Note 2. [+] Severe leucopenia in an anti HTLV III positive HBs Ag positive HBe Ag negative patient with symptomatic chronic active hepatitis.

THE LONDON HOSPITAL

HAEMOPHILIA CENTRE

AIDS SURVEY

PATIENT	DATE	DIAGNOSIS	PREVIOUS RESULT
GRO-A	26.11.84.	Haemophilia A	Positive
GRO-A	19.12.84.	Haemophilia A	Positive
GRO-A	16.01.85.	Haemophilia B	-
GRO-A	28.11.84.	Haemophilia A	-
GRO-A	02.01.85.	Haemophilia A	-
GRO-A	09.01.85.	Haemophilia A	-
GRO-A	16.01.85.	Haemophilia A	-
GRO-A	27.11.84.	Haemophilia A	Positive
GRO-A	12.11.84.	Haemophilia A	-
GRO-A	19.12.84.	Haemophilia	Negative
GRO-A	21.12.84.	Haemophilia A	-
GRO-A	21.11.84.	Haemophilia A	-
GRO-A	28.11.84.	Haemophilia A	Positive
GRO-A	19.12.84.	Haemophilia B	-