My Poster - with pros GRO-C 951 I understand thed the themsphilia Society would prefer to wait until alter the election. **GRO-C: Janet R Walden** BY HAND BLO SH GRO-C **GRO-C** 11/5 Mr Parker GRO-C ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) Mr Hinsberg has seen your minute of 3 May and is content to meet the Haemophilia Society. Because of pressures on Mr Finsberg's diary I would suggest the meeting should take place early next week and my office will be in touch with you to co-ordinate this. **GRO-C** MRS J R WALDEN D610 Ext GRO-C 4 May 1983 AFH cc Mr Gobder Mr Alcock Mr Doran Dr Smithies Dr Ford Dr Harris Mr Nodder TOM Mr Cashman PI speak to John Pather -Dr Oliver lasted steve arean to the de with the society for a suitable time. **GRO-C** Lindicated that Theoday par might Le suitable - o lhaveanteativ bieling Friday. Pay 20 May 4: 1000 **GRO-C** Al Winsterly charles, Hidde GRO-C

ACQUIRED MINUNE DEFICIENCY SYNDROME (AIDS)

WHAT IS AIDS?

AIDS is a newly recognised syndrome which first became apparent in 1981 when the Communicable Disease Centre at Atlanta, Georgia, USA became aware of an increase in the occurrence of a rare tumour (Kaposi's sarcoma) and of opportunistic infections (that is, infections not usually occurring in patients with normal immunity) in promiscuous homosexual males.

SYMPTOMS

The disease comes on insidiously with non-specific symptoms such as weight loss, fever, malaise and enlarged lymph glands and there is usually a considerable delay between the occurrence of the first symptoms and the onset of the illness - such as Kaposi's sarcoma - which provides the clue to the diagnosis.

WHO IS AT RISK FROM AIDS?

The disease occurred predominantly in homosexual males but other groups such as mainline drug abusers, Haitian immigrants and haemophiliacs requiring treatment with antihaemophilic factor concentrates (FVIII) have also been identified as being at increased risk.

IS IT CAUSED BY A VIRUS?

The cause of AIDS is unknown. Although medical opinion is tending to favour a virus as the agent responsible, there is no proof that this is the case. There is no means of testing for the presence of AIDS in patients or in blood or blood products such as FVIII.

LABORATORY TESTS FOR AIDS

The only consistent abnormality detected in AIDS sufferers is a reduced number of the white blood cells known as lymphocytes together with a reversal in the normal ratio of those lymphocytes known as 'helper' cells to those known as 'suppressor' cells. However, this abnormality is not specific for AIDS and cannot be used to make the diagnosis. At present, the diagnosis of AIDS is based predominantly on the total clinical picture in a given case.

MORTALITY

The mortality from the established disease is high: at least 40% of cases die after a variable period of months or years after contracting the disease.

IS IT TRANSMITTED IN BLOOD OR BLOOD PRODUCTS?

As yet there is no conclusive proof that AIDS is transmitted by blood as well as by homosexual contact but the evidence is suggestive that this is likely to be the case. The evidence relates to some 11 haemophiliacs in the USA and 3 in Spain in whom the most likely explanation for the development of AIDS was their exposure to American FVIII concentrates. There is also some evidence that AIDS has been transmitted to babies in blood transfusions.

ARE THERE ANY CASES OF AIDS IN UK HAFMOPHILIACS?

As far as can be established, there are no proven cases of AIDS in UK haemophiliacs. There is a suspect case in Cardiff of whom we have details but the reported (in the Sunday Mail) case in London has not yet been traced. The case in Cardiff has not received any American FVIII concentrate since 1980. This would not exonerate American FVIII because of the long incubation period which there may be between exposure to the agent and the manifestation of the disease. On the other hand, the patient, who is a severe haemophiliac, has received since 1980 a great deal of British made FVIII concentrate and it is not possible to know whether British concentrate may contain the AIDS agent.

SHOULD A BAN BE PLACED ON IMPORTS OF US FACTOR VIII CONCENTRATE?

At present, haemophilia experts in this country take the view that to ban the imports of US FVIII would be to place haemophiliacs at greater risk from bleeding than they would be from acquiring AIDS.

SHOULD WE SWITCH TO EUROPEAN CONCENTRATES?

AIDS has been reported in some European countries, so that European plasma may not be free of the agent. Moreover there is evidence that some European manufacturers may use plasma which comes not from Europe but from Latin America.

WHAT ACTION ARE WE TAKING?

- 1. UK Blood Transfusion Directors have already discussed the issues. It is considered impossible to ask donors if they are homosexual. However, they will avoid wherever possible bleeding donors who are known to be homosexual and an approach may be made to the leaders of the homosexual groups to request that for the present, practising male homosexuals should abstain from donating.
- 2. All haemophilia centre directors have received instructions to report any suspect case of AIDS both to a monitoring centre for AIDS at the

Oxford Haemophilia Centre and to the Communicable Disease Surveillance Centre, Colindale. Any such reports will be passed also to the Centres for Disease Control, Atlanta.

3. The Blood Transfusion Research Committee of the Central Blood Laboratories Authority will be considering the problems posed by AIDS to the Blood Transfusion Service.

WHAT ARE THE CONTROLS ON IMPORTING BLOOD PRODUCTS?

This is controlled under the Medicines Act and the plasma from which the products are made has to be shown to be free from a number of diseases for which tests are available. However, in the case of AIDS, no such test is available.

IS IT TRUE THAT IF THE GOVERNMENT HAD PUT MORE MONEY INTO THE BLOOD PRODUCTS
LABORATORY AT AN EARLIER STAGE, THIS PROBLEM WOULD NOT NOW BE WITH US?

No. The agent of AIDS is already present in this country, since a number of cases of AIDS have been diagnosed in homosexuals who have not received any blood or blood products.

WHEN WILL THIS COUNTRY BE SELF-SUFFICIENT IN BLOOD PRODUCTS?

The Central Blood Laboratories Authority is about to embark on a £21m scheme to build a new Blood Products Laboratory at Elstree. This should be completed in 3 to 4 years. The laboratory will be of a size capable of making this country self-sufficient in blood products.