

IN CONFIDENCE

MINUTES OF THE 29TH MEETING OF THE  
EXPERT ADVISORY GROUP ON AIDS  
12 DECEMBER 1989

Committee:

Dept of Health

Sir Donald Acheson (Chairman to Item 4/  
para 6(i))

Dr Abrams (Chairman from Item 4 para 6(ii))

Professor Adler

Dr Ball

Mrs Beasley

Professor Day

Professor Geddes

Dr Gill

Dr Hagard

Mr Hudson

Dr Mortimer

Professor Peckham

Dr Smith

Dr Strang

Dr Wool (H.O; attending for Dr Hynes)

Dr Dunne

Dr Exon

Dr Greenberg

Dr Lader (Medical Sec)

Dr Lewis

Ms MacDonald

Ms McGinty

Mr Menicou

Mrs Peak (Admin Sec)

Mr Phillips

Mr Snee

Mrs Walden

Observer

OGD

Dr Cope MRC

Dr Donaldson (DH-NI)

Item 1 - Welcome and apologies

1. The Chairman welcomed Dr Lewis, who is now Principal Medical Officer in the AIDS Unit. He also welcomed Professor Day, who had been invited to present and discuss the draft update of the Cox Report.

2. The Chairman reported that Mrs Peak (Administrative Secretary) was attending her last EAGA meeting. She moves to DSS in the New Year.

3. Apologies were received from Mr Barton, Professor Calman, Dr Gunson, Dr Hynes, Dr Jacobs, Professor Kennedy, Dr McClelland, Dr Pinching and Dr Watt (who has replaced Dr Skinner at the Scottish Home and Health Department).

Item 2 - Minutes of the last meeting

4. There were no corrections to the minutes.

Item 3 - Matters arising not otherwise covered on Agenda

5. (i) Distribution of advice on syringe cleaning and disinfection. Mr Phillips reported that this was to be distributed under an Executive Letter to targetted groups in the NHS, including GPs. Dr Wool (HO) asked to receive a copy for the Prison Medical Services.

(ii) Distribution of other guidance. Guidance for Clinical Health Care Workers and on AIDS and Physical Violence, would be distributed under an Executive Letter in January 1990. AIDS and Physical Violence guidance will also be distributed to the Inter-Departmental Group on AIDS. The AIDS and Contact Sports Guidance is being considered by the Sports Council. Any further amendments will be considered by EAGA before distribution.

(iii) Mr Hudson reported that the final draft of the RCOG Guidance would be presented to EAGA's next meeting.

(iv) Mr Hudson and Professor Peckham informed EAGA that the report of the RCOG sponsored National Study of HIV in Pregnancy had been accepted for publication in the Lancet.

#### ITEM 4 - Chairman's Report

6. (i) Update of the Cox Report. Professor Day introduced the paper updating the forecasts of AIDS to 1993. He discussed the basis for his working group's predictions, and the methodologies used. Following discussion it was agreed that CMO should discuss the report further with Professor Day, Professor Adler and Dr Hagard early in January.

(ii) International Conference in Paris on the Implications of AIDS for Mothers and Children. Dr Abrams reported that CMO attended this conference. Professor Peckham commented that it had been successful and had drawn attention to this neglected area although it had contained nothing which was new. Discussions had covered such items as breastfeeding, risk of transmission and the effect of HIV infection in pregnancy. The need for good epidemiological data was recognised.

(iii) HIV/AIDS Symposium, Queen Elizabeth Hall, 24 November. Dr Abrams reported that this had been a very useful day. An announcement had been made by MS(H) about the start of anonymised HIV testing.

(iv) Response to Social Services Committee Seventh Report on AIDS. The Government's response to the Select Committee was tabled for members' information.

#### Item 5 - What's new in testing for Anti HIV? [EAGA (29)1].

7. Dr Mortimer introduced this paper. It summarised developments in commercial HIV tests since 1985, and new assay formats, reagents and confirmatory tests. The main conclusion was that errors in laboratory diagnosis are more likely now to result from human error than from product failure. There was some discussion about quality control procedures and the importance of the National External Quality Assessment Scheme.

8. The paper was noted, and the Chairman thanked Dr Mortimer.

Item 6 - Review of Public Health Legislation - the position of AIDS  
[EAGA (29)2]

9. Mrs Walden introduced this paper. She explained that public health legislation was undergoing a comprehensive review, and EAGA's advice was sought on how AIDS and HIV infection should be treated. EAGA's views would be fed into the consultation process.

10. The main plank of the Consultation Document's recommendations was that there should be two classes of diseases; Early Action for those diseases requiring early action to prevent spread, and Other Notifiable for those diseases where only statistical monitoring was needed. Three options were seen for AIDS:

(i) Maintain status quo. Current powers, however, were thought not to have demonstrated their value, and HIV infection was not covered;

(ii) Extend Powers. This would make AIDS and HIV infection an Early Action disease but the powers might then be too wide;

(iii) Remove AIDS altogether. This would not involve any change to the present voluntary reporting system.

11. EAGA members discussed the possibility of keeping powers in reserve. Dr Strang pointed out that powers elsewhere - e.g. under the Mental Health Act - could be used. EAGA concluded that AIDS should be removed from the legislation. This view will be conveyed to the Consultation Team.

Item 7 - Survival of first 1000 adult patients reported with AIDS in the UK [EAGA(29)3].

12. Dr Gill introduced this item. The paper reported on a study of the first 1000 cases of AIDS, involving active follow up of those not known to be dead by the end of September 1987. A median survival time of 9.2 months was found. There was evidence that more recently diagnosed cases were surviving longer.

13. In discussion, it was pointed out that there were many factors involved in survival; for example the timing of the diagnosis and the type of treatment given. Dr Gill reported that the study would be published when the analysis up to the end of 1988 had been completed. Comments made by EAGA members would be taken on. Before publication a follow up paper for EAGA would be presented early in 1990.

Item 8 - Review of earlier guidance to Professionals - AIDS booklets 1 to 5 [EAGA (29)4]

14. Dr Lader introduced this item. There were five booklets containing general guidance to professionals. Booklet number 5, on AIDS and skin piercing, was still considered to be useful, but booklets 1-4, which contained various forms of guidance to doctors, surgeons, dentists and anaesthetists, and guidance on artificial insemination, were considered to have been superseded by later guidance. The RCOG had agreed that Booklet 4, which it had drafted together with EAGA, was no longer required. EAGA members agreed to the withdrawal of booklets number 1-4.

Item 9 - State of the Epidemic [EAGA (29)5]

15. Dr Gill introduced the AIDS/HIV Quarterly Surveillance Tables up to end September 1989, briefly highlighting the main features. One of these was a marked increase in new reports of AIDS cases in the third quarter of 1989. Factors which contributed to this increase included the new report forms for AIDS cases and an ongoing review in one London District of its information and reporting systems. Dr Gill drew particular attention to figure 4 which showed AIDS cases from heterosexual contact in selected European countries. Professor Peckham pointed out that the data from Spain in particular could not be regarded as reliable because of under reporting. EAGA members discussed table 28, on the ethnic group of reported AIDS cases. The definitions of ethnic groups were as stated; this table may become more significant in future years as heterosexual transmission spreads. EAGA members agreed that the presentation of this data required careful handling.

Item 10 - Oral report from the Health Education Authority.

16. Dr Hagard was called upon to make this report. Dr Hagard reported on the mass media campaign currently being developed which would have informational and testimonial components. A campaign aimed at bisexual men was also being developed. In October, the National Union of Students with the HEA, had prepared a students' safety pack aimed at first year students, which had been well received. The AIDS letter Oct/Nov 1989 published by the Royal Society of Medicine and including an article by Dr Kapila on the work of the HEA, was tabled for members' information.

Item 11 - World AIDS Day Report [EAGA (29)6]

17. Mrs Amy Whyte reported that a steering group, chaired by Margaret Jay, had organised and directed the main activities for World AIDS Day (1 December). Voluntary, statutory and business organisations, schools and prisons had been alerted to the Day by the relevant Government Departments. On World AIDS Day, Minister of State for Health carried out a number of visits, including London Lighthouse with the CMO, and interviews. There had been a number of radio and television programmes around 1 December. World AIDS Day had been considered very successful, and was likely to become an annual event. The World Health Organisation would be asked to give earlier warning of the date (if not December 1st) and the theme.

Item 12 - Review of Membership

18. Dr Lewis introduced this item. She summarised the history of EAGA and explained that there were two points to be considered. The first was whether the mix of specialties was satisfactory; the second was how members should be selected and how long they should serve. EAGA members discussed the specialties, and suggested including experts in health promotion, statistics, and public health medicine. EAGA members agreed that a paper making proposals for membership should be presented at the next meeting.

Item 13 - Any other business

19. (i) Mr Hudson informed members that the report on guidance for HIV infected health care workers was nearly complete. There had been a divergence of views between the UKCC and other professional bodies (GMC and GDC). EAGA would review the guidance at the next meeting.

(ii) Professor Geddes reported that at a recent meeting of the BCG subcommittee of the JVCI it was decided not to terminate the childhood immunisation programme, because of uncertainty about HIV. Under reporting of TB and failure to notify contacts was suspected, because of fears of breaching confidentiality. A paper from the BCG Subcommittee would be available for discussion at the next meeting of EAGA.

(iii) Miss MacDonald, from the Procurement Directorate of the Department of Health, reported on problems associated with rapid tests for HIV antibody and their use in GUM clinics. She would discuss the matter further with Dr Mortimer.


Item 14 - Video "Defensive Eating"

20. This video, which had been received from the USA, was shown to members. They were asked to let the EAGA Secretariat know if they felt that similar advice on healthy eating for immunocompromised people should be promulgated in the UK.

AIDS UNIT  
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