



DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
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Your reference  
Our reference

Letter of 23/8/85 to Dr J. Darborough

Sent copies to:

Dr A. Smithies, Med SEB

Dr H. Gimson, Consultant Adviser

Mr M. Lingwood, MOD Def Sec 9(a)(Aii).

**GRO-C: Alan J Williams**

23/8/85.





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Dr J Darnborough  
Regional Transfusion Director  
Regional Transfusion &  
Immune Haematology Centre  
Long Road  
CAMBRIDGE CB2 2PT

Your reference

Our reference

Date

23 August 1985

Dear Dr Darnborough

HTLV III ANTIBODY TESTING OF BLOOD SUPPLIED TO UNITED STATES ARMED FORCES (USAF)

I am writing to confirm our telephone conversation of today about the USAF's new internal requirement that with effect from 26.8.85 all blood supplies should be HTLV III antibody tested... This would affect USAF Lakenheath and USAF Upper Heyford.

When this request was first made some months ago, it was agreed that it should be resisted since the NBTS's own position on dealing with such testing had not been established. The latest internal USAF instruction has been received when the NBTS now has an agreed timetable to start its own routine screening by mid October, i.e only 7 or 8 weeks away. The NBTS is thus left with a difficult choice of refusing to supply any blood to the USAF during that period, or continuing to make supplies available and dealing with any results which may emerge. The former would undoubtedly generate adverse publicity for the NBTS (I had serious doubts as to whether the complex reasons for the NBTS's position would be correctly presented by the media). The latter would create problems within the NBTS on what it did with the information received, and might invite comparisons between the different positions in USAF and NHS hospitals both supplied by the NBTS.

I advised you that, on balance, it would be better to continue supplying the USAF during the interim before NBTS's own routine screening started. You would wish to make it clear however that the NBTS were unhappy at having to do so, and that the Abbott test used by the USAF was not one of the first two being evaluated for use in the NBTS. Any USAF test results would need to be kept strictly confidential; when reported to the NBTS you would have to consider what follow-up action was desirable or merited as regards the donors involved. Fortunately the numbers likely to be involved, for such a short period, were likely to be small.

In due course, when decisions have been taken on what commercial tests are to be used in the NBTS you will wish to make the USAF aware of this (since there may be, for all I know, internal USAF stipulations that screening tests must be FDA approved).

Although Oxford RTC had not had any approaches this week from USAF Upper Heyford, similar considerations apply there, and I am copying this letter to Colin Entwistle.

Yours sincerely

**GRO-C**

Alun J Williams

cc Dr C C Entwistle

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