

IN CONFIDENCE

(3751)

EXPERT ADVISORY GROUP ON AIDS

Note of the third meeting of the sub-group on AIDS Counselling held on Monday 25 March 1985 in Room 108 Russell Square.

Present: In the Chair - Dr M E Abrams (DHSS)

Professor M Adler	
Professor A Geddes	DHSS
Dr J Green	
Dr H Gunson	Dr M Sibellas
Miss E Jenner	Dr D Holt
Dr A J Pinching	Mr D M Bailey

Apologies for absence were received from Dr Pereira-Gray, Professor Zuckerman and Mr Murray.

Introduction

1. The Chairman drew members' attention to the Public Health (Infectious Diseases) Regulations 1985, which had come into effect on 22 March, and to the relevant circular (HC(85)17, LAC(85)10), copies of which had been tabled.

2. It was agreed that the meeting should take as its agenda the following items:-

- i. Counselling of those found to be sero-positive at NBTS blood-donor sessions (Dr Gunson's letter of 7 March - copies tabled)
- ii. Anti-HTLVIII testing of prospective RTC staff (Dr Gunson's letter of 7 March)
- iii. Training of those counselling patients with AIDS-related problems (Dr Green's paper, deferred from the last meeting)
- iv. Infection Control Guidelines for the Community Care of AIDS patients and other HTLVIII positive clients (Miss. Jenner's paper, as amended by Dr Abrams - copies tabled).

Minutes of the last meeting

3. These were agreed.

Counselling of those found to be sero-positive at NBTS blood-donor sessions

4. Dr Gunson referred to the decisions reached at the last sub-group meeting, ie that the most appropriate manner for informing donors that the test for AIDS-associated antibody (and other tests) would be performed on their donation was to advise them by letter (or some other suitable means) prior to their attendance at the session, and that this notification should also include a statement on the lines that "your family doctor will be informed of the results, if positive, unless you object to this". He explained that since the meeting he had discovered that, at present, in the English BTS, donors are not routinely asked, on recruitment, for the name of their GP, neither is it recorded in their notes. Introduction of the system suggested at the last meeting was not

therefore possible without a considerable change being made in the routine collection of data by the BTS. This would have both revenue and manpower consequences and would extend the time of donor sessions.

5. Dr Gunson did not think it practical to obtain the name and address of every donor's GP when, for the great majority, this would not be relevant information for the BTS. He suggested that the same procedure be applied as for donors with a positive test for syphilis ie the donor would be informed by letter - after the test result is known - asking

- a. if he would agree to his GP being approached, and if so
- b. for the name and address of the GP.

6. Other members of the Group felt that it would be preferable to know in advance (ie before the donation is made) the name and address of the GP despite the great difficulties in acquiring this information accurately.

7. It was agreed that the matter be referred to the Screening Sub-Group for further consideration, particularly regarding a possible alternative solution if neither of the procedures outlined above were considered possible or practicable. It was noted that a final decision on the issue would be needed from the main Group (the EAGA).

8. The Chairman referring to para 9 of the minutes of the last meeting sought the Group's views on the problems, if any, which absence of medical staff at a BTS donor session might create from the point of view of counselling. The Group's view was that such a situation would not be ideal, but was probably acceptable provided there was some other individual (eg a nurse) at the Centre, trained in AIDS counselling.

Anti-HTLVIII Screening Test for Prospective RTC Staff

9. Dr Gunson explained that it is a condition of NBTS employment that a person is tested for hepatitis B surface antigen (HB_sAg) and its antibody, and that employment is conditional upon a negative result. Applicants are asked at interview if they are willing to be tested. Once employed, however, further screening is voluntary. Dr Gunson sought the views of the Group on whether similar requirements should be introduced for HTLVIII antibody screening.

10. It was considered that such a test was unnecessary; that the chance of blood stocks becoming contaminated in this way was extremely small. However, since a test was already carried out for hepatitis B it was recognised that criticism could be levelled at the NBTS if similar action was not taken with regard to AIDS.

11. Following discussion it was agreed that further thought should be given by the NBTS to whether there remained a need to test for hepatitis B. Dr Gunson agreed that the situation now was far different to that in the 1970's when the test had first been introduced, and that indeed a hepatitis B vaccine was now available. He undertook to consider whether hepatitis B testing could be discontinued. It was agreed that whatever decision was reached on this, a similar line would be taken with regard to HTLVIII antibody screening.

12. It was agreed that the situation regarding screening tests for those working in renal dialysis units was somewhat different. The situation here was more akin to that in an operating theatre, involving surgery, whereas in the BTS blood donor centres one was dealing with well patients. The Group concluded

that HTLVIII antibody screening tests should be introduced along similar lines to hepatitis B antibody tests, for renal dialysis unit staff.

Training for those counselling patients with AIDS-related problems

13. The Group considered the paper on training submitted by Dr Green. In particular, the Chairman drew attention to the main groups of staff identified as those that would be involved in counselling, and put forward the view that the most immediate need appeared to be some form of centrally-coordinated training of GUM staff (of all disciplines) who could then be expected to provide training for others within their district. Regarding GPs, it was suggested that their involvement in counselling was likely to be much less and their training needs - although important - were therefore less immediate.

14. The Chairman noted Dr Green's conclusion that it seemed sensible, initially, to start training from St Mary's, and he enquired how it was thought the hospital would be able to cope with the demand. Dr Green replied that much would depend upon the financial resources available, but that however optimistic one was regarding the availability of funds it was unrealistic to expect that a representative from every district health authority could be offered the proposed four week training course at once.

15. Professor Adler thought that from a purely practical standpoint the four week course would be unacceptable to most authorities. St Mary's had the advantage of having clinical psychologists who could take the lead in training, but other authorities were not so well placed. Professor Adler thought much shorter courses (for other than those described in Dr Green's paper as "Designated DHA AIDS Advisers") would be more appropriate.

16. Professor Geddes supported Professor Adler's view. He explained that in the West Midlands there was only one GUM clinic covering a number of health districts, and there was no consultant and no clinical psychologist. He questioned who it would be appropriate to send on a four week training course. He suggested that a regional approach would be more appropriate in the first instance. Dr Sibellas suggested that the Regional Training Officer might have a valuable role to play in this.

17. Following further discussion the Group concluded that most authorities would find it extremely difficult to spare more than one or two of their staff for the in-depth four week training course, and that it would be better therefore to concentrate initially on establishing the short (2 day) course which would enable a much larger number of staff to become trained (albeit relatively superficially) in counselling AIDS/HTLVIII positive patients and their contacts. There was a clear and urgent need for such training and it was felt that once this was under way a number of individuals would emerge as needing the further, in-depth, training for establishment as their district's "Designated AIDS Adviser".

18. Dr Green agreed to prepare a further paper, setting out in greater detail his proposals for a training scheme concentrating primarily on a two day course for "all-comers" and secondly on the longer-term in-depth course for potential AIDS Advisers.

Infection Control Guidelines for the Community Care of AIDS Patients and other HTLVIII Positive Clients

19. The Chairman invited comments on the tabled paper which had been prepared originally by Miss Jenner but amended to reflect discussion at the second EAGA

meeting (13 March). He drew attention, specifically, to the paragraph "Going Back to Work" on page 8 of the paper - which was agreed by the Group. Some re-ordering of the paragraphs would have to be made in order to find a more appropriate place for this addition.

20. It was agreed that:-

- i. references to "drug abusers" would be amended to "drug misusers"
- ii. in line 1 of para 1.2.7 on page 2 the word "sero" should be deleted
- iii. an introduction to para 2 should be included, relating this to the prevention of cytomegalovirus (CMV)
- iv. para 3.0, last line, should be amended to "..... an incinerator for example at the nearest Health Centre or Hospital"
- v. para 4.0, last sentence, amend to "..... return it to your immediate superior."
- vi. para 7.0, line 3, amend "10% household bleach" to "ordinary household bleach"; line 4 amend "hot water" to "water (preferably hot)"; last line amend "surfaces contaminated with blood" to "potentially contaminated surfaces".
- vii. para 11. This paragraph should be deleted.
- viii. para 12.1 First sentence should be amended to read "..... do not need to wear any protective clothing for any of their usual activities with their clients". Second sentence should be omitted.
- ix. paras 12.3 and 12.4 should be combined, and a cross reference made to paras 2.0 and 6.0
- x. in para 12.4 the reference to toilet cleaning should be amended to "No special disinfectants are needed"
- xi. para 14 amend to "Libraries can be used in the normal way."
- xii. para 16.2 amend to "The undertaker should be asked to provide a plastic container bag and 'finished leak-proofed coffin'"
- xiii. para 16.7. A cross-reference is needed here to the earlier section on sharps
- xiv. para 16.15 add "as this will not be possible at the undertakers".

21. The Chairman said that these amendments would be incorporated into a redraft which would be suitable as an annexe to a circular.

Any Other Business

22. The Chairman said that the draft annexes to the proposed CMO letter on AIDS would be circulated to all EAGA members for comment within the next two weeks. It was hoped that the letter would be ready for despatch shortly after Easter.

Date of next meeting

23. Monday 22 April at 2 30 pm in Room 30 Hannibal House.