

*Mr Clement. E 7/11*

Dr Graham

## CONSULTANT ADVISERS MEETING - BRIEFING ON AIDS FOR CMO

CMO will already be well aware of the general background to AIDS and there is little to report in the way of scientific developments.

The Communicable Disease Center's definition of an AIDS case remains unchanged (attached at A) and is broadly accepted across Europe although some countries have modified it and include a requirement for evidence of immune dysfunction unlike the USA and UK. This presumably means laboratory testing for T lymphocyte ratios although this is not regarded as being sufficiently specific either here or in America. No specific marker test has been developed. Case numbers continue to rise and a summary of those in European countries is attached (B). There are now over 2500 notifications in the USA and 24 in Britain (includes two haemophiliacs). One of the recent cases here was the first female AIDS patient to be recognised in this country.

In Europe the highest numbers of cases are seen in France and Belgium where approximately 40% are from central Africa (mostly from Zaire), of these 20 are women and children and there are no significant numbers of homosexuals or drug addicts.

There is intensive research activity in the USA and elsewhere directed both at searching for the causative agent and at the basic immunology of the syndrome. The question of whether the pre-existing immune dysfunction allows infection by an AIDS virus or whether the agent itself causes the immune defect remains unknown. Although there is a fairly general acceptance of a viral aetiology the possibility of bacterial or fungal infection has not been dismissed. Candidate viruses such as Human T cell leukaemia virus and cytomegalovirus are possibly mere passengers but their potentially direct implication in AIDS is under investigation. Primate inoculation experiments are under way in America but results will probably be long in coming. A naturally occurring AIDS-like illness in captive macaques first observed in 1982 has been transmitted to other monkeys but it is too early to say whether this could provide a sufficiently useful model for the human condition.

The Medical Research Council now has a working party reviewing AIDS and bids for research grants are being considered (Middlesex and St Mary's Hospital Medical Schools). One other smaller grant has already been made (Dr Pinching of St Mary's).

Although some of the opportunistic infections commonly seen in AIDS patients can be treated, there is as yet no recognised effective therapy for the basic condition. Interleukin 2 and interferon are however in use although the scale of their application is not known.

An international meeting held very recently in Denmark (WHO Europe, Danish Cancer Society and ECP Aarhus October 19-20) heard reports on AIDS in Europe. The incidence of AIDS in haemophiliacs in both USA and Europe was discussed and the higher rate of haemophilia in Europe was noted. Nevertheless, the recorded incidence of AIDS in all these patients stands at

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less than 1 per 1000 haemophiliacs on both sides of the Atlantic.

The suggestion that an AIDS Task Force be set up in Europe (similar to that in the USA) along with a European AIDS Reference Centre was considered but apparently rejected in favour of a working group and coordinating centre funded by WHO. WHO are unlikely to set up a reference centre on AIDS during the present financial term.

X The Advisory Committee on Dangerous Pathogens is in the process of devising interim guidelines for specimen collection, laboratory work and post mortem examination on AIDS cases and is to form a working group to keep these subject areas under review in the light of developments.

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