Reference.....

Dr Smithies

HTLV III

AIDS - DEVELOPMENT OF DIAGNOSTIC TEST FOR ~~EACH TLVIII~~

I thought it might be helpful if I recorded the main points made at the meeting which Miss Edwards, Dr Barnes, Dr Graveney, you and I attended on 31 July to discuss the paper you circulated with your minute of 27 July.

It was agreed that Ministers should be made aware of the arrangements to screen all blood donors at North West London RTC to start in October. A note might also include a reference to the need to find funding to scale up production of the test reagent. We agreed that Mr Parker's suggestion that the Supply RLG might be the most appropriate source of funding should be pursued.

The note might also need to deal with the question of publicising the research in such a way as both to take credit for Government support for development of the test and to make it clear that the arrangements at the North West London RTC were experimental, ie to forestall pressure for the immediate availability of the test throughout the blood transfusion service and more generally through GPs and STD clinics.

We discussed the need for a group to advise the Department about the development of the test and saw parallels in the arrangements which had been set up in relation to the development of hepatitis B testing ie that the initial interest lay with MED SEB but, as the need to develop service wide provision grew, transferred to MED IMCD. There were particular problems, however, in relation to the test to be made available for blood donors on AIDS because, in addition to the implications for screening widely for AIDS, eg through STD clinics, there was the problem of tracing people who had received contaminated transfusions. It was agreed that initially advice should be made available through a Sub-Group of the Advisory Committee on the National Blood Transfusion Service and that it would be helpful if the membership of any group included an expert on STD services, eg CMO's consultant adviser. The need to set up a group should be mentioned in the note to Ministers and EP's interest in the creation of new advisory groups kept in mind. The terms of reference of the group would need to cover the following:

The application of the test

Follow-up of cases with contaminated blood tranfusions

Implications for blood donors

The implications for cases identified by the test as possibly carrying AIDS

The wider use of the test.

It was agreed that HS and CHD together with medical colleagues would consult on the drafting of the submission which should originate from the HS/MED SEB side of the House. It was for consideration whether the submission should also deal with the blood donor leaflet and refer also to the HEC leaflet on AIDS which is in preparation.

CHD would look at the arrangements for contact tracing for STD patients to see if they could be applied to AIDS patients.

GRO-C

R L CUNNINGHAM
CHD
B1213 AFH
Ext GRO-C

31 July 1984

cc:

CODE 18-77
HP 4/83