



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Minister for Health

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Frank Field Esq MP

.1 1 JAN 1988.

Thank you for your letter of 17 September about the use of Factor VIII by haemophiliacs. I am sorry for the delay in replying.

It may be helpful if I explain the structure established for the care of haemophilia patients in this country which was set out in a Health Circular in 1976. Designated Haemophilia Centres were listed where doctors with the particular expertise in this blood disorder were available to treat patients. This organisation still exists and directors of Haemophilia Centres meet regularly to pool information and expertise. Close contact with this group is maintained by the Department to ensure that our policies in this area reflect their professional view.

The first report of 3 haemophiliacs with an opportunistic pneumonia which was later associated with AIDS was published in the United States of America in July 1982, and it was to this that my reply to your Parliamentary Question on 5 May last year referred. Our records show that because of what was then considered the 'remote possibility' that there might be a connection between AIDS and commercial blood products, Haemophilia Reference Centre Directors responded swiftly by agreeing in September 1982 to establish a mechanism for collecting data in the UK. The details of this programme were sent to the Department in April 1983. At that time there were no known UK cases and even in the USA fewer than 10 haemophiliacs were suspected to have AIDS. Meanwhile, a Haemophilia Centre Director, through the Bulletin of the Haemophilia Society in the first quarter of 1983, advised haemophiliacs to continue to use Factor VIII because the risk from bleeding episodes far outweighed any risk of getting AIDS.

Briefing prepared for Ministers on media stories about AIDS in May 1983 indicated that, while there was no conclusive proof that AIDS had been transmitted by blood products, medical opinion tended to favour the theory that an infective agent such as a virus might be responsible. In July 1983, Lord Glenarthur stated in a Lords reply that, despite the absence of conclusive evidence, the Department was considering the publication of a leaflet indicating the circumstances in which blood donations should be avoided. Such a leaflet, asking those thought to be in a high-risk group for AIDS not to give blood, was circulated through the National Blood Transfusion Service in August 1983. There was regular contact by officials with Haemophilia Centre Directors, the Haemophilia Society, the Medical Research Council, and the World Health Organisation amongst others during this period.

The professional advice mentioned in Kenneth Clarke's reply in November 1983 is a reference to discussions at the Haemophilia Centre Directors' meeting in October 1983 when directors were given an expert view that consideration should be given to the possibility that Factor VIII from the USA might be contaminated with a putative infectious agent associated with the cause of AIDS.

Although during 1983 there was an increasing awareness of the possible link between AIDS and Factor VIII, it was not until April 1984 that the AIDS virus was isolated. Unfortunately not until late that year was it shown that heat treatment could inactivate the virus and heat treated Factor VIII became available.

I hope you find this helpful.

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