

cc Mrs Firth
Mr Murray
Dr Holt
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Mr Williams ✓
Mr Price

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Dr Sibellas (o/r)

AIDS BLOOD TESTING

CMO met PS(H) on 22 August and one of the matters discussed was the need to have developed, in time for a public announcement to be associated with the introduction of blood testing in the Blood Transfusion Service on 14 October, a clear policy for the use of the alternative facilities.

CMO explained that there were two extremes. At one end of the spectrum is a view held, I think, by Dr Sencor in New York amongst others, that people should not actively be encouraged to have the test; to the other extreme where every step should be taken to encourage those who think they are at risk of being HTLVIII positive to have the test.

I would be grateful if you could give some thought to this and prepare a short draft paper that we could discuss with colleagues and then send to CMO. As you know we have written to Regional General Managers asking them to publicise the facilities in their Region and we will almost certainly be following this up with a further letter either suggesting what publicity they should have, eg advertisements in the local press, or reminding them of the need to publicise the facilities. If we go further than this, we shall need to think of the consequences and whether in fact the facilities, for example at STD clinics for counselling, would be sufficient in mid October, or shortly afterwards when the results of the tests begin to come through, to cope with what might be a fairly large influx of positive people.

My own view, for what it is worth, is that we ought to play this carefully. We do not know what the likely demand will be nor do we know what proportion of people presenting for testing will be positive. Those that do, particularly if they have been encouraged to do so, might quite rightly expect facilities to be available to give them advice - there will be no other help that can be offered to them as individuals. Perhaps we should wait and see what the initial response is like and how the facilities that are in existence cope with the load. Further publicity could always be given later, although it would of course be a very good opportunity to use October 14 for it.

Against this must be set the knowledge that if positive individuals can be identified, counselled and as a result alter their behaviour, then we might be able to do something positive to slow the spread of the disease. It is a difficult balance! I would be quite prepared to discuss after you have had a think about it.

GRO-C

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