

PS/Mr MacKay

Copy to: PS/Secretary of State
PS/Mr Ancram
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PS/SHHD
PS/CS
Chief Medical Officer
Mr Morison
Miss Cox
Dr Scott
Director, Prison Service
Director, SIO

ACQUIRED IMMUNE DEFICIENCY SYNDROME

The purpose of this minute is to provide an update on Mr Macpherson's minute of 21 March and Mr Davies' minute of 28 June.

Incidence

2. Up to the end of August there had been 206 reported cases (114 deaths) in the United Kingdom; 6 of the cases (2 deaths) were in Scotland. This represents an increase of 56% over a period of 6 months.

Statutory Powers

3. The letters to the Chief Administrative Medical Officers of Health Boards and the Chief Executives of District and Islands Councils envisaged in paragraph 5 of Mr McPherson's minute of 21 March were duly issued on 22 March, explaining that there was no need for Scottish regulations corresponding to the DHSS regulations attracting certain statutory powers for possible use in AIDS cases.

Education

4. On 1 April, in the light of public anxiety about AIDS particularly among the at-risk groups, the Chief Medical Officer wrote to the Chief Administrative Medical Officers of Health Boards drawing their attention to a leaflet (copy attached) "Some Facts about AIDS" produced by the Health Education Council and reprinted for the Scottish Health Education Group, and suggesting that copies should be distributed to health centres, general practitioners' surgeries and genito-urinary medicine clinics etc. The Scottish Health Education Group now have a revised edition at the printers.

5. This was followed on 17 May by a letter from the Chief Medical Officer to all doctors enclosing for their information -

- (a) A paper entitled "AIDS - General Information for Doctors" which had been prepared with the advice of the Health Departments' Expert Advisory Group. The paper included sections on groups at risk, clinical presentation and diagnosis and guidance measures to control the spread of the infection as well as other information; and
- (b) A paper prepared by the Communicable Disease Surveillance Centre in London giving a detailed account of the epidemiology of the condition.

Routine Screening

6. Meantime, it had become clear that it would be necessary to introduce routine screening of blood donors to avoid the spread of infection by this route; it was recognised that the situation had to be avoided where at-risk groups might offer their blood in order to be screened, thus increasing the risk of the spread of infection (since even the best tests produce some false negatives). ~~Health Boards have therefore been asked to set up arrangements for routine testing of blood for the presence of HTLV-III antibody.~~ We hope that the availability of this facility will mean that the Blood Transfusion Service is concerned only with testing the blood of genuine donors. Where the initial test (whether by the NHS or by the Blood Transfusion Service) proves positive a confirmatory test is to be undertaken; this will be carried out by the Virology Reference Laboratory at Ruchill Hospital in Glasgow or the Clinical Virology Laboratory at Edinburgh University. The cost of the confirmatory testing is being met through the Advisory Group on New Developments in Health Care. Health Boards will be expected to absorb the cost of the screening facilities they have been asked to introduce but the 1985/86 revenue allocation for the SNBTS has been increased by £322,000 to provide for the purchase of screening test kits. The commercially available test kits for the detection of HTLV-III antibody have been evaluated by a panel of experts from the Public Health Laboratory Service on behalf of DHSS and we have made a summary of the results available to Health Boards.

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Counselling

7. Given confirmation of a positive result appropriate counselling facilities will be required and Health Boards have been asked to make the

necessary arrangements. Courses for counsellors are being made available at St Mary's Hospital in London on which some places are being made available to us and it is also hoped that St Mary's will mount a course in Scotland.

Publicity

8. The routine testing of blood for the detection of HTLV-III antibody, whether by the NHS or by the Blood Transfusion Service is to commence in mid-October and we have impressed on Health Boards the importance of adequate publicity being given to the facilities available outside the Blood Transfusion Service. However, we are also currently considering a Ministerial press release.

S M Liddle

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Division IIIC(i)

Room 158

Ext GRO-C

St Andrew's House