

There still seems to be a substantial way to go before the EAGA can agree suitable tests for distribution with a covering CMO letter.

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1. Dr Reid
2. Dr Scott *O/R*
3. Mr Macpherson *25/3*
4. Mr Davies *27/3*
5. Mrs Neep (for Branch file) *27/3*

Dr Young } no enclosures
Dr Bell }

EXPERT ADVISORY GROUP ON AIDS - 2ND MEETING, 13 MARCH 1985

I enclose with this informal report copies of the agenda and papers for the meeting which I attended.

I must confess to being unhappy about the meeting which had a long and important agenda but was rushed through in an over extended morning with the result that those items considered at the end were only dealt with superficially by what was then a tired Committee. Other items which should have been dealt with on the spot were postponed to the next meeting in a month's time. This was especially unfortunate as the agenda involved the reporting back of sub committees who will now be continuing their work without giving the Committee an opportunity for comment. It was significant that a number of us got together after lunch and "continued the meeting".

Item 2 Chairman's Announcements

The Chairman opened the meeting by reporting on the press notices which had been put out by the DHSS CMO on the subject of notification of AIDS. He made the point that, although DHSS accepted EAGA's opinion that AIDS should not be made notifiable, the matter would be kept under review and might have to be reconsidered if the surveillance system did not work. He had also written to the RCOG to ask them to inform their members of the Group's recommendations with regard to donations by "at risk" persons for artificial insemination. He mentioned the ACDP guidelines and the fact that DHSS had put out a corrigendum to alter the second sentence of their circular to indicate that they applied only to cases of AIDS and PGL and not to those found to be HTLV III antibody positive. (This has already been widely criticised and it is creditable that a similar action has not been taken in Scotland.)

Item 4 AIDS: Advice to Doctors

Not only was the draft of the DHSS CMO letter tabled, but also a second version of one of the annexes which had already been included in the papers and also another appendix. The latter caused considerable confusion. It was also explained that the attached extract from CDR (EAGA(2)12) will be sent out with the letter. Dr Harris explained that since it was not the DHSS' policy to advise doctors on clinical matters, the letter referred to EAGA as giving the advice. (The last paragraph of the letter seems to me to be incredibly ineffectual and the last sentence the understatement of the year!)

22.3.85

The meeting was then asked for its views on the annexes and from then on developed a major session of drafting in Committee which is never satisfactory, especially as there was no opportunity for members to look at the new papers which had been tabled. I have noted some of the amendments on the papers but it will be worthwhile waiting to see the completely amended appendices which the Secretariat have agreed to compare.

Item 5 Screening Sub Group

Dr Smithies spoke to her report from the Screening Test Sub Group. This had not even been tabled for the meeting but I was fortunate to have had a sight of Dr Bell's personal copy, which is attached to these papers after the reports on the meeting on the Sub Group.

Prof Zuckerman, quoting his WHO experience, strongly upheld the view that we should be adopting the Western Blot technique for confirmatory testing which is used in America and in the rest of Europe. This was in the face of the proposal by others including Dr Mortimer (PHLS), Prof Weiss and Dr Smithies that Dr Tedder's competitive Radio Immuno Assay Test plus Immuno fluorescence, both of which techniques are well proven and used in this country, should be adopted as our confirmatory test. The argument against the Western Blot technique was that it was expensive (£30 a time) but, above all, that there was little experience of this test in the UK and it was a difficult test to perform accurately. Dr Cash sided with Dr Zuckerman and said that the Western Blot test should at least be compared with other tests rather than ignored in case it should turn out in the long run to be vastly superior to our own tests. (I gather that since this meeting another sub group, this time of microbiologists which include Dr Follett, have discussed this issue - I have not heard what the result was.)

All the other items on the agenda were postponed until the next meeting. However Dr Abrams, touching on item 8, said that yet another sub group was being convened to provide advice for dentists and surgeons: he agreed that I should be an observer on the sub group. This is necessary, I believe, since, from experience so far, the work of the sub group is not well co-ordinated with that of the main Committee.

Finally it was agreed that the Committee would meet again at the end of April and at the end of May, dates to be confirmed but probably 22 April and 29 May.

GRO-C

DR J G COVELL
22 March 1985

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Encs