

Department of Health
and Social Security

PRESS RELEASE

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GOVERNMENT ACTION TO CONTROL THE SPREAD OF AIDS

Kenneth Clarke, Minister for Health, today announced the latest action the Government is taking to control the spread of AIDS (Acquired Immune Deficiency Syndrome).

In a written reply to a Parliamentary Question from Dr Brian Mawhinney, MP for Peterborough, Mr Clarke said: We are taking all practical steps to prevent and control the spread of AIDS, in the present state of knowledge about the disease.

"We have set up an Expert Advisory Group. The membership of the group includes experts on all aspects of the disease, from throughout the United Kingdom, and is as follows:

MEMBER	ORGANISATION
Dr M E Abrams	DHSS Chairman
Professor M Adler	Professor Genito-Urinary Medicine (London University) at the Middlesex Hospital
Professor A L Bloom	Professor of Haematology Welsh National School of Medicine
Dr J D Cash	Consultant Adviser in Blood Transfusion (Scotland)
Dr Marcela Contreras	Director, North London Blood Transfusion Centre
Dr N S Galbraith	Epidemiologist - Director of the PHLS Communicable Disease Surveillance Centre (CDSC)
Professor Alistair Geddes	Consultant Physician, East Birmingham Hospital

MEMBER	ORGANISATION
Dr Harold Gunson	Director, North Western Blood Transfusion Service, (CA in Blood Transfusion)
Miss Elizabeth Jenner	Nursing representative (St Mary's Hospital)
Dr D B L McClelland	Regional Director, Edinburgh and SE Scotland Blood Transfusion Service
Dr Philip Mortimer	Consultant Virologist in the Virus Reference Laboratory of the Central Public Health Laboratory (nominated by Dr Whitehead)
Dr D Pereira-Gray	General Medical Practitioner (and CA in General Practice)
Dr A J Pinching	Clinical Immunologist - St Mary's Hospital Medical School
Dr P Rodin	Consultant in Genito-Urinary Medicine (and CA in GU Medicine), The London Hospital
Dr R Tedder	Consultant Virologist - the Middlesex Hospital
Dr D A J Tyrrell CBE	Chairman of the Advisory Committee on Dangerous Pathogens (ACDP) Director, MRC Common Cold Unit
Professor R Weiss	Institute of Cancer Research (The Chester Beatty Institute)
Mr Richard Wells	Nursing representative (Royal College of Nursing)
Dr J E M Whitehead	Director, Public Health Laboratory Service
Professor A J Zuckerman	Professor of Microbiology (University of London) at London School of Hygiene and Tropical Medicine
Dr M Sibellas	DHSS, Medical Secretary
Mr T W S Murray	DHSS, Administrative Secretary

"The Group has already met, and a series of meetings of the Group itself and of its working groups has been arranged to take place in the next few weeks. The first priority is to advise on all measures necessary to control the spread of the disease.

"We have been considering the desirability of making AIDS a notifiable disease. Having consulted the Expert Advisory Group and sought the views of doctors specialising in the field, we are satisfied that the present reporting system to the Communicable Disease Surveillance Centre is operating effectively and we do not need any new powers at the moment to enable a count to be made of cases and to monitor the spread of

the disease. Experience with other sexually transmitted diseases suggests that notification would not assist in control of the disease. We will however keep the position under constant review.

"There might be very rare and exceptional cases where the nature of a patient's condition would place him in a dangerously infectious state which would make it desirable to admit him to, or detain him in, hospital. There has not so far been any such case, nor are we aware of any present risk of one. We are satisfied that we need to take powers now to be in a position to protect the public in the event of such a risk arising. It is my intention therefore to lay regulations under the Public Health (Control of Disease) Act 1984 which would give reserve powers to authorities to detain a patient when he is in a dangerously infectious condition.

"I must stress that these powers have no relevance to the overwhelming majority of AIDS patients. We have no intention of dealing with AIDS patients generally under greater restraints than other patients. We need these reserve powers for the very rare case that might eventually arise somewhere sometime.

"We have been following a policy of taking every practicable step to protect all sections of the public against the spread of this infectious disease. The policy has five main features.

"First, and at the centre of our strategy, lies a number of public health measures aimed at health professionals and 'at risk' groups. At the request of the Health Departments and the Health and Safety Executive, the Advisory Committee on Dangerous Pathogens (ACDP) have drawn up interim guidelines to safeguard the health of medical and nursing staff and others who may come into contact with AIDS patients and specimens taken from them. These guidelines, which were distributed on 16 January to all Health Authorities concerned, will be reviewed by the ACDP within the next 12 months in the light of scientific developments in this field. The Chief Medical Officer will shortly be writing to all doctors giving guidance on the clinical features and public health implications of the disease.

"Secondly, leaflets have been produced by the Health Education Council to promote greater awareness of the risks of the disease. These are now being made available in large numbers to individuals in at risk groups such as male homosexuals and intravenous drug abusers, and to the public generally. So far as the voluntary sector is concerned, my officials have met with the Terrence Higgins Trust to discuss the need for Government funding to assist them in the provision of information and counselling services to those affected by the disease.

"Thirdly, measures are being taken to safeguard recipients of blood and blood products. We have strengthened our efforts to dissuade persons in the AIDS high-risk groups from donating blood. The latest edition of our leaflet "AIDS - Important New Advice for Blood Donors" has been sent to all Regional Transfusion Centres and is being distributed individually to all donors.

"Fourthly, tests to screen blood donations for HTLV III antibody are being developed, and we are co-ordinating the evaluation work needed to ensure that such a test can be introduced routinely in the National Blood Transfusion Service as soon as possible. We have written today to regional health authorities asking them to set aside funds in 1985-86 for the introduction of this screening test in their Blood Transfusion Centres.

"Finally, imported heat-treated Factor VIII for haemophiliacs is already available for prescription by clinicians on a 'named patient' basis, and we are considering urgently a number of abridged applications for product licences. It is hoped that by April this year, all the Factor VIII made by the Blood Products Laboratory, Elstree will be heat-treated. Limited supplies are available at present for clinical trials. We are taking steps to ensure that the United Kingdom is self-sufficient in all blood products as soon as possible. In particular, we have been investing £35m in new developments at Elstree which should begin to come into production during 1986.

"AIDS has attracted much publicity and public concern. It is highly regrettable that in some instances confidential details of individuals suffering from the disease have been made public. This release of information does nothing to create a more informed view about the disease and certainly does not help those affected by the disease. We will therefore be reminding health authorities that personal information about patients must not be made public without proper consent."