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In Confidence

MINUTES OF 21st MEETING OF EAGA, 12 APRIL 1988

Committee	DHSS
Dr Harris (Chair)	Mr Barton
Professor Adler	Ms Bateman
Dr Ball	Dr Exon
Professor Geddes	Dr Greenberg
Professor Glynn	Mr Lawton Smith (Admin Sec)
Dr Gunson	Dr Lister
Mr Hudson	Dr Mason
Professor Kennedy	Mr Merkel
Dr Mortimer	Dr Rothman
Dr Pinching	Mr Snee
Dr Strang	Dr Walford
Mr Wells	Dr Williams (Medical Sec)
In Attendance	**OGDs**
Dr Gill	Mr Chapman (HSE)
Dr James	Dr Covell (SHHD)
	Dr Donaldson (DHSS NI)
	Dr Fey (ODA)
	Dr George (WO)
	Dr Kilgour (HO)
	Mr Wildash (FCO)

Item 1 : Apologies ACTION

1. Dr Harris gave Sir Donald Acheson's apologies for being unable to attend and chair the meeting. Apologies were also received from Professor Cawley, Mrs Cumberledge, Dr Hagard, Dr McClelland, Professor Peckham and Dr Smith.

2. Dr Harris informed members that Dr Hilary Pickles had moved from the DHSS Aids Unit to take over from Dr Alison Smithies in the division dealing with scientific services. Members expressed their appreciation of Dr Pickles' helpful and enthusiastic work on behalf of EAGA during her time in the AIDS Unit.

Item 2 : Minutes of 20th meeting/matters arising

3. Minutes - Dr George, not Mr Hughes, attended for the Welsh Office. With this amendment, the minutes were agreed.

4. Matters arising - Page 4, para 16(i) : no extraordinary meeting to finalise the Health Care Workers' Report had been necessary.

Item 3 : Chairman's Report

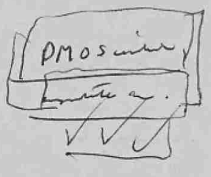
ACTION

3. Dr Harris reported on the following issues:

a. HIV Infected Health Care Workers' Report

Dr Harris gave his and Sir Donald Acheson's thanks to members for their work on the report. It had been agreed by Ministers and circulated to health authorities, FPCs and professional bodies prior to publication as a priced document by HMSO.

Letters to the Department from Professor Mortimer and Dr Tedder, concerning the case of a surgeon who had recently died of AIDS, were considered by members. These argued the need for a serological survey and follow-up of the surgeon's patients in order to provide epidemiological information on the risk to patients from an HIV infected surgeon. Members appreciated the extremely sensitive issues involved and that any approach to patients would have to be conducted with great care and sensitivity, but felt that the particular circumstances gave an ideal opportunity for important research to be undertaken. It was agreed urgent advice should be sought from the Chairman of the MRC's Committee on Epidemiological Studies of AIDS, and that Dr James would liaise between the MRC and the Department. Professor Glynn registered CDSC's statutory responsibilities in this area.



Dr James/
Dr Walford

The issue of confidentiality was raised, in respect of information given on death certificates. It was agreed that the Secretariat would draw up a paper for information for a future meeting.

Secretariat

b. Follow-up to World Summit of Ministers of Health

Dr Harris informed members that the WHO had agreed in principle with Mr Robert Maxwell that he should publish the Summit documents including the London Declaration and keynote speeches. These would be sent to all WHO member states. FCO would also pass material to all posts abroad, which would cover non-WHO members as well.

c. Global Impact of AIDS Conference, 8-10 March 1988

This conference had had a mixed reception, with a number of important issues raised but a feeling that it had attempted too broad a programme.

d. Monitoring and Surveillance Working Party Report

The report had been seen by Ministers and it was hoped to publish it shortly. The Department would be seeking the views of interested parties on the report's recommendations.

Item 4 : Consent to HIV antibody testing in those deemed incapable of consenting themselves [EAGA(21)1]

6. Dr Mason spoke to the paper. There had been insufficient time to clear it with DHSS lawyers. Members were invited to consider the clinical and public health issues, and whether guidance was needed.

7. A number of points were made -

a. In practice the distinction between a mental and a physical disorder is often blurred;

b. Under the Mental Health Act a patient could only receive diagnostic testing and treatment for the disorder which was the reason for detention. It would be wrong to use the Act to impose testing on patients if their disorder were not related to HIV infection;

c. There may be circumstances where a patient in an institution, if HIV positive, might need to be isolated for the safety of other patients. Under such circumstances testing might be considered to be justified. The doctor would need to be able to demonstrate the risk to other patients (eg through sexual activity, traumatic bloodshed);

d. Members felt there might be some clinical benefit to patients, notably children, from their HIV status being known so that, for example, infections might be optimally treated early in their course.

e. In practice, present decisions are being made on an individual basis after consultation between experienced senior staff.

8. It was agreed that the paper should be revised with the help of Professor Kennedy and DHSS lawyers, and brought back to a future meeting. Prof Kennedy Secretariat

Item 5 : Use of Zidovudine in early HIV infection [EAGA(21)2]

9. Members felt that it was at present impossible to anticipate with any accuracy the likely demand for use of zidovudine in early HIV infection, and future costs. Trials were at an early stage, and results should not be expected for at least a year. Only a long-term appraisal of clinical use could provide reliable data. Any current predictions would have to use scenarios based on estimates of the prevalence of infection and on a sliding scale of assumptions about take-up of testing, subsequent prescription of Zidovudine and the effect of wider use on unit costs of the drug.

10. It was noted that, in the event of Zidovudine use becoming more widespread, significant indirect costs might fall on the health service in the number of staff needed to undertake laboratory testing and monitoring, and the counselling of the increased numbers of individuals who would be expected to seek testing.

Item 6 : Line listing of AIDS data [EAGA(21)3] ACTION

11. On behalf of Dr Galbraith, Dr Gill introduced CDSC's revised AIDS disaggregated data set. There was some concern that there remained a very small risk that the information could be used to break patient confidentiality by tracing a known AIDS case to a homogenous cell. It was suggested that a caveat should be incorporated into the software to the effect that not all AIDS cases were reported, and not all cases reported met the CDC definition of AIDS. Subject to this caveat, and confirmation from Dr Galbraith that the release of the data did not breach a prior formal agreement between clinicians and CDSC, line listing of the data set was agreed.

Item 7 : HIV-2 in the UK and Europe

12. Dr Gunson spoke to the paper, and tabled his letter of 31 July to all Regional Transfusion Directors about the testing of blood for HIV-2 from donors who had visited any of fifteen listed African countries. Members noted the position, and - provided that cells from any donor which were to be tested for HIV-2 should either not be used or should be held (as should any separated plasma) pending a negative result being obtained - endorsed the present arrangements for selective testing as appropriate and satisfactory. It was agreed that routine testing at RTCs for HIV-2 was not at present justified and that testing was best confined to a few central laboratories. However the position should be kept under review, as should advances in tests for HIV-2. It was noted that an attempt to use one single kit to test for both HIV-1 and HIV-2 might at present increase the risk of missing donors with HIV infection because of potential false negative results for HIV-1.

Item 8 : Kits for travellers [EAGA(21)5]

13. Dr Exon spoke to the paper, emphasising the increasing public and media interest in "AIDS" kits, and noting the Health Education Authority's campaign aimed at business travellers and the possibility of one aimed at all holiday makers. Dr Fey spoke of his review for ODA of the medical needs of ODA and FCO staff abroad, which included consideration of such kits.

14. Members agreed that the Government had a public health responsibility for UK citizens planning to travel abroad, but felt that it would not be appropriate to go further than to alert people to the availability of kits. It was up to the individual or employer to decide whether kits should be bought and taken abroad, and no formal DHSS endorsement of particular kits should be made. It was felt that no rigid or definitive list of items for a kit could be drawn up, but the manufacturers would need to review the contents from time to time.

15. It was agreed that the Secretariat should ask Dr Fey for a copy of his report when completed. Dr Fey/ Secretariat

Item 9 : Third phase of public education campaign — ACTION

16. Members noted the HEA's progress report, the British Market Research Bureau findings and first issue of "AIDS - UK", published by the HEA and PHLS, which were tabled.

Item 10 : Legal aspects of syringe disinfection [EAGA(21)6]

17. Members noted Home Office legal advice which broadly stated that they did not envisage prosecutions arising from advice given to drug misusers on cleaning injecting equipment as long as it made clear that the recipient should first be advised to give up drugs altogether, and second that he give up injecting and only as a last resort should he be advised to stop sharing and on the cleaning of equipment. The advice must be about the cleansing of equipment and not directed to the act of injecting itself.

Item 11 : ACMD Report and Government response [EAGA(21)7]

18. Members praised the ACMD report for its responsible and far-reaching approach, as embodied in its recommendations. However they expressed extreme disappointment with the Government's response. The second wave of the epidemic was seen as coming from intravenous drug misusers, including wider spread among the heterosexual population, and a failure to input significant resources now would simply mean the need for far larger sums to be spent later, when it might be too late. Dr Harris agreed to inform Ministers of members' very strong views. — Dr Harris/ Ms Bateman

19. Dr Ball pointed out that if GPs were expected to provide good care and advice to drug misusers then there must be more resources put into training. He also suggested that the report might go to the Standing Medical Advisory Committee.

20. Dr Harris invited members to write to the Department with any individual views, and indicated that the outcome of the Department's consultations would be relayed to EAGA. — Secretariat

Item 12 : International update

21. This item was passed over, given Dr Harris' report had covered the follow-up to the World Summit and the Global Impact of AIDS Conference.

Date of next meeting

22. Tuesday 7 June 1988.

Papers tabled:

a. letters of 2 April from Dr Mortimer and 11 April from Dr Tedder on case of surgeon who died of AIDS;

b. Dr Gunson's letter of 31 July 1987 to Regional Transfusion Directors about HIV-2 testing;

c. HEA progress report on public education campaign, BMRB findings and first issue of "AIDS - UK".