CBLA 83/29

BLA 3/14 (2636)

Vol 1

Spare

CENTRAL BLOOD LABORATORIES AUTHORITY

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

REPORT ON THE DISCUSSION WHICH TOOK PLACE AT THE MEETING OF EXPERT COMMITTEE ON BLOOD TRANSFUSION AND IMMUNO-HAEMATOLOGY OF THE COUNCIL OF EUROPE, LISBON, 16 - 20th MAY, 1983.

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The Committee were given a summary of the situation with respect to AIDS in the U.S.A., with the reporting of some 1,200 cases by June, 1983. The pattern which had been established previously is that the cases occurred strikingly in male homosexuals, (approximately 75-80 per cent of cases) particularly those with multiple partners, although the disease has affected male and female heterosexuals (60 per cent of whom admit intravenous drug abuse). Within Europe this disease has not reached the proportions described in the U.S.A. Most countries reported less than 10 cases, except Belgium where there were 15 cases; of whom 13 patients originated from Zaire, one from Chad and one from Greece who had resided in Zaire. It seems, therefore, that apart from Haiti, which has been shown to be a source of patients suffering from this syndrome, Central Africa may also contain ethnic groups susceptible to the disease.

The Committee was interested in the possible association of this syndrome with the transfusion of blood and blood products. Although some 12 patients suffering from Haemophilia have contracted AIDS in the U.S.A. the incidence in Europe, to date, has been much less. There is one patient in the U.K. whose symptoms fulfil the criteria defined for AIDS and there is one further possible case; two haemophiliacs in the Federal Republic of Germany are suspected of suffering from AIDS and there is a possible case, retrospectively diagnosed after death in Finland.

Although the disease has not yet reached the severity that it has in the U.S.A., members of the committee were inclined to take it seriously and it was agreed that a recommendation should be put to the Council of Ministers at their meeting on June 23rd, 1983. The terms of the recommendations are to be as follows :

I) To take all necessary steps and measures in respect to AIDS.

a) to avoid the use of coagulation factor products from large plasma pools, except when such a product is specifically indicated for medical reasons; this is especially important for those countries where self-sufficiency in the production of such products has not been achieved.

b) to inform attending physicians and selected recipients, such as haemophiliacs, of the potential health hazards of haemotherapy and the possibility of minimizing these risks.

c) to provide all donors with information on AIDS, so that those in high risk groups will refrain from donating.

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II) To pursue rapid and full implementation of recommendations of R(80)5 and R(81)14.

I think that it is important to comment on these recommendations since although these recommendations can be supported in principle, there are certain problems in their implementation.

Thus :

I) a) The concept of small pools for coagulation factor products has been one which has been held in many European countries for some time, and it is concerned with the use of freeze-dried cryoprecipitate as the basic product for the treatment of haemophilia. The definition of small pool varies considerably, from 8-12 donations per pool in some countries, but in others the definition of a small pool is considerably greater. However, in these countries, there is no equivalent of the U.K. national regulatory authority. Yields of Factor VIII in this product are much exaggerated if one considers the quality assurance procedures which are required in this country. The conversion from the intermediate concentrate of Factor VIII to a small pool freeze-dried cryoprecipitate would not seem to be warranted at present.

I)b/c) Physicians and patients, especially haemophiliacs, are being informed of the risks of AIDS. With respect to the informing of donors, the Regional Transfusion Directors have prepared an informative leaflet on AIDS for donors, with assistance from Dr.D.Walford, and it will be published by the DHSS shortly. Additional questions are to be asked of donors in an attempt to dissuade those in high risk groups from donating.

II) The recommendations R(80)5 and R(81)14 refer to the need for countries to develop self-sufficiency in blood products and the need to minimize the importation of blood products, respectively. The principle of self-sufficiency in blood products has been accepted by the Government with the allocation of money to rebuild B.P.L. It is important that the allocations of finance to Regional Centres is adequate for the provision of sufficient plasma to enable the new B.P.L. to function at optimum capacity.

With respect to the importation of plasma products, particularly Factor VIII, there seems to be little alternative at present. However, since the middle of April, 1983, the U.S. commercial companies have tightened their medical examination of donors providing plasma for the preparation of Factor VIII.

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Director.

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