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GRO-C 11/6/8

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Chief Medical Officer

John Patten _ with sidomission

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SCREENING OF BLOOD DONATIONS FOR HTLV3

- PHLSK

There is a finely balanced decision here but I am in favour of the suggested line. I think, however, that we must do everything possible to ensure that PHLS is able to keep to its schedule.

As far as the option to introduce a partially evaluated ELISA test forthwith is concerned I think the prospect of wasting a relatively small quantity of blood from false positive tests is not the major objection. The major problem is that the scientists concerned at PHLS do not yet have confidence that the suppliers could produce testing kits which are reliable on a large scale and which would continue to be reliable on the shelf. It would be worse to be in the position of having to withdraw a test once introduced than to be in our present position of carefully evaluating the tests. There could also be ethical problems in refusing to tell donors (who are volunteers in this country) the result of a test carried out on their blood if they wish to have it.

Ministers should recognise, however, that support for a different view is likely to appear in the medical press (see Professor Bloom's letter attached) and that considerable public pressure would develop if in the meantime a case of AIDS develops in a recipient of UK blood. Such a case or cases is likely to occur sooner or later due to infection one or more years ago prior to our warnings to people at risk not to donate blood.

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