

1. APOLOGIES AND ANNOUNCEMENTS

1.1 The Chairman repeated his usual reminder that the papers and proceedings were confidential and should not be disclosed.

1.2 Apologies were received from Professor Vessey, Dr Holt and Professor Hull for the 21 and 22 July and from Professor Grahame-Smith, Professor Girdwood, Professor Elworthy, Professor Hibbard and Professor Breckeuridge for the 22 July.

1.3 The Chairman introduced and welcomed Dr Soliman and Dr El Lawy, from the Egyptian Health Authority, who attended the Committee on 22 July.

2. MINUTES OF THE MEETING HELD ON 16 JUNE 1983

The Chairman signed the minutes as a true record of the meeting.

3. MATTERS ARISING FROM THE MINUTES

The Chairman informed members that papers on Etomidate and Osmosin were before them at this meeting.

4. TABLED PAPER 3 RENEWAL OF PL 0001/0080: ANTURAN 200 mg (SULPHINPYRAZONE): CIBA GEIGY

4.1 The Committee considered a proposal by the Licensing Authority to renew the above product licence otherwise than in accordance with the application, i.e. only for the indication relating to gout.

4.2 The Committee considered that there was inadequate evidence of safety and efficacy for the indication of cardiac mortality following myocardial infarction. Since the product licence was granted the data had been reanalysed suggesting that the risk benefit ratio was not in favour of the drug. There was concern regarding the safety of Sulphinpyrazone in patients with recent myocardial infarction because of adverse effects on renal function.

4.3 The Committee agreed with the Licensing Authority proposal. Because the product licence would stay in force until the renewal application was determined, the Committee decided that it would determine its advice to the Licensing Authority in October and that the company should be offered the opportunity of appearing before the Committee at a hearing at the October meeting.

5. TABLED PAPER 4 SUMMARY OF MAIN POINTS FROM A CONSIDERATION OF AIDS AND LICENCE BLOOD PRODUCTS BY BIOLOGICALS SUB COMMITTEE 13 JULY 1983

5.1 Dr Smith spoke to this paper and reported to the Committee on the above discussion.

5.2 The Committee endorsed the recommendations of the Biologicals sub-committee.

4. Matters arising from the minutes

The Sub-Committee noted the CSM's advice on applications previously seen by the Sub-Committee.

5. Acquired Immune Deficiency Syndrome

The Sub-Committees' consideration of the question of AIDS and licensed blood products was augmented by the following expert advisers:

Professor A L Bloom, Professor of Haematology Welsh National School of Medicines, Cardiff and Chairman of the Haemophilia Centre Directors Committee;

Dr J Craske, Consultant Virologist, PHLS;

Dr N S Galbraith, Director of the Communicable Disease Surveillance Centre PHLS;

Dr A J S Gunson, Director, Regional Blood Transfusion Laboratory, Manchester, DHSS Adviser in Blood Transfusion;

Dr P Mortimer, Consultant Virologist, PHLS.

Consideration was given to the current information available on incidence and epidemiology, aetiology and related factors. Strategies for limiting or eliminating risks from blood products were examined, together with possible practical measures.

The following conclusions were reached:

- 5.1 The cause of AIDS is unknown, but an infectious aetiology seems likely. A previously unrecognised or new agent may be responsible, but repeated exposure to, or reactivation of, known agents, (eg CMV, EBV) may be involved. Heightened susceptibility may be an important factor, e.g. immunological deficiencies induced by unusual sexual practices or exposure to blood products. Based on the clinical evidence, transmissibility of the supposed agent(s) appears to be low, requiring intimate contact or introduction into the tissues.
- 5.2 Patients who repeatedly receive blood clotting-factor concentrates appear to be at risk, but the evidence so far available suggests that this risk is small. The risk appears to be greatest in the case of products derived from the blood of homosexuals and IV drug abusers resident in areas of high incidence (eg, New York and California), and in those who repeatedly receive concentrates in high dosage. Balanced against the risks of AIDS (and of other infections transmitted by blood products) are the benefits of their use; in the case of haemophilia they are life-saving.
- 5.3 The possibility was considered of withdrawing clotting factor concentrates from the market and replacing them with cryo-precipitate. It was concluded that this is not feasible in the UK on grounds of supply.
- 5.4 The possibility was considered of withdrawing US preparations from the UK. It was concluded that this is not at present feasible on grounds of supply. Moreover, the perceived level of risk does not at present justify serious consideration of such a solution. Efforts are however being made to secure UK independence of foreign suppliers of clotting factor concentrates. This should



reduce markedly, although not eliminate, the risks to recipients of these products, and the Sub-Committee strongly supports this aim. The Sub-Committee was also informed that the UK Haemophilia Centre Directors have adopted a policy for use of US Factor VIII in order to minimise risks as far as possible.

- 5.5 It is advisable that all clotting-factor concentrates derived from US plasma sources and intended for use in the UK be prepared only from material manufactured from plasma collected after new regulations were introduced by the FDA on March 23rd 1983. These regulations were introduced specifically to minimise the likelihood of collecting blood from affected donors. This step is recommended notwithstanding the possibility that its practical value may be relatively small. It cannot, however, be taken until supplies of post-March 23rd material can be assured. It is recommended that close contact is maintained between the Licensing Authority and Supplies Division with the aim of introducing this step immediately it becomes feasible.
- 5.6 The introduction of products treated in ways likely to inactivate viruses is a promising future development. At present no such products are available in the UK but it is known that manufacturers are working upon their development. When licence applications are received it is important to examine not only possible improvement in the safety margin but also the clinical effectiveness of material treated by heat or by other means. Thus, for example, treated material could possibly induce reactions in recipients which could render them more susceptible to infectious agents.
- 5.7 The Sub-Committee learnt that manufacturers were producing advertising material for use in the UK which appeared to make unjustified claims concerning the safety of heat-treated Factor VIII. It is advised that this should be stopped. It is feared that unlicensed material could be used on a named-patient basis, despite the fact that its safety and effectiveness had not been established or considered by the Licensing Authority.
- 5.8 Hepatitis B vaccine was considered. At present there is no evidence of any risk from the material licensed in the UK, and it was concluded that the licence should remain unchanged, i.e. for use in high-risk groups only. Such groups have a clear risk of hepatitis B, which is a serious and potentially fatal disease. The position should, however, be kept under close observation. It is recommended that the manufacturer be asked to provide ongoing data relating to the safety of the product in respect of AIDS. It is understood that ARVI have recommended that the PHLS undertake surveillance of recipients of Hepatitis B vaccine, and such a study has been planned by the PHLS; the Sub-Committee supports this recommendation. The currently licensed vaccine, manufactured by MSD, has been subjected to three separate inactivation processes, and it is recommended that any new vaccines derived from human blood should be licensed only if subjected to similar stringent treatment.
- 5.9 Both immunoglobulins and albumins were considered. At present there is no evidence of risk from these products, and no action was thought to be justified; however, the position should be kept under close observation.
- 5.10 Many groups, inside DHSS and outside, are professionally involved in the AIDS question. The Sub-Committee recommends that the DHSS makes sure that adequate arrangements are maintained to ensure coordination of activities between these groups. The PHLS, through its Communicable Disease Surveillance Centre is