

# COUNCIL OF EUROPE CONSEIL DE L'EUROPE

Strasbourg, 28 April 1983

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COMMITTEE OF EXPERTS ON  
BLOOD TRANSFUSION AND IMMUNOHAEMATOLOGY  
6th meeting  
Lisbon, 16-19 May 1983

A.I.D.S

(Information on the present situation  
in Council of Europe member States and in  
other countries represented on the committee)

Secretariat Memorandum  
prepared by the  
Directorate of Economic and Social Affairs,  
Health Division

79.601  
03.4

The following information has been sent to the Secretariat as concerns the following countries:

### A U S T R I A

According to information known to Professor Dr. P Speiser, two cases of AIDS syndrome have been reported in Vienna. Both patients were homosexuals and died.

A third case is suspected. The patient, who is a haemophiliac, is still alive, symptoms and clinical results are still partially unclear.

In the city of Vienna an ambulatory was opened for consultation and diagnosis at the first Clinic of Skin Diseases in March (1983).

Information from the Ministry of Health.

The Ministry of Health and Environmental Protection of Austria will be instantly informed by the provincial governments of any further cases or suspect cases of AIDS. So far there have been three cases in Austria. Furthermore, the National Health Council of Austria will have a discussion on possible measures concerning AIDS. Until any recommendation by the National Health Council, the Ministry of Health has advised all provincial governments to take towards AIDS an approach as in the case of Hepatitis B, regarding patients as well as nursing and laboratory personnel.

### B E L G I U M

Case	Age	Sex	Sexual Preference	Nationality	Place of residence or visit outside Europe	Transfusion	Death
1.	39	M	Hetero	Zaire	Zaire	No	Yes
2.	33	M	Hetero	Chad	Central Africa USA in childhood	No	Yes
3.	36	F	Hetero	Zaire	Zaire	No	No
4.	22	F	Hetero	Zaire	Zaire	No	No
5.	22	F	Hetero	Zaire	Zaire, USA month before death	No	Yes
6.	39	M	Hetero	Zaire	Zaire	No	Yes
7.	28	M	Hetero	Zaire	Zaire	No	Yes
8.	24	F	Hetero	Zaire	Zaire	Yes	Yes

Belgium cont.

Case	Age	Sex	Sexual Preference	Nationality	Place of residence or visit outside Europe	Transfusion	Death
9.	44	M	Hetero	Zaire	Zaire	No	Yes
10.	36	M	Hetero	Greece	Zaire	No	Yes
11.	56	M	Hetero	Zaire	Zaire	No	Yes
12.	42	M	Hetero	Zaire	Zaire	No	Yes
13.	39	M	Hetero	Zaire	Zaire	No	No
14.	48	M	Hetero	Zaire	Zaire	No	No
15.	23	F	Hetero	Zaire	Zaire	No	No

MEASURES ENVISAGED FOR DONOR SELECTION

Temporary rejection as blood or plasma donors of persons displaying unexplained rises in temperature, loss of weight or abnormal adenopathies who give themselves intravenous injections, who have spent time in Equatorial Africa or the West Indies during the preceding three years or who have been in intimate contact with a person who has spent time in Equatorial Africa or the West Indies during the preceding three years.

It is proposed that similar measures be introduced at European level.

C Y P R U S

No cases notified.

D E N M A R K

1. Between May 1980 and February 1983, seven cases of AIDS have been reported, all fulfilling the CDC criteria for the diagnosis of this disease. Three to eight more cases suspect of the disease but not fulfilling all the criteria mentioned, have been studied. Two further suspect cases will probably be admitted for investigation within a very short time.

All seven cases fulfilling the CDC criteria were men, six of whom were homosexuals and one bisexual. The age was between 27 and 50. Four of the patients are dead, one is alive without any improvement, two are alive with clinical improvement. None of the patients had received blood transfusion before the onset of their disease, and none had been to the Caribbean area. Three of them had been to the United States, two others had partners who had been to the United States, and the remaining two patients were partners and had sexual contacts with Americans visiting Europe. Five were drug abusers. Kaposi's sarcoma was found in four patients.

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2. Question No. 2 is difficult to understand. If it is meant what measures have been taken by the transfusion centres in the selection of blood donors with the purpose of preventing transmission of AIDS from donors to recipients, the situation in Denmark is the following : no official measures have been taken yet. A group of experts in epidemic and infectious diseases is at present working upon proposals for recommendations. A sub-group including blood transfusion experts have made the following draft proposals:

An announcement be prepared for distribution by the blood donor services and the associations for homosexuals, describing the AIDS problems and asking in a discreet and tactful way individuals from groups with a high prevalence of AIDS to abstain from giving blood. This does not necessarily exclude all homosexuals as donors, but is more related to special sexual activities. Furthermore, it is proposed to include in the blood donor questionnaires questions like: have you in the past few years suffered from night sweats, unexplained fever attacks, weight loss or swollen glands?

3. See question no. 2.

As to the FRG form, some supplementary information is desirable; eg, does the patient fulfill the official criteria for AIDS, time of onset of disease, time of travelling abroad, race and descent, etc, etc.

#### F E D E R A L   R E P U B L I C   O F   G E R M A N Y

1. Eighteen cases of AIDS have occurred so far in the Federal Republic of Germany (16 homosexuals and 2 haemophiliacs; 10 of the homosexuals' died; all the other patients are still alive).

2. Measures taken include:

- informing the associations of homosexuals;
- informing medical doctors;
- publication of articles in newspapers and magazines,

#### G R E E C E

No case reported so far.

#### I R E L A N D

AIDS is not, as yet, notifiable under the Infectious Diseases Regulations in this country.

Despite intensive enquiries, only two cases have come to the attention of Dr. O'Riordan, details as follows :-

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- CASE 1 Male - age 50 - homosexual - Irish - Kaposi Sarcoma - has not travelled abroad - not in receipt of a blood transfusion(s).
- CASE 2 Male - age 40 - bisexual - South African - Kaposi Sarcoma - travelled in Africa and United States - not in receipt of blood transfusion(s) - deceased.

As yet, no specific measures have been introduced by the Blood Transfusion Service Board in relation to the selection of its voluntary non-remunerated donors as this relates to the possible transmission of AIDS.

#### I T A L Y

Herewith the requested information on AIDS:

1. On the basis of available information, it appears that only one case has occurred in Italy since 1981.
2. No special measures have been introduced by transfusion centres for the selection of the donors.
3. So far, AIDS is too rare a disease in Europe to justify, in our opinion, the introduction of special measures for donors selection.

#### N E T H E R L A N D S

1. Four cases of AIDS have so far been diagnosed in the Netherlands. The patients were all male homosexuals who had had sexual contacts in America and/or with Americans. It is not known whether these patients had received blood transfusions.
2. No actual measures with regard to the selection of donors have so far been suggested, let alone taken. It is a very difficult and delicate problem.
3. This also is a very difficult and delicate problem. In the Netherlands, it is felt that the only possible measure to take would be to write a pamphlet explaining the great dangers of this disease and describing the donor populations who are a possible source of the causing agent of this disease - if indeed there is such an agent; it would be left to the individual donor to decide whether he/she is willing to withdraw from the donor panel.

Apart from the above questions there is of course the one concerning the use of plasma products from areas in which the disease has manifested itself (eg, the USA). Although no official measures have been taken in the Netherlands, the clinicians, for example, those responsible for the treatment of haemophiliacs, have requested that no Factor VIII concentrate from the United States should be used in future.

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N O R W A Y

1. Until March 25, 1983, two cases of AIDS have been reported to the Department of Infectious Disease Control, National Institute of Public Health through the National Notification System for Infectious Diseases (MSIS).

Case No. 1: Male, born 1955, bisexual, Norwegian, has had contact with American men. No positive information about blood transfusion.

Case No. 2: Male, born 1952, homosexual, Norwegian, contact with Danish men who have had American contacts. No positive information about blood transfusion.

2. Health authorities are preparing recommendations to the blood transfusion centres for selection of donors and information materials are under development to be spread among blood donors.

So far only the Blood Bank of Ullevål Hospital has introduced measures for the selection of donors to avoid as far as possible the further scattering of AIDS. The questionnaire which has to be filled in and signed by all donors at each donation includes the following texts concerning AIDS:

NB: A life-threatening defect of the defence mechanism of the body against infections and certain tumors which may be transmitted also by blood transfusion has been detected in some male homo/heterosexuals, especially in those having various and scattered sexual contacts. No effective treatment of the condition is known, and it has a high mortality rate. The carrier state cannot be demonstrated by laboratory tests, and the incubation period may be very long.

So long as the situation has not been made clear we hereby earnestly ask male homosexuals and persons with numerous sexual contacts not to donate blood.

The physicians of the blood bank are at your disposal if you want further information.

3. Measures similar to those introduced in our blood bank should be taken at European level.

A specially designed follow-up form should be sent to the reporting physician. Such a follow-up form is under development in the Department of Infectious Disease Control.

The form used in the Federal Republic of Germany for case reporting is extensive and detailed. However, case reporting is outside the scope of the committee and this should therefore perhaps be taken care of by another group.

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S P A I N

1. Number of known cases:

At the present time, the Ministry of Health is attempting to learn the number of known and suspected cases; and on the other hand, the Spanish Society of Haematology is also trying to collect data through the centres that treat haemophiliacs.

So far, only three cases of AIDS are known; they are haemophiliacs from Andalusia (two of them are brothers). They are aged 8, 16 and 31 years. One has died and another one is very seriously ill. None of them is homosexual,

2. So far, no measures have been introduced, but they are presently under study.

3. As a measure to be taken at a European level, I would propose a very strict control in the selection of the donors of plasma for the obtainment of hemoderivatives (principally coagulation factors),

S W E D E N

1. The first two cases of AIDS were published in Läkartidningen, 16 February 1983 (Läkartidningen, 1983, 80, 545-8)

Case 1. Male, 41 and homosexual, Scandinavian (Norwegian origin), visited USA many times, with homosexual contacts in USA, Never transfused. Alive,

Case 2. Male, 36, bisexual with frequent homosexual contacts, Swedish, has not visited United States. Never transfused, Alive

2. At the present time, no official regulations concerning selection of donors with respect to the risk of AIDS.

3. It is very satisfactory that the Council of Europe has put this item on the agenda of the meeting in Lisbon under "Urgent Questions",

S W I T Z E R L A N D

1. Four known cases have occurred in our country since 1981, all Swiss citizens. Only one survived.

Case 1. Female, died 49 years old in July 1982 of pneumocystis carinii pneumonia. Heterosexual. Not drug-addict, no transfusions. Contracted virushepatitis B during a trip to Haiti in 1977.

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- Case 2. Male, died 45 years old in March 1982 of pneumocystis carinii pneumonia. Homosexual, drug-addict, resident in New York, returned for clinical observation in December 1981. No transfusions.
- Case 3. Male, died 29 years old in April 1981 of pneumocystis carinii pneumonia. Bisexual. Visited Haiti and Jamaica in 1979. Not drug-addict, no transfusions.
- Case 4. Male, 48 years old, left the hospital four months after hospitalisation (pneumocystis carinii pneumonia, herpes simplex). A later control confirmed the persistence of dysfunction of the T-type lymphocytes and a cutaneous anergy of the usual delayed-type reactions. Homosexual, visiting Haiti in 1978. Not drug addict. No transfusions before the hospitalisation.

#### TURKEY

No case reported so far.

#### UNITED KINGDOM

1. Number of possible cases

To date there are reports of eight possible cases, all occurring in males.

Five patients are alive of these:-

Three, aged 41, 41 and 43 years are suffering from Kaposi's sarcoma. Two are known to be homosexuals, although the other patient may be heterosexual. One has visited the United States.

Three patients have died of these:-

Two, aged 38 and 39 years had Kaposi's sarcoma and one, aged 46 years, was a carrier of Hepatitis B virus with cirrhosis of the liver and pneumocystis carinii infection; death in this case was due to bleeding from oesophageal varices. All patients were homosexuals.

There have been no reports of AIDS syndrome following the transfusion of blood or blood products.

2. A Working Party of the Regional Transfusion Directors is considering action to be taken with respect to selection of donors, but no steps have been initiated at present.

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3. At European level, it will be important to establish communications so that information gained in one country can be made available to all. I attach a copy of the form which it is proposed to use in the United Kingdom for the notification of possible cases of AIDS in patients with coagulation defects. The information given on this form is virtually the same as that requested on the form from the Federal Republic of Germany.

FORM AIDS/3

U.K. HAEMOPHILIA CENTRE DIRECTORS HEPATITIS WORKING PARTY

Surveillance of possible cases of the Acquired Immune Deficiency Syndrome (AIDS)

Form for reporting of cases. Please complete and return to Miss R.J.D. Spooner at the Oxford Haemophilia Centre.

HAEMOPHILIA CENTRE: .....

NAME OF PATIENT: .....

D. OF B.: ..... NATIONAL FILE DIAG./REG.NO. ....  
(if known)

COAGULATION DEFECT: .....

DATE DISEASE (AIDS) FIRST SUSPECTED: .....

DATE OF ONSET OF SYMPTOMS: .....

PRESENT CONDITION: ..... ALIVE/DEAD .....

Date of death .....

Was P.M. performed? .....

If yes, by whom.

.....

Are any specimens of serum and/or lymph node or other organs from Biopsy or P.M. available for study? Yes\*/No

\*If yes, please specify: .....

.....

MAIN CLINICAL FEATURES (please tick appropriate box)

	Yes	No
Malaise	[ ]	[ ]
Loss of Weight (unexplained)	[ ]	[ ]
Fever (lasting more than one week)	[ ]	[ ]
Enlarged Lymph Nodes (lasting more than one month)	[ ]	[ ]
Diarrhoea (lasting more than one week)	[ ]	[ ]
Dyspnoea (lasting more than one month)	[ ]	[ ]
Cough (lasting more than two weeks)	[ ]	[ ]

Other Diseases: Please see document AIDS/2 and specify, including Date of Onset.

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Other Symptoms and/or Signs (please specify)

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LABORATORY INVESTIGATIONS:

	<u>Date</u>	<u>Result</u>
Hb	....	.....
WBC	....	.....
Absolute lymphocyte count	....	.....
T cells	....	.....
B cells (per cent)	....	.....
T helper/suppressor ratio	....	.....
IgG	....	.....
IgM	....	.....
IgA levels	....	.....

Other (please specify)

.....  
 .....  
 .....

SEROLOGICAL STUDIES:

CMV .....  
 EBV .....  
 Toxoplasma .....  
 Herpes Simplex .....  
 Varicella Zoster .....  
 Other (please specify) .....  
 .....  
 .....

ANY EVIDENCE OF SEXUAL CONTACT (please tick appropriate box)

HOMOSEXUAL [ ] HETEROSEXUAL [ ] BISEXUAL [ ]

HEROIN ADDICTION? Yes/No

HAS THE PATIENT VISITED THE U.S.A. OR CARIBBEAN IN THE PAST  
 3 YEARS? Yes/No

If yes, where and when? .....

ANY CONTACT WITH OTHER PATIENTS KNOWN OR SUSPECTED TO HAVE AIDS?

Yes/No

If yes, please specify .....

HAS THE PATIENT RECEIVED ANY OF THE FOLLOWING BLOOD PRODUCTS?

(a) Since 1.1.80 (b) Before 1.1.80

Factor VIII concentrates:	Yes	No	Yes	No
Hemofil	[ ]	[ ]	[ ]	[ ]
Koate	[ ]	[ ]	[ ]	[ ]
Factorate	[ ]	[ ]	[ ]	[ ]
Profilate	[ ]	[ ]	[ ]	[ ]



## Prothrombin complex concentrates:

Autoplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAS THE PATIENT RECEIVED ANY OTHER BLOOD PRODUCTS SINCE 1st JANUARY, 1980? (please tick appropriate box for materials received)

Whole blood	<input type="checkbox"/>
Plasma	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>
Platelets	<input type="checkbox"/>

## NHS F.VIII concentrates:

Elstree	<input type="checkbox"/>
Oxford	<input type="checkbox"/>
Edinburgh	<input type="checkbox"/>

## Commercial F.VIII concentrates:

Kryobulin	<input type="checkbox"/>
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## Prothrombin complex concentrates:

NHS Oxford	<input type="checkbox"/>
NHS Edinburgh	<input type="checkbox"/>
FEIBA	<input type="checkbox"/>
Prothromplex	<input type="checkbox"/>

Other (please-specify)

.....

.....

.....

HAS ANY SIMILAR ILLNESS OCCURRED IN HOUSEHOLD CONTACTS OF THE PATIENT?

Yes\*/No

\*If yes, please specify nature:

.....

HAS THE PATIENT A HISTORY OF

- (a) treatment with immunosuppressive drugs? .. Yes/No
- (b) Deep x-ray therapy? .. Yes/No
- (c) Any illness which would result in immuno-  
deficiency? .. Yes\*/No

\*If yes, please specify

.....

.....

FINAL CLINICAL DIAGNOSIS:

(signed) .....

date .....

F I N L A N D

1. In retrospect, we suspect that one of our A haemophiliacs who died a year ago at the age of 3 might have had AIDS. As the clinical and laboratory data are insufficient, we would not like to have him recorded as a proven case.
2. The wording of the question is unclear. If it means suggesting measures to prevent possible cases of AIDS in the future through donor selection I think that, for the time being, it would be impossible to try to identify donors with abnormal sexual preferences. It can only be hoped that the risk will be lower in a voluntary non-remunerated blood transfusion system than in a paid system.
3. Any attempt to improve national self-sufficiency would diminish or eliminate import of possibly infected products from "endemic areas". As the pool size might influence the risk of transmission, it would be advisable to limit the size and give preference to small pool preparation eg, cryoprecipitate.

C A N A D A

Question 1:

(Data provided by Laboratory Centre for Disease Control, Health Protection Branch)

Number of known cases, including mortality rate, which have occurred in your country since 1981.

Answer:

a) <u>Racial Origin</u>	<u>No. of AIDS cases</u>	<u>Alive</u>	<u>Dead</u>
Caucasians	18	12	6
Blacks Haitian	10	2	8
Other	2	1	1
Origins not known	1		1
	<hr/>	<hr/>	<hr/>
Total	31	15	16

b) <u>Sexual orientation</u>			
Homosexual	19	10	9
Heterosexual	7	4	3
Not known	4	1	3
not applicable (child)	1		1

c) <u>Age Groups (Male)</u>			
0-14	0		
20-29	8	4	4
30-39	15	7	8
40-49	3	2	1
50-60	3	2	1

d) <u>Primary Diagnoses of AIDS Cases</u>			
PCP (pneumocystis carinii pneumonia)		11	
KS (Kaposi sarcoma)		7	
OOI other (toxoplasmosis)		3	
(cytomegalovirus)		1	
Lymphoma		2	

e) Regional Distribution of AIDS Cases

	<u>No. of Cases</u>	<u>Homosexual</u>	<u>Heterosexual</u>	<u>Unknown</u>	<u>N.A.</u>
Vancouver	2	1		1	
Windsor	1	1			
Hamilton	2	2			
Toronto	3	3			
Montreal	18	8	6	3	1
Halifax	2	1	1		



Question 2:

Measures introduced by transfusion centres for the selection of donors further to reported cases of AIDS.

Answer:

Measures introduced by C.R.C. B.T.S. for selection of donors further to reported cases of AIDS:

- a) Groups which have been designated by the U.S. Centre for Disease Control Atlanta as being "at high risk of developing AIDS" have been contacted and informed, directly and via the media (that should they find they are in a high risk category they are requested to self exclude from blood donation until such time as more definitive screening by laboratory testing becomes possible.
- b) The introductory statement of the C.R.C. B.T.S. Donor Questionnaire has also been modified as follows:

"Thank you for your gift of blood. In order to protect you and the recipient of your blood, it is important that you be in good health. Please read these questions carefully each time you give. If you answer is yes to any question notify the nurse.

A "yes" answer does not necessarily disqualify you as a donor."

No questions are asked concerning sexual preference or racial origin.

Latest information received

L U X E M B O U R G

- 1. No cases reported so far.
- 2. Donors having travelled to Haiti are temporarily excluded. Selection of donors is more strict as far as their origin is concerned.
- 3. Total elimination of remunerated donations, or if this is impossible, marking of remunerated and non-remunerated donations.