10 & 10

NORTHERN REGIONAL HAEMOPHILIA SERVICE
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RBC
(2) cc CB
cc CS/ND & following letters letter.

Ref: PJ/LM

25th February, 1986

P.A.H.
REC'D.
27 FEB 1986

Dr. P. Harris,
Medical and Technical Director,
Revlon Health Care (UK) Ltd.,
St. Leonards House,
St. Leonards Road,
EASTBOURNE,
Sussex.
BN21 3YG

Dear Dr. Harris,

Thank you for your letter of 19th February, relating to the question of heat inactivation of HTLV III/LAV. With this letter I enclose a copy of the paper I gave in Newcastle which refers to possible sero-conversion in four cases. You will see from this paper, and from subsequent publication in the New Scientist of 20th February that it is the Dutch case that I am particularly concerned about. In my original paper I did not think it proper to refer to the product used in this case, although now you have confirmed that it was in fact Armour Factorate heat treated. The information about the American cases was given to me by Dr. Peter Levine and I subsequently discussed them with CDC. I am afraid that I am not party to the products involved in these cases, although it is possible that one of them which has been reported to Professor Mannucci was on the Travenol material. Given that most transfusion transmitted hepatitis B that we have seen appears to have arisen since screening was introduced, probably as a result of blood being drawn from people in the early stages of the disease before they became reactive to the laboratory test, I am very concerned that everything possible should be done to address any doubts that we have about our present practice with regard to AIDS. I understand that the Armour material is re-cycled lyophilised factor VIII which was not subjected to individual HTLV III/LAV donor testing, and that it was subsequently heat treated in the dry state for 30 hours at 60°C. I am unhappy about this procedure because of the work by Jay A. Levy and others which suggests that heating should be at least for 72 hours in the dry state in order to be sure that infectivity has been removed. From the clinician's point of view I do not think that we can afford to take a less pragmatic approach of waiting for epidemiological studies to confirm or deny sero-conversion in previously untreated patients. I do not think that the Armour material should be prescribed to previously untreated sero-negative patients and am particularly averse to its prescription for children.

Naturally I will send any further information on to you as the story evolves.

Kind regards,

Yours sincerely,

GRO-C

PETER JONES, MD, FRCP, DCH
Director

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