

DO Gordon Craig

A.I.D.S.

18th July 1983

Thanks for your memo dated 11th July.

Terry is away on holiday at present and when he returns to the office I will draw his attention to your memo.

JUDITH IRONSIDE
S/A to Terry Comerford, NO

ASSOCIATION OF SCIENTIFIC, TECHNICAL AND MANAGERIAL STAFFS

Internal Memorandum

To N.O. T COMERFORD Re AIDS
c.c. Sheila McKechnie - for information Date 11 July 1983

I am enclosing two letters I have received from Peter Foster, who is one of the Assistant Directors of the Protein Fractionation Centre in Edinburgh.

From other correspondence you will recall that this Centre processes blood products in Scotland and unlike Elstree is an extremely modern production unit which is presently looking at substantial expansion.

Peter is very well versed about developments, and he consistently keeps me updated with the activities of the Centre, and is a very active member of ASTMS. You will see from both letters he is very much involved in the problems associated with AIDS and how these problems could be countered.

I think it might be useful to draw this information to the attention of our Parliamentary Committee, although I would ask that we do not make it too obvious the source of the information.

The most recent letter written by Peter was sent direct from Stockholm where he was at an international conference on the subject. I have had this letter typed up as his writing is difficult to read.

GORDON CRAIG
DIVISIONAL OFFICER



MS 78/MS/17/14/11

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Dear Gordon

AIDS AND BLOOD PRODUCTS

I have just been sitting through the latest up-date on AIDS and haemophilia. The following points may be of interest.

- (1) Latest monthly returns to CDC (ie June) show that AIDS is still increasing exponentially. This is consistent with the view that an infectious agent is involved.
- (2) There are now 16 AIDS cases amongst USA haemophiliacs (8 have died) and 5 overseas (ie 3 in Spain, 1 in Wales and 1 in Canada).
- (3) There are 2 distinct disease groups:-
 - (a) Those who develop Kaposi Sarcoma;
 - (b) Those who develop opportunistic infections.
- (4) Predicted mortality is:-

Karposi	-	100% in 3 to 4 years
Infections	-	100% in 25 months
- (5) Haemophiliacs are in the group who develop infections rather than Kaposi Sarcoma.
- (6) Epidemiology strongly suggests a transmissible agent. Close contacts have developed AIDS (eg sexual partners, male and female; siblings).
- (7) Haemophiliacs with AIDS are located in areas where there is no AIDS in the community (it is still found mainly in New York, San Francisco and Los Angeles). This strengthens the association with blood products.
- (8) Epidemiology amongst gay males strongly suggests an incubation period of 1 to 3 years. Those with the disease may be infectious at any time.
- (9) Preliminary data from Holland and Sweden suggests that haemophiliacs in these countries who use USA products have an abnormal immunological status compared to those who have used only local products.

The accuracy and relevance of those studies is contentious.

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- (10) The USA manufacturers and USA clinicians are doing their utmost to play down the situation. It is claimed that the risk to USA haemophiliacs is only "1 in a million"; details of this calculation are not given.

Current causes of mortality amongst USA haemophiliacs were listed as:-

bleeding	36%
AIDS	11%
cancer	11%
heart disease	7%

ie bleeding is more serious than AIDS.

- (11) USA speakers also point to the fact that no AICS cases have been reported in Germany even though the use of American products is massive in that country.

My own feeling is that with an incubation period of 1 to 3 years and the first haemophilia case only 12 months ago, we may only be seeing the first puffs of smoke from the volcano.

In the UK there is the danger that the Government may use the situation to look at commercial manufacturers again. Sources tell me that the DHSS have already approached Speywood to see what they can do!!

Best wishes.

PETER FOSTER