

19-10-84

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Dr Alderslade

AIDS

CMO has requested information about the problems of AIDS and blood donations. I will answer his questions as he has put them:-

- a. 'When can we expect that no blood/plasma will be donated without prior testing'

Only pilot studies have so far been carried out on blood donors (at the North London Transfusion Centre) which have shown no evidence of antibody to HTLV III in the 1004 donors tested. The test is based on HTLV III antigen acquired in the course of exchanges common to scientists, between Dr Gallo (National Institute of Cancer Research: National Institute of Health) and Professor R Weiss (ICR London). Professor Weiss and Dr Tedder who together developed the test did not feel that it was appropriate to greatly increase the amount of test reagent available without agreement from the US authorities to the increased use of the antigen. The antigen has been licensed to five US pharmaceutical companies for development of tests and a vaccine. Dr Abrams wrote on the 10 August to the Assistant Secretary for Health requesting permission for the use of the US antigen in order to enable us to use the test more widely. We have had no reply.

In the meantime the production of test reagent has been held up by the requirements of HSE and the activity of trade unionists. The laboratory at the Middlesex Hospital is expected to be finally commissioned by the end of this week. It is hoped that sufficient reagent will then be made available by the beginning of November to test all the blood donors at the North London Transfusion Centre [it is felt that there is a danger in making this too public in the event of high risk groups using blood donations as a means of finding out their HTLV antibody status].

The time when each blood donation is tested for HTLV III antibody cannot therefore be certain. Whilst it is known the American and French tests are being developed it is not known when they will be on the market in the UK.

A meeting of the newly formed AIDS Working Group of the Advisory Committee on the National Blood Transfusion is being arranged to consider the implications for the Blood Transfusion Service and to make recommendations.

- b. 'What is the position about blood transfusion/plasma related AIDS in the UK and its controls'

We have yet no known case of AIDS reliably related to blood transfusion (there are about 40 cases in the United States). Officially there are three cases of haemophiliacs who have contracted AIDS one of whom

has died. In view of the prevalence of HTLV III antibody in haemophiliacs, about 35 per cent, it is likely there will be more. The two cases which have arisen long enough ago to be well documented had received Factor VIII from the United States. The other recipients of these batches are being followed up through Dr Craske of PHLS. DHSS has allocated research funds to his study. Dr Craske will also be following up through the Haemophilia Centre Directors concerned the recipients of the recent batches known to be associated with AIDS donors one of which came from the United States and one of which was contaminated by a donor from Wessex.

The only protection recipients of blood and blood products have from contracting AIDS from donors is the publicity given to the possibility of transmission from high risk groups. The risk of transmission is theoretically highest from Factor VIII and IX which are made from large pools of plasma and their production does not involve the use of alcohol in fractionation or heat treatments as many other blood products do. A leaflet advising donors from high risk groups for AIDS to desist from giving blood was issued by Regional Transfusion Centres in August 1983. Ministers have just agreed a redraft of this leaflet which strengthens the advice and includes all practising homosexuals as being in the high risk group.

GRO-C

19 October 1984

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cc

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