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MRS IRENE WATSON finished her employment here at the end of April. However, she will be back from time to time to cover for holidays. IF you had intended to donate to her farewell presentation but never got round to it, there is still a chance. Send it to David Rosenblatt, at the Society's office, marked CONFIDENTIAL.

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**HAEMOFACT** is a leaflet series produced by the Haemophilia Society. They are issued from time to time on topics of interest and concern to people with haemophilia.

For further details of Society membership please write to us at 16 Trinity Street, London, SE1 1DE Tel:01-407 1010.



The  
Haemophilia  
Society

**HAEMOFACT**

**A.I.D.S.**

RELEASE NO 3

HIS FACTSHEET CONTAINS IMPORTANT INFORMATION

concerning

ACQUIRED IMMUNE DEFICIENCY SYNDROME



11 May 1984

P.O. Box 9 16 Trinity Street London SE1 1DE

## ACQUIRED IMMUNODEFICIENCY SYNDROME: AN UPDATE

The occurrence of acquired immunodeficiency syndrome (AIDS) in haemophilic patients has strongly suggested transmission of the order by blood products and epidemiological studies have suggested it may be related to a transmissible agent. Recently it has been reported that a retrovirus, which may be associated with AIDS, has been isolated at the US National Cancer Institute. Similarly, in Paris, a retrovirus has been isolated from the lymphocytes of a patient with haemophilia B who had AIDS. These reports should be received with optimism. The obvious benefits from such findings would be the provision of a blood test for both affected persons and donated blood - and in the long-term, the development of a vaccine.

In Great Britain the number of haemophiliacs who have been reported with AIDS remain at 2. Thus the incidence is less than 1 in 1,000 patients at risk. The relationship of the immunological abnormalities found in many heavily treated haemophiliacs at centres throughout the world is uncertain. However, it is now clear from studies in Scotland, Australia and America that these changes occur whether the plasma source, used for the concentrate manufacture is volunteer or commercial.

It is possible that the immune suppression produced by repeated exposure to clotting factor concentrates lowers the threshold for infection with the putative AIDS agent. There is evidence that different clotting factor concentrates have a correspondingly different propensity to induce these changes. This is a function of the characteristics of the final product and the fractionation methods used to make it. Thus prospects for resolving these problems are brighter for haemophiliacs than for other high-risk populations since improvements in plasma fractionation are likely to make it possible to remove or inactivate causal agents from therapeutic products. The heat-treated clotting

factor concentrates which have been manufactured by many commercial companies and the NHS may be an advantage in this respect.

*Finally, THE REALLY GOOD NEWS is the announcement from the Royal Free Hospital, Speywood Laboratories and Genentech, San Francisco, that the gene for factor VIII has been cloned and that factor VIII has been synthesised in mammalian cell culture. Provided this can be successfully scaled up, which may take several years, synthetic factor VIII would be available for use by haemophiliacs. Clearly this would provide a hepatitis and AIDS-free therapeutic product.*

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The Editor writes:-

A Special Edition of The Bulletin on the subject of the synthetic production of factor VIII is in preparation. Members will recall Special Edition No 2, August 1981, in which Dr Tuddenham described the problems associated with factor VIII synthesis.

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It is estimated that the total cost of the work to date on cloning the factor VIII gene and the synthesis of factor VIII is some £11,000,000. The Society donated something like £28,000 to this process, mainly in the support of manpower.  
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