

5/207

1. Dr Welford BLM/3 90ⁿ
 It would be useful to know the outcome
 of Haemophilia Centre Directors' meeting. Perhaps
 we can discuss at an appropriate moment.

2. Mr C. @en

I have written to
 Prof Bloom for
 details of the meeting

GRO-C

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THE OBSERVER

(2494)

Mystery disease threat

from CHRISTINE DOYLE
 in Washington

A COMMERCIAL blood product imported into Britain from the United States may pose a grave threat to the health of haemophiliacs who inject it to encourage clotting.

The product, called factor VIII concentrate, has transformed the lives of haemophiliacs who once lived in fear of uncontrolled bleeding. Now it is being linked in America with a devastating and mystifying disease, previously associated with homosexuals, which causes a serious breakdown in the body's immunity system.

Officials at the Government's Center for Disease Control in Atlanta, Georgia, have described the spread of the disease as 'an impending epidemic' among haemophiliacs.

Between 50 and 60 per cent of the factor VIII concentrate used in Britain is exported from the United States. Partly because of expense, Britain has been unable to keep up with demand by manufacturing its own factor VIII. Directors of British haemophiliac centres are meeting this week to discuss the problem.

The immunity breakdown, which is called AIDS (acquired immune deficiency syndrome) leaves sufferers without resistance to a wide range of very severe infections and fatal cancers. Of 800 sufferers, 330 have died, mostly homosexuals.

In the past 10 months the disease has spread from the homosexual community to include haemophiliacs, Haitian immigrants, drug abusers, a handful of heterosexuals and some children. The cause remains baffling. One theory is that an infectious agent is transmitted directly, either sexually or through contaminated blood products, in a similar manner to hepatitis B to which homosexuals and haemophiliacs are also prone.

Although no cases of AIDS have been reported from British haemophiliacs, the deaths of at least 10 American haemophiliacs are now known to be caused by the disease, following a survey of nearly 6,000 haemophiliacs.

Two batches of factor VIII have been withdrawn from production when linked with a blood donor, who subsequently developed AIDS.

Changes may be made in blood donation policy to control the spread of AIDS. One possibility is for the blood collection centres to exclude potentially high risk donors more rigorously.

The possibility of a British study to examine haemophiliacs for signs of immune abnormality will be discussed at the meeting in England this week. But Dr Peter Kernoff, consultant haematologist at the Royal Free Hospital in London, was anxious not to cause undue worry.

'Assessing the risk is not a straightforward matter: we need much more hard evidence,' he said. 'Factor VIII is a very valuable product and the advantages far outweigh the disadvantages.'