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ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE  
WORKING GROUP ON AIDS

ARRANGEMENTS FOR THE COLLECTION AND TESTING OF BLOOD DONATIONS IN  
THE NATIONAL BLOOD TRANSFUSION SERVICE (NBTS)

1. The meeting today went off reasonable well: there was a very full and informed discussion. We were able to complete all the items on the Agenda. The main points were:

- i. Unanimous strong view that the antibody test for HTLV III must be used for all NBTS donors as soon as possible. They hoped that the Tedder/Weiss test could be scaled up very quickly - Professor Weiss pointed out some of the problems of doing this.
- ii. If test kits are limited initially they should be used first in North London where Tedder/Weiss/Contreras can supervise its introduction. In any event it would be prudent to monitor their introduction for problems in use. There was an inconclusive discussion on whether kits should be used preferentially, if in short supply, in the high risk donor areas.
- iii. There should be a central laboratory (or laboratories) to confirm all positive results - PHLS (Dr Mortimer) clearly wanted to do this.
- iv. They were not in favour of closer questioning of donors to see if they were homosexual etc. They were in favour of a local session leaflet (such as is used now) which gets people to answer a list of questions amongst which are the AIDS questions. There was concern that too close a questioning might be counterproductive.
- v. There was general endorsement of the latest donor leaflet on AIDS - a few small but important changes suggested which we can take on board. No wish to see a rewrite. In Scotland the leaflet mentions the countries where AIDS is prevalent: not wanted in our version. This should be covered either by the session doctor or the leaflet (iv above) locally: there were three main reasons - a. any list was likely to be out of date very quickly, b. it could be potentially politically offensive, c. donors had to be questioned about whether they'd been abroad - eg malaria, trypanosomiasis - anyway so this was the best way to cover it.
- vi. Donors should be told that HTLV III testing will be added to the other tests done. Donors with positive tests should be told the answer - although no unanimity on who should do it or how. Follow up of such donors and patients, and counselling, and contact tracing arrangements etc are being considered by IMCD. There are very difficult and complex issues to be taken on board: one suggestion was a regional immunology service to deal with all this at special centres.
- vii. National surveillance by CDSC of test results.

Does it destroy Factor VIII?

viii. Heat treatment of Factor VIII: although there is not yet the evidence to guarantee that this is satisfactory; the view was nevertheless unanimous that it should be done. This should be in addition to using a screening test when available. In the present state of knowledge bolt and braces vital. Some expressed the view that we should stop the import of Factor VIII not heat treated. For other blood products it wasn't clear whether there were satisfactory treatment techniques: it is likely that Cohn protein separation techniques would destroy HTLV III. Only screened donors should be used for eg platelet transfusions.

ix. The Haemophilia centre directors are meeting in December: they will discuss how best to counsel wives and families of haemophiliacs.

2. Some of the participants raised funding problems eg how would tests be funded in the BTS; how would further research by Weiss and Tedder be funded; how would PHLS cope with being a reference centre as well as being the surveillance centre. There was fortunately no pressure to discuss finance but there are some very thorny questions here.

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