

NATIONAL BLOOD



TRANSFUSION SERVICE

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06.05.87

Dear *Harold*

CO-ORDINATED STUDY OF TRANSFUSION-TRANSMITTED HIV INFECTION.

As you know it has been agreed within the NBTS that an attempt be made to identify, help and investigate patients who have received transfusions which might have infected them with HIV, also where necessary their household contacts.

The enclosed study documents are designed to introduce you in detail to the project and allow you to start in your region. The project will be coordinated from Bristol but virtually all of the work, interviewing donors and blood recipients having established the link between them, will have to be done by local staff and organised at Regional Transfusion Centre level. This will involve considerable effort and this study is totally dependent on the cooperation of Health Service staff who become involved. Recognising this the study documents are designed to act as a catalyst to this process as well as for collecting data for local and central analysis.

The study documents are coloured according to their main objective. White for overall plan, scientific background and ethical considerations, primarily directed at Transfusion Centre staff. Blue for Donor tracing and study. Yellow for Recipient tracing and study.

May I please ask you to go through the protocol. Then with reference to Task One (Blue sheets) contact colleagues who might know of relevant donors. I have included sufficient material for ten doctors sending five of 1/2, 1/3 and 1/4 to each address. You may feel that the letter 1/1 is not sufficiently individual or in some other way appropriate to send to colleagues in your region, you are of course at liberty to substitute it with your own. I have also enclosed ten extra questionnaires in the hope that they will be used when Transfusion Centre staff see Donors for counselling after positive HIV donor screening.

Epidemiologically important information which is not being collected at present is likely to accrue from analysis of the answers. A copy of all completed questionnaires should please be sent to Bristol. They will be identified by number only. In the unlikely event of their needing to be seen again you will have the Donor details and it will only be possible to approach them again through you.

Moving to Task Two (Yellow sheets), I have been questioned much more vigorously on the ethics of this part of the study than on Donor tracing, people have been very worried about the idea of approaching blood recipients a proportion of whom will be well and unsuspecting with such a dread diagnosis and even more in doubt about investigation of household contacts. Opinion has been changing rapidly and most people now believe that infected persons should be identified whenever possible for public health reasons. As this part of the study will undoubtedly prove controversial I think colleagues in Haematology should be fully informed before being presented with notification of a donation thought to be infectious. For that reason could you please send the letter 2/1 and a single copy of documents 2/2, 2/3, 2/4, 2/5, 2/6, 2/7 and 2/8 to each Haematologist in your region. Again if you would prefer to produce your own letter then please do so. These "example" documents have not been given identifying recipient numbers, a supply of forms with numbers for use in actually tracing recipients has also been sent to you, this does not include recipient questionnaires as these will be separately administered by a research epidemiologist at the end of the investigation of a recipient if both he/she and local medical staff involved are in agreement. Copies of form 2/4 and the consent form appended to 2/6 (where appropriate) should be sent to Bristol.

If you have any questions concerning this survey please do not hesitate to contact me. If you require further printed forms please let me know. If I have sent you too many of any of the forms it will help if they please can be returned.

With best wishes.

Yours sincerely,

GRO-C

Tim Wallington.



P.S. I have included enough yellow forms for you to let twenty haematologists know in detail about the project. I have sent documentation to Douglas Lee sufficient for three GUM specialists and five Haematologists. Doudtless you will get together on the organisation of this.

P.P.S. All Regional Transfusion Centres In England and Wales have now received the study documents.