HHG/LM

19th March, 1985

CONFIDENTIAL

Dr. M.E. Abrams,
Department of Health and Social Security,
14 Russell Square,
Room 108,
LONDON,
WC1B 5EP.

Dear Mike,

I thought I should respond to John Cash's rather agressive letter to you of 14th March, 1985, since I think that some of his comments result from my advice to the Working Parties.

To deal with his points in turn:

(a) This is hardly worth comment. Arie Zuckerman's points were well taken and assurance was given that this aspect would be accommodated.

(b) EAGA(2)3, paragraph 11 is a request of the Regional Transfusion Directors in **ENGLAND AND WALES** and sine it is central to the problem I am certain that you would have made it a recommendation.

(c) John is trying to make a point here with the difference between the Scottish N.B.T.S. and the situation in England and Wales. What he is really saying is that the simultaneous introduction of the test could be achieved in Scotland but this may prove difficult in England and Wales with Regional allocation of funds. Providing we have agreement of the Regional Transfusion Directors that no-one breaks ranks I think this can be achieved, particularly with the letter recommending that funds be allocated for anti-HTLV III testing in the 1985/6 financial year.

In order to co-ordinate the introduction of this test I am proposing that an R.T.D. Working Party is set up. I discussed this with Alison after the meeting last week and we agreed that this was now appropriate. Whether England and Wales will introduce this at the same time as Scotland may be difficult to assess, but I do not think that we should be pressured to do so until the time is right. You probably know my views on a centrally co-ordinated N.B.T.S. but even without this I am sure that the penalties for introducing anti-HTLV III tests will be recognised and we will be able to achieve this objective without central funding. I will certainly use all my efforts to ensure that this is so.

(d) I imagine this comment is to see whether there is representation from Scotland.

(e) I think John Cash has misread this sentence. With respect to the B.T.S., counselling will have to include those persons who are anti-HTLV III positive. It seems to me that the final discussion at the meeting last week addressed the problem in this paragraph at great depth.

(f) The point raised in EAGA(2)4, para 11, appears to be a fundamental difference in principle between the Scottish N.B.T.S. and the R.T.C.'s in England and Wales. In support of my argument I must return to the fact that we take samples from donors at sessions for the purpose of labelling a donation with the correct blood group which may be given to a patient without further testing. If one accepts that there is a danger of laboratory/transcription errors then we would have, logically, to recall each donor. I accept that in many instances we know the group of donors who have given blood before, but we also adopt this procedure with new donors who comprise 15-18% of all donations.

I regard this as an important point since it may be possible at this stage to separate true from false positives. I do not deny that after these tests have been carried out then a further sample is warranted.

I do not think that we are too far apart on this point: I recommend that before the donor is recalled to have a further sample taken for confirmation, a sample from the original donation is sent to a reference centre for confirmation of the positive result found in N.B.T.S. screening. One has to consider what one is going to say to a donor who is recalled to the R.T.C. - e.g. "We have found a positive result in the antibody for AIDS, but we are not sure that it was from a sample taken from you. This being so we would like to take a further sample to recheck it." Need I say more!

(g) In order to follow-up false positives the best means is to keep them on the donor panel otherwise they will be lost.

(h) This item was discussed at the following meeting of the Working Party and recommendations made.

(i) I think this is out of context. There is the problem of treating patients where transmission of CMV may cause complications during pregnancy. However, in the context of the B.T.S. samples which may transmit CMV are there every day but staff are trained to handle the samples properly.

(j) I did not write my paper for EAGA but as a discussion document for the Working Group. The minute reflects accurately its content.

(k) You are aware of my views on this matter and in some ways I have to agree with John Cash. However, I did not regard this matter as finalised and the detailed content of the letter still had to be agreed.

(l) All but one of the Scottish R.T.C.'s operate in hospitals with relatively small donor panels. The situation in England and Wales is quite different and in many instances recall of the donor to the R.T.C. would be impractical for geographical reasons. (Another good reason for confirmation of the test before the donor is recalled)! It should be recognised that the entire Scottish Service with five R.T.C.'s serves a smaller population than the R.T.C.'s at Tooting and Birmingham.

(m) We are all in agreement.

(n) There is no argument that the B.T.S. should ensure that asymptomatic anti-HTLV III donors should be followed up. The only question is the practicality that these donors should be followed personally by B.T.S. staff.

(o) I agree that the B.T.S. has a responsibility in this matter, but whether the G.P.'s welcome or not our findings we cannot ignore the fact that they must be involved with any actions taken on behalf of their patients.

I realise that there is a need for urgent application to the problems related to AIDS in relation to Blood Transfusion. However, I also consider that the recommendations should be carefully considered and as far as England and Wales are concerned it will be important to carry R.T.C.'s with the consensus view. I hope this will be achieved in the coming weeks. I do not think that we need necessarily acceed to the views of a Service which does not have the same logistical problems.

I hope these comments are helpful.

With kind regards.

Yours sincerely,

H.H. GUNSON,
Director

c.c. Dr. A. Smithies