



NATIONAL BLOOD TRANSFUSION SERVICE

Director: C. C. Entwistle, M.B.Ch.B., F.R.C.Path.

Regional Transfusion Centre

John Radcliffe Hospital

Headington

Oxford OX3 9DU

Telephone Oxford (0865) 65711

Your Ref.

Our Ref.

Dr. W. Wagstaff
Director
Regional Transfusion Centre
Longley Lane
Sheffield
S5 7JN

14th June 1983

Dear Bill,

In response to your letter of 7th June, we have reconsidered our approach to blood donor questioning with AIDS in mind. We do not consider the aggressive approach is justified because:

1. There are no specific medical questions, the answers to which indicate presence of, or liability to develop AIDS. Answers to non-specific questions about loss of weight, enlarged glands, night sweats, etc. are thought to be too vague, misleading and possibly frankly unhelpful.
2. Even if specific questions were available, it is likely that the correct answers may not be offered where necessary, indeed the truth may be positively concealed.
3. The evidence to date suggests that those would-be U.K. donors most likely to develop AIDS come into the category of two of the "H's" namely homosexuals (especially the more promiscuous ones) and heroin or other drug abusers. The other H's probably do not apply for practical purposes. Routine questioning of donors in the open forum of a clerking desk to seek information on their personal habits of this sort is considered to lead to:
 - a) rare disclosure of the truth, or
 - b) deliberate withholding of information, or
 - c) a very large number of annoyed/irritated/puzzled/upset donors to whom the questions do not apply. The resulting loss of donors as well as the aggro. could be awful.
4. A sense of perspective should be maintained. The infections known to be associated with AIDS are far more prevalent in the U.S.A. even in their so-called normal healthy donor populations. The incidence of donors with past Hepatitis B, Herpes simplex, CMV, Syphilis etc. in the U.K. population is so much at variance with the U.S.A. experience that the ill-defined questionnaire designed for American donors is considered inappropriate for the U.K., at least on present evidence and at the present time.

5. If an inordinate fuss were made about AIDS, then possibly important other donor information may be at risk of being overlooked, ignored, not disclosed etc. There are already very many conditions about which information is already sought. It seems most reasonable and appropriate that at least as far as this country is concerned, AIDS should be dealt with like so many other disorders, and be covered by the blanket ruling that should there be ANY MEDICAL DOUBTS about the fitness to donate, then that donor should discuss the matter with the Medical Officer in charge of the session.
6. The leaflet being prepared should be made freely available at donor sessions along with other B.T.S. literature. We consider it should not be handed to each and every donor at the clerking desk for the reasons given in 3 above.

I hope you find these thoughts helpful.

Best wishes,

Yours sincerely,

GRO-C

C.C. Entwistle
Director