

IN CONFIDENCE

MINUTES OF THE 32ND MEETING OF THE EXPERT ADVISORY GROUP ON AIDS
2 OCTOBER 1990

Committee

Sir Donald Acheson (Chairman Items 1-8)
Dr Rubery (Chairman Items 9-6)
Professor Adler
Dr Ball
Dr Bartlett
Miss Brierley
Professor Calman
Professor Geddes
Dr Gill
Dr Gunson
Dr Hagard
Mr Hudson
Professor Kennedy
Dr King
Dr Mortimer
Professor Peckham
Dr Pinching
Dr Strang

Department of Health

Dr Abrams
Mr Barton
Dr Exon
Dr Greenberg
Dr Lader (Medical Secretary)
Dr Lewis
Mr Snee
Mrs Whyte
Mr Maybank (Admin Secretary)

OGDS

Dr Donaldson
Dr George
Dr Gompertz
Dr Ralli
Dr Skinner

ITEM 1 - WELCOME AND APOLOGIES

1. The Chairman welcomed two new members of EAGA, Dr King representing the specialty of psychiatry in place of Professor Thompson who had resigned and Miss Brierley, representing midwifery. Dr Mitchell-Heggs, representing occupational health, and Dr Wright, public health medicine, had also been newly appointed but were unable to attend due to prior commitments. Dr Gompertz and Dr George were attending in place of Mr Lister and Dr Jacobs respectively.

2. Apologies had been received from Mrs Beasley, Ms McGinty, Dr Smith and Dr Stone who had taken over the duties of Dr Cope.

ITEM 2 - MINUTES OF THE LAST MEETING

3. The following corrections were made:

Item 5: the heading should read 'Royal Colleges' and not 'Royal Colleagues'.

Item 9, para 22: replace 'no great change' with 'no sudden change'
para 24, first sentence: add 'for monitoring as well as prescribing'.

ITEM 3 - MATTERS ARISING NOT OTHERWISE ON THE AGENDA

4. Report of First Meeting of Subgroup on HIV Infected Health Care Workers.

Dr Abrams reported that as a result of the last meeting of EAGA a subgroup had been formed and the first meeting had taken place on 18 September. A draft paper setting out proposals for a UK Advisory Panel had been agreed and was about to be circulated to the Royal Colleges and

Faculties for comment. The constitution of the panel would be discussed at the next meeting which was due to take place on 16 November. A separate subgroup was being set up to review guidance for hepatitis B infected health care workers.

5. Royal College of Surgeons of Edinburgh - Statement to Fellows. Dr Abrams reported that DH had decided not to respond officially. No enquiries have been received by the Department of Health asking for advice. There had been little reaction in Scotland to the Statement although it had been the subject of a Radio 4 programme in June. It was agreed that a decision on a response should be deferred until other Royal Colleges had formed a view on the subject. Dr Pinching reported that the content of the Statement had filtered through to Health Authorities and they may seek guidance from DH on how to respond.

6. Information on Zidovudine Treatment for Helpline (EAGA(32)1). Following the last meeting guidance had been prepared with the help of some EAGA members and had been sent to Dr Hagard and Helpline staff.

ITEM 4 - CHAIRMAN'S REPORT

7. Eighth International Conference. The 1992 Conference is planned to be held in Boston, but the venue will be changed unless US legislation on HIV entry restrictions is repealed by November 1990. It is understood that there is little possibility of this happening. The International AIDS Society has informally asked whether the United Kingdom would consider hosting the conference. Officials and Ministers are exploring the possibilities but the support of the profession would also be needed. Two possible sites are Brighton in September or Wembley in July 1992. Australia, Oslo and Rio de Janeiro were also being considered as possible hosts, but there were major problems with all three.

8. Dr Pinching spoke on behalf of professional colleagues; they would be keen to participate in the organisation but the conference would entail much extra work and would coincide with heavy workloads arising from the NHS reforms. It was pointed out that the Central Office of Information and the Department of Health would be responsible for all operational and administrative matters and that help would be required from professionals mainly for the scientific committees.

9. Members reported that the San Francisco conference had been rather insular and if the UK hosted the conference it would be beneficial to broaden its scope. EAGA members supported the view that the UK should host the conference and agreed that an ad hoc meeting should be set up quickly for an interested group of EAGA members to give their views as to what may be required in terms of content and format.

10. 'Dispatches'. Views of Peter Duesberg. The Chairman remained concerned about this TV programme and sought advice as to whether the Department should make an official response. Members advised it would be wiser to let the matter rest as any response could re-kindle the debate. Dr Hagard agreed that some HEA material may be able to give greater emphasis to the scientific arguments, without specifically mentioning the programme.

11. Incidence of gonorrhoea among homosexual men. The Chairman commented on a letter he had received from Dr Tchamouroff, consultant in GUM at Brighton who reported a rising incidence of gonorrhoea among homosexual men attending his clinic.

Dr Bartlett stated that reports of Hepatitis B cases among homosexual men had levelled out. There was anecdotal evidence from the USA that young homosexual men were reverting to unsafe behaviour and Dr Bartlett stated that AIDS was occurring at a younger age amongst homosexual men.

12. The Chairman agreed with Professor Adler that there was sufficient concern to ask the Medical Society for Studies in Venereal Disease to undertake a systematic survey and report back to EAGA. Professor Adler agreed to approach the Society.

13. A report had appeared in the MMWR in July about possible transmission of HIV to a patient during invasive dental treatment. Dr Mortimer considered that the DNA test, on which the case was based, lacked specificity and there was insufficient information in the article on which to base a conclusion; more detail was required about the similarity of the DNA sequences in isolates from the dentist and the patient. Dr Abrams reported that the article has been discussed at the Sub-group on Infected Health Care Workers and Dr Jeffries had been highly critical as had other scientists outside CDC.

ITEM 5 - REPORT OF SAN FRANCISCO CONFERENCE (EAGA(32)2)

14. The Chairman asked for members' comments on points that he had highlighted in Dr Liehne's report of the conference proceedings. Members indicated that some of the statements were inaccurate.

Points of interest raised in discussion were:

- the possible association between non-ulcerative disease of the cervix and seropositivity;
- perinatal transmission - follow-up studies with different methodologies could not be compared; Professor Peckham reported that the European Study after 18 months was showing a 13 per cent transmission rate;
- a vaccine was unlikely in the short term but progress was encouraging;
- some studies were showing that nonoxynol 9 had an irritant effect on vaginal mucosa.

ITEM 6 - FOLLOW-UP OF RECIPIENTS OF DONATION FROM SEROPOSITIVE DONORS (EAGA(32)3)

15. Dr Gunson presented this paper prepared by Janet Mortimer at CDSC. While accepting the limitations members considered that the lookback study was very important and should continue. Members agreed to the proposed uniform procedure for follow-up but recommended that previous donations should be investigated until two anti-HIV negative recipients had been identified rather than just one as proposed by Dr Mortimer.

ITEM 7 - PROPOSED CHANGES TO PRESENTATION OF HIV AND AIDS CUMULATIVE REPORTS (EAGA(32)4)

16. Three papers were tabled: the current tables, the draft tables sent to EAGA members for consultation and the tables taking account of members' comments. Dr Rubery introduced the item and stated that apart from changing the headings as EAGA had requested time banded tables had also been provided at CMO's suggestion, and some of the cumulative data in the

present tables had been omitted. A transitional period would be desirable in which tables were published in both formats until both the press and the public became familiar with the changes.

17. Members expressed concern that the cumulative totals were no longer split into male and female. Dr Gill explained that this would result in too many columns but he would discuss retaining the male and female breakdown with the Editor of CDR. Dr Pinching queried whether the term 'abroad' was misleading as it did not refer solely to parts of the world where there is known to be a high prevalence. Professor Geddes felt that this category should remain as it was particularly useful in alerting young people to the dangers of casual sex during holidays abroad, particularly in Mediterranean countries. The Chairman considered that removing a category could give the impression that we had something to hide. Dr Strang asked whether it would be possible to devise a category for those intravenous drug users who had contracted HIV abroad. Dr Gill replied that this data was not available.

18. Professor Peckham pointed out that the HIV infected figure for mother to child category was misleading in that it included children who are not infected, but have HIV antibody acquired from their mother but who will not necessarily remain antibody positive. Dr Gill agreed that this should be explained in a footnote to the tables. Professor Peckham also expressed concern that this category did not distinguish haemophiliac cases; Dr Gill said this was addressed in the quarterly surveillance tables, which were now essentially in the public domain. The Tables would be revised to take these views into account and officials would decide when and how to issue them.

ITEM 8 - CMO LETTER HIV INFECTION, TISSUE BANKS AND ORGAN DONATIONS (PL/CMO(90)2). COMMENTS FROM DIRECTORS OF BONE BANKS (EAGA(32)5)

19. Mr Freeman, President of the British Hip Society and an orthopaedic surgeon at the London Hospital attended the meeting to explain the difficulties the requirement for a second negative HIV antibody test were posing for bone banks storing tissue for allograft bone donation.

20. Mr Freeman pointed out that the majority of bone donors were women over 70 undergoing femoral head replacements, and there were often logistic difficulties in follow-up either through their GP or getting them to return to the hospital for a second HIV antibody test. This group of donors was at very low risk of HIV infection and he had never had a seropositive donor. He considered that the new CMO guidance probably reduced the amount of bone available for donation by two-thirds, and as a result many patients would be denied treatment. Animal bone or man-made substitutes were not suitable alternatives. Although he had no direct evidence he considered that bone stored at -20°C for more than three months was not suitable for grafting. Dr Lader commented that the Microbiology Advisory Committee did not recommend any methods for sterilization of bone since none had been validated for HIV.

21. To overcome these problems Mr Freeman proposed that only one negative antibody test should be required if the donor was an elderly woman with no other risk factors for HIV and the recipient of the donated bone was warned of a very small risk of infection and consented to the procedure.

22. After Mr Freeman left the meeting the discussion continued. Some members considered that the guidance once issued should be universal and that introducing exceptions could lead to confusion and create a precedent. They agreed it was difficult but not impossible to obtain blood

for a second HIV antibody test. It was also suggested that bone would be better preserved if stored at -70°C. However other members took the view that a concession should be made in this case as it was a question of being pragmatic and balancing risks. After much debate a vote was taken; 6 voted for the proposed amendment and 4 against - with one abstention. It was agreed that this concession would be for a period of one year and that the British Orthopaedic Association would be asked to set up a committee to consider how procedures for handling and storing bone, record keeping and monitoring HIV results could be improved. CMO would write to the BOA and Royal College of Surgeons and officials would decide on how this information could be disseminated to other interested bodies. The Microbiology Advisory Committee would be asked to consider further the efficacy of sterilization procedures. EAGA would review the position in a year.

23. Sir Donald Acheson had to leave at this point and Dr Rubery took over as Chairman.

ITEM 9 - RISK TO HEALTH CARE STAFF FROM AEROSOL TRANSMISSION OF HIV IN ORTHOPAEDIC SURGERY - SUNDAY TIMES 12 AUGUST 1990 (EAGA(32)6)

24. Dr Lader introduced this item. A report of research on possible transmission of HIV through aerosols generated, for example, during orthopaedic procedures had been published in the Sunday Times. The CDC had seen a report of this study in February 1989. The methodology was flawed and it had not been published in a scientific journal.

25. Dr Mortimer considered that more information was needed about the experiment. 'Aerosol' was a confusing word to use in this context as particles of bone and blood were involved. Information that was 20 years old suggested that the survival time of viruses in airborne particles was short. Experiments were needed to determine exactly what materials were dispersed into the air by orthopaedic tools. Dr Mortimer also took the view that although surgeons did not need to resort to wearing 'spacesuits' further advice was needed on the protective clothing that should be worn during surgery.

26. Dr Pinching stated that there was no evidence of any operating theatre staff having contracted hepatitis B through aerosol transmission and therefore the possibility of HIV transmission via this route was improbable. Dr Gompertz mentioned that HSE was funding a project on aerosol formation during dental procedures.

27. It was agreed that the Department's line in response to the Sunday Times article was satisfactory and that further advice would be sought from Dr Tyrrell on the airborne survival of viruses.

ITEM 10 - STATE OF THE EPIDEMIC - AIDS/HIV QUARTERLY SURVEILLANCE TABLES. DATA TO END OF JUNE 1990

28. Dr Bartlett introduced this item and stated that the figures were in line with the Day forecast. The AIDS figures for the second quarter showed a reduction from those in the first quarter, but provisional figures for the third quarter recorded 368 new cases and this was the highest quarterly figure so far. Attention was drawn to the increasing percentage of cases in the heterosexual contact category.

29. Dr Bartlett also mentioned the anonymised HIV surveys and hoped that the first results would be published in April 1991.

ITEM 11 - HEALTH EDUCATION AUTHORITY

30. Dr Hagard had to leave the meeting early and would send a written report.

ITEM 12 - WORLD AIDS DAY: 1 DECEMBER 1990 (EAGA(32)8)

31. Mrs Whyte introduced this item and drew attention to the newsletter issued in August and stated that further newsletters would be issued in October and November. The UK response was being co-ordinated by DoH, HEA and National AIDS Trust.

32. Scotland, Wales and Northern Ireland were also taking steps to promote World AIDS Day. Mrs Whyte invited members to submit any suggestions they had in helping to make World AIDS Day a success.

ITEM 13 - ANONYMISED HIV SURVEYS - REVISED PUBLICITY MATERIAL (EAGA(32)9)

33. This revision had been necessitated by the introduction of Guthrie Card Testing and the material was distributed for information. A reference to testing of urine was also made in the new material.

ITEM 14 - REVIEW OF HN(87)1 DECONTAMINATION OF EQUIPMENT, LINEN OR OTHER SURFACES CONTAMINATED WITH HEPATITIS B OR HIV (EAGA(32)10)

34. Dr Lader explained that this guidance was due to expire on 1 December. It was being revised by the Microbiology Advisory Committee and if members had any suggestions for the revising the guidance they should let her have them by 12 October.

35. Members felt that the deadline was too short and considered that EAGA should have an opportunity to discuss the final revision. It was agreed that the Microbiology Advisory Committee should be asked to let EAGA members have the opportunity to discuss the draft guidelines at its next meeting on 4 December.

ITEM 15 - ANY OTHER BUSINESS

36. The interim proposed WHO staging for HIV infection was tabled for members information.

37. Dr Pinching asked Mr Barton whether any response had been received to his letter to DSS about the question on the University Superannuation Scheme asking about HIV tests and counselling. Mr Barton stated that no response had been received, but that he would pursue the matter and report back to the next meeting.

ITEM 16 - DATE OF THE NEXT MEETING

38. This will take place on 4 December 1990 and members will be notified of the location.