

Heat treatment of blood fails to kill Aids virus

THE Aids virus can apparently survive the heat treatment of commercial blood products used by haemophiliacs, Dr Peter Jones, director of the northern haemophilia centre at the Royal Victoria Infirmary, Newcastle upon Tyne, said yesterday.

It had been thought that the blood treatment used for Britain's 5,000 haemophiliacs killed the virus. But he told conference. "On the scanty evidence we

have it looks as if the virus can survive heat treatment. It would be misleading to guarantee 100 per cent. safety.

Dr Jones described it as "devastating news."

However, the likelihood of patients dying from their bleeding disorder still outweighed their chances of contracting AIDS.

Dr Jones told the conference in Newcastle, organised for health care workers and sponsored by the DHSS. "There is one case in the Netherlands of an adult haemophiliac who was negative, but one year after being treated with commercially heated-treated blood products he was positive to the AIDS antibody test."

"There were also three known cases in America one possible and two probable of a negative to positive switch."

Seven cases

There have been seven cases of AIDS among haemophiliacs in the North of England five of whom were now dead, he said. And 76 per cent of Dr Jones patients had proved positive to the antibodies test.

He added that a type of cancer, mainly confined to homosexual AIDS sufferers, had appeared in three haemophiliacs suffering from AIDS in America.

"We are watching the unfolding of a slow Aberfan because we did not act in time to bring these people safe therapy," he said.

Dr Jones called for Government compensation for haemophiliacs infected by the AIDS virus. "We must bring help to these people whose family, social and sexual life has been disrupted through no fault of their own."

"The problems facing the haemophilic group are enormous. It is now virtually impossible for them to get life assurance."

The Department of Health said, later in a statement: "We have every reason to believe that heat-treating is effective in this country."

We know of no cases here of infection of haemophiliacs from heat-treated blood products."

A DHSS spokesman added that compensation for haemophiliacs exposed to the Aids virus was "not being considered at the moment."

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NEWS

Infected needles lead to rapid spread of virus in Scotland

Addicts may get free syringes under Aids plan

By Andrew Veitch,
Medical Correspondent.

Department of Health officials are considering giving drug addicts clean syringes to curb the spread of Aids through infected needles, it emerged yesterday.

The move has been prompted by the rapid spread of the virus among addicts in Scotland. A police clampdown on syringes has led to the growth of US-style "shooting galleries" in Edinburgh, where over half the addicts have now been infected.

One option, it is understood, would be to operate a new-for-old system: Addicts would trade in syringes for new supplies at authorised drug centres. This scheme already operates in Amsterdam where few addicts have been infected.

The government's chief medical officer, Dr Donald Acheson, yesterday promised urgent action on the spread of the Aids virus among Scottish addicts. The department was keeping "an open mind" on free syringes, he added.

The high prevalence of antibodies to the Aids virus among Scottish addicts, particularly in Edinburgh and Dundee, was being investigated urgently, he told 450 specialists at Britain's biggest conference on Aids, which opened in Newcastle-upon-Tyne yesterday.

There was an urgent need to find out why so few addicts in Amsterdam had been infected, and so many had been infected in Edinburgh and New York, he said.

Over 400 intravenous drug addicts in Scotland have been infected — half of them in Edinburgh. All are potentially infectious, and doctors estimate that at least 50 will develop Aids.

Drug agency workers pointed out at the conference that one obvious difference between Amsterdam and Edinburgh was that Dutch addicts have no need to share syringes.

"Shooting galleries" for sharing needles appeared in Edinburgh after police started using syringes as evidence to convict drug pedlars, they said.

In England, addicts can buy syringes over the counter from

chemists. "Shooting galleries" on the Edinburgh and New York scale do not exist.

Mr Bill Nelles, of the drug agency umbrella organisation, Scoda, said: "Addicts should be able to bring old syringes to a drug dependency unit and exchange them for new syringes. It is indefensible to deny addicts the tools with which they can reduce their risk of Aids. The virus is lethal — clean syringes are not."

At a "wildly optimistic estimate," about 1,000 out of Britain's 20,000 addicts have been infected, Dr Philip Mortimer, consultant virologist at the Public Health Laboratory Service (PHLS) told the conference. The numbers were going sharply upwards, he said.

The Department of Health is due to launch a £2 million Aids information campaign next month telling people how to avoid catching the virus, HTLV III, but ministers have yet to agree on the wording of newspaper advertisements.

Thirteen blood donors have been identified as carrying the virus in mass blood tests which started at transfusion centres in October, the Social Services Secretary, Mr Norman Fowler, said yesterday.

The figure — 0.002 per cent of the 593,000 donors tested — showed the incidence of infection was far lower than in the US, said Dr Harold Gunson, of Manchester, information coordinator for the nation's transfusion centres.

More donors were needed to help the drive towards self-sufficiency in blood products such as factor 8 for haemophiliacs, Mr Fowler added.

Dr Mortimer said that an estimated 20,000 people in the UK had already been infected. Another 20,000 would be infected this year. That included an estimated 60 people who had received blood donations before tests began.

Another 12 people developed Aids last month, bringing the total at the end of January to 287 cases and 144 deaths. Dr Marian McEvoy, who heads the national Aids Surveillance Team, predicted there would be 2,000 new cases in 1988.

There have been 2,000 cases in Europe (France is worst affected with 468) and 16,500 in the United States.

HOME NEWS

Blood-clotting agent is suspected of infection

2,000 haemophiliacs face new Aids risk

By Andrew Veitch
Medical Correspondent

Two thousand men suffering from haemophilia face a new threat from Aids from supposedly safe Factor 8 imported from the United States, it was disclosed yesterday.

All supplies of the blood-clotting agent are now heat-treated to kill the virus, but four men had been infected after taking what was thought to be a safe product, the Aids conference in Newcastle upon Tyne was told yesterday.

One patient lives in Holland, and the others are in the US, said Peter Jones, director of Newcastle's Haemophilia Centre and the conference organiser.

"We can no longer guarantee the safety of heat-treated Factor 8," he said. "The news is devastating to us, our patients and their families."

"Watching the advent of Aids in haemophiliacs is like watching a slow Aberfan — the engulfing of a generation because we did not act in time," he said.

Dr Jones said 76 per cent of his patients had proved positive to the antibodies test which shows whether a person has been in contact with the Aids virus.

More than half of the 2,000

patients with severe haemophilia were infected with the Aids virus before heat-treated Factor 8 was introduced on a wide scale last year. Many are children. Eleven men have developed the disease and eight have died. Women rarely suffer from haemophilia.

Sixty per cent of Factor 8 used in the UK is imported from the US — the rest comes free from the NIHS Blood Products Laboratory in Elstree. Government cuts mean that Britain will not be self-sufficient in Factor 8 until late 1988.

Blood plasma from as many as 30,000 people may go to make one unit of Factor 8.

It became clear yesterday that the NHS version is likely to be the safest: it is heated to a higher temperature for longer than the commercial product.

The risks of being crippled or killed by internal bleeding mean that haemophiliacs have no choice but to take Factor 8 from wherever they can get it, said Dr Jones. They should be compensated for Aids in the same way that vaccination victims were compensated by the Government.

Heat-treated Factor 8 was almost definitely to blame for the Dutch case, he said. One

of the US cases was regarded as a "probable." The two others were "possibles."

Dr Tony Pinching, of St Mary's Hospital, London, said: "It is premature to conclude that heat treatment is ineffective. It would be wrong to be unduly alarmist at this stage."

The patients might have been infected previously without showing a response.

The haemophilic children who had been infected faced a bleak future of safe but, not always enjoyable sex. Marriage and parenthood were at stake, said Dr Jones.

Adults who volunteered for the Aids antibody test and were found to have been infected have been evicted from their homes, ostracised, and lost their jobs, said Professor Michael Adler, the Aids specialist at the Middlesex Hospital, London.

"The Department of Health said later in a statement: 'We have every reason to believe that heat-treating is effective in this country. We know of no cases here of infection of haemophiliacs from heat-treated blood products.'"

A DHSS spokesman added that compensation for haemophiliacs exposed to the Aids virus was "not being considered at the moment."

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