

In Confidence

MINUTES OF 22nd MEETING OF EAGA, 7 JUNE 1988

Committee

Sir Donald Acheson (Chair)
Professor Adler
Dr Ball
Professor Geddes
Professor Glynn
Dr Gunson
Mr Hudson
Professor Kennedy
Dr Mortimer
Dr Pinching
Dr Strang
Professor Cawley
Dr McClelland
Professor Peckham
Dr Smith

DHSS

Dr Harris
Dr Walford
Mr Barton
Dr Exon
Dr Greenberg
Mr Merkel
Mr Snee
Dr Williams (Medical Sec.)
Ms Smith (Admin. Sec.)

OGD's

Mr Chapman (HSE)
Dr Covell (SHHD)
Dr George(WO)
Dr Kilgour (HO)

In attendance

Dr Gill, Dr Polakoff (CDSC/PHLS)

MRC

Dr James

ACTION

Item 1 : Welcome/apologies

1. The Chairman welcomed members and Drs Gill and Polakoff. Apologies were received from Mr Wells, Dr Hagard, Dr Donaldson and Mrs Cumberledge.

Item 2 : Minutes of the 21st meeting

2. Minutes - Dr Gunson asked for Item 7, paragraph 12, line 8 to be amended to read "endorsed the proposed arrangements..." to reflect the fact that RTC's were being consulted about the arrangements for testing for HIV-2.

Secretariat

Item 3 : Matters arising

3. i) Follow-up of patients of Exeter surgeon - report from Dr James

The MRC's Epidemiology Committee on AIDS had been asked to consider the feasibility of mounting a study on the patients on whom this surgeon had operated and it had been decided to set up a small Working group to devise a protocol. Ideally the study should begin within 3-6 months of the surgeons last operating sessions. It had been suggested that the group should be chaired by

Dr Nick Day and include a general surgeon plus representatives from the PHLS and DHSS. The Chairman commended the DHA's involved in the Exeter surgeon case and suggested that they should be represented on the working party.

ii) Use of Box B on death certificates to maintain patient confidentiality

The DHSS had undertaken at a previous meeting to make enquiries about the legality of using a "Box B" marking on a death certificate in order to maintain confidentiality. Enquiries had been made of the OPCS about this matter and their reply was tabled. "Box B" is designed to be used on when results of further examinations of a body may become available later and could give more details about the cause of death. Members noted the position.

iii) HIV-2 in the UK and Europe [EAGA(22)1a]

Dr Gunson said the first paragraph of EAGA(22)1a should have "since 1977" typed at the end of it.

Secretarial

There was some discussion of the advantages and disadvantages of screening all blood donors with a history of having visited or lived in West Africa. This is already being done in several European countries. The Chairman said that any decision to undertake routine screening for HIV-2 in this country would be a matter for Ministers.

iv) Travellers kits

Members were informed that the report from Dr Fey (ODA) had not yet been received, but that he had written to the Department indicating that there were continuing discussions between the ODA and FCO on the most suitable kits for different categories of traveller. The ODA would seek a meeting with DHSS when the study was concluded.

v) ACMD Report (Government response)

Dr Harris has sent a note to DHSS Ministers about EAGA members disappointment at the Government response to the ACMD report. The matter now rested with Ministers. The Government's original reply to the report promised a further response and this would be forthcoming. Additional reports from the ACMD were also expected.

vi) Breastfeeding Guidance

A CMO/CNO letter had been sent on 27 April 1988 to all doctors and to RHA/DHA/SHA Nursing Officers about safeguards to ensure that no newborn children are put at risk of infection with HIV from breastfeeding or from donated human milk from infected women. The letter had caused some controversy mainly centering on the broad categories of women whom it is recommended should be discouraged from breastfeeding.

In the discussion that followed Professor Peckham argued that the evidence implicating breastmilk in the transfer of HIV infection was weak. Dr Ball suggested however that if there was any chance of a risk then it was better to be cautious. It was generally agreed that the line on milk banking was appropriate. Members felt that there should have been more consultation with EAGA before the letter was issued. It might be necessary for there to be some modification of the advice and members agreed to the formation of a small expert group to look at the issue in detail, but advised against a letter being sent to professional journals in the interim.

Item 4 : Chairman's report

4. i) GMC statement : HIV Infection and AIDS - The Ethical Considerations [EAGA(22)3]

Professor Kennedy outlined the GMC's Standards Committee procedure and Professor Adler commented on para. 19 which had given rise to concern within genito-urinary medicine. The Chairman advised that concern about the guidance should be directed to the GMC.

ii) Monitoring and Surveillance Working Party Report

Dr Smith said that the report had been published on 24 May. Views on the issue of anonymised testing have been invited by the end of August from medical, nursing and research bodies and the health authorities. Members had seen the penultimate draft of the report. Changes had been made to the final report in respect of seroprevalence studies amongst prisoners. The report also recommended studies on the antenatal population in selected areas. The Royal College of Midwives had expressed concern about this and an urgent meeting was being organised with them.

iii) World Health Assembly and Follow-up to World Summit of Health Ministers

AIDS featured prominently at the WHA, and the Secretary of State gave a speech referring to the World Summit of Health Ministers as a watershed in the development of effective national AIDS health education programmes. A resolution, in which the UK took a leading drafting role, was passed by consensus, stressing the avoidance of discrimination against people with HIV or AIDS, and asserting their rights and dignity.

iv) AIDS Guidance for Surgeons, Anaesthetists and Dentists

The Health Care Workers Working Group was undertaking a review of this Guidance.

Item 5 : Counselling and Testing [EAGA(22)3]

6. Mr Merkel spoke to this paper which concerned the testing of individuals rather than screening of large groups for epidemiological studies. At the present time this country has a reactive policy where we rely on people to come forward for testing. Some other countries follow a more pro-active line where people are encouraged through publicity to come forward for testing. It was questioned whether the current approach should continue or whether a more promotional policy should be adopted.

7. In the wide-ranging discussion that followed members debated whether testing confers any advantage on an individual and whether increased testing would benefit the public health. The most important part of the present system was the opportunity it provided for those at risk to be counselled about their behaviour and it was generally agreed that this should be encouraged. Discussion then turned to the issue of contact tracing for HIV antibody positive people and it was agreed that this was obviously dependent on cooperation from the index case. It was pointed out that the BTS carry out a kind of contact tracing. The issues needed to be kept under review.

Item 6 : CDSC/PHLS study of HIV serology in GUM clinic attenders

8. A paper was tabled by Dr Polakoff who began by describing the methodology behind the study and its main findings. HIV transmission continues among homosexual male STD clinic attenders but the annual infection rate is not rising. Furthermore there is no evidence of infection in heterosexual STD clinic patients apart from those in, or sexual contacts of others in, high risk groups. The study was continuing and should help provide early warning of heterosexual spread. However public reassurance about discrimination by insurance companies against people who have been tested for HIV was needed to stem the rising rate of refusal to be tested.

Item 7 : Advice on Tissue Donation with special reference to Bone Banking [EAGA(22)4]

9. Members decided that they should re-examine the issues concerned with a view to issuing revised guidance which would cover the whole range of donor organs. A paper would be prepared by DHSS for a future EAGA meeting.

Secretariat

Item 8 : EAGA - Forward Look [EAGA(22)5]

10. The list of potential topics for discussion at future meetings was endorsed by members. The following issues were also put forward :

- Professor Glynn's "Denominator Study" paper, to be discussed at the next EAGA meeting
- follow-up on the review of the Breastmilk guidance
- a member of the Chief Scientists Group on AIDS should be invited to speak to EAGA members to update them on research issues
- information should be sought from other DHSS sponsored groups on AIDS about work it might be considered appropriate for EAGA to be involved in eg adoption and fostering
- Insurance
- there was a need to have a coherent strategy for the screening of blood donations for markers for HIV infection and other blood borne viruses. There had been criticism that the system is too cumbersome to respond quickly to change. The Chairman said he would discuss with Dr Harris, as Chairman of the Department's committee on the NBTS, how to take this forward.

Chairman

Item 9 : Any Other Business

11. None

Item 10 : Date of the next meeting

Tuesday 2 August 1988

Papers tabled:

- a. Letter from Dr Ribbins, Deputy Registrar General at the OPCS, about the use of "Box B" on the death certificate.
- b. Copy of CMO/CNO letter issued on 27 April 1988 about HIV Infection, Breastfeeding and Human Milkbanking.
- c. PHLS collaborative study on "HIV Antibody Positivity Rate in STD Clinic Patients in Britain"