BCH/S
003 2

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522

Ref 131

From the Joint Parliamentary Under Secretary of State

3244

Chairman
The Haemophilia Society
PO Box 9
16 Trinity Street
London
SE1 1DE

12 DEC 1984

Dear

When we met on 7 December, I promised to write to you confirming some of the points I made at the meeting.

First of all, I appreciate and share your concern about the risks of AIDS to people with haemophilia. It is encouraging that so much progress had been made since our last meeting in September 1983 - the major causative agent of AIDS, HTLV III virus, has been isolated and identified. More recently there have been significant moves in the development of a screening test for blood donations; and heat-treatment of Factor VIII has been shown effective in inactivating contaminating HTLV III virus.

One of your main concerns was about the introduction of commercial heat-treated Factor VIII. I said that evidence of the efficacy of heat-treatment in reducing the risk of transmission of AIDS has emerged only recently. The decision has been taken at the Blood Products Laboratory to heat treat their product commencing in April next and existing commercial product licence-holders have been asked to make early application for variations in their licences to allow introduction of heat-treated products. I sounded a note of caution, however, that the regulatory authorities would need to be satisfied that any proposed heat-treatment process was not only efficacious but also did not introduce new toxic risks. In the meantime, practitioners have discretion to prescribe unlicensed heat-treated Factor VIII concentrates on a named patient basis only. The choice of treatment is of course a matter for the judgement of the clinician responsible for the patient. The cost will be borne by Health Authorities in the normal way. The Department has not to date been informed of any problems on this score.

You asked me to confirm the Government's commitment to attaining self-sufficiency in blood products. The new production unit at the Blood Products Laboratory, Elstree, is still on target for completion in January 1986. The Department is aware of projected shortfalls in plasma procurement in certain Regions, and is discussing the matter with the Regional Health Authorities concerned.

131

I outlined the steps the Department was taking to discourage persons at high risk of transmitting AIDS from donating blood or blood plasma. The leaflet 'AIDS and how it concerns blood donors' has been revised, with wider definition of the 'high risk' categories, and Regional Transfusion Centres will be asked to ensure that it is received on an individual basis by every donor. We also discussed the exciting recent developments in the devising of a HTLV III antibody screening test; this now has to be put for pilot trials in a Blood Transfusion Centre to assess its suitability for wider use in the NBTS. It is too early to say what the costs of any routine use of such a test would be.

You expressed your concern over the staffing levels of certain Haemophilia Reference Centres. I explained that these were funded and managed by Regional or District Health Authorities. Any move suggesting supra-Regional status for funding would have to be considered through the formal mechanism which was established last year; no such formal application has been received by the Department in respect of any of the Haemophilia Reference Centres.

Finally, you raised the possibility of your Society receiving 'Section 64' grant aid towards its running costs. I enclose some notes on this matter and suggest your Society explores the issue with my officials. I know that funds under Section 64 are always stretched, but any application from your Society would be considered on its merits.

I hope you found our meeting helpful in putting recent developments into perspective, and that your Society appreciates the actions being taken both centrally, and through Regional Health Authorities, to deal with the problem of AIDS and its implications for people with haemophilia, whom you represent.

GRO-C

THE LORD GLENARTHUR

ENC