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DRAFT: 19.3.85

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ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

1. Ministers will be aware of a great deal of recent press comment about AIDS. As they will know from previous briefing supplied, AIDS carries a high mortality, its cause is not yet fully understood and there is no effective treatment. It was always predicted that a rapid growth in the number of cases was likely; such growth is occurring. Nonetheless there have still been only 118 reported cases in the whole of the United Kingdom (4 in Scotland). Even in the United States only a minute proportion of the total population is affected by AIDS and most cases are found in the major centres where male homosexuals congregate. Although therefore the public health hazard does not warrant alarm on the scale manifested in the popular press, such alarm undoubtedly exists and it is desirable to take visible steps to reduce it. There are two main issues which call for consideration: first whether AIDS should be made a notifiable disease; and secondly, what can be done to safeguard the Blood Transfusion Service from possible involvement in spreading infection.

Notification

2. PS/Mr MacKay's minute of 29 January asked for advice on the question of notification. I am sorry that we have been unable to respond before now, but we have only recently been informed of the action which DHSS Ministers are taking. Three options were identified by DHSS -

(a) to do nothing;
(b) to make the disease notifiable and subject to appropriate provisions;
(c) to lay Regulations for introduction of hospital detention (and other) powers without making the disease notifiable.

3. Essentially the choice lay between (b) and (c), since the Government could not be seen to be inactive. On the question of notification, the Expert Advisory Group on AIDS, which has been set up to advise the Chief Medical Officers of the Health Departments, identified many problems which would result from making AIDS notifiable and stressed that the benefits to be gained from such a course of action

would be limited. While they did not agree that AIDS should be made notifiable, the Expert Advisory Group accepted that there was a need for a limited range of powers to be available to deal with particular situations such as had arisen in Wessex (where a patient who might have presented a danger to public health by dripping infected blood in public places had threatened to discharge himself from a Bournemouth hospital).

4. Notification of an infectious disease has three objectives -

(a) to enable the course and trend of the disease to be studied by identifying cases where and when they occur;

(b) to enable contacts to be traced: this in turn makes it possible in some conditions to prevent further cases (eg by vaccination) or to identify and treat early cases (tuberculosis) or to quarantine contacts during the incubation period to prevent the spread of (smallpox);

(c) to take power to limit movement of a patient (eg, by detention in hospital).

So far as (a) is concerned, there is at present a reasonably effective informal notification system for AIDS, although it is impossible to be certain how complete this is. However, making a disease statutorally notifiable does not necessarily ensure that all cases are recorded. As for contact tracing (b), there is at present no treatment for AIDS and no means of prevention by vaccination. This removes much of the point of contact tracing, except in the special circumstances where a case has arisen following a blood transfusion. Contact tracing to determine whether patients are HTLV III sero positive has grave practical limitations as the original patient may have been infectious for several years.

5. All the experts agree that on the basis of present knowledge there is no point in limiting the freedom of a case of AIDS other than in the exceptional circumstances where there is risk of spread by blood. Limitation of sexual activities by statute is of course impracticable. It was against this background that they should lay Regulations to introduce hospital detention without making the disease notifiable. We consider that the course of action being taken by DHSS is the correct one in the circumstances, and subject to Ministers' views, we propose to ensure as far as practicable that a similar result is achieved in Scotland. Scottish legislation is somewhat dated and we are currently considering the need for Regulations as well as the availability of powers to make them. We shall report further as soon as possible.

Blood Transfusion

6. It is known that AIDS can be transmitted through transfusions of blood or blood products from an infected donor. Ministers will recall the discovery of antibodies to HTLV III, the virus implicated in AIDS, in a number of Scottish haemophiliacs towards the end of last year. All Scottish produced Factor VIII, in which Scotland is self-sufficient, is now heat treated and hence the risk of transmission to haemophiliacs should be greatly reduced.

7. Tests are now about to become commercially available which will allow mass screening of blood for the presence of HTLV III antibodies. It is necessary to decide whether all donations should be tested. DHSS Ministers have agreed in principle to such a step but have indicated that it will be for the Regional Health Authorities to implement it out of their existing allocations. [We understand that] Regional Blood Transfusion Directors in all parts of the United Kingdom are writing to the Lancet and British Medical Journal advising that it would be premature to introduce routine screening of blood donations. We consider that, particularly in the Scottish context, such caution is justified.

8. As has already been said, heat treatment of Factor VIII is believed to virtually remove the risk to haemophiliacs. The risk from ordinary blood transfusions is believed to be very small. As far as is known, in Scotland where 280,000 donations are collected each year, there has only ever been one infected donation of blood (the one which corrupted the batch of Factor VIII). There is other evidence that blood donated in Scotland is "clean". Donors are now required before giving blood to sign a statement that they are not in a group at risk of contracting AIDS.

9. The tests which will soon be available from United States companies are likely to give an unacceptably high rate of false positive results; this has been assessed at as much as about 4%. On that basis the tests would show about 10,000 Scottish blood donors as having antibodies to HTLV III who are in fact quite free of them. The implications for those individuals would be very alarming and the problem for the Blood Transfusion Service in counselling them in the light of present knowledge would be immense. There will also be an unknowable false negative rate with the result that an infected person will not be identified. (Moreover the test is for antibody and not antigen and it is possible for a person to have been infected with the antigen and not yet have developed antibodies and hence give a negative result.)

10. The antibody tests are at present very expensive, at approximately £2 per test. This figure, which would suggest an overall expenditure on such testing of £600,000 per annum in Scotland, has to be set against a total cost per donation for all other tests including blood grouping also of £2. Nevertheless, we should not wish to stand in the way of testing solely on financial grounds. However a test is being developed in England partially using NHS resources which is expected to be much cheaper and possibly more accurate. An Evaluation Panel is being set up to test the validity and reliability of the commercial kits which will be coming onto the market soon: the English test will also be evaluated.

11. A further problem has been highlighted by the recent introduction of a testing facility for AIDS associated with a Regional Transfusion Centre in England. It became known among the homosexual community that such testing was being carried out and several homosexual men travelled to the centre concerned, ostensibly to give blood but in reality to determine their antibody status. In these circumstances the risk of infected blood being used for transfusion is increased (because of the possibility of false negatives) rather than the reverse. We regard this development with grave concern as the whole credibility of the Blood Transfusion Service could be put at risk. In order, therefore, to protect the Blood Transfusion Service from being used as a screening centre by the male homosexual community and others who consider themselves ar risk we propose the setting up of special screening centres, probably associated with sexually transmitted disease (STD) departments.

Recommendation

12. No doubt there will be public pressure for routine tests to be done as soon as it is known that the commercial tests are available. The test for HTLV III antibody does not necessarily indicate infectivity but only previous exposure. False positives are known to exist and have significant implications for the donors. Counselling services will require to be developed. Facilities should be available for screening of the homosexual community to divert them from the Blood Transfusion Service. We recommend therefore to Ministers that screening should be introduced in the logical way proposed and that all attempts to rush into screening using unproved tests should be resisted.

Scottish Home and Health Department
March 1985