

AIDS, HIV AND HAEMOPHILIA

Manchester, 15 January 1988

A meeting in Manchester of the United Kingdom Haemophilia Association reviewed the problems of HIV in haemophiliacs at a number of levels, shown in the attached programme.

The present United Kingdom situation was reviewed by Dr. Peter Jones of the Newcastle Haemophilia Centre using the currently available analyses of incidents published by PHLS (CDSC), attached.

Four relevant matters should be listed:

1. There is a clear risk of virus spread in the plasma of infected individuals having a viraemia prior to antibody formation - the "window" phase.
2. The increased spread of HIV in the community is now more prevalent in the heterosexual group.
3. Increasing heterosexual infection carries implications for blood donors.
4. The risk of infected plasma entering fractionation is likely to increase although the incidence must still be considered to be very low compared with source material entering fractionation in the United State.

Dr. Savidge, Haemophilia Director, St. Thomas' Hospital, questioned Dr. Jones about the alleged HIV sero-conversion in a Newcastle patient with haemophilia B who had received only NHS factor IX. Dr. Jones indicated that during the period concerned the patient had admitted to sexual intercourse with at least ten different partners and therefore entered an entirely different category of individuals at risk. There are no other reports of HIV sero-conversion from NHS heat treated products.

Concluding comments made by Dr. Savidge were in three areas:

- 1) The requirement for factor VIII in UK patients would continue to rise and would always create demand which was ahead of NHS supply: NHS self-sufficiency was therefore a myth and it was important to decide which products should be selected by Haemophilia Directors for treatment of first-time users of coagulation products. Dr. Savidge stated his clear preference for wet pasteurised products for this purpose although, on questioning, Professor Bloom maintained his preference for NHS 8Y.
- 2) Dr. Savidge reviewed future problems in methods of treatment of infected haemophiliac patients.
- 3) The need to consider the efficacy of increasingly pure products was raised: the argument being that continuous injection of foreign protein, i.e. either neo-antigenic or allotypic material, could be responsible for activation of retrovirus DNA in human lymphocytes, so potentially increasing the rate of dissemination of virus and worsening the prognosis of patients. The query is made in a further attempt to justify the use of the new immune purified factor VIII products. Although it overlooks the fact that even in these new high purity factor VIII products, the injected protein load is maintained by the need to use albumin as an incipient for freeze drying.

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Conclusion

Haemophilia Directors continue to demonstrate their mixed attitudes towards self-sufficient NHS provision of coagulation factors. This objection will need to be overcome during 1988 and onwards and an essential part of changing opinion will be the maintenance of quality and safety of BPL products. BPL will need to maintain a balanced judgement between the need to introduce "cosmetic" additions to its processes at the expense of the inevitable reductions in yield which will occur.

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