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Public Health Laboratory Service

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Our ref Your ref

Dear Director,

Future plans for the investigation of the role of HTLV-3 in the causation of AIDS in haemophiliacs

(1) Retrospective studies

The accompanying paper describes the results of serological surveys of antibodies to HTLV-3 in the U.K. Haemophilia Centres, and the number and range of clinical syndromes possibly related to HTLV-3 infection.

You will remember that we collected information about those patients who had received the batches of factor VIII given to the AIDS cases which occurred in 1983. Investigation of patients who have received these batches of factor VIII at Bristol Haemophilia Centre has shown that it is impossible to identify implicated batches of factor VIII with certainty by retrospective serological testing for seroconversion to anti-HTLV-3 positive.

The reason for this is (i) that the prevalence of antibody to HTLV-3 in haemophiliacs treated with commercial factor VIII is between 50 and 80% in different Centres. (ii) The number of infected batches may be quite high. The results from Bristol suggest that the proportion of bottles in a batch which are infected may in some instances be low. This would make it difficult to identify a contaminated batch with certainty. (iii) The limited sera available made it difficult to identify the date of seroconversion to HTLV-3 antibody positive within a limit of 6-12 months.

We have therefore concluded that retrospective studies of clusters of patients will usually fail to correctly identify batches of factor VIII contaminated with HTLV-3 unless a large number of persons are transfused and the proportion infected is high.

(2) Prospective studies and AIDS surveillance

Since facilities for testing for HTLV-3 antibody are at present in short supply, we have decided that further investigations should be concentrated on the following problems:-

(1) Investigations of patients with clinical features suggestive of an AIDS related illness.

(2) Prospective studies involving batches of factor VIII possibly contaminated with HTLV-3. One batch of NHS factor VIII has been found to be made from plasma which was contributed to by a donor who has since contracted AIDS. We hope to take advantage of this situation by initiating a prospective study to accurately assess the risk of HTLV-3 infections, and the development of AIDS related clinical syndromes. A second batch of NHS factor VIII is also under investigation.

As soon as preliminary investigations are complete, we will include the results of the investigation in a further update.

From our findings so far, it is becoming apparent that there are differences in the disease pattern of AIDS in haemophiliacs compared with homosexuals. Please let us have reports of any apparently unusual illnesses so these can be evaluated and a complete picture built up of the problem.

Yours sincerely,

GRO-C

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