M E M O R A N D U M

To: All Staff	From: Dr R J Perry
Subject: AIDS	Date: 31 January 1985 Ref: rjp.imm 3.97

You will be aware from my previous memo of 31 December 1984 on this subject that a batch of PFC FVIII has been associated with the appearance of antibodies to HTLV III virus in haemophiliacs.

Red cells and platelets were used normally by RTCs and there is no evidence to date to indicate that the recipients of these cellular products have developed HTLV III antibodies. It is also important to note that these haemophiliacs received other batches of product. There is no evidence to suggest that these patients will necessarily go on to develop AIDS.

In response to this information, which was received from Edinburgh BTS, it was decided (by all SNBTS Directors) to identify all the donors who contributed to this pool of FVIII (4000 in total) and to subsequently quarantine all plasma from these individuals who subsequently gave repeat donations.

The decision to quarantine this plasma was taken to safeguard both product and staff safety in the belief that additional evidence and further investigation of repeat donations would identify the infective donation(s) and permit the remaining donations to be entered into process. As you know, a suitable test is not yet available for large scale application to individual donations with the result that it is not possible at the present time or in the foreseeable future to establish the relative infectivity of plasma pools or product batches. On this basis, the quarantined plasma was released for process. You will also be aware of the fact that plasma from these donors has inevitably entered process on previous occasions. While this does not necessarily provide comfort or reassurance, one must conclude that, at this stage, it is impossible to judge that some plasma is "safer" than others or that one pool of plasma represents a higher risk than others either from a patient or staff safety point of view. This conclusion led to the release of plasma for processing.

The situation with regard to AIDS in Scotland is under constant review at PFC and I would emphasise that this places equal emphasis on staff and patient safety. As information becomes available, staff will be informed through the

appropriate channels.

This should facilitate and encourage safer working practices which are the responsibility of staff and management alike. A number of significant improvements have already been made, both collectively as an organisation and also by individuals. This is an extension of the disciplines which have become commonplace in PFC as a result of constant assumption that plasma pools are infective with respect to hepatitis. The PFC has no record of hepatitis transmission from plasma or products and this is encouraging. It is important that we continue to strengthen the policies that have led to this secure position and I would therefore repeat my request that staff play an active role in making recommendations and ensuring that they and their colleagues work safely at all times. In doing so, the assumption must be that all plasma and plasma products may be infective.

I can reassure you that all information will be made available as it emerges and that staff safety as always will continue to be a high priority at the PFC.

Myself, Heads of Department and Section Managers will be happy to discuss any points you may wish to raise.

GRO-C

R J PERRY
Director