MRC WORKING PARTY ON AIDS

Minutes of the meeting held on 25 October 1984 at 20 Park Crescent, London W1N 4AL

Present:	Dr D A J Tyrrell (Chairman) Dr A J Pinching (Secretary) Professor M W Adler Dr N S Galbraith Dr J R W Harris Professor H P Lambert Dr J G P Sissons Dr D Taylor-Robinson Dr R S Tedder Dr A D B Webster Professor R Weiss
Departmental observers:	Dr R G Covell (SHHD) Dr Alison Smithies (DHSS)
MRC office staff:	Dr M J Fisher Dr Jane Cope
Apologies for absence:	Professor A L Bloom Professor P J Lachmann Professor K Murray Dr M P W Godfrey

1. Chairman's introduction

The Chairman welcomed the members and in particular Professor Lambert who was rejoining the Working Party after his recent illness.

2. Minutes of the meeting of 17 April 1984

These were agreed to be a correct record.

The Chairman reminded members that all papers concerned with the Working Party and all discussions at meetings should be treated in strict confidence.

3. Matters arising from the minutes

There were no matters arising which were not on the agenda.

4. Informal meeting with Dr K Sell on 26 July 1984

It was agreed that this had been a useful meeting and that Dr Pinching's report was an accurate record of the discussion.

Dr Sell had offered to make available from NIAID isolates of HTLV-3, and these would be useful for comparison with UK and other European isolates. There was evidence to suggest that HTLV-3 was more polymorphic than either HTLV-1 or 2 and that it would therefore be possible to study the spread of different strains. There had also been a suggestion that some strains were getting more virulent, although this might simply be that laboratories were getting more proficient at growing them.

It was noted that there might be difficulties in practice in obtaining virus strains from the US because of commercial considerations related to vaccine development. Dr Smithies had written to the US Assistant Secretary of Health to enquire what conditions would be attached to the release of virus strains, but had yet to receive a reply.

5. Safety

The Systems Board in considering the Working Party's first report had expressed anxiety about the adequacy and clarity of the present guidance on the handling of AIDS samples. The Chairman reported that guidelines from the Advisory Committee on Dangerous Pathogens were not yet available. The Working Group had considered a number of draft proposals and it was hoped that the one currently in preparation would be put to the main ACDP for approval. There had been difficulty in gaining agreement between the different interested groups represented on the Working Group, and if further problems arose, it might be necessary to use the US guidelines, rather than drafting for the UK.

It was hoped that the guidelines would retain a reasonable degree of flexibility. They will require Category 3 containment for specimens from patients with AIDS and persistent generalised lymphoadenopathy and from risk groups. It was thought that many of the people who become infected remain symptomless, at least during the period when the virus is replicating, and that conversely, patients with the full-blown syndrome may no longer be shedding viruses. Consequently the greatest hazard may not be from specimens from patients with the most severe symptoms. If rules for containment were made too strict, there was a danger that clinicians would pass samples through regular laboratories without identifying them as being potentially contaminated with AIDS, in order to obtain rapid results.

The number of cases of AIDS in the UK was continuing to rise sharply and soon it would no longer be possible to treat the majority of cases in the major centres. It was therefore important to have safety guidance agreed in the near future, and to attempt to counter the over-reaction which had led some members of the medical profession to refuse to treat AIDS patients.

Little consideration had yet been given to safety aspects of experimentation with animals, particularly primates, which might be conducted in the near future.

Another aspect of safety was the need to screen donor blood for transfusion and the manufacture of products such as factor VIII. There was already evidence from haemophiliacs who had seroconverted that some Scottish factor VIII had been contaminated with HTLV-3. There was also preliminary evidence to suggest that at least one patient in England with AIDS had previously donated blood.

Some members thought that it might be unethical to inform patients who were seropositive for HTLV-3, since no treatment could be offered if AIDS developed subsequently. However, haemophiliacs may wish to know so that they can use barrier methods of contraception to try to avoid infecting their wives and any children born subsequently.

It was agreed that it would be helpful for the MRC Working Party to prepare a statement on the implications of current research for safety in clinical practice. If published, it would carry the weight of their considerable combined expertise and experience and may help to inform and reassure those in centres who would soon have to start dealing with AIDS patients. The Chairman agreed to draft this in consultation with Professor Adler, for submission to the Working Party.

6. Proposed EEC funding of AIDS

The Chairman reported with regret that he had learnt from Dr Baert that there was no longer a prospect of any research funds being made available, although there would be a few sponsored workshops and perhaps money for visits between collaborators. The latter, however, might be more easily arranged through the appropriate national organisations.

7. MRC funding of AIDS research

The Working Party noted the list of projects which had been circulated. Professor Weiss pointed out that his grant was in fact a joint MRC/Cancer Research Campaign one, and that also considerably more resources in his laboratory (from both MRC and CRC) had been diverted into AIDS research. It was also noted that two of the grants were jointly funded with DHSS.

Members expressed regret that neither of the applications for national epidemiological work had been funded, although this was one of the areas of work the need for which had been stressed in their report. Epidemiology was the foundation of health care and was essential for the interpretation of laboratory and clinical studies. Work at CDSC would be seriously curtailed after the end of the year when the person at present co-ordinating the studies was due to leave. However, DHSS were currently considering a request from CDSC for funds for this work to continue. Reallocation of resources within organisations to allow epidemiological work to continue should be attempted despite the recognised difficulties.

8. Report of the MRC Working Party: plans for a revised document

It was agreed that there had been considerable developments in AIDS research since the first report was written and that it was now time to draft a second report for the Systems Board, for consideration at their meeting in February 1985. The Secretary agreed to prepare a draft for circulation to the members.

9. Recent scientific developments and new avenues for research

Members went on to consider in detail the areas which needed to be addressed in their second report. (A full record of the scientific discussion will appear in the report.)

10. Future role of the Working Party

It was agreed that the Working Party provided a useful forum for discussion and a source of expert advice on matters relating to AIDS. As the numbers of AIDS cases were still rising, there was a continuing need for these functions to be carried out.

The Chairman thanked the members and closed the meeting.