U.K. HAEMOPHILIA CENTRE DIRECTORS AIDS INVESTIGATION

16.1.84

UPDATE (3)

As of November 5th, 1983 over 2,753 cases of AIDS had been reported to C.D.C. Atlanta from States in the U.S.A. The rate of reported cases still has a 'doubling period' of six months. A conference in October 1983 on AIDS in Europe also reported 268 cases in addition from 15 Centres. M ny of these cases occurred in France and Belgium and originated in Equatorial Africa, and a brief survey in Zaire, conducted by C.D.C. staff in October 1983, led to the discovery of 37 new cases in 2 hospitals in Kinshasa. Half of these cases were women, suggesting that modes of transmission differ from those in the U.S.A. The number of cases not in the well known high risk groups in the U.S.A. is still only 6%. There is as yet, therefore, no evidence of the spread of the disease to the general population in the U.S.A.

The number of cases of AIDS in patients with hereditary disorders of blood coagulation in 30.1.83. had reached 21 in the U.S.A. Of these, 19 were Haemophilia A and 2 Haemophilia B. In addition, 7 cases conforming to the C.D.C. AIDS definition had been reported in haemophilia A patients in other Centres. These were from Canada (2), U.K. (2), France (1), Federal Republic of Germany (1) and Spain (1). The incidence in these patients is still approximately 1/1,000 patients at risk. Of the U.S.A. cases, one was diagnosed in 1981, 8 in 1982 and 12 in 1983. Two patients have other risk factors for AIDS, one is bisexual and the second is also a drug addict.

No cases of Kaposi's sarcoma have been reported in association with haemophilia, Pneumocystis carinii pneumonia (P.C.P.) being the most common illness in haemophilia patients with AIDS and has occurred in 20 (95%) of the U.S. patients. Case A/1 in the U.K. (see AIDS update), who originally contracted oesophageal candidiasis, became ill with P.C.P. in October 1993. He responded to treatment with Septrin and is now on a maintenance treatment. No new cases conforming to the C.D.C. criteria have been reported in the U.K. since September 1983, except 1 possible case of lymphadenopathy.

The National Haemophilia Federation in the U.S.A. conducted a survey by mail of 116 Haemophilia Centres in the U.S.A., which estimated the prevalence of AIDS associated disease from 1978 to 1982 in 6,700 haemophilia patients. This failed to identify any diagnoses suggestive of AIDS before September 1981 other than those already reported. Some patients were reported with unexplained AIDS associated diseases which did not fit the C.D.C. criteria, including lymphadenopathy, thrombocytopenia and Burkitt's lymphoma.

The occurrence of AIDS cases in the U.S.A. by quarter of diagnosis is shown in fig 1. The National Haemophilia Federation has recently issued revised recommendations for the prevention of AIDS in patients with haemophilia (1).

The relationship of the AIDS related complex is still not certain. One report (2) indicated recently that patients with persistent lymphadenopathy had a 10% chance of progression to AIDS as defined by C.D.C. A second report failed to find such an association. As these observations were made in homosexuals; they may not be applicable to the occurrence of similar syndromes in patients with congenital bleeding disorders.

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A study of 7 patients with AIDS associated with blood transfusion has recently appeared (3). The incubation period in these cases varied from 10 to 43 months (mean 22.7). While these reports provide only circumstantial evidence of an association of AIDS with transfusion, it means that the transfusion records for 5 years before the onset of illness will have to be reviewed in retrospective studies of transfusion history, and follow up will have to last at least 4 years. This means that follow-up in the retrospective survey will have to be carried on until the end of 1984 or 1985 in some cases. A case of AIDS after transfusion for open heart surgery has also been reported from Israel.

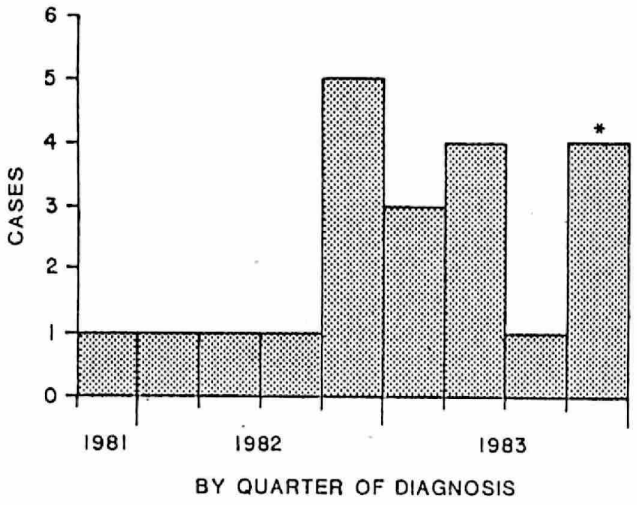
REFERENCES

1) Medical and Scientific Advisory Council. Recommendations to prevent AIDS in patients with haemophilia (revised). New York; National Haemophilia Foundation. Oct 22, 1983.

2) Proceedings of a meeting on AIDS. New York, November 1983.

3) Curran J.W., Lawrence D.N., Jaffe H., et al. Acquired immunodeficiency syndrome (AIDS) associated with transfusion. New Eng. J. Med (1984); 310 (2); 69-75.

FIGURE 1. Acquired immunodeficiency syndrome (AIDS) among patients with hemophilia, by quarter of diagnosis — United States, October 1981-November 1983



*As of November 30, 1983.

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U.K. Haemophilia AIDS Investigation

Following the discussion of the protocol for the project at the Annual Meeting of the U.K. Haemophilia Centre Directors in September 1983, this has now been revised and the final details will be reviewed at the Reference Centre Directors meeting on February 13th. The Haemophilia Society has provided initial funding for the purchase of a microcomputer to analyse the data accumulated in the study, and has provided clerical help for the first two years. Work can therefore proceed with the compilation of the patients register. This consists of a list of patients treated with the batches of commercial factor VIII received by AIDS cases A/1 and A/4. The initial follow up will concentrate on patients who received batches of factor VIII concentrate related to case A/4. Each Director will be notified of the batches which have been used and will be asked to complete a form giving the name, age, diagnosis, severity of coagulation defect, national register number and the dates of transfusion of the 'suspect' batches of concentrate. A copy of the revised protocol will be circulated to Directors after the Reference Centre Directors meeting.

Initial results of returns of patients treated with the same batches as case A/1

Analysis of returns shows that 194 patients from U.K. Haemophilia Centres received 1 or more batches used to treat case A/1 since January 1983. In most cases, these were transfused between October 1979 and mid 1982. A 4 year follow-up will therefore cover the 5 year period which the Centers for Disease Control in the U.S.A. now consider is the probable upper limit for the incubation period of the disease. How far case A/1's transfusion records need to be traced back is under consideration. If all the products transfused since 1.1.78 are included then this will mean that information of patients who were treated with additional batches of Armour factor VIII and Hemofil will be required. These were transfused between JUNE and AUGUST 1978.

I will be grateful if you will complete the following additional record for case A/1 which is enclosed. A decision on possible further follow up will be made at the Reference Centre Directors meeting on February 13th 1984.

J. Craske
31.1.84.

U.K. HAEMOPHILIA CENTRE DIRECTORS' AIDS INVESTIGATION

SURVEY OF PATIENTS WHO RECEIVED THE SAME BATCHES OF FACTOR VIII CONCENTRATE AS CASE A/4

The following are the suspect batches transfused between 16/12/81 and 27/12/81

Manufacturer	Brand	Batch
Alpha Therapeutic UK Ltd	Profilate	A12710 A12780
Immuno Ltd	Kryobulin	09M-07980

NAME	D.O.B.	BRAND FACTOR VIII	BATCH	DATE(S) TRANSFUSED	TOTAL FACTOR VIII UNITS

HAEMOPHILIA CENTRE.

U.K. HAEMOPHILIA CENTRE DIRECTORS' AIDS INVESTIGATION

Survey of patients who received the same batches as CASE A/1.

Additional batches of factor VIII transfused in 1978

Manufacturer	Brand	Batch	Date	No.Units
ARMOUR LAB. LTD.	FACTORATE	R2709	6-8/78	4 x 500
" " "	"	R97906	"	1 x 500
" " "	"	R6511	"	3 x 500
" " "	"	R5910	"	6 x 500
" " "	"	S10101	"	8 x 500
TRAVENOL LAB. LTD	HEMOFIL	780411A028C	8/78	4 x

NAME	D.O.B.	BRAND FACTOR VIII	BATCH	DATE(S)* TRANSFUSED	TOTAL FACTOR VIII UNITS TRANSFUSED

HAEMOPHILIA CENTRE:

*Inclusive dates to the nearest month will suffice.