

## THE ROYAL INFIRMARY OF EDINBURGH

HAEMATOLOGY DEPARTMENT

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Your Ref.:

Our Ref.: CAL/PMS

31st January, 1985

Dear *Dr Lane*

Acquired Immune Deficiency Syndrome (AIDS) in Haemophilia

You will be aware from both the medical and popular press that patients with haemophilia are at risk of developing AIDS as a result of the transmission of the HTLV III virus in factor VIII and factor IX concentrates. To date there have only been three cases of AIDS in British haemophiliacs and the chance of any individual patient developing the disorder, based on our present information is very small, probably less than 1:1000. From serological studies of patients in the United Kingdom, including Edinburgh, it is clear that many haemophiliacs have antibodies to the HTLV III virus. The presence of antibody, however, does not necessarily confer immunity and such patients may be capable of transmitting the virus both by semen and blood. Like Hepatitis B, needlestick incidents are capable of transmitting the virus. It is therefore particularly important that the same precautions are observed as for hepatitis B positive patients. Needles and syringes should be disposed of appropriately. Samples should be sent to laboratories double wrapped in "high risk" bags, again as for hepatitis B.

I write to let you know that I have circularised your patient with an information sheet about AIDS. If you would like a copy I would be delighted to forward one to you. The chief recommendations are:

1. Patients should mix up and inject their factor VIII/IX concentrates with care and should dispose of all the syringes and needles into the bins we provide.
2. A barrier contraceptive, i.e. condom sheath, should be used during sexual intercourse. We are issuing such contraceptives free to individuals from the Haemophilia Centre, when they come for treatment or collect their home therapy.

Apart from these recommendations it is important that patients lifestyles continue as previously. The HTLV III virus is not passed between individuals by ordinary social contact and the patient's family and friends should be strongly reassured.

All Scottish factor VIII concentrates are now being heat treated under conditions that are believed to kill the HTLV III virus. Thus Scottish factor VIII no longer transmits the AIDS virus. We hope that heat treated factor IX will be available in the near future.

This is obviously an anxious time for your patient. If you would like to discuss any of the points I have raised further, I would be delighted to hear from you by telephone or letter.

With best wishes,  
Yours sincerely,

C.A.Ludlam  
Director, Haemophilia Centre