

(copy)

Dr Harris

LETTER IN RESPONSE TO HAEMOPHILIA CENTRE DIRECTORS LETTER TO THE
BMJ - 22 JUNE

CMO wished to send a response to the letter from Professor Bloom
and his colleagues. A draft is attached. I would be grateful
for any comments from you and copy recipients at your earliest
convenience.

GRO-C

2 July 1985

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cc

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DRAFT REPLY TO PROFESSOR BLOOM'S LETTER TO THE BMJ - 21 JUNE

Professor Bloom's letter has raised a number of points about which it may be helpful for readers to know the official position.

All Factor VIII concentrate produced by the Blood Product Laboratory (BPL) is now heat treated. Variations of licenses for commercial heat treated Factor VIII have been granted early this year by the Committee of Safety of Medicines. The Department is not aware of any difficulty in obtaining the heat treated commercial product when the BPL product is not available. There is not yet sufficient experimental evidence to guarantee that either HTLV III or the agents responsible for non-A non-B hepatitis are inactivated by the various methods of heat treatment used to produce these products.

Factor IX produced in the UK at BPL is not heat treated. Work is urgently in hand to introduce a heat treated product. However it is necessary to ensure that heat treatment itself does not cause production of toxic substances which were referred to in a Lancet leader last year. Heat treated commercial Factor IX is however available for prescription on a name patient basis. It is not yet licensed in the UK. As with Factor VIII there is no guarantee that infective agents are inactivated during the heat treatment process.

As far as cryoprecipitate is concerned this blood product is produced at Regional Transfusion Centres from individual donations provided by a regular donors. Since August 1983 all blood and plasma donors have been alerted to the dangers of transmission of AIDS through blood donation and the need for those in high risk groups not to

volunteer to donate blood through a leaflet distributed to Regional Transfusion Centres and donor sessions. Updated leaflets about AIDS and blood donation have been distributed individually to all donors since the beginning of this year. Screening all blood donations for antibody to the AIDS virus will detect those donations which react positively to the test and decrease the likelihood of transmission of the AIDS virus even further. Ministers announced last week that screening tests will be introduced into the blood transfusion service in the next few months. In the meantime clinicians responsible for the care of haemophiliac patients to whom they might consider giving cryoprecipitate will need to take account of the possible benefits and risks of using this blood product.

It should be noted that the risk of transmission of AIDS through blood donation quoted in the letter from the Haemophilia Reference Centre Directors are based on the incidence of transfusion associated AIDS and the prevalence of AIDS in the USA and not on any evidence from volunteer blood donations transfused in the UK.