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*Sent to all
Regional General Managers*

Your reference

Our reference

Date

30 July 1985

Dear Regional General Manager

**ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS): FACILITIES FOR TESTING
OUTSIDE THE BLOOD TRANSFUSION SERVICE**

I wrote on 20 February asking that you make financial provision for the screening for HTLV III antibody in the Blood Transfusion Service (BTS). I am now writing to ask you to provide testing facilities outside the BTS.

Those in high risk groups have been told not to donate blood. However, when screening is introduced in the BTS later this year, it is possible that some of those at risk might attend donor sessions merely to have the test. This would increase the risk of infected blood donations, since any test will produce some false negatives. Ministers have therefore said that alternative sites for testing for the antibody will be available. STD clinics, having experience with dealing with sexually transmitted diseases on a confidential basis, seem most suited to offering advice and a test where necessary to the majority of people in high risk groups who have worries about the disease. But you will need to consider how to cater for other groups such as organ and semen donors, and haemophiliacs where arrangements for these patients have not been made.

The Public Health Laboratory Service will do the test for you, but you will need to plan for the taking of specimens and for the counselling of people found to be positive. In some Regions outside London it may be sufficient for counselling to be available at one or two major centres rather than in each District. The Department is financing further courses at St Mary's Hospital Paddington for those who are or will be involved in counselling. As a first step, Regional General Managers are asked to gather a maximum of two nominations from each of their District Health Authorities, of individuals with some counselling experience, to be sent on a 2-day AIDS counselling familiarisation course at St Mary's, commencing in the autumn. There will be a small charge, and authorities will be expected to bear any related expenses. These nominations should go to Ms J Vaughan-Smith at the National Health Service Training Authority, St Bartholomew's Court, 18 Christmas Street, Bristol, BS1 5BT, by 31 August 1985. She will then notify you of the dates of the courses.

Estimates of the demand you may face are difficult to make. At the end of June 1985 176 cases of AIDS had been reported in the UK of whom 88 had died. 88% of cases were in homosexual men. The geographical distribution shows that 77% of AIDS cases have been reported from the four Thames Regions; the rest are scattered round the country. Most of the risk in the next year or two is

likely to continue to be concentrated in the Thames Regions. The number of cases of HTLV III infection is of course much higher than the number of cases of AIDS. It has been estimated that at present about 10,000 people are infected, mostly men, and that the large majority of these are in London.

It will be important to ensure that the facilities you provide are well publicised, and that you collaborate closely with Family Practitioner Committees so that GPs know of the local arrangements. I would also remind you that the special confidentiality provisions of the National Health Service (Venereal Diseases) Regulations 1974 apply.

Yours sincerely

GRO-C

G A HART