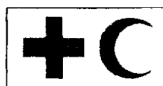


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Newsletter

# TRANSFUSION INTERNATIONAL



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EDITORIALAIDS - NEW CONCERN FOR BLOOD  
TRANSFUSIONISTS

The first cases of AIDS, Acquired Immune Deficiency Syndrome, were observed in the United States of America in the spring of 1980. The following year, there were several reports of additional cases and in 1982, the American press and TV started telling the general public about a new, menacing disease. Health authorities were concerned and considerable amounts of public funds were given to research institutions to study the cause of the illness and to propose means of curing it or preventing its occurrence. However, it is not yet sure, though very likely, that this disease is infectious by nature and there is no effective way of treating the patients.

Most of the patients have been homosexuals with a large number of partners. An average number of partners in a lifetime has been reported to be over 1,000. Another relatively large group are addicts who use injectable drugs. However, there are a number of patients who seem to have no connection with these groups. The general feeling is that more and more cases are found all the time, not only because, on account of public awareness, the patients are more easily detected and the disease correctly diagnosed, but also due to a definite spreading of AIDS.

By the end of April 1983, close to 1,400 cases of AIDS had been reported to the authorities in USA. In Canada, the number of patients was 24, and a recent survey made by the Council of Europe revealed that the disease occurs in at least most if not all of the 21 member countries. In Japan, there are a few cases suspected of being AIDS, and some patients have

been seen in Australia. There is no doubt that this is a world-wide problem, and the World Health Organization has responded to this challenge by arranging an international conference on AIDS in November 1983.

How does this concern blood transfusion services, blood bank directors, blood donor recruiters? There is relatively strong evidence indicating that the disease may be transmitted by blood. In the United States, it is reported that eleven haemophiliacs have contracted AIDS, and additional haemophiliacs with AIDS have been observed in Europe. There is a suspicion that commercial Factor VIII concentrate, prepared from large pools of US plasma, has been the source of infection.

Although there is no absolute proof that blood really does transmit AIDS infection, there is one case where the causal relationship is highly suggestive. A small child who had received exchange transfusion developed AIDS and the investigations revealed that one of the donors of the blood given to him, apparently healthy at the time of donation, had later died from AIDS. On the other hand, a blood donor in Haiti, who died in the spring of 1983 from what is believed to be AIDS, had in the past years given blood to 17 patients and none of them have so far contracted anything like AIDS.

AIDS has had all the elements for a good sensation: mystery, health, minorities, sex, authorities who have to admit their ignorance, new menace to society. As the result of wide-spread publicity, pressure has been put upon the politicians to allocate funds for the necessary investigations. However, the general fear of a new threat has resulted in an unjust discrimination of some population groups. Haitians have been unfortunate in this respect, since the disease has occurred much more often in Haitian immigrants to North America than in other ethnic groups. Now, Haitian

populations are regarded in many places as something threatening and contagious, like patients with leprosy or the plague in the olden days. The emotions of the masses are always dangerous as we know from history.

What is then the cause of AIDS? One of the most common hypotheses, that may quickly change when there is more information, is that AIDS is caused by a virus that is endemic in some parts of equatorial Africa and that has somehow found its way to American homosexuals. Of the 21 cases of AIDS in Belgium, 19 have come from Zaire and one was married to a man from that country. Similarities have been found between African swine-fever, common in pigs in Haiti, and AIDS. New evidence but also new theories are accumulating all the time.

How should blood transfusionists react to this new challenge? The question has been raised as to whether all the concern and public outcry are warranted when there are only a few cases of AIDS supposedly transmitted by blood products, considering that approximately 12 million transfusions are given annually in the United States alone. However, there is no doubt that it is a very serious disease with a mortality rate that could be close to 100% and, for the time being, an increasing prevalence. Transfusionists must not ignore the problem on the basis of existing statistics but, on the other hand, the protection of the health of the donor and the recipient, our prime concern, should not lead to a deprivation of therapy for patients in need. Measures that could lead to inappropriate discrimination and to an emotive over-reaction amongst recipients of blood and blood products must be avoided. However, the donors should be provided with information on AIDS so that those in high risk groups will refrain from donating. As an example, we reproduce below the information leaflet given to all American Red Cross blood donors. Most blood trans-

fusion experts agree that it is not appropriate to ask the donor's sexual preferences even though it is known that male homosexuals represent the most important high risk group.

Finally, it should be remembered that there are some general means of minimizing the hazard of transmission of infectious diseases to the recipient of blood or blood products. The Council of Europe Committee of Experts on Blood Transfusion and Immunohaematology has formulated the following basic principles:

1. to expose the recipient to a minimum number of donations of blood when the transfusion is of cellular and coagulation factor products,
2. to achieve national self-sufficiency in the production of coagulation factor products from voluntary, non-remunerated donors,
3. to avoid the importation of blood plasma and coagulation factor products from countries with high risk populations, and from paid donors;".

AIDS seems to be the newest member of a group of infectious diseases such as hepatitis, syphilis and malaria that can complicate haemotherapy. 'Transfusion International' will follow the development closely and we will include new information on the disease in the coming issues of the newsletter.

Juhani Leikola, M.D.

## AN IMPORTANT MESSAGE TO ALL BLOOD DONORS

This information is distributed to all potential blood donors to help prevent the spreading of certain illnesses from donors to patients by blood transfusions.

Please read this statement, and if you think that there is a risk that your blood could cause illness in a patient who might receive it, please refrain from donating blood at this time.

### WHAT ARE THESE ILLNESSES?

Some persons may feel in excellent health but have viruses or other infectious agents in their blood that could cause illness in persons receiving a transfusion of their blood. If you think any of the following information pertains to you, please do not donate blood today:

1. Acquired Immune Deficiency Syndrome (AIDS). This newly described illness of unknown cause is believed to be spread by intimate personal contact and, possibly, by blood transfusion. Persons with AIDS have reduced defenses against disease and as a result may develop infections such as pneumonia, or other serious illnesses. At this time there is no laboratory test to detect all persons with AIDS. Therefore, we must rely on blood donors' health histories to exclude individuals whose blood might transmit AIDS to patients who will receive that blood.

The Office of Biologics of the Food and Drug Administration has identified groups at an increased risk of developing AIDS. These groups are:

- Persons with symptoms and signs suggestive of AIDS. These include severe night sweats, unexplained fevers, unexpected weight loss, lymphadenopathy (swollen glands), or Kaposi's Sarcoma (a rare cancer).

- Sexually active homosexual or bisexual men with multiple partners.
  - Recent Haitian entrants into the United States.
  - Present or past abusers of intravenous drugs.
  - Sexual partners or persons at increased risk of AIDS.
2. Hepatitis. Persons with a past history of viral hepatitis are deferred permanently. Intimate contact with someone suffering from viral hepatitis requires deferral for six months.
  3. Syphilis. Potential blood donors with active syphilis are deferred.
  4. Malaria. Potential blood donors who have visited countries where malaria exists are deferred for six months after leaving the malarious area, or if antimalaria drugs were taken, for three years after cessation of this drug therapy. Natives from countries where malaria exists are deferred for three years; Haiti is one of these countries.

### WHAT SHOULD I DO?

If you believe that you may be carrying one of the above-mentioned illnesses, or if you are an individual in a group at increased risk of developing AIDS, we ask that you refrain from donating blood at this time. You may leave now without providing an explanation. Or, if you prefer, you may proceed to be deferred confidentially, without further questioning, by the health history interviewer.

If you would like additional information, Red Cross nurses and physicians will be pleased to answer any questions you may have.

AMERICAN RED CROSS

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