NOT FOR PUBLICATION

EXPERT ADVISORY GROUP ON AIDS

SCREENING TEST SUB GROUP

NOTE OF MEETING OF 28 MARCH 1985

PRESENT : Dr A Smithies (Chair)
Dr A E Bell
Dr H Gunson
Dr D B L McClelland
Dr P Mortimer
Dr R Tedder

SECRETARIAT : Mr A J Williams
Mr M H Arthur

APOLOGIES FOR ABSENCE

1. Apologies were received from Dr Pinching and Dr Rodin was absent through illness.

MINUTES OF THE LAST MEETING

2. The minutes were agreed subject to a revision of the paragraph 15 recommendations and to a small amendment to paragraph 12.

MATTERS ARISING

3. Samples It was agreed that Hepatitis B positive sera should not be sought out in the sampling.

4. Informed Consent Due to the great logistical problems in seeking "informed consent" at sessions, RTDs should be consulted and devise agreed procedures on providing information to donors.

5. Counselling Dr Tedder considered that donors with positive reaction to antibody tests should be treated as having been exposed to the virus and possibly infected; handling should be as for Hepatitis B carriers. It was agreed all positives must be told because of the dangers to their health and that of others, to whom they might communicate a putative AIDS risk.

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6. Evaluation Dr Mortimer had advertised for staff to assist the PHLS assessment. He considered the evaluation might start in May, but he needed extra trained staff and sought Departmental support in attaining it. This was promised. He thought evaluation might take 4-8 weeks after a protocol was agreed; test kit evaluation would have to be sequential and Dr Mortimer hoped RTDs would wait for all test results to be available before implementing. At the second stage of evaluation, RTCs would also have to process sequentially.

PROGRESS REPORT ON EVALUATION STUDIES

7. Dr Gunson tabled a paper. A sufficient number of Regions had agreed to help, and NW Thames had undertaken to collect double the samples of others. Professor Knox to advise on epidemiology.

POINTS ARISING FROM THE EAGA MEETING

8. Professor Zuckerman had recommended Western blot evaluation at a recent EAGA meeting. It was agreed that field evaluation should be subject to confirmatory procedures including Western blot as they became available. Dr Tedder repeated that what was really needed was large quantities of antigen; Dr Mortimer and Dr Tedder would try to gain access to CDC panel sera whilst in the U.S.A.

DRAFT REPORT FOR EAGA MEETING IN APRIL

9. Members wished the draft report to further emphasise that the evaluation would be two stage and that all test kits would be likely to use ELISA techniques.

10. Donors should not be impugned on a single test result. The firm recommendation to the EAGA should be:-

i. Positive, second negative and confirmatory negative, retain donor on panel with no record on card but blood not to be used.

ii. Positive, second positive, confirmatory negative, not yet clear what line should be, but blood should not be used.

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11. Members would comment quickly on the second draft of the Report which would then be formally submitted to the next meeting of the EAGA on 22 April.

ANY OTHER BUSINESS

12. There was no other business.

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