

NORTHERN REGIONAL HAEMOPHILIA SERVICE

NEWCASTLE HAEMOPHILIA CENTRE

THE ROYAL VICTORIA INFIRMARY
QUEEN VICTORIA ROAD, NEWCASTLE UPON TYNE, NE1 4LP

TELEPHONE
NEWCASTLE 325131, Ext. GRO-C
STD 0632

Ref: PJ/LM

30th November, 1984

Dear Colleague,

In view of the recent problems with AIDS and haemophilia I have implemented some changes for our patients and I would be grateful if you could let the relevant members of staff know about them.

1. We are making a change to heat treated factor VIII for all commercial products. Presently we are buying stocks from Cutter, Alpha and Armour and the first of these should arrive today. Patients who attended the meeting here on Wednesday were told that they should use up their present stocks and that the switch would be made when they returned for new supplies for their home therapy programmes. For the moment we intend to go on using the National Health Service product from Elstree. Although we have been told that this cannot be heat treated until April 1985 at the earliest my own view is that the much lower risk of contamination with AIDS in comparison with the American products makes this a sensible choice. There is a meeting in Elstree on 10th December and if any more decisions are taken at that meeting which is between the Reference Centre Directors and the Blood Transfusion Service I will let you know straight away.
2. We have suggested that in view of the present problems associated with some blood products gloves should be worn during the mixing, drawing up and administration of factor VIII and IX concentrates.
3. In the light of an American case in which a haemophiliac's wife and child developed AIDS and in view of recommendations now in force in some parts of America, I have suggested to the patients that sexual intercourse should be protected by condom in families with anybody receiving concentrated blood products.
4. For the moment anybody in the immediate household of somebody with severe haemophilia receiving concentrated blood products should refrain from donating blood. They should also set aside their donor cards. This suggestion has also been made to members of staff in close contact with patients with haemophilia.

Dr. John Craske is very kindly going to provide HTLVIII antibody testing for us and the patients have been told that the results will be made available to them. I suspect that we will find about half our patients to be HTLVIII antibody positive.

Finally, a good bit of news. We have already tested the staff in the Haemophilia Centre here for HTLVIII and all are negative, which is another

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piece of evidence indicating the low infectivity of the AIDS virus. Incidentally, as a retro virus we already know that HTLVIII is extremely sensitive to the usual methods of disinfection, i.e. bleach, alcohol etc., so spillage and other contamination can be dealt with in exactly the same way as that used for hepatitis risk.

Kindest regards,

Yours sincerely,

GRO-C

PETER JONES
Director

P.S. If any of your Centres are holding commercial concentrate stock, please let me know immediately and as soon as we have sufficient heat treated supplies here we will exchange it for you. I know that at least one of the commercial companies is trying to pull the trick of selling non heat treated material at a cut price already. Naturally this advance should be resisted strenuously!

TO: Dr. H. O'Brien
Dr. J. Chandler
Dr. D. R. Goff
Dr. L. Kay
Dr. T. Bird