Ref: PJ/LM

29th November, 1984

Professor A. Bloom, Department of Haematology, University Hospital of Wales, Heath Park, CARDIFF. CF4 1XW

Dear Arthur,

Thank you for your letter. I will be at Elstree on 10th December.

I have already implemented a change to heat treated material for this Region. We are buying stocks from 3 companies at present, Cutter, Alpha and Armour. All 3 companies have agreed to withdraw their existing non heat treated stocks without financial penalty to the Health Authority. The prices they are quoting for heat treated material are 12p per unit in the case of Armour and Cutter and 14p per unit in the case of Alpha.

For the moment I intend to go on using the non heat treated National Health Service product from Elstree. In view of cumulating evidence of possible contamination in both the Elstree and Edinburgh products, I might have to change my mind about this before April when Richard Lane assures me that heat treated material will be available from his plant. If we are forced not to use National Health Service material we have worked out that the cost to this Authority in the final four months of the financial year will be in the region of £60,000. The administrators have accepted this cost without difficulty in the light of recommendations made from CDC and the National Hemophilia Foundation in October.

Last night I met with our patients and their families to go over the whole history of AIDS and the apparent low infectivity of the virus. We had a long and amicable meeting and answered a good many questions. I told them that we were implementing heat treated therapy and also made two recommendations in the light of American experience. Firstly, that anybody preparing or giving blood product to anybody else should wear gloves. This recommendation has of course also been issued to all staff here. Secondly, because of the sad story of a haemophiliac's wife and child developing AIDS in the States and Peter Levine's recommendations to his patients that condoms should be worn by all recipients of concentrated blood products, I have made the same suggestion to my patients.

John Craske tells me that they will hopefully soon be in a position to test all our patients for HTLV3 antibody and the families know that. They also know that they will be told the results.

Cont'd . .

Finally, a piece of good news for you. We have tested all members of staff here and everybody is HTLV3 negative. With John's approval this will be reported in the medical press in the near future.

Kind regards,

Yours sincerely,

PETER JONES Director