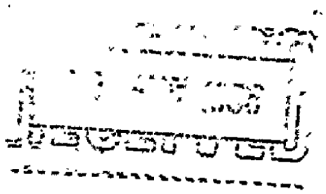
COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Strasbourg 13 June 1986

RESTRICTED
CDSP (86) 18

EUROPEAN HEALTH COMMITTEE
19th meeting
Strasbourg 24-26 June 1986



AIDS - EXTRACT FROM THE REPORT OF
THE COMMITTEE OF EXPERTS ON BLOOD TRANSFUSION
AND IMMUNOHEMATOLOGY
BERNE 28-31 May 1986

9.100
03.4

INTRODUCTION

The attached extract from the Committee of Experts on Blood Transfusion and Immunohaematology (Berne 28-31 May 1986) is brought to the attention of the European Health Committee for information, since it contains recent data of general interest on AIDS (Appendix I)

The data was collected by the SP-HM by means of a Questionnaire prepared by Dr H H GUNSON (United Kingdom) (Appendix II). Replies were received by all delegations of member States and observers countries (Finland, Australia, Canada and the USA). The extract also includes comments made on the replies (Appendix III).

Two further documents on AIDS were presented at the said meeting and are at the CDSP disposal :

- SP-HM (86) 19 An update of AIDS related information and the activities in the U.S.A. by Dr A.I. CHERNOFF (USA)
- SP-HM (86) 34 Haemophilia and AIDS by Dr T. MANDALAKI (Greece).

CDSP (86) 18

APPENDIX I

SYNTHESIS OF REPLIES TO THE QUESTIONNAIRE

GENERAL INFORMATION ON AIDS

TABLE 1

COUNTRY (Population)	Date of Statistics	No. Cases	No. Deaths	CATEGORIES OF PATIENTS: Homosexual Bisexual	Drug Abuser	Central Africa	U.S.A. Carribean	Blood Recipient (excluding haemophilia)	Other
AUSTRIA (7.5M)	April 1986	33	20	20	7	0	0	0	6
BELGIUM (10M)	Dec. 1985	139	98	(Belgian Residents only) 18	2	11 (Central Africa 103)	0	2	3
CYPRUS (0.6M)	May 1986	0							
DENMARK (5M)	Mar. 1986	80	51	71	0	2	=	1	6
FRANCE (56M)	Mar. 1986	707	320	481 (9)	18	61	61	29	21
FED. REPUBLIC GERMANY (61M)	Feb. 1986	418	207	329	4	4	1	10	53
GREECE (9M)	Mar. 1986	14	12	6	0	4	3	1	0
ICELAND (0.24M)	May 1986	2	1	2	0	0	0	0	0
IRELAND (3M)	Mar. 1986	9	6	4	3	0	0	0	1
ITALY (57M)	Mar. 1986	190	80	70 (12)	82	2	0	4	19
LUXEMBOURG (0.35M)	Mar. 1986	3	2	2	0	0	0	0	1
MALTA (0.32M)	June 1986	5	3	3	0	0	0	0	0

GENERAL INFORMATIONNON AIDS (CONCLUDED)

COUNTRY (Population)	Date of Statistics	No. Cases	No. Deaths	CATEGORIES OF PATIENTS: Homosexual Bisexual	Drug Abuser	Central Africa	U.S.A. Carribean	Blood Recipient (excluding haemophilia)	Other
NETHERLANDS (14M)	Mar. 1986	120	76	11 2	0	0	0	4	4
NORWAY (4.0M)	Mar. 1986	21	15	18	1	0	0	1	1
PORTUGAL (10M)	Mar. 1986	24	11	15	5	0	0	0	4
SPAIN (46M)	Dec. 1985	83	59	22	36	0	0	0	8
SWEDEN (8M)	Mar. 1986	48	28	most	some	-	-	0	-
SWITZERLAND (6M)	Dec. 1985	100	47	68	8	12		0	12
TURKEY (50M)		N.A.	N.A.						
U.K. (60M)	Mar. 1986	342	172	300	4	7	3	8	18
FINLAND (4.8M) (1)	Mar. 1986	11	6					0	
AUSTRALIA (15.6M)	Mar. 1986	172	79	146 2	0			19	6
CANADA (23M) (1)	Feb. 1986	511	255					11	
U.S.A. (240M)	May. 1986	20531	11163	14713	3708			376	1565

(1) Data obtained from ISBT Congress, Sydney, May 1986
(2) N.A. - not available

CDSP (86) 18
Appendix I

ANTI-HTLV 3/LAV SCREENING OF BLOOD DONATIONS

TABLE 2

COUNTRY	Date Commenced	No. Tested	No. Confirmed Pos (%)	METHODS Screening Direct ELISA	Screening Competitive ELISA	Confirmation ELISA	Confirmation W.B.	Confirmation Other
AUSTRIA	July 1985	230,000						
BELGIUM	Aug. 1985	283,895	15(.005)	X		X	X	X
CYPRUS	Sept.1985	1,000	3(.3)	X			X	
DENMARK	Jan. 1986	70,000	5 (.007)	X			X	
FRANCE	Aug. 1985	1.44M	972 (.068)	X			X	
FED. REPUBLIC GERMANY	Oct. 1985	1.0M	107 (.01)	X	X	X	X	X
GREECE	Sept. 1985	96,000	11 (.01)	X			X	
ICELAND	May - Nov. 1985	12,000	0	X	X		X	
IRELAND	Oct. 1985	63,000	2 (.003)		X	X	X	
ITALY	Apl-June 1985	N.A.	N.A.	X	X		X	
LUXEMBOURG	Aug. 1985	17,500	2 (.01)	X			X	
MALTA	Jan. 1986	3,500	1 (.03)		X	X		

CDSP (86) 18
Appendix I

ANTI-HTLV 3/LAV SCREENING OF BLOOD DONATIONS (CONCLUDED)

COUNTRY	Date Commenced	No. Tested	No. Confirmed pos (%)	METHODS Screening Direct ELISA	Screening Competitive ELISA	Confirmation ELISA	Confirmation W.B.	Confirmation Other
NETHERLANDS (1)	June 1985	350,000	10 (.003%)	X	X		X	X
NORWAY	April 1985	150,000	2 (.001)	X			X	X
PORTUGAL	Sept.1985	N.A.	(.007)	X			X	
SPAIN	Not Mandatory	14,523	(.06)	X		X		X
SWEDEN	May-Oct 1985	150,000	8 (.005)	X	x	X	X	
SWITZERLAND	Nov. 1985	200,000	(.03)	X			X	X
TURKEY	Jan. 1986	N.A.	N.A.	X			X	
U.K.	Oct. 1985	1.5M	32 (.002)	x	X	X	X (Scotland)	X
FINLAND (1)	Sept 1985	N.A.	N.A.	X			X	
AUSTRALIA	April 1985	556,146	26 (.005)	X			X	X
CANADA (1)	Nov. 1985	N.A.	(.028)	X			X	
U.S.A.	May-June 1985	7-8M	(.04)	X			X	X

(1) Data obtained from ISBT Congress, Sydney, May 1986
N.A. - not available

INFORMATION TO AND COUNSELLING OF DONORS:
FOLLOW-UP OF PATIENTS ALTERNATIVE TEST SITES

TABLE 3

COUNTRY	Information To Donors	Counselling of Donors Found Anti-HTLV3/LAV Positive	Follow-Up of Patients Receiving blood from antibody positive donors	Alternative Test Sites (With Anonymity)
AUSTRIA				
BELGIUM	Via BTC's (questionnaire, newspapers). Pamphlets to homosexual groups.	Via their physicians with held from BTC's and specialised Centres.	YES, 5 years	YES
CYPRUS	Leaflets and personal contact with high risk groups.	Via BTC - followed up every 6 months.	YES, 5 years	NO
DENMARK	Donor folder: donors sign to state they do not belong to specified groups.	Informed by BTC directors; follow-up by specialists in infectious medicine.	YES, often 5 years	NO: name and personal number required.
FRANCE	Leaflet given before donation.	Physician at BTC - follow-up by hospital specialist.	Not compulsory	NO: no special information given except name of G.P
FED. REPUBLIC GERMANY	Leaflet given before donation.	At Medical AIDS Centres.	YES, 5 years	YES
GREECE	Excluded during medical examination before donation.	Physician at BTC.	NO.	YES
ICELAND	Notices at blood collection sessions.	Consultation with Immunologists.		YES
IRELAND	Leaflet given before donation.	Advised to see General Practitioner.	NO	YES
ITALY	Posters or leaflets at BTC's.	Invited to attend Reference Centres.	No Information	YES
LUXEMBOURG	Leaflet before donation.	Physician at BTC; advised to see hospital specialist. Follow-up by BTC to ensure attendance.	NO	YES
MALTA	Media, leaflets, confidential questionnaire.	Donors informed by BTC - referred for examination.	ONLY HAEMOPHILIACS	NO; only via a doctor.

Appendix I

INFORMATION TO AND COUNSELLING OF DONORS:
FOLLOW-UP OF PATIENTS ALTERNATIVE TEST SITES (CONCLUDED)

COUNTRY	Information To Donors	Counselling of Donors Found Anti-HTLV3/LAV Positive	Follow-Up of Patients Receiving Blood from antibody positive donors	Alternative Test Sites (with Anony
NETHERLANDS	Leaflet before donation.	Physician at BTC; referred to Internist.	Not systematically, some for 6 years.	YES
NORWAY	Leaflet before donation; donors sign a statement.	Physician at BTC; referred to specialist in infectious diseases.	YES, from 1980	YES
PORTUGAL	Leaflets at the time of recruitment and publicly.	Group specialising in AIDS at National Institute of Health		YES
SPAIN	Leaflets and brochures. Contacts with Associations.		NO: Haemophiliacs only from 1985.	NO
SWEDEN	Leaflets before donation.	Referred to specialist in infectious diseases.	YES, from 1980	YES
SWITZERLAND	Leaflet before donation.	Physician at BTC.	Not systematically	YES
TURKEY	Leaflet.			Hospital wit identificati
U.K.	Leaflet before donation; donors sign a statement.	Physician at BTC; follow-up by appropriate specialist.	YES, 5 years	YES
FINLAND	Leaflet before donation.	Physician at BTC; follow-up by appropriate specialist.	Not yet decided.	YES
AUSTRALIA	Leaflet; signed declaration with penalty for false information.	Physician at BTC; follow-up by specialist physician.	YES, 12 months	YES
CANADA				
U.S.A.	Education at all levels; donors can state blood not for use.	Physician at BTC or Private Physician.	Varies; in Transfusion safety study for several years.	IN SOME STATES.

CDSP (86) 18
Appendix I

HAEMOPHILIA A AND B

TABLE 4

COUNTRY	HAEMOPHILIA A					HAEMOPHILIA B				
	No. Patients	No. Treated	Anti-HTLV3/LAV Tested	Positive(%)	No. AIDS/ARC	No. Patients	No. Treated	Anti-HTLV3/LAV Tested	Positive(%)	No. AIDS/AR
AUSTRIA										
BELGIUM	850	340	225	10(4)	0 / ?2	150	60	45	0(0)	0 /
CYPRUS	40	30	7	1	0 / 0	15	10	3	0	0 / 0
DENMARK	250	130	N.A.	(60)	3 / N.A.	60	30	N.A.	N.A.	0 /
FRANCE	3444	2583	1733	887(51)	11 / 52	608	457	329	152(50)	4 / 17
FED. REPUBLIC GERMANY	6000	2000	99%	(33)	27 / 41	(Haemophilia B combined with figures for Haemophilia A; approx. 5-10% of total).				
GREECE	446	290	298	(47.5)	0 / 20	52	36	42	9(21)	0 / 0
ICELAND	10	10	10	0	0 / 0	2	rarely treated			
IRELAND	169	107	103	66(64)	0 / 1	61	N.A.	17	4(24)	0 / 0
ITALY	1821	1395	100%	(48)* (17)	4 / ?	364	264	100%	(48)*	1 / 0
LUXEMBOURG	12	9	8	3(38)	0 / 0	NONE				
MALTA	21	21	21	20(95)	2 / 3	5	1	5	0	0 / 0

Rome and Milan
Turin
A. not available

CDSP (86) 18
Appendix I

HAEMOPHILIA A AND B (CONCLUDED)

COUNTRY	HAEMOPHILIA A					HAEMOPHILIA B				
	No. Patients	No. Treated	Anti-HTLV3/LAV Tested	Positive(%)	No. AIDS/ARC	No. Patients	No. Treated	Anti-HTLV3/LAV Tested	Positive(%)	No. AIDS/AI
NETHERLANDS	950	650	200	38(19)	0 /	150	100	20	1(5)	0 / ?
NORWAY	225	140	225	19(8)	1 / 2	80	20	80	0	0 / 0
PORTUGAL	N.A.	467	270	(20)	4 / 0					
SPAIN	2005	N.A.	N.A.	(68)	25 / ?	320				1 / ?
SWEDEN	400	200	200	92(46)	3 / ?	NOT AVAILABLE				0 / 0
SWITZERLAND	350	250	110	22(23)	0 / 5	70	60	31	9(29)	0 / 1
TURKEY	N.A.									
U.K.	4918	2277	2025	896(44)	18 / 20	896	391	324	20(6)	3 / 0
FINLAND	250	180	150	2(1.3)	0 / 0	40	20	20	0	0 / 0
AUSTRALIA	1500	500	50%	(30)	3 / N.A.	150	N.A.	N.A.	N.A.	0 / N.A.
CANADA	N.A.									
U.S.A.	13500	most	100%	(90)	169 / ?	3000	2000	N.A.	(75)	13 / ?

N.A. - not available

CDSP (86) 18
Appendix I

TREATMENT OF HAEMOPHILIA

TABLE 5

COUNTRY	CRYOPRECIPITATE anti-HTLV3/LAV			IMPORTED FACTOR VIII/IX CONCENTRATE		
	% of total Used	No. Tested	No. Positive	% of total used FVIII	FIX	designation of country of origin of plasma
AUSTRIA						
BELGIUM	99	220	7	1	1	NO
CYPRUS	0			100	20	NO
DENMARK	4.5	N.A.	N.A.	70	53	NO (balance from Danish plasma)
FRANCE	58.5	N.A.	N.A.	51	0	NO
FED. REPUBLIC GERMANY	10			90	90	NO
GREECE	10.5 (FFP 10.5)	44	0	80	60	NO
ICELAND						
IRELAND	30	N.A.	1	70	40	NO
ITALY				100	100	NO
LUXEMBOURG				100		YES
MALTA	1	1	0	99	100	YES

TREATMENT OF HAEMOPHILIA (CONCLUDED)

COUNTRY	CRYOPRECIPITATE anti-HTLV3/LAV			IMPORTED FACTOR VIII/IX CONCENTRATE		
	% of total Used	No. Tested	No. Positive	% of total used FVIII	FIX	designation of countr of origin of plasma
NETHERLANDS	50	50	1	7 (balance from Netherlands plasma)	1	NO
NORWAY	98-99			1-2	0	Not on label but given to National Haemophilia Centre
PORTUGAL	1%	127	(19)	100	100	YES (May 1986) for Treatment of HTLV 3/LAV Virus
SPAIN	1%	N.A.	N.A.	100	100	NO
SWEDEN				1979-1983 100 (now only Swedish plasma)	100	NO
SWITZERLAND	40	N.A.	N.A.	40	25	YES Since May 1986
TURKEY						
U.K.	4	166	2	45	0	YES on product licence application
FINLAND	50	N.A.	N.A.	0 (all from Finnish plasma)	0	
AUSTRALIA	45-50	N.A.	N.A.	0 (all from Australian plasma)	0	Not Applicable
CANADA						
U.S.A.	10	40	6	99	100	Not Applicable

APPENDIX II

QUESTIONNAIRE

Name of Reporter ..... Country .....

1. GENERAL INFORMATION ON A.I.D.S.

1.1 What is the TOTAL number of cases of A.I.D.S. which have been reported in your Country? ..... up to the month ..... 1985/86.

1.2 What are the numbers in the following categories of patients suffering from A.I.D.S. in your Country?

(i) Homosexual/bisexual .....

(ii) Recipient of blood .....

(iii) Intravenous drug abuser .....

(iv) Visited USA/Caribbean .....

(v) Associated with sub-Saharan Africa .....

(vi) Other .....

1.3 What is the total number of deaths from A.I.D.S. in your Country?

.....

1.4 Is there any special distribution of patients suffering from A.I.D.S. in your Country? Please give details.

1.5 What is the TOTAL number of persons with anti-HTLV 3/LAV which have been reported in your Country? (WITH THE EXCEPTION OF BLOOD DONORS AND HAEMOPHILIA PATIENTS, SEE BELOW)

.....

2. ANTI-HTLV 3/LAV SCREENING OF BLOOD DONATIONS

2.1 When was routine anti-HTLV 3/LAV screening of blood donations commenced in your Country?

(month/year) .....

2.2 How many blood donations have been tested?

.....

2.4 How many CONFIRMED positive anti-HTLV 3/LAV results have been found?

.....

2.5 What type of screening test is used?

(i) Direct ELISA
(ii) Competitive ELISA
(iii) Other - please specify

2.6 What is the nature of the confirmatory tests - please specify?

3. How are Blood Donors, found to be anti-HTLV 3/LAV, counselled in your Country? Please give details

4. Are patients who have received blood or products from previous donations from a donor found to be anti HTLV 3/LAV followed up?

YES/NO

If so for what period is the follow-up carried out?

5. INFORMATION ON A.I.D.S.

5.1 Are persons in high-risk groups still discouraged from donating blood even though anti-HTLV 3/LAV testing is carried out?

YES/NO

How is this information given : please give details

5.2 Are alternative sites available for the ANONYMOUS anti-HTLV 3/LAV testing for persons other than blood donors?

YES/NO

If No, what information does the person have to provide?

6. Haemophilia A Patients in your Country

6.1 No. of Haemophilia A patients .....

6.2 No. of Haemophilia A patients under regular treatment .....

6.3 No. of Haemophilia A patients tested for anti-HTLV 3/LAV .....

6.4 No. of Haemophilia A patients found positive for anit-HTLV 3/LAV .....

6.5 No. of Haemophilia A patients suffering from A.I.D.S. .....
or A.I.D.S. related complex .....

7. Haemophilia B Patients in your Country

7.1 No. of Haemophilia B patients .....

7.2 No. of Haemophilia B patients under regular treatment .....

7.3 No. of Haemophilia B patients tested for anti-HTLV 3/LAV .....

7.4 No. of Haemophilia B patients found positive for anti-HTLV 3/LAV .....

7.5 No. of Haemophilia B patients suffering from A.I.D.S. .....
or A.I.D.S. related complex .....

8. Products used for treatment of Haemophilia

8.1 Cryoprecipitate

(i) Percentage of total i.u. Factor VIII annually .....

(ii) How many patients treated ONLY with cryoprecipitate have been tested for anti-HTLV3/LAV? .....

(iii) How many patients are positive for anti-HTLV 3/LAV? .....

8.2 Factor VIII and Factor IX Concentrates

(i) What percentage of concentrates are purchased from comercial sources? Factor VIII .....
Factor IX .....

(ii) Do imported Factor VIII and Factor IX concentrates indicate the Country of origin of the donated plasma?

YES/NO

9. Immunoglobulins

Have there been any persons found to be anti-HTLV 3/LAV positive following administration of:

(i) Intramuscual immunoglobulin?

(ii) Intravenous immunoglobulin?

APPENDIX III.

Extract from the SP-HM 9th meeting report

15. CONTROL OF TRANSFUSION ASSOCIATED INFECTIOUS DISEASES

15.1 AIDS

(SP-HM (86) 18, 19, 34)

Professor T MANDALAKI (Greece) presented the data on a large group of hemophiliac patients in Greece which have been studied with a common protocol for treatment. The prevalence of antibodies to LAV/THLV III among these hemophiliacs (n = 274) was 42.7% with statistically more seropositives among hemophilia A than hemophilia B patients. Among hemophilia A patients a correlation between seropositivity and use of factor VIII concentrate (over 1980-1984) was observed. Seropositivity was absent or less frequent in patients receiving FFP and cryoprecipitate, respectively concentrates from national origin. A retrospective analysis showed that the infection with LAV/HTLV III among Greek hemophiliacs started in the second half of 1980 and had since continued.

Ten symptomatic seropositive haemophilia A patients had been followed-up for a period from 6 to 28 months. Three patients had lymphodenopathy with mononucleosis-like syndrome, four had a chronic lymphadenopaty associated syndrome (LAS), two had a thrombocytopenic purpura and one an aplastic anaemia. The patients with aplastic anaemia and thrombocytopenia improved with immuno-supressive treatment. It was concluded that progress of LAV/HTL III infection in haemophiliacs was generally slow. Of 140 seropositive patients followed-up during the same period, six showed LAS or ARC.

Dr CHERNOFF (USA) reviewed document 19 which covered many aspects of the AIDS problem as viewed from the standpoint of United States experience. He first brought up-to-date the statistics provided in that review: as of May 12, 1986, the CDC reported 20,351 cases of AIDS, of which 11,143 or 54% had died. Cases associated with transfusions numbered 374 (332 in adults, 44 in children) or about 2% of the total. There were 149 cases of AIDS occurring in hamophiliacs (157 adults, 12 pediatric).

Antibody testing in over 10 million donors reveals a slowly decreasing level of confirmed positives, amounting to about 0.04% of the total. 86% of the confirmed positives are found in male donors. Units found with a postive ELISA, even if not confirmed by a confirmatory test such as the Western Blot, were discarded or not used for transfusion purposes or to prepare products.

It was now believed that most people who received antibody positive blood would eventually become antibody positive themselves. The incubation period for seroconversion was unknown, but probably was six months or less. Clinical symptoms of AIDS might develop in a significant portion of antibody positive people - perhaps as high as 20-25%. Such symptoms might take many years to develop, and 10% will require 7 or more years for clinical symptoms to appear.

It was very likely that a short virus positive, antibody negative period occurs after infection with the HTLV 3/LAV virus some (partial) antibodies then appeared which might be more easily detected by Western Blot than by ELISA. Fully developed antibodies then appeared yielding positive ELISA tests. The entire process probably took place within 3 to 6 months.

Finally, Dr H H GUNSON (United Kingdom) introduced the results of the survey on AIDS and anti-HTLV3/LAV screening (Appendix).

The data were presented in five tables and the salient points in each table were as follows:

TABLE 1 : GENERAL INFORMATION ON AIDS

The total number of AIDS patients recorded (between December 1985 and April 1986) is 2,336 and the number of deaths is 1,207. Patients with AIDS are still predominantly found in the recognised high-risk groups, although the problem of infection with the anti-HTLV 3/LAV virus in Central Africa can be seen from the data from Belgium, France and to some degree Switzerland.

TABLE 2 : ANTI-HTLV 3/LAV SCREENING OF BLOOD DONATION

Routine screening of blood donations for anti-HTLV 3/LAV has now commenced in all member countries except Spain where it is not yet mandatory although performed in some regions. The rate of confirmed positive anti-HTLV 3/LAV tests varies considerably between the different countries. The highest rate has been found in France, whilst the lowest is in the Scandinavian countries and the United Kingdom.

TABLE 3 : INFORMATION TO AND COUNSELLING OF DONORS : FOLLOW-UP OF PATIENTS ALTERNATIVE TEST SITES

Most countries have continued to discourage persons in high risk groups from donating blood usually by means of the distribution of leaflets. Donors positive for anti HTLV 3/LAV are frequently seen initially by a physician from the Blood Transfusion Service and then referred to specialist physicians. Follow-up patients receiving potentially infected donations varies. The majority of countries provide alternative test sites where persons can, with anonymity, obtain an anti HTLV 3/LAV test result.

The question was raised whether the lack of such facilities had led to the increased frequency of anti-HTLV 3/LAV positive donations in France. During the discussion, Dr B GENETET (France) confirmed that at the commencement of tests on donations in August 1985, there had been an influx of new donors who had not returned on recall for a further donation.

TABLE 4 : HAEMOPHILIA A and B

The positive rate for anti-HTLV 3/LAV in patients suffering from Haemophilia A varied considerably from 4% in Belgium and 8% in Norway to over 90% in Malta and the USA. The usual level of positivity was between 35 and 60%. The low rate of positivity in Belgium and Norway could probably be attributed to the almost exclusive use of cryoprecipitates prepared from local donors.

With a few exceptions the positive anti-HTLV 3/LAV rate for patients with Haemophilia A was greater than that for Haemophilia B and the incidence of AIDS and AIDS related complex was also higher in most instances. Dr A FARRUGIA (Malta) commented that the 95% incidence of anti-HTLV3/LAV antibodies in Haemophilia A patients in Malta had almost certainly arisen because these patients had been exclusively treated with imported Factor VIII concentrate, whilst the patients with Haemophilia B had been treated with Factor IX concentrate obtained from European voluntary donors.

TABLE 5 : TREATMENT OF HAEMOPHILIA

It was evident that where cryoprecipitate was used predominently to treat Haemophilia A that the incidence of anti-HTLV 3/LAV was low. The apparent discrepancy in France was explained by Dr B GENETET who said that school children with Haemophilia A are given cryoprecipitate during term but imported Factor VIII concentrate during the school holidays.

In most countries importers of Factor VIII concentrate do not state the country of origin of the source plasma.

Dr H H GUNSON also stated that there had been no recorded cases of anti-HTLV 3/LAV following the administration of either intramuscular or intravenous immunoglobulin.

It was agreed that:

i) The survey could be improved by a further analysis of both cases of AIDS and donors positive for anti HTLV 3/LAV into sex and status of the donor with respect to recognised high risk groups.

ii) The presence of national or local advisor groups on AIDS would be included on a future communication.

iii) In order to determine whether the falling incidence of anti HTLV 3/LAV in donors described by Dr CHERNOFF (USA) (Doc. SP-HM (86) 19) was due to simply removing positive donors from the panel or to the message to persons in high-risk groups responding to requests not to donate blood could be resolved by collecting statistics on anti HTLV 3/LAV tests on new donors, i.e. those donating for the first time ; services in Member Countries were encouraged to do this.

iv) A further survey would be carried out in October 1986; Dr H H GUNSON (UK) agreed to carry out this task.

After the discussion on the various working papers regarding AIDS, the Secretariat asked members to communicate any additional information or amendments in the figures mentioned in the questionnaire SP-HM (86) 18 to Dr GUNSON as soon as possible since these data were of great interest and it was suggested to circulate them to the European Health Committee. The documents prepared by Dr CHERNOFF and Prof. T. MANDALAKI would also be circulated to the same Committee for information (SP-HM (86) 19 and 34 respectively).