

HAEMOSTASIS CLUB

MARCH 8th 1983

Professor Jeanne Lischer,

AIDS

Or if you have missed Herpes this is all you need to know about
Aquired Immune Deficiency Syndrome.

Diagnosis dependent on

1. Defective cellular immunity (T cell)
2. Previously normal individual
3. Presence of either Kaposi's Sarcoma and or
opportunistic infection e.g., Pneumocystitis caranii.

Incidence over the past 12 months = 1250 cases and now 2/4 cases per day
in N.Y. 1/2 of which are from New York.

Distribution.

Homosexual (or bisexual) men	65%
I.V Drug abusers	12%
Haitian immigrants	8%
Haemophilias	1%
Others	14% (Nothing in common with other groups)

Geographical Distribution

New York	50%
Los Angeles San Francisco	23%
Houston	5%
Miami	5%
Mid West	not affected.
Mortality	80% so far

Communicable disease centre in U.S.A postulates that AIDS is caused
by transmissible agent (probably new or mutant virus) which entered
populations in 1973/1979 and may have originated in Haiti. Significantly
New Yorks homosexual community tend to take vacations in Haiti.

Problem accentuated by 'Fast lane ' type individuals with as many as
100's - 1000's of sexual contacts. These individuals also tend to sell or
donate blood - hence the possible reason for haemophilias coming into the
chain.

AIDS shares some common properties with Hepatitis B i.e., long incubation period which has been deduced from victims who have received only one blood donation contracting AIDS 12 months later.

IMMUNOLOGICAL DEFECTS

Lymphopaenia
Decreased T_H (helper cells)
Increased T_8 (Suppressor cells) therefore altered T_H/T_8 ratio
Thrombocytopaenia.

Normal T_H/T_8 ratio = 2.0

Haemophiliacs = 1.0 (concentrate treated groups)

AIDS = 0.02

It is possible that haemophiliacs have altered T_H/T_8 ratio and immune status from continual antigenic bombardment, and therefore succumb to AIDS type virus more easily.

RECOMMENDATIONS FROM U.S. NATIONAL TREATMENT COUNCIL.

1. Use cryo or PEP for children under 4

Note that this does not entirely reduce risk as in some parts of U.S. at least 25% of blood donors are homosexuals who donate to improve their status in the community. Therefore single donor treatment as in cryo could still be hazardous although much less than the very large pools used for concentrate

2. Use DDAVP where possible
3. Do not undertake elective surgery if possible
4. No longer obtain concentrate donations from high risk areas
5. Attempt to screen out high risk groups e.g., use questionnaire.

NOTE: that this has been opposed by Gay Rights Group
Civil Rights Group.

and one commercial company now faces a law suit over this.

6. Heat treat concentrate to reduce virus (possible for 1X)
difficult for V111

7. Suggestion raised to use Porcine V111 only
? what grotty viruses do pigs have?

There are no reports of AIDS in U.K. haemophiliacs yet. No information from Germany on incidence in groups of haemophiliacs with inhibitors subjected to continual V111 infusion to induce immune tolerance.

Some centre directors in U.S. have threatened to sue anyone who treats haemophiliacs with concentrate who subsequently contract the disease. To the dismay of home treatment cases in the U.S. their concentrate packs now often contain a warning of the possibility of contracting AIDS.

There was some discussion relating to lack of cases in U.K. but it was pointed out that the epidemic may yet come.

The implications of this happening are cause for great concern

ALL's are a well known immuno suppressed group. Children in the UKALL 8 trial in particular are prone to Pneumocystitis pneumoniae although they do not have Kaposi's Sarcoma. Dr. Lilleyman is at present looking at T4 and T8 cell ratios in these patients, haemophiliacs and normals.