

Copy to Mr Heppell DHSS  
P Gregory Welsh Office  
Dr R W McQuiston DHSS NI

PS/Minister of State

Copy to: PS/Secretary of State  
PS/Mr MacKay  
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PS/SHHD  
CMO  
Director SIO

Mr Morison —  
Mr A M Macpherson  
Mr C M A Lugton  
Miss MacFarlane SIO  
Dr Covell

*Copy to Mr Heppell DHSS*  
*Mr A M Macpherson*  
*Recd 6/1/8*  
*Mr C M A Lugton*  
*See file on*  
*NQH/20/1*  
**GRO-C**

#### AIDS INFECTION FOLLOWING BLOOD TRANSFUSION

1. The Sunday Mail reported yesterday, and other papers have followed today, the case of a leukaemia patient in Glasgow who has been found to have HIV infection following a blood transfusion in August. The source of the Sunday Mail's information is not known. Dr Cash, Director of the Scottish National Blood Transfusion Service, was interviewed on television last night and on radio this morning; Dr McClelland, South East Scotland Regional Director, has also been interviewed; and Dr Ruthven Mitchell, Glasgow and West of Scotland Regional Director, will be interviewed on STV tonight.
2. The blood donation was tested and found to be seronegative in August (and a stored sample has since been rechecked and again found to be negative). When the donor gave blood again in October, however, he was found to be infected.
3. All blood donations are now screened for the presence of antibodies to the HIV virus. These antibodies do not develop, however, for some time - on average 2 to 3 months, but in some cases up to 6 months - after a person becomes infected. There is therefore a period of some months during which a person is infected, and can pass the infection on through blood donations, before the present tests can detect the infection. For this reason it is vital that the present risk groups - homosexual or bisexual men, intravenous drug misusers, haemophiliacs, sexual partners of these groups, or those who have many casual sexual contacts - should not donate blood. In this case, however, the donor strongly denies being a member of a risk group for HIV infection.
4. The August blood donation was split into two. The other patient who received the blood was also subsequently found to have developed HIV infection but has since died from pneumonia, thought to be unconnected with the infection. (To put this in context, a high proportion of patients in USA - about 50% - who receive blood transfusions have been found to die within 2 years of the transfusion from the condition for which they received the transfusion.) The fact that a second patient received the infected blood has not yet been publicised but may emerge from questions which the BBC is today pursuing with Dr Cash. No other patient received any part of the donation. The source of every donation and the uses to which it is put are very carefully recorded by the Blood Transfusion Service.
5. There are known to be 6 patients in Scotland who developed HIV infection from blood transfusions received before all donations were screened (in addition to those haemophiliacs who received infected blood products). This figure has also not been publicised but may emerge from the questioning being pursued by the BBC.

6. DHSS have been informed of the infected August blood donation on the medical network and the CMO will also write today to their CMO. The Minister of State may wish to mention the case at today's meeting of H(A).

7. Since the Director and West and South East Regional Directors of the Scottish National Blood Transfusion Service have already been interviewed and on the whole the publicity so far has been reasonably balanced, we see no need for the Minister or the CMO to volunteer a statement; and if a further statement becomes necessary we recommend that it should come from the Director, Dr Cash rather than from SHHD. We have however briefed SIO to respond to any queries on the following lines:-

1. Because of the period of a few months during which a person may be infected before the screening tests will detect this, it is vital that members of the risk groups should not give blood; if they wish to know if they are infected they should instead attend genito-urinary medicine (GUM) clinics, or other special clinics set up by Health Boards, for testing and counselling;
2. There is absolutely no risk of contracting the infection from giving blood. Clean equipment is used for each donation. It is essential that donors not in the risk groups should continue to come forward. The Scottish National Blood Transfusion Service performs a vital role in the treatment of patients and it is dependent on a continued supply of blood from voluntary donations;
3. The risk of infection from receiving a blood transfusion is extremely small. Three cases have occurred in the USA out of an estimated 14 million blood donations since screening was introduced. In the UK, this is the first case out of 2.5 million donations since the screening of all blood donations was introduced.

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MISS P A COX  
5 January 1987

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