

THE HAEMOPHILIA SOCIETY

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In view of the unduly alarmist reports on AIDS which appeared in the press over the weekend, we are writing to reassure members of the Society about the true position. We have been in touch with PROFESSOR ARTHUR BLOOM, Chairman of the Haemophilia Centre Directors, senior member of our own Medical Advisory Panel and a member of the Central Blood Laboratories Authority, who has kindly written to us all as follows:-

Reports from America of the acquired immune deficiency syndrome (AIDS) in persons with haemophilia are causing anxiety to members of this Society and to their relatives. Haemophiliacs, their parents and doctors have always balanced the quality of life and the dangers from bleeding against the risks of treatment. We are no strangers to infective diseases, such as hepatitis, which can be transmitted by factor concentrates. Recent evidence indicates that in this respect at any rate concentrates prepared from British blood are not necessarily safer than those prepared in the United States. Even so we welcome the fact that the government is investing over twenty million pounds in the Blood Products Laboratory (i.e. Factory) at Elstree so that this country shall become selfsufficient in blood products. Bearing this in mind it is important to consider the facts concerning AIDS and haemophilia. The cause of AIDS is quite unknown and it has not been proven to result from transmission of a specific infective agent in blood products. The number of cases reported in American haemophiliacs is small and in spite of inaccurate statements in the press we are unaware of any proven case in our own haemophilic population. Neither have any cases been reported from Germany where massive amounts of American concentrates have been used for many years. Nevertheless the situation is being closely monitored by the Haemophilia Centre Directors and in a more general way by the Communicable Disease Surveillance Centre in London. In addition the importation of licensed blood products has always been strictly monitored and controlled. Thus whilst it would be wrong to be complacent it would equally be counter-productive to alter our treatment programmes radically. We should avoid precipitate action and give those experts who are responsible a chance continually to assess the situation.

We are most grateful to Professor Bloom for this statement. If you have any further questions about AIDS and your own treatment programme then, of course, your Centre Director will be able to help you.

The Revd. Alan J. Tanner, MA Chairman

4 May 1983