

CBLA for information:

22nd April 1983.

ACQUIRED IMMUNE DEFICIENCY SYNDROME(AIDS)

Progress with AIDS is being kept under regular survey.

A senior management meeting at BPL was called on the 18th April to review the laboratory policy as it might be affected by increasing reports of AIDS in the United Kingdom or by mounting pressure from the United States and Europe via popular press, haemophilia association, etc.

Whilst AIDS continues to concern Federal and State authorities in the USA, a current review in the UK indicates that the disorder is limited to some 14 cases in known active homosexuals, but CDR reports give no evidence of AIDS in haemophiliacs. Haemophilia directors have been alerted to maintain heightened levels of surveillance so that the disorder, if proven, can be reported at the earliest opportunity.

The production policy at BPL will adopt a "wait and see" basis with continued manufacture of factor VIII concentrates and with continued attention to research and development programmes designed to inactivate transmissible viruses by heat pasteurisation and other methods. The potential of the laboratory to manufacture small pool freeze-dried cryoprecipitate in significant amounts, as an alternative to large pool intermediate factor VIII concentrate, has been ruled out on logistic production considerations.

Whilst the situation in the UK appears to be under control, it is recognised that a first genuine report of AIDS in a haemophiliac could well bring about a sudden and significant general request for single unit wet cryoprecipitate for a large number of haemophiliacs. Whether this demand could be suppressed is unknown, but it would seriously reduce the efficiency of the current plasma procurement programme to satisfy BPL targets for factor VIII concentrate. An elaborate programme of pooled capture under sterile conditions of regional cryoprecipitate supernatant would have to be introduced to provide starting material for factor IX, immunoglobulin and albumin products.

The situation brought about by AIDS in the USA accentuates the requirement, always recognised at BPL, for there to be considerable flexibility within production and for the importance of having a properly supported vigorous programme of research and development in key areas.

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The possible impact of AIDS and the high incidence of non-A non-B hepatitis has caused the Director to review the current level of resources set aside for virus inactivation, and further proposals will be put to the Authority if it is felt that expansion of this programme is needed.

R. S. LANE,
Director, BPL.