

Warning to gays still donating blood

By Andrew Veitch,
Medical Correspondent

Homosexuals in London have continued to donate blood despite warnings that they risk infecting patients with the Aids virus, it was disclosed yesterday.

Doctors and organisations for gays blamed the Department of Health for failing to issue clear guidelines, and called for the introduction of blood tests to screen all donors.

The homosexual donors have been identified by doctors at the North London transfusion centre's West End branch. They thought that the Department of Health leaflet asking promiscuous homosexuals not to donate did not apply to them because they did not consider themselves promiscuous, said the centre's deputy director, Dr Patricia Hewitt.

Her centre has overprinted the department's leaflet with a request that practising homosexuals should refrain from donating. "I suspect that it is only a matter of time before a male donor, whether he realises he is at risk or not, transmits Aids," she said.

The junior health minister, Mr John Patten, said yesterday that he would be issuing clearer guidelines. "Gays should not donate blood," he added.

A test to identify antibodies to the Aids virus, HTLV III, has been developed by Dr Richard Tedder and his team at the Middlesex Hospital, London, and Mr Patten said yesterday: "It is hoped to increase the availability of this test over the next few months."

Dr Tedder's test has been used to screen 1,000 donors at the North London centre. No antibodies were found, suggesting that the risk of contracting Aids from a transfusion is extremely low.

But doctors stressed yesterday that all donors would have to be screened, because it is not only homosexuals who risk passing on the disease. That would mean performing 2 million tests a year at a minimum cost of £1 each and Mr Patten gave no hint yesterday that more money would be available.

It was emphasised yesterday that an haemophiliac from Gloucester, Mr Terence McStay, aged 34, who died of Aids (acquired immune deficiency syndrome) earlier this month, contracted the disease from a contaminated dose of the blood-clotting agent Factor 8 — almost certainly imported from the United States — and not from a blood transfusion.

From next April the Blood Products Laboratory at Elstree, Hertfordshire, will start heat-treating Factor 8 to kill the Aids virus, said the laboratory's secretary, Mr Will Armour.

However, tests have shown that it is US Factor 8 which is contaminated, and not the home-produced variety. More than half the supplies of Factor 8 on which Britain's 4,500 haemophiliacs depend comes from the US.

A £21 million plan to make Britain self-sufficient in blood products by next year has been delayed for a year by the Government's health cuts. Mr Patten said yesterday that Britain would not be self-sufficient until late in 1988.

Transfusion specialists warned yesterday that Britain would not be self-sufficient even then unless health ministers were prepared to find an extra £1 million a year to produce the raw material, blood plasma. Ministers have no plans to do so.

LIFE-BLOOD, OR DEATH?

To the infection known as Aids, acquired immune deficiency syndrome, attaches a peculiar horror, corrosive and atavistic. After events in Australia and deaths here, the public health authorities must be seen to move swiftly to protect not only supplies of plasma and blood products used in treating disease and injury but, more important still for the longer run, to sustain the unique trust that links blood donors, medical professionals and patients. Statements to date by under-secretaries and promises of leaflets are, it has to be said, insufficient. Some robust announcement by the Secretary of State for Social Services based solidly on a defensive plan for the National Blood Transfusion Service is the least that can be expected, and quickly.

Aids horrifies not only because of the prognosis for its victims. The infection's origins and means of propagation excites repugnance, moral and physical, at promiscuous male homosexuality — conduct which, tolerable in private circumstances, has with the advent of "gay liberation" become advertised, even glorified as acceptable public conduct, even a proud badge for public men to wear. Many members of the public are tempted to see in Aids some sort

of retribution for a questionable style of life but Aids of course is a danger not only to the promiscuous nor only to homosexuals. A fascinating medical detective work suggests that the infection's origins may be tropical. It follows that procedures for detecting potential carriers of Aids can be modelled on the tests the National Health Service's blood collectors now apply to tropical diseases. To ask a donor of blood for details of contact with, say, malaria is not reckoned to infringe civil liberties — nor should it be to question men succinctly about their sexual dealings.

The object of the exercise is not punitive. Blood for others' use is a precious gift: the object of policy ought to be to stimulate not extinguish the subtle motives of fellow feeling which brings people to the transfusion service's draughty halls and mobile centres. The service, creaking on its 1940s foundations and buffeted by the rancour of trade unions which would deprive patients in private health care of donated blood, will suffer from the loss of donors.

Technology is advancing. Heat treatment may guarantee the purity of certain blood products. Screening techniques

may soon eliminate the risk of contracting Aids through transfused blood and there must be urgency about making Britain independent of supplies from other countries, where the prospect of profit creates greater incentive for donors to conceal the truth.

Until then, policy should proceed on two fronts. Strict questioning of donors and the rigorous exclusion of all practising homosexuals should be enjoined on the collectors of blood. In Queensland measures have been taken to fine and imprison those giving blood without disclosing their homosexual experience. Such a step, a drastic response to public outrage, may be too much for Britain but anticipatory thinking along such lines within the Department of Health and Social Security is surely needed. More positively, the Blood Transfusion Service has long been in need of some public relations revamping together with sharper management. Mr Fowler is about to make his long-awaited appointment of a super-manager for the NHS: let a programme of administrative reformation and public education for the transfusion service be, one of that person's first tasks.

Times 21.11.84

MAKE BLOOD SAFE!

■ Blood transfusions can kill. That is the message from Australia after three babies died from receiving infected blood from a victim of Aids, the fatal "gay disease."

What happened in Australia can happen here. Already two British haemophiliacs have died from AIDS following transfusions from American donors.

People with Aids may not know they have it. Anyone getting a transfusion from them is as good as dead — and nobody knows when their turn will come for a transfusion.

With Aids rampant in London, something must be done. Blood transfusion should not be a kind of Russian roulette.

John Vincent
SUN 21/11/84

Treated blood cuts Aids risk to haemophiliacs

By Pearce Wright, Science Editor 20/11/84

Essential blood extracts given to thousands of haemophilia sufferers will be heat-treated by next April to eliminate the risk of the virus responsible for Acquired Immune Deficiency Syndrome (Aids) being transmitted from infected blood donors.

The action to treat blood products containing Factor VIII, which controls blood clotting and is lacking from haemophiliacs, was announced yesterday by the Central blood Laboratories' Authority, as Elstree, Hertfordshire.

The action comes after the news on Sunday that a second haemophiliac death has occurred in Britain from aids.

almost certainly transmitted through infected blood products. Donations from thousands of people are used to make factor VIII, and there is little chance of tracing the origin of an infected sample. However, a method of neutralizing Aids virus by heating blood plasma to 60C for half an hour will be used.

About a third of supplies of Factor VIII are produced at Elstree. The intention is to provide all that needed in the United Kingdom by 1986-87. Meanwhile, supplies will continue to be imported from the United States, where heat treatment is used.

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