

WITNESS STATEMENT BY DAVID McCLELLAND

(STATEMENT 5)

1.2 What lay behind my decision to draft a leaflet

I cannot claim to recall my thought processes in early 1983 when we began work on the leaflet. ***I was aware of the evidence that had started to emerge in July 1982 that AIDS was transmissible by blood*** and was therefore more likely to be due to a transmissible infectious agent than to any of the other causes then being considered. I think it would have seemed fairly obvious then that it was important to take whatever action we could identify to reduce risk to transfusion recipients. I do recall another factor that increased our awareness of the need to take some form of preventive action against the risk of a blood recipient contracting AIDS. ***During 1983 one or two local newspapers took up the suggestion that Edinburgh could become the "AIDS capital of the North", arguing (a) that AIDS mainly affected gay men and (b) that the Edinburgh International Festival would selectively attract individuals at risk of AIDS.*** the challenge was to devise some form of screening procedure

The most obvious approach was to follow the principles of the US Public Health Services Interagency Guidelines which ***made use of epidemiological data to identify subgroups*** within the population appeared to have an excess incidence of AIDS. We were aware from the start that the epidemiology of AIDS might prove to be different in the UK so that the donor selection criteria might well prove to need alteration as we gained more data about the condition in the UK. ***We had no evidence in 1983 that changes in donor information or selection would be effective in reducing the AIDS risk to recipients of blood transfusions, although evidence did accumulate later from several sources to support the effectiveness of donor selection measures.***

A second approach was to try and use ***one or more laboratory tests of immune function to identify individuals who might have sub clinical evidence of impairment of immune function.*** We referred to this approach as ***surrogate testing*** Eventually surrogate testing for AIDS risk was ***not pursued*** into the routine practice of blood donor assessment in the UK (WHY?)

A short review published in 1986 This account was written at a time when a specific test was available for an infective specific agent that was becoming accepted as the cause of AIDS.

1.3 Was I aware of possible AIDS cases in Edinburgh at the time of the first draft of the leaflet?

I am not certain whether in ***May 1983*** I had ***definite knowledge*** of cases of AIDS in Edinburgh. ***I was aware that there were cases of AIDS in the UK,***

"I think that soon after the initial CDC reports of the new syndrome, some clinicians, especially those working in genitor-urinary medicine (GUM) and caring for gay men suspected ***that they were seeing patients with some features that suggested this new form of immune deficiency.*** ***From May 1983 or a possibly a little earlier,*** Dr Anne Smith and I were meeting with Dr Sandy MacMillan, a GU medicine Consultant in the ***Royal Infirmary of Edinburgh*** (***AIDS not in donor population?***) and Mr Derek Ogg of the Scottish Homosexual Rights Group to ***work out ways of communicating to gay men the message that they should refrain from donating blood.*** Dr MacMillan would have been restrained by clinical confidentiality from mentioning any specific cases, ***but it my recollection that he was aware that some of his male patients who were known to be gay were showing clinical features that suggested that they could be suffering from this new form of immune deficiency disorder.***"

3. Why did the text of the leaflet change soon after May 23?

... .. I can say with confidence that there was extensive discussion of the drafts and I feel fairly sure that the changes reflect our efforts to produce something that would be **understandable by donors, would not cause undue offence and that would be practicable to apply** in the situation of a blood donor session. The **June 1983** version, which was the first to be put into practice, **avoided** the use of the words **"homosexual"** and **"sexually active"**. I think we hoped that **"men who have multiple partners of the same sex"** would be seen as more **specific and possibly**

4. What led to the change from "Can it be transmitted by..." to "How it can be transmitted by..."?

... I cannot answer this question. It may well be that this change reflects **an awareness that the evidence had accumulated to the point that there was little or no doubt that AIDS could be transmitted by blood and that the message to donors should reflect that degree of certainty.**
(What leaflet was this, when was it printed?)

6. It is evident that, as at May 1983, there had been a change in written material in the West of Scotland and there was to be no leaflet in the North East of Scotland. Can (I) recall the position in the rest of Scotland?

I do not remember but I recall that there were differences in opinion among the Scottish directors (as in England) and that **some directors were very concerned about the risk of offending donors by giving too much prominence to the leaflet.**

7. There is reference to Ministers being keen on a "low key" approach. Was a similar attitude evident in those Ministers responsible for health in Scotland?

8. When Dr McClelland agreed in December 1983 to produce a revised leaflet, (paragraph 8.64 of the Preliminary Report) was this seen as a purely Scottish leaflet and, if so, why was the Scottish service revising the leaflet rather than participating in revision at UK level? What was the particular need for revision?

... .. I suspect that I had acquired a great deal of new information during the **WHO AIDS conference in November 1983**, since this was the first time I had attended any international AIDS gathering of experts on AIDS, and indeed I think it was the first large international AIDS conference to be held.

10. Does Dr McClelland share the view of Dr Seal as expressed to The Standard on 20 November 1984 that the decision was "18 months" too late?

(The Standard states:

The decision to discourage homosexuals from donating blood – to stop the spread of the killer disease AIDS – should have been taken by the Government 18 months ago.

That was the reaction today of Dr John Seal, a leading expert in sexually-transmitted diseases after the deaths of two haemophiliacs from the disease.

Dr Seal who was formerly consultant venereologist at Middlesex Hospital, West End said he had been trying to alert public health officials to the implications of the AIDS threat for nearly two years.

"I wrote to both Mrs Thatcher and the Public Health Laboratory Services to suggest blood transfusion policy changes then" he said. "That was when the Americans started to clamp down on homosexual blood donors and we should have followed their example immediately. Recent studies have shown that a substantial proportion of haemophiliacs have already been exposed to the virus so the damage may have already been done.
(Decision on AIDS "Too Late" -- The Standard -- 20 November 1984)

I do not agree. The Dr Seale quoted in the Standard article that is date stamped November 20 1984 incorrectly implies that "the Americans" started to "clamp down on homosexual blood donors almost two years before". The US PHS first issued guidance on AIDS exclusion criteria in March 1983. The SNBTS initiated discussions with the SHRG and drafted its first AIDS exclusion during May 1983, and first introduced the leaflet into routine use in June 1983. *(Perhaps I read this differently)*

11. Was the introduction of the signing by donors of a statement that they were not in a risk group in response to the discovery of "the Edinburgh Cohort"?

I do not remember whether there was any relationship between these events, sbut since both happened around **November 1983(?)**, **they may well be related.**

12. Why did the leaflet need to be revised again at the end of 1984?

I do not recall the specific reason. New information was accumulating rapidly.

Appendix 1

Extract from paper by Dr J Gillon on SNBTS donor selection policies

This first leaflet (ie the SEBTS June 1983 leaflet) was widely circulated within the UK transfusion services, but there is little surviving information on how it was used.

Activity in transfusion centres was by now **frenetic**, with a remarkable increase in volume of internal memos, discussions, staff training sessions etc. (MMWR, AABB, UK CDSC, Scotland(CDS)) were scanned for the latest information on the epidemic and the definitions of the high risk groups evolved rapidly. **Early advice given to Ministers was given by the ACVSB**, and in 1985 *(is correct)* the Department of Health established a UK national committee called the Expert Advisory Group on AIDS (EAGA) this included SNBTS representation.

Discussions with SAMG continued, and in spite of the above measures the SHRG representatives advised in a meeting in **January 1985** that there was **evidence that some high risk donors could still be giving blood**. The questionnaire for regular donors was amended and issued in March 1985. By May 1985 all registered donors in SE Scotland had received at least one copy of the leaflet (no record has so far been found... of the timing of its dissemination in the other regions).