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Mr. GRO-A

04 Jan 85

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Topic: AIDS

Circulation: All Adult Haemophiliacs.

Dear Mr GRO-A

You will probably have learned from television, radio and the newspapers, or from the Haemophilia Society, that cases of the Acquired Immune Deficiency Syndrome (AIDS) have occurred in Britain and that two haemophiliacs have died of the disease. In view of the anxiety that these reports can cause, may we bring some facts to your attention.

Knowledge of the cause of AIDS has advanced rapidly. It is due to a virus called HTLV 3, which is present in the blood and secretions of certain male homosexuals and intravenous drug abusers. Recently it has been shown that many haemophiliacs have been exposed to the virus as a result of receiving large donor pool clotting concentrates. If the virus behaves in the same way in haemophiliacs as in homosexuals or drug addicts, it is expected that most haemophiliacs exposed to the virus will remain well and will eventually become immune to it, a few may develop an illness with fever and gland swellings which will go away as they become immune, and a very few may develop AIDS. Until the right tests are available, it is probably best to assume that you could be carrying the HTLV 3 virus.

In the USA, a small proportion of the sexual partners of patients carrying the HTLV 3 virus have themselves acquired the virus. In order to minimise this risk may we offer some practical advice based upon what we know about the way that the HTLV 3 virus may be passed from one individual to another. During sexual intercourse a condom (sheath) should always be worn. Rectal intercourse and oral sex should not be practised. Sexual partners of haemophiliacs should not become blood donors and should resign, giving their reason for resignation, if they are already donors. This advice is in line with the expressed policies of the American and British Haemophilia societies. Meanwhile it must be stressed that the risk is small and only applies to the sexual partners of those who are carrying or might be carrying the HTLV 3 virus. Other close family members are not at risk.

The longer term outlook for haemophiliacs as far as AIDS is concerned is encouraging. The virus is quite sensitive to heat and plans are in hand to introduce heat-treated clotting factors in the near future in the North-West region. The virus is now growing in laboratory culture and it is hoped that an HTLV 3 vaccine can soon be developed (as it has been for the Hepatitis B virus). A little further off are synthetic factor VIII and IX concentrates made by genetic engineering techniques. Small amounts of synthetic factor VIII have already been made and it seems to work! These synthetic concentrates will be virus free.

If you personally have any queries about any topics raised in this letter please do not hesitate to contact Mrs Redding or either of us requesting a further discussion.

Yours sincerely

GRO-C