Not

CMO(PO) Number ple
Central

HL C. Joyce
DR Abrams
MR. D. Price
HL M. A Harris
DR Smithes
MR. A. Williams
MR. M. H Arthur.
all with copy of DR
Chambers letter & attach

DEPARTMENT OF H...

Alexander Fleming House, Elephant & Castle,
Telephone 01-407 5522 ex GRO-C
From the Chief Medical Officer

Dr Douglas R Chambers
HM Coroner for Inner North District Greater London
HM Coroner's Court
Camley Street
LONDON
NW1 OPP

29th April 1985

Dear Dr Chambers,

Thank you very much for your letter of 12 April notifying me of the unfortunate death of GRO-A who died at the Hospital for Sick Children from pneumonia as a result of acquired immune deficiency syndrome.

You will be interested to know that we are taking active steps to try to prevent the possible transmission of the AIDS virus via blood and blood products. It is true that in this country we have the advantage that blood is donated voluntarily, unlike the United States where they are paid and where unfortunately their system tends to attract drop-outs, drug addicts and alcoholics. However we cannot rely on this advantage to be sufficient to ensure that the donation of infected blood will never happen here.

We have therefore circulated to all Regional Blood Transfusion Centres leaflets for distribution to potential donors requesting that those at high risk from AIDS do not donate. We are also acting as quickly as possible to introduce a screening test for all blood donations. Unfortunately these tests have not been evaluated and we have therefore asked the Public Health Laboratory Service to carry out full evaluation before any test is approved for use.

In connection with blood products such as Factor VIII for haemophiliacs the Central Blood Products Authority at Elstree have instituted heat treatment for all new batches. There is evidence to suggest that this treatment will eliminate both the AIDS and hepatitis B viruses.

I will be sending out to all doctors in England information on AIDS and advice on how to counsel patients that either have the disease or have a positive antibody test and I will ensure that you receive a copy. Our Expert Advisory Group is constantly reviewing the problem and there is an active programme to influence the most at risk group, homosexuals, to modify their practices.

Yours sincerely

GRO-C

E D ACHESON
DM FRCP FFCM MFOM

Dr Ower

AIDS : BABY IN GREAT ORMOND STREET HOSPITAL

CDSC has confirmed today:

That a baby aged 20 months who received a blood transfusion soon after birth in the USA (Washington) subsequently failed to thrive and developed opportunistic infections. He was found to be positive for HTLV III antibody 2 weeks ago.

He was admitted initially to hospital in Brighton. On 4 April 1985 CDSC were informed by Brighton Public Health Laboratory about the case. The baby was transferred to Great Ormond Street Hospital last week. He died on GRO-A

The baby is known not to have received any blood products in this country. The diagnosis is thought to be Pneumocystis carinii pneumonia; an inquest is being held today.

This is the first case of a baby with clinical AIDS reported in the UK.

CDSC are keeping us informed.

GRO-C

12 April 1985

MARY SIBELLAS
C.719 AFH X GRO-C

cc: Dr Alderslade
Dr Harris
Dr Abrams
Dr Smithies O/R
Dr Barnes
Dr Fenton Lewis
Dr Zutshi
Dr Holt
Miss Weller O/R
Mrs Firth
Mr Murray
Mr A Williams
Mr Lister
Mrs Cunningham (Press Office)
Mr D Bailey

1984 No. 552

CORONERS

The Coroners Rules 1984

(b) civil liability.

Prevention of similar fatalities

43. A coroner who believes that action should be taken to prevent the recurrence of fatalities similar to that in respect of which the inquest is being held may announce at the inquest that he is reporting the matter in writing to the person or authority who may have power to take such action and he may report the matter accordingly.

PART VII

SUMMONING OF JURORS AND EXCUSAL FROM JURY SERVICE

Summoning of jurors

44. Subject to the provisions of these Rules, the person to whom the coroner's warrant is issued under section 3 of the Act of 1887 for the summoning of persons to attend as jurors at inquests shall have regard to the

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HER MAJESTY'S
CORONER FOR
INNER NORTH DISTRICT
GREATER LONDON

H.M. CORONER'S COURT
CAMLEY STREET
LONDON, NW1 0PP

Telephones:
CAMLEY STREET: 01-387 4882
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POPLAR: 01-987 3614

12 April 1985

Dr D D Acheson
Chief Medical Officer
DH & SS
Alexander Fleming House
Elephant & Castle
LONDON SE1 6BY

GRO-C

CMO
To see. Papers attached.

Dr Harris
I would like to send an appropriate reply

GRO-C: Robert
15/4

Dear Dr Acheson

GRO-A Deceased dob GRO-A 1963 Washington DC

This unfortunate prematurely born boy died in the Hospital for Sick Children Great Ormonde Street on GRO-A and the cause of death 1a Pneumonia 1b Acquired immune deficiency syndrome was referred to me by the local registrar of births and deaths. Enquiry at the hospital revealed that this was regarded as a consequence of the transfusion of blood infected with the virus whilst in hospital in Washington DC.

I have just completed the inquest and returned a verdict of death by misadventure. I stated in open court as the rule requires that I would be reporting the facts to you as I believe that the death falls within the rule: a copy of which I enclose.

Yours sincerely,

GRO-C

SMD

Reference

Dr E Harris - on CMO (PO) file.

AIDS - DEATH OF BABY

The CMO has seen Mr M H Arthur's note of 12 April about the case of baby GRO-A and has commented:

> "I agree with everything Mr Arthur says. However I am sure he remembers that three people have already been infected with HTLV III as a result of blood transfusion in the United Kingdom. Almost certainly others have as we know that several AIDS patients have donated blood in the months prior to diagnosis. I shall be very surprised if "native" cases of AIDS due to blood transfusion do not appear in the next year".

I attach a letter from Dr D R Chambers, Her Majesty's Coroner for Inner North District Greater London, who conducted the inquest into the death of baby Thorpe. The CMO would be grateful for a draft reply to Dr Chambers, please.

GRO-C
ROBERTS OATES
CMO's Office
A711 AFH
Ext GRO-C

17 April 1985

cc: Mr C Joyce
Dr Abrams
Mr D Price
Mr M A Harris
Dr Smithies
Mr A Williams
Mr M H Arthur
- all with copy Dr Chamber's letter and attachment.
RO

CODE 18-77

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Yours sincerely,

GRO-C

Daily Mail
FRIDAY, APRIL 12, 1985
20p

Great Ormond Street doctors lose fight for child

BRITISH BABY DIES OF AIDS

By PETER SHERIDAN and RUTH GLEDHILL

AN 18-month-old boy has died of AIDS, the first baby in Britain to do so.

He became the tragic victim of a transfusion of infected blood in America, it is believed soon after he was born.

The baby, whose parents were living in the U.S. at the time, appeared to make a full recovery but a few weeks ago had to be taken into Great Ormond Street children's hospital in London.

Then [GRO-A] night the baby died of pneumonia, contracted as a result of the AIDS—Acquired Immune Deficiency Syndrome—which eliminates the body's resistance to illness. An inquest will open at St Pancras today.

The Coroner's Officer could not confirm whether a postmortem was being held. Some AIDS victims have not had such examinations after pathologists accepted that the risks were considerable while there was no doubt as to the cause of death.

Great Ormond Street administrator Tim Walker said: 'The child was treated in our infectious diseases unit and would have been in an isolation cubicle throughout. All appropriate "barrier" procedures would have been observed.

'We cannot comment on whether there are other children at the hospital with AIDS. We can say no more because we have to protect the parents, who are obviously most upset.'

High-risk

Figures published last week showed that out of 9,405 AIDS cases identified in America, 108 were children. Of these, 72 had died. Most of the AIDS children had a parent who was a sufferer, but 14 of those who died had been infected by blood transfusions.

America's Centre for Disease Control, in Atlanta, Georgia, said last night that steps had been taken to try to make transfusions safe. 'We have recommended that individuals in high-risk categories—largely homosexual and bisexual men—should stop donating blood, and there is now available a test to screen blood for AIDS antibodies,' a spokesman said. 'But we cannot guarantee that a donor will not lie when asked if he is in a high-risk group and the test is not universally used yet.'

Specialists have been warning for the past year that it would only be a matter of time before AIDS killed a baby in Britain. Last November three babies in Australia died after receiving transfusions of blood contaminated by a homosexual donor.

Unborn babies can also be at risk. In a recent case, a baby boy developed AIDS, apparently after being infected in the womb by his mother. She had contracted the virus from the father, who had caught it through a contaminated blood product he was taking to combat the clotting disorder haemophilia. Doctors say AIDS could also be passed on in mothers' milk.

Panned star promises to do better

DEBORAH KERR: 'I do hope to get this right.'

Deborah Kerr: My night of terror on the stage

By SHAUN USHER

VETERAN film star Deborah Kerr promised to do better yesterday after the worst night of her career.

She pledged herself to 'plough on and get it right' following a nightmare comeback to the British stage.

On the opening night of The Corn Is Green at the Theatre Royal, Bath, she needed repeated prompting and was so hesitant that some of the audience walked out. Others wanted their money back.

At last night's performance the 63-year-old Hollywood star again needed several prompts.

Earlier she had explained: 'I am absolutely paralysed with fear on first nights. I must be a masochist.

'Despite my ghastly nerves, I will plough ahead. The play is wonderful and I do hope to get this right.

Ordeal

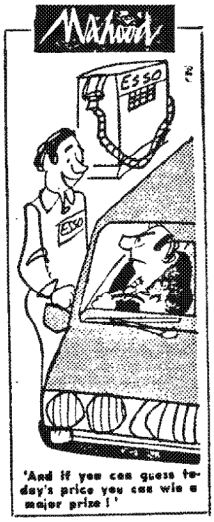
'The desire is there to go back to Spain, where I have a villa. But I know I've got to carry on.'

Miss Kerr, star of the films The King And I and From Here to Eternity, was panned by critics for her performance in The Corn Is Green, which is on tour before opening soon at London's Old Vic.

One called her ordeal 'sad and embarrassing.' Another claimed she was 'unready to take the stage.'

Though colleagues cited illness—flu and gastric trouble—as factors in her nightmare, Miss Kerr insisted it was due to first night nerves. But she did admit: 'I have been feeling rotten because of a stomach bug and the medication I've been taking.'

The play's production company, Triumph Apollo, said the tour would go on. General manager Peter Wilkins added: 'Deborah's a little under the weather. However, she is getting better and things are getting much better.'



'And if you can guess today's price you can win a major prize!'

Petrol up 5p as price war looms

ESSO put 5p a gallon on petrol last night—only a fortnight after knocking 4p off.

It pushes four-star to 204·6p — the dearest ever—and is likely to spark a new price war at the pumps.

BP-National and Shell are both considering whether to increase their prices. Other companies are expected to follow their lead.

The Automobile Association said Esso 'appears to have gone mad,' and questioned the logic of the rise so soon after the price cut.

It advised motorists to shop around.

Meanwhile, the pound reached its highest level since last summer on the foreign exchanges, gaining 2·90 cents to close at 1·2470 dollars. A strong pound means petrol costs Britain less.

City—Page 37.

1. Mr Harris

2. Mr Joyce

AIDS - death of baby

Background

The death of a baby from AIDS, at Gt Ormond Street hospital on GRO-A night has been attributed to an American blood transfusion. It has stimulated Press interest in the safety of blood transfusions here; and particuarly about progress on a blood screening test within the National Blood Transfusion service. The Coroner's inquest verdict of death by misadventure is likely to attract Press attention too.

Action taken

Publicity action via the leaflet "AIDS - important new advice for blood donors" is aimed to prevent donation by blood donors in AIDS high-risk groups (e.g. homosexuals). Distribution has been on an individual basis to all donors and potential donors presenting at sessions. Our national voluntary donor system means that infection via the transfusion of whole blood is extremely unlikely in this country.

A Report on the introduction of a test for antibody to the AIDS related virus has been prepared for submission to the Expert Advisory Group (EAG) on AIDS (meeting on 22 April). It summarises the recommendations of the Screening Test Sub-Group, and it is expec ted that their views will be endorsed by the EAG so that evaluation of all available tests can commence under an agreed protocol within the next few weeks. Several American tests are available for evaluation now.

It is necessary to find a reliable test (in terms of a low percentage of false negative and false positive results) to safeguard blood supplies and to avoid unnecessary alarm.

The Coroner of St Pancras recorded the verdict of death by misadventure without disputing the Consultant's view that the baby died of AIDS following a blood transfusion in Amer ica No pathological examination has been attempted.

Coroners may report any case of death by misadventure in which it is considered that future occurrences could possibly be prevented by some organisation. The St Pancras Coroner is writing accordingly to CMO. Officials do not consider that the need for proper evaluation should in any way be prejudiced by the inquest result.

Summary of Line to take

a. The risk from blood transfuion in the USA is mainly a consequence of using paid donors.

b. In this country voluntary donors act out of altruism. They have no incentive to put others at risk.

c. We have told those at high risk from AIDS not to donate. We believe this will be effective. Legal sanctions are inappropriate.

d. We are acting as quickly as possible to introduce a screening test. A poor test would be counter productive. We will be evaluating tests shortly to select the most reliable and effective one for NHS use.

e. There is only the slightest chance of getting AIDS via a blood transfusion in this country.

f. There is no possibility of getting AIDS from giving blood. More donors are needed.

GRO-C

c.c. Ms Bateman
Ms McKessack
Mr Oates
Mr D Price
Dr Abrams
Dr Smithies
Mr A Williams ✓

M H Arthur
HS1A
Han Hse Rm 1201 GRO-C

12 April 1985

Mr. Williams

THIS WEEK

New fears that children may catch AIDS

Omar Sattaur, Atlanta

THE NUMBER of infants suffering Acquired Immune - Deficiency Syndrome (AIDS) in the US may be grossly underestimated so claimed one of the 2400 scientists attending an international meeting on AIDS in Atlanta, Georgia, this week. Dr James Oleske of the New Jersey Medical School said there was "tremendous under-reporting" of paediatric AIDS in the US. The real number could lie anywhere between 400 and 800 cases.

Since the Centers for Disease Control (CDC), the US watchdog on communicable diseases, first began counting AIDS cases in 1981, 72 cases in children under 13 years of age have been reported. Of these, 46 have one or both parents who had AIDS or are members of groups recognised to be at high risk of contracting the disease. These groups include intravenous drug abusers, bisexual men, Haitians and haemophiliacs. Oleske advises women who know that they are at risk of contracting AIDS to postpone pregnancy.

The disease in children differs from AIDS in adults. Whereas the majority of adult cases of AIDS affect white homosexual men, 74 per cent of the childhood cases are black or Hispanic, and only 58 per cent are male. Pneumonia caused by *Pneumocystis carinii* is the commonest infection and Kaposi's sarcoma in children is rare.

The virus is thought to be passed on from mother to child by one of three routes. The first is across the placenta; virus particles leaking from the maternal blood stream, through the placenta and into the fetal circulatory system. The second route could be via the amniotic sac, the bag containing the amniotic fluid which cushions the fetus during gestation. Or the AIDS virus could infect the child by direct contact with the walls of the birth canal during birth.

The virus is known to insert its genetic material into that of the host. In the words of Robert Gallo of the National Cancer Institute in Bethesda, once a child is infected by the AIDS virus that "infection is for life". This allows for the possibility of transmission of the virus from generation to generation, so long as germ cells have been infected. But evidence that this does happen is still not available. Two of the infants in Oleske's study were identical twins. One contracted AIDS and the other did not. Since identical twins have identical genetic complements, there must, at the very least, be other contributory factors.

Oleske and colleagues in New Jersey have so far encountered 40 cases of paediatric AIDS since 1979. About half of these have AIDS proper and the remainder have a milder condition, the AIDS-related complex, comprising some of the symptoms of AIDS including immune suppression. Most of Oleske's cases were born to mothers who abused intravenous drugs or were the sexual partners of intravenous drug abusers. Six infants were born with symptoms of AIDS and the AIDS virus has been isolated from eight affected children.

Much of the thinking about the epidemiology of AIDS is muddled, because there is still not enough data. While Oleske and colleagues lack evidence of non-sexual transmission within households, Jonathan Mann of the CDC in Atlanta reported the opposite to be true, at least for household contacts in Zaire. Mann looked for antibodies to the AIDS virus in 204 household contacts of 46 people suffering from AIDS. The presence of antibodies indicates that the person has been (or is) infected with the AIDS virus. He also looked at antibodies from blood of 107 household contacts of 44 controlled subjects. Of the controls, only 11 per cent were positive compared to 27 per cent of AIDS-case contacts. What does this mean? □

Anger over decision to drill for oil in Dorset

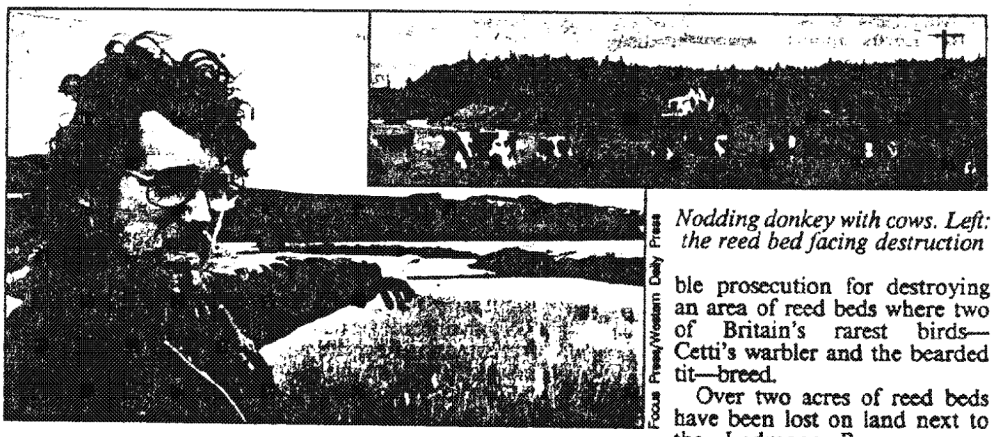
ENVIRONMENTAL groups want the government to hold a public inquiry into plans to sink exploratory oil wells on Furzey Island, in Poole Harbour.

Last Friday, the planning sub-committee of Dorset County Council approved in principle proposals by British Petroleum to drill on the 12-hectare island. The plan could entail up to four wells, together with a slipway, access road and associated facilities. This week it emerged that a local reed bed destroyed by council workmen is destined to become a dump for oil wastes.

The island is within an Area of Outstanding Natural Beauty. It is also a Site of Special Scientific Interest and forms part of the Dorset Heritage Coast. There are four nature reserves near the island. Whitehall's advice to planning committees states that applications to drill for oil in environmentally important areas should face "rigorous examination". The onus should be on the oil companies "to show in any particular case that the need to undertake the development outweighs the environmental objections". Fionn Holford Walker, from the Council for the Protection of Rural England, said: "If Furzey Island isn't an exceptional case I don't know what is . . .".

Statutory bodies such as the Nature Conservancy Council claim that if oil development is allowed on the island "there are few locations where it could be legitimately refused". BP, which took over British Gas's Wytch Farm oil field last year, claims that the development of wells on Furzey Island will allow the company to tap the reserves of the Shenwood oil reservoir, which extends beneath Poole Harbour and is the origin of existing production at Wytch Farm. Current production there is 4000 barrels a day. BP believes that this level could be increased tenfold if it wins access to the reserves under the harbour. The Nature Conservancy Council is particularly concerned about the possibility of a major oil spill and the threat of hydrographic changes as a result of dredging in the harbour.

The report of the county planning officer Alan Swindall concedes that the danger of major pollution "is the great unknown". He admits that anti-pollution technology is currently incapable of containing uncontrolled blow-out. The council's case for allowing oil exploration has been hurt by other revelations about its handling of the local environment. This week it faces possible prosecution for destroying an area of reed beds where two of Britain's rarest birds—Cetti's warbler and the bearded tit—breed.



Focus Press/Western Daily Press

Nodding donkey with cows. Left: the reed bed facing destruction

Over two acres of reed beds have been lost on land next to the Lodmoor Reserve, near Weymouth, run by the Royal Society for the Protection of Birds (RSPB). The 60-hectare reserve forms part of a larger area of 140 hectares which has been used for tipping and recreational purposes since 1946. It is all due to be declared a Site of Special Scientific Interest. The Nature Conservancy Council's three-month consultation period before the declaration comes into force ends next week.

The county council's action, which has infuriated the Conservancy Council and the RSPB, involved the formation of mounds to help create lagoons for refuse, including waste from oil exploration.

The council insists that the Conservancy Council was aware of its plans for tipping. Geoffery Vizzard, the county surveyor agreed he was "having a little bit of difficulty" striking a balance between the needs of "the birds and the bees" and demand for tip space. □

Farm aid to Mali misses out poorest villages

John Madeley, Bamako

AN INTERNATIONAL scheme to invest in poor farm villages in southern Mali is bypassing the poorest villages, which are most threatened by Africa's famine.

Landlocked Mali is among the world's six poorest countries. Although little food grows in the centre and north of the country, its southern region is generally fertile. But it is underdeveloped.

The Mali Sud has attracted $61 million in aid from French and Dutch governments, the World Bank and the International Fund for Agricultural Development. The aid is administered, by a government body, the Malian Company for Textile Development (MCTD), and is aimed at improving production of both food and cotton, an important cash crop, in 3500 villages.

The MCTD offers farmers technical know-how, help with extending farms, equipment and crucially, credit. But only villages that have formed Village Development Associations, a form of cooperative, or those likely to form one, are considered sufficiently credit-worthy for help. Inevitably this means that the wealthiest villages do best.

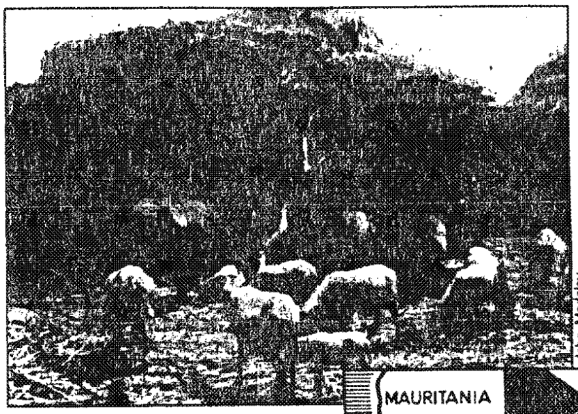
Officials estimate that at least 500 villages do not qualify for help, because they are too poor to offer guarantees insisted on by appraising organisations, the World Bank and the MCTD.

People in these villages do not even receive technical advice. Officials see no point in advising a farmer to use fertiliser if he cannot afford or obtain credit for it.

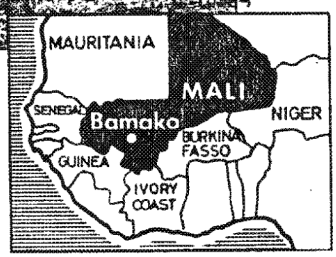
While food stocks today are adequate in the better off villages of southern Mali, the poorer villages are now desperate, with stores virtually empty.

Villagers have begun to sell their cattle, which are essential for ploughing. Stores of food will not be replenished until the September harvest. In the absence of aid, the area's abundant mangoes are the only food that will save many from starvation this summer.

Because of the evident need, churches in some areas are buying millet and nut seeds for distribution to the poorest villages. Many of these are in the dryer northerly part of the region, east of the capital Bamako. With sparse rainfall and virtually no irrigation, millet is the only major cereal crop that will grow.


John Madeley

Farm animals for sale as the maize crop fails



Real help might come in the shape of higher yields from millet seeds. At the government's agricultural research station at Cinzana, attempts are being made to develop high-yielding millet. Local strains are being mixed with those from Togo to produce a new variety called F6. The station is also trying to produce a dwarf millet by mixing local varieities with a strain from the United States.

The station's director, Onmar Miangadd, says that the new varieties may be capable of yielding 3·5 tonnes per hectare, compared with the half a tonne that poor Malian farmers now harvest. But even with existing seeds it should be possible for farmers to achieve yields of 1·5 tonnes, says Miangadd. They need to be taught better farming techniques and to have money to buy more fertiliser.

The snag for the poorest is that they are no more likely to be offered credit for the new seeds than they are for the existing varieties. Research will be irrelevant unless the project is changed to include them.

The main aim of the project is to double the output of maize. This is a crop that needs constant applications of water. There have been spectacular sucesses. In one region the area growing maize has trebled in the past five years.

But encouraging some of the world's poorest farmers to grow maize without irrigation is gambling with their lives. There have been some disastrous failures. In Ciesso village, in the south-eastern Koutiala region, the whole of the maize crop was lost this year, because there was too little rainfall. Stores in Ciesso are virtually bare. □

New AIDS test comes to light in Japan

A JAPANESE researcher claims to have developed a cheaper and more reliable method of detecting acquired immune deficiency syndrome (AIDS). Takeshi Kurimura of Tottori University says that his technique is 100 per cent accurate in screening samples of blood for the presence of antibodies to the AIDS virus. The test can be taught within a week and one hospital technician can check 200 samples a day—10 times more than a method that is currently in use.

Kurimura says that his technique, which uses a fluorescence microscope to spot antibodies to the AIDS virus, is cheaper and faster than the Western Blot method of detecting antibodies, and more reliable than the alternative, called ELISA (Enzyme-Linked Immunosolvent Assay). ELISA has won official approval in the US as a test for AIDS antibodies and is now being evaluated by Britain's Department of Health (*New Scientist*, 7 March, p 3).

The Western Blot is time-consuming and needs expensive equipment. ELISA, on the other hand, is simple to use, but up to 10 per cent of samples can be falsely diagnosed as positive. This means a second test has to be carried out on all positive results to see if they tally with the first. If the second test contradicts the first, the sample must be checked again using another method.

An article in this week's *Lancet* also suggests that ELISA does not pick up all true positives. It quotes a West German study in which the ELISA test appeared to have failed to identify true positives in a sample of blood donors in Hesse.

Kurimura has developed a technique in which a cell infected with the AIDS virus is fixed to glass and covered with the sample of blood that is to be tested. If the blood contains antibodies to the AIDS virus, then the antibodies will stick to the infected cell.

The next step is to see whether this binding has occurred. Kurimura does this by adding to the blood sample a stained antibody to the AIDS-virus antibody, a so-called anti-antibody. These are made by injecting into rabbits the human antibody to the AIDS virus. The rabbit then makes an anti-antibody, which will stick to the AIDS antibody on the infected cell. Kurimura stains these anti-antibodies with a fluorescent dye so that when the blood sample is irradiated with ultraviolet light, blood samples containing antibodies to the AIDS virus will show up under a fluorescence microscope.

Immunofluorescence, as it is called, is not a new technique as such, but Kurimura believes he is the first person to have applied it in this way. In Japan two people have died of AIDS, and both were the result of importing infected blood products from the US. Kurimura says that his technique will help to prevent any more infected blood entering the country.

He also foresees another potential application: "We know that many Japanese haemophiliacs carry the AIDS virus; we want to try and stop them infecting other people."

Kurimura hopes to give a full account of his new diagnostic test at the international conference on AIDS, being held in Atlanta this week (see p 4). **Bob Johnstone, Tokyo**