Witness Name: Alice Mackie

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INFECTED BLOOD INQUIRY

EXHIBIT WITN2189029

British Embassy
3100 Massachusetts Avenue NW Washington DC 20008
Telex Domestic USA 89-2370/89-2384
Telex International 64224(WUI)/440015(ITT)
Telephone (202) 462-1340

Dr I T Field
DHSS
Alexander Fleming House
Elephant and Castle
London SE1 6BY

Your reference IE/71/07
Our reference 250/3 83/3270
Date 28th June 1983

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Dear Ian

AIDS

In the last week or so I have managed to visit both the National Institutes of Health and the Centres for Disease Control to discuss amongst other things AIDS. Notes of both meetings are attached.

The outbreak of AIDS has now taken on the form of a classic exponential growth pattern of a new infectious disease spreading through a susceptible population. Mortality rate 2 years after onset of clinical symptoms is still 100% and on current trends, it is estimated that there may well be 5 to 10000 deaths attributable to this disease within the next few years. The tendency of the disease to be found in homosexuals and intravenous drug users has limited to the public concern over the disease until fairly recently. However, the transmission via blood products to haemophiliacs and other recipients of multiple transfusions, has led to a considerable increase in public disquiet in recent months. Partly as a response to this, expenditures within the central Government agencies (mainly the National Institutes of Health and the Centres for Disease Control) are expected to increase markedly from around 5 m total in 1982 to $17 m in 1984. It is now recognised that AIDS is a more serious public health matter (in terms of deaths) than legionnaires disease and toxic shock syndrome combined with every prospect that the disease will continue at the present rate of growth. Consequently we can expect a continued high level of public and press interest in this disease.

I attach the latest statistics from the 24th June issue of the Morbidity and Mortality Weekly Report. You will see from this and my notes that homosexuals still account for the majority (71%) of cases reported and that intravenous drug users are the next most common sufferers (17%). Haitians account for 5% of cases and patients with haemophilia 1%. Outside of these main risk groups, the disease has been transmitted reliably via heterosexual activity from male to female and also from an AIDS mother to her child. So far NIH are satisfied that the efficiency of transmission of the disease outside of the main risk groups is low enough to rule out significant infection for the population at large. Nevertheless this has not avoided a degree of

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public hysteria and there is some concern surfacing in hospitals about the possibility of medical staff contracting the disease and also concern at blood transfer. The rate of blood donations is apparently falling arising from concern of contamination and there has been an increase in the number of people wishing to donate blood specifically for retention for their own use.

Apart from a wide concensus of views that the agent is probably a retro-virus, there are very few "hot" leads. Some of the recently-identified viruses (particularly human T-cell leukaemia virus) are felt to be possible candidates but none fit the bill entirely as a causative agent. Definitive identification appears to depend heavily on inducing the disease in laboratory animals and as yet this has not been achieved. The only short term possibility therefore of modifying the growth of the disease would be a change in the habits of the major risk groups ie homosexuals. The limited measures taken to protect blood banks from AIDS donors are viewed to be reasonable at the present state of knowledge, but there is no guarantee that this will reduce the dangers to haemophiliacs. The issue of information exchange between the UK and US on this issue was raised in my conversations with CDC and NIH officials. They mentioned that specific cases were often notified to CDC via the "old boys" network but they were unaware as to whether any formal notification of cases was made and if so how often. Certainly the figures I was given at CDC for the UK were some months out of date according to my reading of New Scientist. It would be helpful if you could clarify, at least for my benefit, what formal arrangements exist. Also if you feel we should aim for any closer links on this issue, I would be happy to help in whatever way I can.

I hope you find the above of assistance. I have copied this to Barbara MacGibbon and OTIU.

Yours sincerely

GRO-C

Mike G Norton
First Secretary (Science)

Enc

cc Dr B MacGibbon DHSS
OTIU