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DEPARTMENT OF HEALTH & SOCIAL SECURITY

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From the Joint Parliamentary Under Secretary of State

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August 83?

Thank you for your further letter of 7 July, addressed to Lord Trefgarne, concerning AIDS.

I think that I should emphasise, firstly, that there is no conclusive evidence that AIDS is transmitted through blood products. Nevertheless we are taking all practicable measures to reduce any possible risks to recipients of blood and blood products. Our scope for action in this is limited, as there is no means of testing for the presence of AIDS in blood donors or in blood products.

With regard to blood donation in the UK a leaflet is in the course of preparation which will be disseminated through the National Blood Transfusion Service seeking to discourage potential donors in high-risk groups from giving blood until more is known about what causes AIDS.

Regarding blood products from the USA, in March this year the US Food and Drugs Administration (FDA) initiated new regulations for the collection of plasma designed to exclude donors from high-risk groups. Although future supplies of FVIII both for export and for use in America will of course be manufactured from plasma collected in accordance with these regulations, there is still a quantity of stock, some already in this country and more in America awaiting shipment here, which has been made from "pre-March" plasma. The FDA has recently decided not to ban the use of similar stocks intended for the USA market because to do so would cause a crisis of supply. Obviously the same considerations apply here. We have to balance the risk of AIDS against the severe risks to haemophiliacs of withdrawing a major source of supply of FVIII which cannot be made good from elsewhere in sufficient volume. In view of this I am satisfied that the decision to carry on using the current stock of FVIII is justified, but it is also worth bearing in mind that some of the American manufacturers had, well in advance of the FDA, instituted their own precautions which were at best as demanding as those later contained in the new regulations. Haemophilia Society is aware of the situation and has in fact made known to me its opposition to any move to ban American FVIII.

So far as Hepatitis B vaccine is concerned the one vaccine which is licensed for use in this country is imported from the USA. This vaccine is treated by approved inactivation methods and we are not aware of any evidence that it carries any risk of transmitting AIDS. A recent review of the safety of Hepatitis B vaccine by a WHO Expert Group has also failed to find any such evidence.

I can assure you that we are not in any way complacent about the threat posed by AIDS. The Communicable Disease Surveillance Centre (CDSC), part of the Public Health Laboratory Service at Colindale, is operating a national surveillance system in which all cases are monitored. A special survey to report early information on possible cases has also been instituted by Haemophilia Centre Directors. In addition, CDSC is making available a summary of information about the incidence, identification and method of control of AIDS for use by doctors. Also, the latest epidemiological information and criteria for identification of the syndrome - supplied by the Communicable Disease Surveillance Centre - was published in the British Medical Journal on 6 August.

LORD GLENARTHUR