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AIDS 'barrier' proves illusory

By WILLIAM PAUL

WITH THE benefit of hindsight, it is now possible for doctors to reflect on the inevitability of AIDS (Acquired Immune Deficiency Syndrome) gaining a foothold in Scotland.

The disease has largely established itself in Europe and in England since originating in the US and Dr Brian McClelland, director of the Edinburgh and South-east Scotland Blood Transfusion Service, admitted yesterday that it would not have been realistic to expect Scotland to be by-passed.

Even so, Scotland's self-sufficiency in blood and blood products as seen as a significant barrier and the medical profession must have experienced a sense of disappointment when routine tests on haemophiliacs at Edinburgh Royal Infirmary recently uncovered the fact that 15, or possibly 16, of them had contracted the HTLV 3 virus which can cause AIDS.

The virus was transmitted in injections of the blood-clotting agent Factor 8, used by most haemophiliacs to control their condition, which had been prepared from a particular batch of plasma, now identified and withdrawn. Its source was a blood donation given somewhere in the East of Scotland about 12 months ago.

Government scientists are now working to trace the donor but it is by no means certain they will be successful as plasma is made up from many thousands of individual blood donations.

The balance of probability, according to Dr McClelland, is that the donor of the contaminated blood was a practising homosexual male because that is the section of the population considered to be most at risk from the disease.

The other at-risk groups are drug addicts and people from certain areas of Africa. Research carried out in America has found that of patients diagnosed as having AIDS, 70 per cent were homosexuals, 17 per cent were addicts, and 1 per cent were haemophiliacs.

Newly drafted leaflets are being distributed to blood donor centres requesting all homosexuals to refrain from donating blood meantime. In the past, the advice has been aimed at only those homosexuals who have a large number of sexual partners. Potential donors are being asked to sign a statement saying they do not come under any of the at-risk classifications before blood is accepted.

The Scottish Gay community are co-operating with the temporary ban on blood donations but are unhappy about what they see as the undue emphasis placed on the association AIDS has gained with homosexuals. Mr Derek Ogg, co-ordinator of Scottish AIDS Monitor and former chairman of the Scottish Homosexual Rights Group, said most gays acted very responsibly and thought it offensive when directives were handed down from on high about subjects such as this.

He said it was "quite irresponsible" for doctors to claim that a homosexual had made the contaminated donation when AIDS was still a subject that was not fully understood and it was clear that not only the homosexual population but also the heterosexual population was very much at risk.

Dr McClelland prefers to think that the contaminated blood must have been donated unwittingly, but cannot rule out the possibility that the donor deliberately went ahead knowing himself to be a member of the at-risk groups. The transfusion service has no protection against such an action because no practical means has yet been developed for testing individual donors to see if they are carrying the virus.

"If we had to be 100 per cent certain of the purity of all the blood we turn out we would have to cease operations," Dr McClelland said.

"But the risk to people from not having blood available would be far greater than the risk of AIDS being transmitted for the foreseeable future. The chances of getting AIDS virus from a transfusion are put at a million to one."

The haemophiliacs in Edinburgh who have been told their blood has produced antibodies to fight the AIDS virus are all described as clinically very well. The odds against them actually developing symptoms of the disease proper — loss of immunity to infection — are said to be 2,000 to one.