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NEW SCIENTIST

Delayed AIDS testing

The critical comments from your contributor regarding the speed of introducing, within the National Blood Transfusion Service (NBTS), tests to the antibodies to the AIDS virus should not pass undefended (This Week, 8 August, p 16).

The current policy in Britain has been formulated as a result of numerous discussions involving informed groups and is not the result of any arbitrary imposition. Your correspondent states emphatically that while false-positive test results might be of concern to donors, they are not a problem for the NBTS caring allegedly only for the interests of patients. This is a grossly misleading statement and inconsistent with the position that has been clearly expressed by members of the transfusion service in many publications. These workers recognise that they must protect the interests of both groups of the population.

Simple calculations from the figures your correspondent provides indicates the scale of the problem that would be created by false-positive tests: 0.14-0.29 per cent of 2-25 million donations identified as positive provides a figure of between 3000 and 6000 donors who will require interviews, repeat tests and sympathetic counselling. And for many of these, disruption of family and social life will be unavoidable.

The task of caring for the best interests of donors is very much one which the NBTS takes to heart. The risk of this adverse consequence of testing donors must be balanced against the improved protection that will be afforded to transfused patients who are recipients of blood. It must be remembered that all transfusion services employ selection criteria to exclude specifically donors at high risk of HTLV III transmission, and these measures are likely to have played a major part in maintaining the safety of donated blood. Furthermore, heat treatment of blood products, such as

coagulation factors, will, it is hoped, abolish the risk to any of the people who receive these materials.

I suspect certain manufacturers would also wish to challenge your statement that all the current ELISA tests work "in much the same way". I believe there are certain differences in the assay principles employed that would be expected to have a significant bearing on the all-important aspect of specificity.

The potential impact of AIDS on the transfusion service in Britain has been of great concern to everyone involved. The current policy regarding the introduction of testing within Britain has not been a distant bureaucratic decision.

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