

SUBMISSION ON THE REVISION OF THE "AIDS AND HOW IT CONCERNS BLOOD DONORS"  
LEAFLET; AND ASSOCIATED DISTRIBUTION ARRANGEMENTS

SUMMARY

1. This submission reports to Ministers on the experience of the initial issue of the new leaflet "Aids and how it concerns blood donors" and seeks permission to issue a revised version. The submission also suggests a more uniform and consistent distribution system to be adopted by Regional Transfusion Centres in England and Wales.

BACKGROUND

2. Ministers will recall that the first issue of the leaflet was in August 1983. Its aim was to persuade those donors potentially at risk from AIDS not to give their blood. Regional Transfusion Directors (RTDs) were asked to distribute it in the way most suitable to their individual service. Ministers asked officials to monitor the distribution, its reception by the blood donor population and any effect on the numbers volunteering to give blood.

FACTUAL CONTENT OF LEAFLET

3. The current AIDS leaflet (Flag A) is now out of date in certain detailed factual matters, and there is a need to strengthen its warning to high-risk groups not to donate. A re-drafted leaflet, agreed within the Department and by RTDs is at Flag B.

RESULTS OF REVIEW

4. Results (at Flag C) from the monitoring exercise at paragraph 2 above indicate that distribution of these leaflets has not caused any fall in the number of blood donors, and that there has been little if any adverse comment by donors. However there was, as anticipated, a wide variation in the manner in which the leaflet has been distributed by the Regional Transfusion Centres (RTCs). At some Centres, all donors were sent the leaflet individually with their recall notifications. Others offered donors the leaflets to read when they attended a donor session, whilst a few Centres pursued a policy of having them available for donors to pick up as they wished.

CONTINUED NEED FOR A LEAFLET

5. The slow but steady increase in AIDS victims in the United Kingdom (51 cases with 28 deaths up to 30 June 1984) indicates that the disease is prevalent here. Haemophiliac patients are at greatest risk of contracting the disease since the clotting agents they need are produced from plasma pooled from a large number of donors. Fortunately, of the UK patients receiving treatment for haemophilia, only two have become victims of AIDS and both had received Factor VIII concentrates from United States sources, as well as the UK. It is known that one patient with AIDS in the UK has been a blood donor (it was possible to trace his donations and eliminate them). It is therefore clear that there continues to be a need for positive action to ensure that donors who may be carrying the transmissible agent for AIDS are dissuaded from giving their blood until a screening test suitable for detecting possible carriers has been developed (see paragraph 7 below).

RECOMMENDED DISTRIBUTION

6. Officials consider that the Department would be open to criticism if

it failed to take all reasonable practicable steps to discourage all high-risk donors from giving their blood. It is suggested that all those RTCs who did not send out the leaflet individually to their registered donors should now be asked to do so at the next recall of those donors. This has relatively minor cost implications for some RTCs who have not previously distributed the leaflet in this way; those Centres whose volunteers are currently recalled by card would incur some cost in that envelopes would have to be used, addressed and stamped. Donor teams should also make certain that new or unregistered donors have an opportunity to read the leaflet before they are committed to donation.

#### OTHER DEVELOPMENTS

7. Ministers will be pleased to learn that a test for the suspected AIDS agent in blood donations is currently being developed by the Middlesex Hospital, based on viral material recently isolated in the United States. Work in developing this test is still at the research stage, but it is hoped that trials will start at one or two Transfusion Centres in October. However, it will be some time before the significance of the test results can be assessed; the leaflet meets the continuing need to dissuade high-risk group volunteers from donating their blood until the test has been evaluated and can be used to screen donors in all Centres.

8. The implications for the National Blood Transfusion Service of this test under development will be considered by the Advisory Committee on the NBTS, probably through a Working Party to be set up shortly.

9. The Health Education Council is also considering the production of a leaflet on AIDS. This is intended to advise homosexuals to modify their sexual behaviour so as to reduce the risk of contracting AIDS. This is the subject of a separate submission, and does not affect the need for a revised leaflet aimed at blood donation problems associated with AIDS.

#### RECOMMENDED ACTION

10. Officials recommend:-

- (a) the issue of the revised AIDS leaflet for blood donors and,
- (b) a more consistent method of distribution as detailed at paragraph 6.

#### DECISION

11. Ministers are asked to agree to:

- (i) the revision of the leaflet as at Flag B.
- (ii) a more consistent and uniformly effective distribution system being adopted as per paragraph 6.