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Dr E Harris

PROPOSED WORKING GROUP OF THE ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICES - CONSEQUENCES TO THE NBTS OF SCREENING FOR HTLV III

1. This paper invites you to consider the need for a working group of the Advisory Committee on the National Blood Transfusion Service to be formed to provide guidance about the consequences for the National Blood Transfusion Service of the introduction of a screening test for HTLV III antibody believed to be a causal agent of AIDS.
2. You will be aware of the recent development by Drs Weiss and Tedder of a radioimmunoassay for HTLV III antibody and the findings that the limited use of this test has revealed. It is proposed to extend the test to all blood donors at the North London Regional Transfusion Centre (NLRTC) for a period of at least 3 months. As the donor population for NLRTC is drawn from an area where the incidence of AIDS patients and possibly contacts is currently the highest in the UK, it is hoped to extend the screening test to at least two other Regional Transfusion Centres. This, of course, depends on our ability to scale-up production of reagents for the test using either the virus isolate from Dr Gallo's laboratory or a UK isolate (yet to be achieved). The information collected from the use of a screening test in three centres will provide a basis on which to base policy decisions about extending the test more widely to the whole of the NBTS. We would therefore be in a strong position to make decisions about the need to buy from one of the five US pharmaceutical companies who have been licenced to produce a screening test and are likely to wish to start marketing these tests in the UK in the next few months.
3. The expected number of carriers of antibodies to HTLV III in the normal blood donor population is, according to calculations in the USA, about 1 in 6000. About 6 carriers per annum might be identified at the NLRTC given that this ratio is appropriate to the UK. Once a carrier has been identified there will be a number of problems not only with regard to surveillance of the individual and his contacts but also with regard to previous blood donations which might have been given over the previous 4 years. There will be a need to decide on referring cases detected as carriers in Transfusion Centres to Reference Centres.
4. It is considered these issues primarily concern the National Blood Transfusion Service although there is an overlap into the interests of policy divisions concerned with AIDS as a communicable disease. Discussion between officials has taken place and it has been agreed that it would be appropriate for MED SEB and HS1 to take the lead in setting up a Working Group to advise on those issues raised in the preceding paragraph, and any others which it becomes apparent during the Group's discussion are the concern mainly of the Blood Transfusion Service. A Working Group of the Advisory Committee on the National Blood Transfusion Service would be an appropriate forum. The terms of reference would be:-

"To consider the implications for the National Blood Transfusion Service of testing blood donations for antibody to HTLV III and to report."

Dr E Harris (cont'd)

5. Membership of the Group

It is proposed that the following should be invited to become members of this Working Group.:-

Dr H Gunson: CMO's Consultant Adviser in Blood Transfusion and Director of North Western Regional Blood Transfusion Centre.

Dr Ian Fraser: Chairman of the Regional Transfusion Directors meetings and Director of South West Regional Blood Transfusion Centre.

Dr Marcella Contreras: Director of the North London Regional Transfusion Centre.

Dr Spence-Galbraith: Director of the Communicable Disease Surveillance Centre.

Dr Philip Mortimer, Consultant Virologist, Central Public Health Laboratories.

Dr Richard Tedder: Senior Lecturer in Virology, Middlesex Hospital.

Dr Charles Rizza, Haematologist, Chairman of the Haemophilia Reference Centre Directors' Meeting.

Dr Richard Lane: Director of the Blood Products Laboratory.

Dr Philip Rodin: CMO's Consultant Adviser in Genito-urinary medicine,

Professor J R A Mitchell : Professor of Medicine the University of Nottingham.

Observers to be invited from the Army, SHHD, Welsh Office, Northern Ireland.

It is proposed that Dr Abrams, Senior Principal Medical Officer, MED SEB will chair this Group.

6. If you are content a draft letter of invitation to the proposed members is attached for your consideration. It would be useful for the first meeting of the Group to take place as soon as possible at least by mid-October.

cc Dr Abrams
Dr Oliver
Dr Sibellas
Mr Parker

Mr Cunningham ✓

Alison Smithies
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