IN STRICT CONFIDENCE

REPORT ON MEETING OF ADVISORY GROUP ON AIDS 27/11/84

[Advisory Group of the NBTS Working Group on AIDS]

Membership: See attached paper.

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1. New Information Presented at the Meeting

(a) UK Epidemiological Data

- 90 cases to 20.11.84 38 deaths.
- 3 needle sticks with AIDS patients. One nurse had an acute illness at 15 days and sero converted at 1 month
- From the AIDS patient who donated plasma to the BPL pool (now withdrawn) the cell donations have been traced as follows:

Donation		Red Cell Recipient Anti HTLV now
Feb 83	WB	Pos
Sep 83	RCC	Pos
Mar 84	RCC	Pos

This shows viraemia/infectivity over at least 18 months

- Anti HTLV in homosexual men in London 20% (56% in promiscuous) outside London 5% (PHLS)

(b) Donor Behaviour

- Dr Contreras has trialled a "NYBC" type questionnaire offering donors the chance to elect their blood to be used for research. At the West London Donor Centre 1-5% of 5,000 donors elected for "research". These donors have been followed up and all, apparently declared themselves homosexual. All were HTLV NEG.
- Dr Contreras and Dr Tedder met with London Gay Reps last week. Got strong message that some homosexuals are still continuing to donate.

(c) Product Safety

- Dr Tedder and Dr Mortimer reported from Pasteur meeting (Nov 20 - 22) that 2 groups have given Travenol Dry Heat VIII to sero negative patients. No sero conversions over about 6 months.

	sero conversions
H treated	0/19
non fit	5/26 (Frankfurt data)

- Weiss has just isolated HTLV III from adult onset hypogamma treated with IgG (Plasma Rx not excluded)

(d) Development of HTLVIII Test Facility

- Weiss now has an isolate and cell line which produces virus suitable for assay. Tedder has used this antigen successfully for 2 weeks. This has no licensing problems.

- DHSS has been informed by US DHSS that access to Gallo isolates and cells can only be via the manufacturers to whom these are already licensed.

- Weiss/Tedder/DHSS appear to be negotiating as follows:

  Wellcome ("interested")
  Celltech ("no interest")
  Unilever/Seward (?)

- Lane is pushing to produce test kits if bulk, inactivated antigen is provided. Departmental enthusiasm for this - muted.

- Existing Tedder assay needs human anti HTLVIII 1st Ab and tracer Ab. Tedder says availability "no problem".

- Weiss emphasises recombinant antigen is the chosen approach but claims under-funded to do the work.

- I can get no clear picture of when or how a serviceable assay will be provided.

2. Discussion/Decisions on Chairman Point

(a) Publicity and Donor Selection

- Much criticism of new DHSS leaflet (SNBTS leaflet meets most of the points but need for redrafting of para 2.
- No recommendation to increase questioning of donors or introduce physical.
- No recommendation for a signed declaration.
- Further television publicity advocated.

(b) Should HTLV testing of Donors be Introduced.

- Unanimously agreed

(c) How Should Tests be Used if a Limited Supply is Available.

- Conclusion - select one or more Centres in "high risk" areas for initial introduction.

(d) Should there be Reference Lab Facilities

- Yes - probably several to be needed. R Tedder reckons his assay highly specific - confirmation does not need blots - just reassay and immuno-fluorescence exam.

(e) Should Donors be Told of Positive Results? How Should Surveillance be Done?

- Conclusion. Donors should be told, by the BTS.
- The medical staff who do this should be equipped to counsel the donor effectively and have access to satisfactory clinical and laboratory facilities should the donor need them.

  The potential difficulties of this were inconclusively discussed.

(f) Should Donors be Informed in Advance of HTLVIII Screening of Their Donation.

- Conclusion. Yes. This should be part of a package of information about all the screening tests done.

(g) Is Heat Treating Necessary, If Screening is Introduced and/or Small Donor Pools Used.

- Conclusion. Yes. RT and Weiss emphasised that Ab screening should not be relied on as a totally effective way of excluding infective donations.

3. Facilities for AIDS Patients, AIDS and Risk Group Samples

(a) Tedder and Weiss repeatedly emphasised their concern about antibody positive samples as potentially infective.

(b) Tedder indicated new draft AGDP recommendations requiring high containment standards for these samples are "unworkable" and much more stringment than measures used in the USA and Europe.

(c) There appears to be potential for a major impasse in the provision of both clinical and laboratory facilities.