

Mr Davies *Mr MacKay*
Mr Morrison
Recd 25/9
 2019

PS/Mr MacKay

Copy to: PS/Secretary of State
 PS/Mr Ancram
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 PS/SHHD
 PS/CS
 Chief Medical Officer
 Mr Morison ✓
 Miss Cox
 Dr Scott
 Director, Prison Service
 Director, SIO

Mrs Watson

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

The purpose of this minute is to provide an update on Mr Macpherson's minute of 21 March and Mr Davies' minute of 28 June.

Incidence

2. Up to the end of August there had been 206 reported cases of AIDS (114 deaths) in the United Kingdom; 6 of the cases (2 deaths) were in Scotland. These figures compare with the 132 reported cases (58 deaths) at the end of February of which 4 cases (2 deaths) were in Scotland.

Statutory Powers

3. The letters to the Chief Administrative Medical Officers of Health Boards and the Chief Executives of District and Islands Councils envisaged in paragraph 5 of Mr McPherson's minute of 21 March were duly issued on 22 March, explaining that there was no need for Scottish regulations corresponding to the DHSS regulations attracting certain statutory powers for possible use in AIDS cases.

Education

4. On 1 April, in the light of public anxiety about AIDS particularly among the at-risk groups, the Chief Medical Officer wrote to the Chief Administrative Medical Officers of Health Boards drawing their attention to a leaflet (copy attached) "Some Facts about AIDS" produced by the Health Education Council and reprinted for the Scottish Health Education Group, and suggesting that copies should be distributed to health centres, general practitioners' surgeries and genito-urinary medicine clinics etc. The Scottish Health Education Group now have a revised edition at the printers.

5. This was followed on 17 May by a letter from the Chief Medical Officer to all doctors enclosing for their information -

- (a) A paper entitled "AIDS - General Information for Doctors" which had been prepared with the advice of the Health Departments' Expert Advisory Group. The paper included sections on groups at risk, clinical presentation and diagnosis and guidance measures to control the spread of the infection as well as other information; and

- (b) A paper prepared by the Communicable Disease Surveillance Centre in London giving a detailed account of the epidemiology of the condition.

Blood Tests

6. Since AIDS can be transmitted through transfusion of blood or blood products from an infected donor arrangements have been made to screen all blood donations as from mid October. In order to avoid persons presenting as blood donors solely to have the screening test (thus increasing the risk of the spread of infection, since even the best tests can produce some false negatives) Health Boards have been asked to arrange and publicise NHS facilities for taking and testing blood specimens from persons who think they may have been infected. We hope that the availability of this facility will mean that the Blood Transfusion Service is concerned only with testing the blood of genuine donors. Where the initial test (whether by the NHS or by the Blood Transfusion Service) proves positive a confirmatory test is to be undertaken; this will be carried out by the Virology Reference Laboratory at Ruchill Hospital in Glasgow or the Clinical Virology Laboratory at Edinburgh University. The cost of the confirmatory testing is being met through the Advisory Group on New Developments in Health Care. Health Boards will be expected to absorb the cost of the screening facilities they have been asked to introduce but the 1985/86 revenue allocation for the SNBTS has been increased by £322,000 to provide for the purchase of screening test kits. The commercially available test kits for the detection of HTLV-III antibody have been evaluated by a panel of experts from the Public Health Laboratory Service on behalf of DHSS and we have made a summary of the results available to Health Boards.

Counselling

7. Appropriate counselling facilities will be required and Health Boards have been asked to make the necessary arrangements. Some counselling is being undertaken by Scottish Aids Monitor who present a gateway into the gay community and are being financially assisted by the Department. Courses for counsellors are being held at St Mary's Hospital in London on which some places are being made available to us and it is also hoped that St Mary's will mount a course in Scotland.

Publicity

8. The testing of blood for the detection of HTLV-III antibody, whether by the NHS or by the Blood Transfusion Service is to commence in mid-October and we have impressed on Health Boards the importance of adequate publicity being given to the facilities available outside the Blood

Transfusion Service. However, there is a likelihood of a Ministerial Statement issuing from DHSS sometime before mid October and we are currently preparing a draft Statement for Mr MacKay. Should Mr MacKay wish to discuss the action being taken in Scotland officials are of course available.



S M Liddle
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