

05 FEB 1985



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ITEM SHHD/DS(84) 10
5 of 27/2/85

*Sent to Director
with Guidelines (100)
5/2/85
in*

Alternative

Secretaries of Health Boards
Secretary, Common Services Agency

Your reference

Our reference

NLZ/11/1 pt 4
Date

4 February 1985

COMMON SERVICES AGENCY

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Dear Secretary

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS (ACDP):
INTERIM GUIDELINES ON ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Summary

This letter introduces interim Guidelines, drawn up by the Advisory Committee on Dangerous Pathogens, which set out the measures to be taken to safeguard the health and safety of people who, because of their work, come into direct contact with AIDS patients, or specimens from them.

Introduction

The emergence of AIDS as a newly recognised disease has given rise to concern among clinical and laboratory staff, other hospital workers and researchers who may have contact with AIDS patients or specimens therefrom. The ACDP has therefore drawn up interim guidelines which it recommends be adopted in all cases where AIDS is suspected or where antibody to HTLV III virus is diagnosed.

Status of the Guidelines

These guidelines represent the considered view of the ACDP at this time, in the light of the best available information, of the hazards, the level of risk associated with those hazards and the protective measures appropriate to those risks. However it is recognised that rapid advances are taking place in knowledge of the disease and of the one agent identified as responsible for it, and for this reason the guidelines should be regarded as interim.

The ACDP intends to review the measures recommended in the guidelines within the next 12 months, while in the meantime keeping itself informed of any scientific developments in this field. To this end Health Boards are requested to submit to the Department, within 9 months from the date of this circular comments on the content and practical operation of the guidelines. This information will be put to ACDP, along with the views of other interested parties, to assist in the planned review of the advice.

Content and Implementation

The guidelines make a number of recommendations relating to clinical and laboratory practice in relation to this disease, but the major recommendations discuss the prime need to avoid accidental self-inoculation or infection via mucous membranes or broken skin by splashing or by contact with contaminated surfaces. Limitation of preparative work and manual tests to a defined area of the laboratory is essential. While

transmission by the aerosol route has not so far been demonstrated, present uncertainty about this possibility indicates that the use of a microbiological safety cabinet to contain any dispersal is a wise precaution. Laboratories with ready access to a containment level 3 room or other room fully or temporarily dedicated and containing a safety cabinet (Class I or Class III depending on the level of dispersal anticipated) should have little difficulty in complying with the recommendations of the guidelines. A reassessment and modification of present work procedures may be all that is necessary. The need to use expensive non-dedicated analytical equipment is recognised but efforts must be made to select those machines in which splashing and aerosolisation of AIDS or AIDS related pathological material can be well controlled.

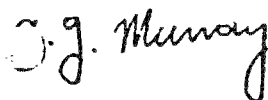
Many of the recommendations in the guidelines are in line with the Code of Practice for the Prevention of Infection in Clinical Laboratories and Post Mortem Rooms (the Howie Report) which Health Boards have been progressively implementing since 1978. In view of the probable increase in the amount of clinical and laboratory work involving AIDS patients, the ACDP has suggested that consideration might be given to the designation of specific laboratories which are able to provide both the necessary level of support to clinical investigation and the appropriate level of containment for specimen handling.

AIDS is one of a number of diseases which disqualify potential blood donors. Advance warning is given via a Scottish National Blood Transfusion Service leaflet 'Important Message to Blood Donors' which lists the high risk groups.

Action

The guidelines currently have an interim status and will be revised in twelve months' time. However, Health Boards are asked to comply with the recommendations therein as soon as practicable. They should draw this guidance to the attention of all clinicians who might be involved in handling such cases, including consultants in charge of STD clinics and clinical laboratories. They are further asked to submit comments on the practical application of the guidelines to Dr A D McIntyre, Room 20, St Andrew's House, Edinburgh EH1 3DE (031 556 8501 [REDACTED]), from whom further copies of the guidelines are also available.

Yours sincerely



A J MURRAY