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1. PS/Mr MacKay
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Copies to: PS/Mr Ancram [? - Prisons Interest]
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AIDS

Ministers will be aware of a great deal of [?] [hysterical] comment in the Press recently about AIDS. As they will know from previous briefing supplied, AIDS is a disturbing and ^{as yet,} poorly understood condition. Also, it was always predicted that a rapid growth in the number of cases was likely: such growth is now occurring. Nonetheless there are still only [just over 100] reported cases in the whole of the United Kingdom and even in the United States only a minute proportion of the population is affected. Although, therefore, the actual public health hazard does not warrant alarm on the scale manifested such alarm undoubtedly exists and it is desirable to take visible steps to reduce it.

Notification

There is considerable public pressure for AIDS to be made a **notifiable** disease. DHSS Ministers ^{have decided} ~~are being advised~~ against taking such a step, and our Ministers will have seen the letter on this point from Mr Wyn Roberts. We, too, oppose notification [for the following reasons ...].

Blood Transfusion

It is known that AIDS ^{or AIDS?} [or at least HTLV III, the precursor virus,] can be transmitted through transfusions of blood or blood products from an infected donor. Ministers will recall the discovery of antibodies to HTLV III in a number of Scottish haemophiliacs towards the end of last year. All Scottish produced Factor VIII, in which Scotland is self-sufficient, is now heat treated and hence that method of

transmission should be closed off. Tests are now becoming available which enable the blood itself to be tested for the presence of HTLV III antibodies and it falls to be considered whether all donations should be tested. DHSS Ministers have agreed in principle to such a step but have indicated that it will be for the Regional Transfusion Directors to decide when to take it, and that this should not be until properly validated tests are available. They have also indicated that no extra funds will be made available: the cost should be met from the resources available to RHAs.

Regional Blood Transfusion Directors, including Dr Cash and the Scottish Directors, [have written] to the Lancet and British Medical Journal advising against premature introduction of routine screening of blood donations. There is a number of reasons for this view, which we support, particularly in the Scottish context. As has already been said, heat treatment of Factor VIII is believed to remove the risk to haemophiliacs. The risk from ordinary blood transfusions is believed to be very small. As far as is known, there has only ever been one infected donation of blood in Scotland (the one which corrupted the batch of Factor VIII) ^{when there are} out of 280,000 donations a year. There is other evidence that blood donated in Scotland is "clean". Donors are now required to sign a statement that they are not in a group at risk of contracting AIDS before giving blood.

Existing tests ~~appeared to~~ give an unacceptably high rate of false positives. This has been assessed at about 4%, implying that tests ^{would} ~~which~~ show several thousand Scottish blood donors as having antibodies to HTLV III who are in fact quite free of them. The problems for the Blood Transfusion Service in dealing with such people would be immense. ~~Such~~ problems are already occurring on a much smaller scale, as there are ~~already~~ instances of members of the public ringing blood transfusion centres to report on the alleged sexual habits of neighbours who are blood donors. There will also be an unknowable false negative rate, there always being some chance that an infected person will not be identified. The tests themselves are at present very expensive, at approximately £2 per test. This figure, which would suggest overall expenditure on such testing of £600,000 per annum in Scotland, has to ^{be} ~~set~~ against a total per donation for all other tests, including blood grouping, also of £2. It is thought probable that a very much cheaper test can be developed within the NHS, possibly costing only a few pence per test.

A further problem has been highlighted by the recent unofficial pilot introduction of testing at a regional transfusion centre in England. Although no public announcement was made, it appears that it became known among the homosexual community that testing was being carried out. Several homosexual men apparently travelled to the centre concerned, ostensibly to give blood despite the need to sign a statement, but in

reality so that their blood could be tested. The risk of infected blood being used for transfusion is thus increased (because of the possibility of false negatives) rather than the reverse.

Special Centres

We recommend an alternative course of action, based on experience in Denmark. Apparently in that country special centres [only one?] have been set up which can be contacted and attended anonymously specifically for the purpose of testing for HTLV III. [Initially attenders were overt homosexuals, but the anonymity enabled others to come forward at a later stage.] The false positive rate is less critical in such a context as all attending presumably believe themselves to be at risk. As they so believe, they should not, in any case, be attempting to donate blood. We recommend that Health Boards [which?] should be advised to set up such centres in Scotland. It would be essential to offer counselling, but doing so would be much easier for the centres than for the Blood Transfusion Service, whose function it is not.

If centres of the sort described above are established they should then be given some months to operate. During the same period every effort should be made to develop and validate a suitable reasonably priced test which could then be introduced uniformly by the Blood Transfusion Service.

Conclusions

DHSS has set up an Expert Advisory Group (^{EAG}~~ABC~~) to consider the various problems presented by AIDS. We propose to suggest the strategy described above to the ^{EAG}~~ABC~~. We recommend that it is the strategy to be followed in Scotland. [A draft letter is attached for Mr MacKay to send to Mr Kenneth Clark, as is a draft Press Notice.]

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21 February 1985

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etc.