

Dr Scott

Copies to: Mr Macpherson  
Dr McIntyre  
Mr Robertson

AIDS -- TESTING OF BLOOD DONORS

DHSS Ministers have now agreed <sup>(apparently with great reluctance)</sup> that all donations of blood in England should be tested for the presence of antibodies to HTLV III. We now have to decide whether we have any alternative to advising our Ministers that it is necessary to follow suit in Scotland.

There are over  $\frac{1}{4}$ m donations of blood in Scotland each year. As far as we are aware, only one donation to date has contained antibodies to HTLV III. We now require a signed statement from all potential donors that they are not in one of the at risk categories for contracting AIDS. Hence the number of "infected" donations, already vanishingly small, should decrease still further. The information, admittedly fragmentary, in paragraph 5 of the recent ACDP guidelines suggests that antibodies are not present in the blood of members of the general public, even those attending genito-urinary clinics. Haemophiliacs in Scotland are now not at risk as all Factor VIII is heat treated - the situation in England is different. In any case, only a proportion of those with antibodies develop AIDS: I have seen figures ranging from 10% down to one in several hundred.

If a test is introduced, it will presumably be necessary to arrange follow-up for all individuals whose blood gives a positive result. It is not clear whose responsibility that would be, or what the cost implications are. As any test will inevitably be imprecise, there will inevitably be a problem created by false positives, and also the knowledge that there may always also be false negatives, and hence it will never be possible to be absolutely certain that the virus is not present in transfused blood. Also, as you yourself have said, there is a considerable danger that people considering themselves at risk may attend blood donor sessions specifically for the purpose of having their blood tested.

It is evident that there would be considerable financial implications from introducing a test. Heat treatment has already been brought in, at a cost of some £80,000. A test, even at the lower end of the price range, would cost £300,000 a year, set against the £50,000 which we are seeking for the purpose. I have discussed the problem with Mr Robertson, and though the financial angle cannot be ignored, we are both agreed that it should not be the determining factor in this case. It is not clear whether the funding of testing in England is to be left to RHAs, or whether it is to be handled as one of the DHSS "central initiatives". In Scotland it would be necessary to provide the CSA with extra funds. <sup>(I now gather RHAs on 6 & 6/6/85 meet the cost)</sup>

It seems to me that the balance of rational argument would be heavily against introducing a test on all donations. I accept, however, that there is little rationality to be seen where AIDS is concerned. We seem to have reached the point where an AIDS victim cannot even be given a public funeral, presumably in case noxious vapours emanating from the coffin strike down the congregation in the middle of the service. I should be grateful for your guidance as to what we should tell Ministers.

*JGD*  
J G DAVIES  
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Room 115  
Division IVD  
Ext: 2370