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Mr ~~Conston~~

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Dr McIntyre

Copy to: Dr Scott

**MEETING OF DIRECTORS OF SCOTTISH BLOOD TRANSFUSION SERVICE  
 ON TUESDAY 25 MARCH**

Items of Departmental interest discussed at this meeting include the following:

1. AIDS Virus and the intention to carry out "spiking" experiments at PFC. Dr Perry hopes to commence within weeks experiments involving this "spiking", and proposes to do it on behalf of both CBLA and PFC. Meantime there was much discussion on when to withdraw batches suspected of containing virus, and how far to rely upon the other two protections for the recipient: testing of individual donations, and heat treatment of the final product. It was revealed that CBLA are at present prepared to issue factor VIII from a batch known to contain a donation positive for AIDS antibodies, relying on the efficacy of the heat treatment they use. Dr Brian McClelland has evidently information derived from the multi-national firm Cutter that the very process used at PFC may effectively exclude the virus; this matter is now the subject of conflicting evidence from different sources, but Dr McClelland's account was very circumstantial, and he asserted that it was not the presence of alcohol in the process but the actual fractionation procedure which removed virus into the waste from the final product.

2. Screening of Donors in US Forces. There is now an American Order in force that members of their Forces must consent, before giving blood to the United Kingdom Transfusion Service on an American Base, that the result of the AIDS test shall be notified by the United Kingdom Transfusion Service to the American Forces. All Scottish Regional Transfusion Directors are now aware of the existence of this order, but are apparently hoping that no positive cases will turn up, since to pass the information of a positive test to the American Forces would clearly embarrass them.

3. The number of donors with confirmed AIDS antibodies is as follows;

Dundee:	3
Edinburgh:	4
Inverness:	1
Glasgow:	2
Aberdeen:	0
Northern Ireland:	1

4. The matter of "directed donations" and "autologous transfusion" was discussed. Directed donations are given by the patients' friends, and no one believes this to be a prudent development for the United Kingdom Blood Transfusion Service at the present time. In autologous transfusion, the patient receives his own blood back, from donations collected from himself over a previous period in contemplation of an operation being required. It was argued that the advantages of this are not very cogent and the genuine scope probably very small. There is a serious risk of blood reaching the wrong destination, since such donations have to be handled entirely differently from the rest of the donations in the Transfusion Service, yet they are very few in number. There is some inclination in the private sector to set up facilities of this kind, but in spite of some expressed anxiety, there seems little reason to believe that such a development would do any harm to the Transfusion Services.

5. Bone Marrow Transplants from unrelated donors. Dr Burnett in Glasgow would now like to extend his work into this sphere. There are two donor Panels in England: the Anthony Nolan Panel includes about 63,000 donors, and the "United Kingdom" Panel much less, about 6,000. The arrangements for contributing Scottish donors to the Panel would be expensive, and there are problems, such as the possibility of requests for individual donors to proceed abroad (Israel) to give marrow. It was felt that any development must closely involve the Blood Transfusion Service, but that the matter would require further discussion and information.

6. Testing of blood donations for "non-A, non-B hepatitis". There is a proposal in America to reduce the transmission of this medley of conditions by testing all blood donations for evidence of faulty liver function. Since any additional test of this kind must necessarily be non-specific and could well prove expensive, I have as you know immediately made further enquiries, and have discovered that the number of cases in Scotland due to blood transfusion is probably exceedingly low, there is a solid body of work (a Ph.D. thesis) exploring the matter, and I am securing Dr Dan Reid's opinion in writing in the near future. It was argued at the meeting that urgent action was called for rather than a search for reliable information, and that the case was comparable with that of AIDS. I pointed out however that the steps taken to deal with AIDS were taken in face of a rapidly rising incidence, while in the present case the incidence so far as I know is small and steady. There is thus no justification for panic measures. I also indicated that the Department was perfectly open to proposals for funding research in this field, if research is required to determine the true size of the problem and the likely effect of any proposed remedy.

7. Dr Cash indicated that he was dissatisfied with the disposal of the "cheque" from Northern Ireland in respect of blood products supplied to Northern Ireland. He wants the cheque to be routed direct into the Blood Transfusion Service allocation, and maintained that he would soon be obliged to cut down supplies to Ireland, in protection of the Scottish Transfusion Service. Mr Murray was unable to be present, and I felt that this was fundamentally an administrative problem at the moment. Mr Murray has this morning shown to me a letter to him from Dr Cash, announcing that Dr Cash is instructing Dr Perry to hold his hand over developing increased plasma handling capability in the interest of Northern Ireland. I have also had Dr Trevor Lawson from Northern Ireland on the phone, and have indicated to him that I believe that this position of Dr Cash (which has alarmed the Irish) will turn out to be no more than posturing to obtain an enhanced allocation.

8. Leaflet for blood donors about AIDS. This leaflet is being redrafted in England, particularly in respect of the instructions for donors who have visited or resided in Central Africa. We hope to see the draft soon, and Dr McClelland in particular would like to see it as soon as we have received a copy in draft.

DR JOHN FORRESTER  
26 March 1986

Room 25  
SAH