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EAGA(2) 3

NOT FOR PUBLICATION

EXPERT ADVISORY GROUP ON AIDS  
SCREENING TEST SUB-GROUP  
NOTE OF MEETING OF 15 FEBRUARY

PRESENT:

Dr A Smithies (Chairman)  
Dr Bell  
Dr H Gunson  
Dr McClelland  
Dr P Mortimer  
Dr A Pinching  
Dr P Rodin  
Dr R Tedder

SECRETARIAT

Mr A J Williams  
Mr M H Arthur

INTRODUCTION

1/ The Chairman welcomed members and thanked them for attending.

UPDATE ON AVAILABILITY

2/ It was recorded that Travenol, Dupont, Ortho, Abbotts and Electroneucleonics were licensed to use the Gallo isolate. Apparently all the US companies were using an ELISA test. None had yet been given FDA approval. Wellcome were developing a test based on the British isolate which might be available for use in Regional Transfusion Centres within three months. Dr McClelland said he would provide the Department with the name of the company developing a test from the French isolate.

TERMS OF REFERENCE

3/ It was agreed that the sub groups terms of reference should be

'To advise the Expert Advisory Group on the introduction of a test for antibody to AIDS related virus'.

EVALUATION

4/ The Chairman said that in the absence of statutory marketing controls the DHSS had invited companies developing test kits to take part in a Departmental evaluation. An ad hoc panel of experts with DHSS officers would agree a protocol and arrange for a PHLS virologist to carry out the evaluation. The British test under development would be included in any evaluation. Initially tests would be undertaken by PHLS against their existing sera panel; a follow-up evaluation in Regional Transfusion Centres and in laboratories serving STD clinics would also be undertaken.

EVALUATION PAPER

5/ Dr McClelland tabled a paper (Ref FDA Evaluation of HTLV III) describing USA kits and their results. The kits had not tested the same serum samples. It was agreed that it was essential to do repeat assessments on the same samples in the UK.

6/ It was agreed that evaluation would have to embody confirmatory procedures also.

FIELD/PILOT TRIALS

7/ It was agreed that in order to properly monitor field evaluation there should be some central control. In the absence of an absolute standard (virus isolation) it was agreed that the yardstick should be the competitive radio-immunoassay and immunofluorescence test using the Gallo isolate. The PHLS had already considerable experience with both these tests.

*Western  
Blot*

8/ It was considered that many patients would be willing to give blood specimens to hasten research; about a hundred and thirty samples would be required from AIDS patients, patients with AIDS related complex and homosexuals attending STD clinics.

9/ It was noted that tests could vary if samples were repeatedly frozen and unfrozen. This would mean that separate aliquots would have to be prepared from each sample. Dr Gunson asked if it would be possible to test plasma rather than serum. It was thought that it was likely that the test would only be on serum.

10/ The Chairman asked Dr Gunson and Dr McClelland to consider the feasibility of arranging a collection of sufficient samples and preparing aliquots from them in transfusion centres. Dr Pinching would consider the feasibility of acquiring sufficient samples from STD clinics.

11/ Regional Transfusion Directors had been unanimous in wanting a common date for the introduction of a test into the NBTS. The group considered that individual RTCs should be dissuaded from implementing tests on a local basis. In fact it was agreed by the sub group that tests should better be made available for the clinical setting first.

REFERENCE CENTRES

12/ A Central Reference Centre for use by District General Hospitals and the Regional Transfusion Centres was deemed to be optimal. There would be heavy demands upon such a centre and they would need thought. Despite controls on expenditure members considered AIDS was a new problem which required a 'new' solution. PHLS was probably the most likely candidate to set up such centres. It was agreed that it would be impractical to rely on one centre and consideration should be made to designate a second centre.

13/ Dr Rodin proposed that consideration should be given to the ethics of informing those who were to be tested that their blood was going to be subjected to testing. Dr Pinching reported that Dr Abrams sub group had advised that blood donors should be informed that their blood was going to be subjected to a number of tests. A final decision as to whether sera collected for evaluation tests should be collected anonymously was deferred to the next meeting.

14/ The next meeting would take place on the 1st March in room Hannibal House at 10.30.