IV/5

IN CONFIDENCE

EXPERT ADVISORY GROUP ON AIDS
MINUTES OF THE FOURTH MEETING HELD ON 29 MAY 1985

Present: Dr E L Harris Chairman

Professor M Adler
Professor A L Bloom
Dr M Contreras
Dr N S Galbraith
Dr J Green
Dr D B L McClelland
Dr P Mortimer
Dr D Pereira-Gray
Dr A J Pinching
Dr P Rodin
Dr R Tedder
Dr D A J Tyrrell
Professor R Weiss
Dr J E M Whitehead
Professor A J Zuckerman

DHSS Dr M E Abrams
Dr A Smithies
Dr W Miller
Dr D Holt
Miss B Weller
Mr A Hurst (part)
Dr M Sibellas (medical secretary)
Mrs R C Gorvin (minutes)

Dr R G Covell SHHD
Dr S N Donaldson DHSS NI
Dr Ferguson-Lewis WO

1. Apologies for absence

Aplogies were received from Professor Geddes, Dr Cash, Miss Jenner, Mr Wells Dr Ower and Mr Murray.

2. Chairman's Announcements

The Chairman welcomed Dr Tyrrell and Dr Green who was present to speak to EAGA(4)1 at item 7 on the Agenda. He thanked members for their contribution to CMO(85)7 issued on 15 May. Members reported that the letter had been generally well received.

3. Minutes of the last meeting on 22 April 1985

3.1 Paragraph 16 line 5: it was agreed to correct 'many' to 'some'.

3.2 Paragraph 18 was discussed further. Complex legal issues would be involved if information concerning a sero-positive result was withheld from the donor's doctor. There was a potential conflict of principle between confidentiality and the safety of staff involved in, for example, the taking of blood from a sero-positive patient when the general practitioner had not been informed of the result of the test. The Chairman pointed out that there was a need to protect the patient and it might be harmful to the individual if the positive test went into his records and then the result was inappropriately used to the patient's detriment, regarding insurance or mortgage applications for example. An additional factor was the possibility of false positive results,

3.3 Dr Contreras suggested that the blood donor should be informed before donating blood that his GP would be notified of a sero-positive test. In view of the major practical problems which the Blood Transfusion Service would have to face, after discussion it was agreed that paragraph 18 should include the following: "It would be very difficult for the transfusion service to obtain a correct record of the name and address of each donor's GP".

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4. Further initiatives in health education

4.1 Dr Sibellas reported that Ministers had been asked if a group, including representatives from the gay community, could be set up to advise on the question of health education. A wide representation was required and the group would need to include two genito-urinary physicians and representatives from risk groups.

4.2 Professor Bloom said that the Haemophilia Society might welcome an invitation to be represented on the group. Advice from those representing the at-risk groups might have more credibility and be more acceptable to those at risk. It was agreed that the Health Education Group should include representatives from the 3 main at risk groups: homosexual males, haemophiliacs and IV drug abusers. It was agreed that, although the Health Education Group would not be a sub-group of the EAGA, it should submit its proposals to the Expert Group and its terms of reference should include 'advising the Expert Advisory Group'. The urgent need for health education regarding AIDS was recognised and the Health Education Group should be set up as quickly as possible.

5. Introduction of a screening test for antibody to the AIDS related virus

5.1 Dr Smithies reported that Regional Transfusion Centre directors had rejected as impracticable the possibility of the Blood Transfusion Service keeping the names and addresses of donors' GPs. The whole issue, including the practicalities of the introduction of the screening test, was being discussed with the Blood Transfusion Service. Dr McClelland said that the operational strategy needed to handle the small number of positive results which would arise among blood donors needed agreement. A further meeting of the Screening Test Sub-Group was scheduled for 10 June and this was one of the issues it would examine, with a view to making recommendations to the Expert Group.

5.2 Dr Smithies said that the PHLS had been asked to evaluate all available screening test kits. Three produced in the USA had been licensed by the FDA and there were at least two being manufactured in Europe. Dr Mortimer said that the initial evaluation would be undertaken at Colindale involving 350 sera, half of which were from blood donors. Two kits would be tested in the next 2 weeks and a third in the next 4 to 6 weeks. It was hoped that at least three sets of data would be available for discussion by an ad hoc group of experts in mid July. Each sample of sera would be tested by every commercial test and also by 2 in-house Colindale tests. After discussion, it was agreed that the PHLS should obtain further sera which contained for example, cold agglutinins, HLA antigen DR4, anti-lymphocyte antibodies and rheumatoid factor. The Chairman said that while it was important to introduce a reliable screening test as soon as possible, an effective evaluation of the tests was essential and should not be rushed.

5.3 Dr Mortimer tabled an amendment to paragraph 7 of EAGA(3)2 (attached). Professor Zuckerman expressed concern and said that he strongly recommended validation tests of the sera which included the Western blot and/or RIPA. He tabled paper EAGA(4)3 which summarised some of Professor Montagnier's data on this issue. After discussion, it was agreed that it was desirable to validate the results of commercial tests with as many other methods as practicable. Dr Smithies agreed to explore the possibility of obtaining Western blot data and the sera.

5.4 Professor Bloom expressed his concern at delaying the introduction of a screening test in the Blood Transfusion Service and hoped that it would be introduced as soon as possible.

6. Infection control guidelines for the community care of AIDS patients and other HTLVIII positive individuals - EAGA(3)4

6.1 Miss Weller introduced this paper which had been produced by Miss Jenner primarily as an informative, practical guide for nursing staff. Comments on the paper were as follows:

- Introduction: Second paragraph - delete 'probably' at beginning of the second sentence and insert 'types' at the end. Delete the last sentence "it has an incubation period of 6 months - 5 years". In the fifth paragraph, add "the use of contaminated needles and syringes" at the end of the sentence.

- Paragraph 2.1 should be expanded to include a specific reference to CMV provided by Dr Pinching.

- Paragraph 2.3 should be modified and paragraph 2.4 deleted.

6.2 The Chairman suggested that the guidance might be issued as a CNO letter. SMAC and SNMAC might be interested to see it for information and consideration would also be given to disseminating it in some way to GPs and possibly local authority workers. The Expert Group endorsed the guidance and recommended that it should be issued as soon as possible by the most appropriate means.

7. Suggested outline of AIDS Counselling training - EAGA(4)1

7.1 Dr Green introduced this paper which had been previously considered by the Sub-Group on AIDS Counselling. He said that the indications were that those counselled had modified their sexual behaviour and that counselling also alleviated distress and confusion. The paper suggested that there should be 2 types of counselling training. The first prior ity would be brief courses lasting 2 days aimed at providing basic counselling skills and secondly, more detailed courses lasting a month for those intending to run their own AIDS counselling courses and those responsible for a large number of patients with AIDS related problems. Initially these courses might be run at St Mary's Hospital and eventually elsewhere. The approach taken by clinical psychologists at St Mary's was an open one; they did not seek to offer definitive solutions but ways of handling situations. Dr Pereira Gray said that some GPs might be interested in such training and would probably be able to go to the 2 day course. It would be convenient if other regions developed courses and held postgraduate study days on AIDS. The question of funding for the training courses and financial support for GPs attending courses needed to be considered. The Expert Group fully endorsed the concept of the counselling training proposals.

7.2 There followed a discussion on the general question of resources. There was an increasing need for counselling and resources were needed to cover such expenditure. However, members were becoming increasingly concerned about the problem of resources to cope with AIDS. The magnitude of the problem should not be underestimated and it was important to look at predictions. There was the likelihood that the disease could slowly spread into the general population. People could be infected for life and be infectious at various stages in life. An estimated 3000 men in London were now likely to be infected and it was likely that up to 35% of haemophiliac patients were also probably HTLVIII positive. The virus had not yet circulated in drug addicts but this was only a question of time. The chairman took note of these points and said that consideration would be given to the question of resources.

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8. Report on the Surgeons, Anaesthetists and Dentists Sub-Group Meeting on 24 May

Dr Holt reported that the first meeting of the Sub-Group had considered the preliminary working paper "Guidelines for surgeons, anaesthetists and dentists dealing with patients infected with HTLVIII". The sub-group considered that guidance should be issued as soon as possible. It was hoped that a revised guidance paper would be available to present to the next EAGA meeting.

9. AIDS in renal units - EAGA(4)2

The recommendations of the Rosenheim report on Hepatitis and the Treatment of Chronic Renal Failure were considered in terms of their adequacy to prevent outbreaks of AIDS in renal units. With some modifications, it was agreed that these recommendations could be used as interim guidelines. Dr Polakoff would be consulted on the specific recommendations. The problem of routine testing of staff for the antigen was discussed. The Expert Group's view was that screening of staff should not be carried out as a routine at present.

10. Any Other Business

Professor Zuckerman queried whether class 1 or class 2 cabinets in laboratories were recommended for use in view of the resource implications. DR Tyrrell said that the ACDP was examining this issue in the light of comments received and would be producing revised guidance later this year.

11. Date of next meeting

The Chairman said that the next meeting would be held at 10.30 am on Tuesday 30 July 1985 and would be chaired by the CMO.