

PROTEIN FRACTIONATION CENTRE

TO: All Staff	FROM: Dr. R.J. Perry
SUBJECT: AIDS	REFERENCE: RJP/IW DATE: 31st December, 1984.

You will all no doubt have been following the various newspaper, television and radio reports of the situation regarding AIDS in the UK and in particular Scotland. I have attempted to keep you informed of developments as they affect PFC activities by passing all information which is available to both PFC managers and Trades Union representatives with the intention that this information be made available to all staff. However, it may be that some staff are not fully aware of the present position and I think it is an appropriate time to summarise the facts insofar as they affect PFC.

The current situation is broadly as follows:

- (a) There are no cases of AIDS in Scotland or Northern Ireland which are associated with transfusion of blood or blood products from SNBTS.
- (b) Some Haemophiliacs in Scotland (who have received only PFC FVIII) have evidence of exposure to the AIDS virus. These patients have no symptoms of AIDS but have developed antibody to the AIDS virus (H.T.L.V.III).
- (c) It has been established that those patients who have been exposed to the AIDS virus all received some vials from batch 4-009. These patients have also received material from a number of other batches.
- (d) The fact that these patients have evidence of exposure to HTLV III virus does not necessarily mean that they will go on to develop AIDS.
- (e) It is reasonable to assume, for the purpose of developing safe working practices, that all plasma pools and products handled at PFC may be contaminated with AIDS virus and I would re-emphasise the need to exercise the cautionary measures which are in operation in respect of hepatitis contamination.
- (f) A test for HTLV III antibody will become available in due course and all plasma will be screened before it is sent to PFC.

A number of additional measures are being taken by departmental managers with a view to further reducing the incidence of minor cuts and abrasions while handling plasma and plasma products. Those include:

- (a) Introduction of band saw for removing plasma from bags.
- (b) Commissioning of centrifuge bowl handling and disassembly equipment.

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(c) Containment of intermediate solutions as a result of Phase IIa.

However, I would take this opportunity to impress on all staff at PFC, the importance and formal responsibility of each employee to work safely at all times. Furthermore, I would strongly encourage people to bring forward ideas for safer working practices to departmental/section managers or safety representatives so that we can work collectively to reduce the incidence of cuts and abrasions when handling equipment and products.

Finally, I would reassure you at this time, that there are no cases (worldwide) of AIDS in other Centres manufacturing blood products despite the fact that the spread of AIDS in the United States is some 2-3 years ahead of Europe. This provides some reassurance although equally it should not be used as a justification for complacency or carelessness by any of us.



Robert J. Perry