



*Urgent re: JOC
RP
RTOS + hie*

SHHD/CAMO (85)14

SCOTTISH HOME AND HEALTH DEPARTMENT

St Andrew's House Edinburgh EH1 3DE

Telephone 031-556 8501 ext

21 AUG 1985

PROTEIN FRACTIONATION CENTRE	
To: Chief Administrative Medical Officers	23 AUG 1985
Copy to: Community Medicine Specialists CAMO (Communicable Diseases and Environmental Health)	G.118
Recd	
DR. R. J. PERRY	
14 August 1985	

Stamp

Dear Doctor

LABORATORY TESTS FOR HTLV III ANTIBODY: FACILITIES FOR TESTING OUTSIDE THE BLOOD TRANSFUSION SERVICE

It is anticipated that the routine screening of blood donations for HTLV III antibody using one of the tests described in my letter of 6 August will commence in mid October this year. Those in high risk groups have been told not to donate blood but it is possible that in the absence of other publicised and accessible facilities they might attend blood donor sessions merely to have the test. This is most undesirable as it would increase the risk of infected blood donations since any test produces some false negatives.

It is essential therefore that the arrangements being made by your Health Board for the taking of specimens of blood for HTLV III antibody testing from persons other than blood donors should be finalised and publicised before the end of September. Genito-urinary/sexually transmitted diseases clinics have experience in dealing with patients on a confidential basis and would seem to be well suited to offer advice and a test where necessary to many people who have reason to be worried about the disease. But there is also a need to provide for others who are anxious for various reasons but who do not regard themselves as appropriate clients for such clinics.

Estimates of the demands are difficult to make. In the next year or two most of the positive antibody findings are likely to be concentrated in the larger cities, though experience has shown that the virus is not confined to these areas.

It will be important to ensure that the facilities provided are properly publicised and especially that GPs know of the local arrangements. The testing and counselling of individuals will of course require to be carried out in strict confidence.

Appropriate counselling facilities will have to be provided; it may be sufficient for these to be made available in the larger cities only. DHSS is financing courses at St Mary's Hospital in London for those who will be involved with counselling and some places are reserved for Scotland. As a first step two-day AIDS counselling familiarisation courses are to be held at St Mary's starting in the autumn. There will be a small charge which Health Boards will be expected to bear as well as any related expenses such as travel and subsistence. Nominations are invited for individuals to attend, preferably with some counselling experience, who will be able not only to provide AIDS counselling, but also to instruct others in these skills. Nominations should be sent to Dr R G Covell, Room 2, St Andrew's House, Edinburgh EH1 3DE, by 31 August.

SHHD/CAMO(85)14

The guidance given in this letter is based on the advice of the health departments' Expert Advisory Group on AIDS. Attached for your information is a copy of the Group's Infection Control Guidelines for the community care of AIDS patients and other HTLV III positive clients which was circulated to Chief Area Nursing Officers on 7 August. The Group are considering, amongst other topics, guidelines for surgeons, anaesthetists and dentists, health education in AIDS and advice relating to health care workers who are found to be HTLV III antibody positive. Guidance material on these matters will be circulated to Chief Administrative Medical Officers as soon as they become available.

Further opportunity to discuss the general question of AIDS will be afforded at the meeting of CAMOs with the CMO on Wednesday 4 September.

If you have any queries on this letter please contact Dr R G Covell, telephone 031-556 8501 ext 2532.

Yours sincerely



G A SCOTT
Deputy Chief Medical Officer

Enc