M E M O R A N D U M

TO: Mr. J. Watt	FROM: Dr. P. Foster
SUBJECT: AIDS	DATE: 15th July, 1983

It might be helpful if I summarised the key points concerning AIDS from the WFH and ISTH Stockholm meetings (prior to a full report). Most of the information was presented by Dr. Evatt (CDC).

1. The June '83 figures at CDC show that the total number of USA confirmed cases is marginally higher than would be predicted from an exponential growth. i.e. This is consistent with the view that AIDS is a transmissable agent. There are also thought to be over 1000 AIDS cases in Haiti.

2. Epidemiology strongly suggests a transmissable agent (ie AIDS has been found in spouses, male & female, siblings, etc).

3. Epidemiology from gay males strongly suggests three stages to the disease.

   3.1 A latent period of up to 1 year with no symptoms.

   3.2 A period with various early symptoms which are not themselves specific for AIDS : this can be from 1 - 2 years.

   3.3 Full blown AIDS, 2 - 3 years after the initial contact.

   The aids victim is thought to be capable of transmitting the disease from time 0 onwards.

4. The form of AIDS falls into two categories; those who develop Karposi's sarcoma and those who develop opportunistic infections.

5. Predicted mortality is 100% in 3 - 4 years for those with karposi's sarcoma and 100% in 25 months for those with opportunistic infections.

6. Haemophiliacs are in the group which develops opportunistic infections.

7. For haemophiliacs there are 16 confirmed cases in the USA (8 now dead) and 5 in Europe (3 Spain, 1 Wales, 1 Canada). Other delegates seemed to think there were more cases than this outside USA (eg Canada, Germany, Israel, Sweden) it is possible that these have not yet been confirmed by CDC.

8. Of the 16 USA cases 1 is a mild haemophilia B case who also received 2 units of New York blood. Haemophilia A cases are mild, moderate and severe.

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9. AIDS is still located mainly in key urban areas in the USA (New York, San Francisco, Los Angeles) however the haemophilia cases are generally located in non-AIDS areas. This is strong evidence for transmission by FVIII.

10. Common lots of FVIII concentrate seem to be "rare or non-existent". There are two known FVIII lots prepared from plasma containing 2 AIDS donations. Haemophiliacs who received this material have been followed for 2 years with no signs of AIDS yet.

11. The AIDS haemophiliac in Cardiff has received products from Armour and Immuno as well as NHS. Other suspected European cases had received products from Hyland (Israel) and Hyland and Immuno (Sweden).

12. For donor screening it was suggested that the presence of circulating immune complexes plus anti-HBc would identify 98.4% of AIDS cases. Rejection on this basis would remove 10% of all the plasma pool.

My general impression was that there was a concentrated attempt from USA delegates to play down the situation. The risk to haemophiliacs was said (a number of times) to be one in a million (though simple arithmetic suggests 1 in 1000). It was stressed that the causes of death for USA haemophiliacs is:

Bleeding	36%
AIDS	11%
Cancer	11%
Heart disease	7%

i.e. keep on taking concentrates.

However this data is for 1982; data for 1983 could well be different.

USA delegates seemed to be suggesting that transmission of the disease might depend on a pre-disposition (eg genetic) as well as contaminated products and that this effects only a small proportion of haemophiliacs. Germany was pointed to as a high user of USA concentrates with no cases of AIDS!

With the 1st haemophiliac case only 12 months ago and a possible incubation period from 1 - 3 years a number of delegates (mainly European) were clearly uneasy and felt that we may be still only seeing the tip of the iceberg.