

M E M O R A N D U M

<u>TO:</u> Mr. J. Watt	<u>FROM:</u> Dr. P. Foster
<u>SUBJECT:</u> T Cell Abnormalities & Haemophilia	<u>DATE:</u> 13th July, 1983

As a number of reports are appearing from our Scottish colleagues on this topic it might be useful if I mention some of the key points that came out of the WFH and ICTH meetings (prior to a full report).

A number of presentations were given both at WFH & ICTH sub-committee meetings; some of the participants attempted to make the following points:-

- 1) North American studies correlated the lower T_H/T_S ratio with life-time exposure to FVIII (not age, 1 year or 5 year exposure), others claimed a correlation with age.
- 2) European studies showed that the low T_H/T_S ratio correlated with the use of imported concentrates and not with local concentrates (Swedish, Dutch, Danish).

It was clear that many European participants were implying that USA products and/or plasma were bad news. The North American response was initially to cite Ludlam et al but later to attack the validity of any of this data. The following points were made:-

- 1) The concept of T cell ratio is not helpful and T_H & T_S cells should be considered separately.
- 2) Counting of cells alone may not be good enough, some measure of cellular activity is required.
- 3) T cell behaviour is influenced by many parameters (eg exercise, time of day, weather) and can vary markedly within the same individual. Hence single point measurements are meaningless and longitudinal studies are required (i.e. follow haemophiliacs + controls over an appropriate period of time).
- 4) Although AIDS victims have a low T cell ratio (ie below 0.5, usually 0.1 - 0.2) the general feeling was that a low ratio in haemophiliacs (even if true) would not necessarily indicate a pre-AIDS condition. A number of speakers pointed out that T cell abnormalities can result from viral infections (CMV, EBV, hepatitis). Although there was some disagreement on this point it seemed to be generally accepted that the clinical relevance of T cell abnormalities was far from clear and that it could even be quite innocuous.

My own feeling was that there was something of an attempt to suppress AIDS "hysteria" but, as an uninformed observer, some of the more scientific criticisms of the T cell situation did appear to make some sense.