

MEDICAL RESEARCH COUNCIL

Circulation Participants

MRC WORKING PARTY ON AIDS

Minutes of the meeting held at 20 park Crescent, London W1N 4AL on Tuesday 20 December 1983

Present:

Members

Departmental Observers

By invitation

MRC Office Staff

Apologies for absence

1. Chairman's introduction

The Chairman welcomed members and invited participants, and introduced Dr Sissons, of the Royal Postgraduate Medical School, a new member of the Working Party, and who was again present in the absence of . He welcomed I who had replaced I DHSS Observer and who was attending in place of : of SHHD who was unable to attend. He also welcomed i, a new member of the MRC office staff.

2. Minutes of the meeting held on 10 October 1983

These were agreed to be an accurate record.

3. Matters arising from the minutes

referring to minute 4b concerning the erasure of patients' names from records held at the Centers for Disease Control in the United States, said that a phonetic code was now kept on each individual with the name and the relevant code indexed at local centres. This would enable some retrospective epidemiological work to be carried out.

expressed concern about the way in which the Working Party was asked to act as a panel of referees. He thought that the minutes were not sufficiently detailed to be used as a referee's report but the system precluded members of the Working Party acting as individual referees. It was agreed that the Office would review the procedure for refereeing AIDS proposals in the future.

4. Reports of scientific meetings

reported on two meetings on AIDS: at the New York Academy of Sciences in mid-November, and at the Royal Society of Medicine in London in early December. No major new findings had been reported at the meetings which had not been discussed by the Working Party at its previous meeting, and while there was much scientific activity, some of it was not well thought out. A major defect in some studies was a poor link between clinical and laboratory studies. According to the United States Centers for Disease Control, all but 40 cases of AIDS could be accounted for within existing risk categories or inadvertent inclusion within the CDC definition of AIDS. It had been suggested that endemic Kaposi's Sarcoma in the Central African states, bordering Lake Victoria, might be relevant to AIDS since some European AIDS patients had African connections. There also appeared to be an increase in AIDS in other parts of these African countries. It was now thought that Haiti was not a primary source of the disease, but that AIDS had been transmitted to Haitians by visitors from the United States. The clinical manifestations of disease, including possible prodromal disorders, and problems of diagnosis and treatment of particular secondary diseases had been discussed. It had been suggested that B cell lymphomas might need to be included in the case definition of AIDS.

No major advances had been made on the aetiology of AIDS. Evidence of pathogenesis included increasing emphasis on the depletion of T helper lymphocytes, possible anti-T helper cell autoantibody, and abnormalities in the thymus. In recent studies, macrophages had been found to be abnormal only in the context of abnormal T cells. A number of soluble factors (B2 microglobulin, d, thymosin, acid-labile interferon, soluble suppressor factor) had been proposed as markers for the disease and prodromal states, but none were yet validated. Evidence that immune thrombocytopenic purpura was due to immune complexes was mentioned. No clear progress towards effective therapy for the underlying disease had been made, although there was evidence for the efficacy of alpha-interferon in Kaposi's sarcoma. The New York Self-Exclusion Blood Transfusion Study - had achieved some success with a confidential self exclusion system for potential blood donors; it found that hepatitis B core antibody and CMV antibodies could be used as surrogate markers for the self excluding group, although it was noted that a number of individuals might have excluded themselves inappropriately.

described a meeting of WHO in Denmark in October. The total number of European cases reported was 268, although some countries had not been using the CDC case definition. Dr Palmer, who had recently visited CDC, reported the case of the wife of a haemophilic who had recently developed AIDS, suggesting that the disease may be transmitted by heterosexual contact.

In discussion, the possibility of animal models for AIDS was raised and it was noted that the spontaneously occurring disorder of primates that resembles AIDS might be a different disease. Attempts to transmit AIDS to animals had not been reported in full, but appeared to have been unsuccessful. Concern was expressed about the difficulty in distinguishing paediatric AIDS from conventional congenital immunodeficiency, but it was felt that, epidemiologically at least, the existence of paediatric AIDS had been established. Recently reported data suggested that macrophages were intrinsically normal in AIDS patients, but it was noted that monocyte function was abnormal, and that this needed further study, as did the nature of T cell-macrophage interaction defects. Finally, the problems associated with using genetic engineering techniques to detect an unknown aetiological agent were discussed.

5. Consideration of how the MRC might stimulate or initiate specific research

A lengthy discussion ensued, with the aim of identifying important problems which could usefully be tackled in the UK, and to which the local circumstances and expertise were well suited. It was agreed that a document based on the discussion of this subject would be produced by the Chairman, Deputy Chairman and Secretary, and that this would also act as the formal minute. The document would constitute the Working Party's advice to Council as set out in its terms of reference, and would be submitted to the Systems Board in the first instance.

presented draft proposals from CDSC for AIDS surveillance and a case control study. Copies were circulated and it was agreed that comments on the proposals should be sent to the office. It was noted that the PHLs were considering a separate study of AIDS and that there was a need to ensure co-ordination of effort among the various groups engaged in AIDS research.

6. Safety

The Chairman informed the Working Party that the Advisory Committee on Dangerous Pathogens would shortly produce a set of guidelines for handling AIDS patients and samples derived from them. It was noted that there were as yet no entirely safe facilities for conducting autopsies, although the importance of gaining information from them was generally accepted. The ACDP guidelines were likely to advise against autopsies, except for research.

7. Minutes of the CBLA Working Group on AIDS

... who forms the link with the CBLA Working Group spoke to this item. He noted that the CBLA has no funds for research and is dependent upon bodies such as the MRC and Health Departments. He referred to the problems in developing surrogate tests, and mentioned that the CBLA was considering the use of smaller donor pools, and possible methods for inactivation of potential contaminants.

8. Any other business

There was none.

9. Date of next meeting

The next meeting would be arranged following circulation of the document on the Working Party's advice referred to in 5 above.