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Assistant Secretary for Health Hubert Humphrey Building Room 7169 200 Independence Avenue SW Washington DC 20201 United States of America

10 August 1984

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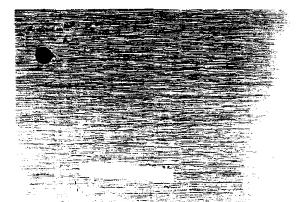
HTLV III AND THE DEVELOPMENT OF SCREENING TESTS FOR ANTIBODIES

You will remember that we spoke briefly about the development in this country of a radioimmunoassay for antibodies to HTLV III. Following your advice I had a very helpful discussion with Lowell Harmison and am now writing formally to you as he and I agreed.

) of the National Cancer Institute sent As you will be aware of the Institute of Cancer Research here virus isolates of HTLV III in the usual way of exchange between research workers in the in the course of further investigation with same field. F co-workers has developed a .adioimmunoasay for antibodies to HTLV III which appears to be specific and sensitive. The test has been used to examine the sera of patients with AIDS, patients with the extended lymphadenopathy syndrome, homosexuals attending clinics for sexually transmitted diseases, patients with haemophilia and normal blood donors. At a meeting held at the Medical Research , Scientific Council in London on 26 July which was attended by Director of the National Institute of Allergy and Infectious Diseases, the results of these tests were discussed. A paper is shortly to be published in the Lancet in which the authors describe both the results and details of the test itself. A pre-print of the paper could be sent to you if you wish.

At the end of June 1984 51 patients have been identified with AIDS in the United Kingdom, 28 of these patients have died. The screening test indicates that there are a number of carriers of the antibody who do not have the overt disease and may or may not be infectious. Amongst our many concerns about this condition is that the possible transmission of AIDS to recipients of blood and blood components. We are anxious to extend the screening test initially to two or three of our Regional Transfusion Centres in order to establish the incidence of carriers amongst donors in a varied donored population. To do this further supplies of antigen are required over and above those that could be regarded as purely for research purposes which was the understanding on which received the isolate from in the first place. I am writing to request your agreement to our using the virus isolate originally provided by Dr Gallo to scale up production of the antigen. I hope that you would be able to look upon this request sympathetically.

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It will enable us to establish knowledge of the epidemiology of the condition in the United Kingdom more rapidly than would be the case if the test had to be developed from our own isolate and it will, of course, contribute to the universal need to know more about this disease.

I should stress that the screening test developed from this isolate would be used mainly by the National Blood Transfusion Service within the National Health Service. As you know, the NHS is a non profit making public sector body. I do hope you will be able to help us in applying this test more widely so that protection of hitherto unexposed recipients of blood donations can be achieved as early as possible.

Yours sincerely

Senior Principal Medical Officer

(MRC)

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