AIDS

1. Following the meeting with MS(H) and Lord Glenarthur on 6 July, officials have revised the text of the AIDS leaflet to incorporate the points made by Ministers.

2. Attached to this submission are:-

(a) A revised leaflet

(b) A draft statement to be incorporated in a Press release.

(c) A detailed Question and Answer brief.

The submission seeks MS(H)'s approval for printing the leaflet and the proposed arrangements for its distribution; and his agreements to the texts of the statement and question and answer brief.

Distribution of leaflet

3. A survey of Regional Transfusion Directors was undertaken to determine their views on the best means of distribution of the leaflet. Opinion amongst Directors was divided. No one method of distribution seemed to fulfil all the necessary criteria viz:

i. all existing and potential donors should receive a leaflet.
ii. Donors at sessions should not be caused embarrassment as a result of reading - or even being seen to pick up - the leaflet.
iii. The method of distribution should be that which is the most effective in reducing the number of donations from high-risk donors.
iv. There should be minimal administrative and resource implications.

The two possible methods of distribution which were considered by RTDs are discussed below, in relation to these criteria.

I. Issue of leaflet with donor call-up cards

(a) This could be expected to reach about 80 per cent of the total donor population. In addition, leaflets could be sent in advance to donors booked on factory sessions. Walk-in donors would not be covered.

(b) Donors could read the leaflet in their own homes, thus avoiding any embarrassment.

(c) The supposition is that this method of distribution would be the most effective in keeping high-risk donors away from sessions, thus removing the temptation to proceed with donation in order to avoid embarrassment, (see below, paragraph g).

(d) This method has administrative and resource implications for Regions, e.g.

i. several Regions use postcard call-up; the inclusion of the leaflet would mean additional stationery and clerical costs.

ii. Regions with computerised call-up facilities would have to modify their systems.

iii. This method would require twice the number of leaflets compared with the alternative method. 2 million leaflets at a cost of £16000 would be needed for a 6 month period.

II. <u>Leaflet to be made available at donor sessions</u>

(e) It would be difficult to ensure that all donors received a leaflet and there could be insufficient time for it to be read prior to donation.

(f) There are many other circumstances, besides the risk of AIDS, which lead to a donor being rejected for donation on a particular occasion. Donors could be caused embarrassment if they felt their fellow donors had wrongly suspected the reason for their rejection.

(g) If a donor in a high-risk group were to read the leaflet immediately prior to, or during, donation, he might well be tempted to proceed with the donation rather than to risk the embarrassment of withdrawing at that stage.

(h) This method presents very few administrative problems and has no obvious resource implications for Regions. It would require considerably fewer leaflets than the first option.

4 Although it would be possible to achieve a near-uniformity of method of distribution amongst Directors, it is not immediately obvious which method is to be preferred. Indeed, it was evidence that Directors' opinions were influenced by what they saw as being most appropriate in their Regions, bearing in mind the differing population characteristics, including the numbers of, and attitudes to, homosexuals. As Directors are responsible, under the Medicines Act, for the safety of the blood which they issue, due weight must, of course, be given to their clinical decisions in this matter. In addition, those Regions for whom the agreed method has resource implications might look to the Department to provide the additional resources.

5 Officials would recommend, therefore, that RTDs should be given the discretion to decide, for a trial 6 month period, the most effective means of distribution in their own Regions. Officials will be able to obtain regular feed-back information from Directors during this trial period.

PUBLIC ~~[illegible]~~ STATEMENT

6. Arguments against early public statement are:-

(a) Ministers are anxious to avoid any misinformed Press publicity which could blow up the problem out of all proportion. (A recent Times article suggested that "A precaution is being taken of asking homosexuals or other high-risk group blood donors to identify themselves and not to give". We discussed with Information Division the need for an immediate response to this article in the form of a statement, which could also have included information about the proposed leaflet. However the article prompted little or no reaction and advises strongly that any statement should accompany the publication of the leaflet, as originally envisaged)

(b) A statement could be delayed until Parliament reassembles, by which time we will have had an opportunity to assess the impact of the leaflet.

(c) The leaflet is concerned essentially with a clinical matter and DHSS will be printing it on behalf of the NBTS because it is important that the same information is made available nationally. To that extent, it could be argued that Regional Transfusion Directors should be responsible for dealing with any queries arising from it. Officials recommend the issue of a low-key statement, along the lines of the attached draft, to accompany publication of the leaflet.