- if you agree

3895

AIDS - SCREENING TEST FOR ANTIBODY TO HTLV III

CMO asked for information about the deployment of tests by Blood Transfusion Services in other countries. Details are attached in the Appendix. More precise detail will be available at the meeting of the Council of Europe Experts in Blood Transfusion and Immunohaemotology which is taking place from the 28-31 May in Manchester. It seems from the information we have currently that most European countries are still, like the UK evaluating tests and considering how to implement screening blood donations.

Blood donations are being screened already in the USA and in Australia.

In the USA blood banks are screening donors voluntarily this has not yet become a mandatory requirement. Blood donors found positive are not yet being informed but the Public Health Authorities have issued guidance that that they shall be told of their antibody status. At present the blood banks are running in their tests. Further guidance is expected from the US Public Health Authorities about what is to be regarded as a positive test. No decision has yet been taken by the FDA about which test should be regarded as confirmatory. In Australia arrangements have been made to back up the screening of blood donors by providing alternate testing facilities. Blood donations have been screened now for about one month. Chairman of the AIDS Task Force is visiting the Department on the 20 May and I will be discussing the early impressions he has of the success of the scheme and the difficulties if any it is encountering. I believe that it has been accepted that blood donors should be told if they are found to be antibody positive.

It has been suggested that donors found positive in the UK might not need to be told the results of their test.

The Screening Sub-Group of the Expert Advisory Group on AIDS (EAGA) recommended in a paper to the Expert Group on April 22 that donors found to be positive should be informed of their antibody status. The EAGA endorsed this recommendation.

The Screening Sub-Group further recommended that test results would only be regarded as positive if the initial reactive result was confirmed once on a repeat specimen from the pilot tube, once on a sample taken from the bag itself and then confirmed as positive by the Reference Centre at PHLS. The donors would then receive a letter from the Regional Transfusion Director asking him/her to attend either the centre if near by or the local collection session to see the doctor in charge. The donor would be told that the test

showed a positive result but would require a second sample to confirm this initial positive finding. They would be referred to their gp provided they gave their agreement or to the local STD consultant or infectious disease physician.

Test results which did not have consecutively positive results would require the donation was discarded, the donor kept on the register and the test repeated when next attending (there will be problems to be solved about alerting the system to the next attendance of such donors).

Whilst it would be possible to test and discard positives without informing donors there is difficulty in sustaining such an approach because these donors would be recalled for further donations at which time they could present a risk to the donor attendant taking the blood. It might be possible to eliminate secretly their name from the recall list but regular donors would soon realise they were not being recalled. As it will be common knowledge that blood donations are being tested there will be public sensitivity about this problem. To keep up the subterfuge would be unacceptable. Furthermore if tests are consistently positive it is quite probable those so identified are true positives and would require a medical check up and counselling about their life style so as to prevent their passing on the infection to their sexual contacts.

The field trial evaluation of the screening tests will facilitate the introduction of them into the Regional Transfusion Centres. However it is accepted that until each Transfusion Centre is sure its testing methods are reliable, this might take up to four months, donors who are found positive should not be informed of their results.

Whatever course of action is taken there will inevitably be some effect on the willingness of donors to continue to volunteer to give their blood. It will be important to retain their trust in a system which is treating them with respect. Any fall off in the amount of donations will have to be countermanded by publicity to attract more volunteers.

20 May 1985

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cc

APPENDIX

ANTI HTLV III TESTING IN EUROPE

France

An evaluation exercise is currently being undertaken on blood donor samples with the Pasteur test, the Abbott test and the ENI test. They hope to conclude their evaluation by the end of June and to be in a position to commence routine screening throughout the transfusion service in France by July.

Western Germany

Routine testing of blood donations for anti HTLV III in both the Red Cross and University Transfusion Services is being instituted. Instructions have been given for each blood bank to commence tests as soon as they are in a position to do so but not later than the 1st October 1985. They intend to carry out confirmatory tests, not yet decided which one they will use and they are considering referring positive donors to their own Blood Transfusion Directors for counselling.

Sweden

Have not commenced screening blood donors and do not yet know a date when this will commence. They are carrying out an evaluation of available tests using two thousand donor samples.

Finland

It is believed they have started routine screening.

Switzerland

Screening blood donors is just beginning. Donors are not yet being informed of positive results and the number of false positives being turned up is considerable.