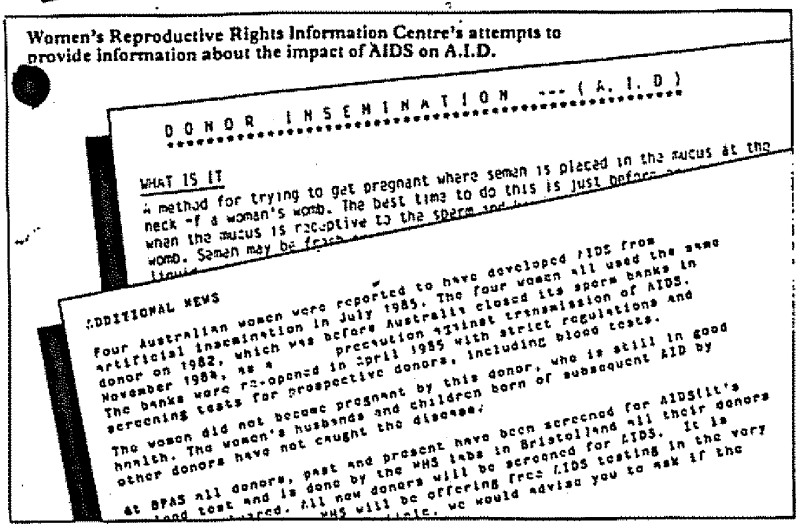
CONT
01-247 5513 **MEDIASCAN** LIMITED INFORMATION RETRIEVAL SERVICE DATE 30 AUG 1985

Women's Reproductive Rights Information Centre's attempts to provide information about the impact of AIDS on A.I.D.



DONOR INSEMINATION --- (A.I.D)

WHAT IS IT

A method for trying to get pregnant where semen is placed in the mucus at the neck of a woman's womb. The best time to do this is just before ... when the mucus is receptive to the sperm ... womb. Semen may be frozen ...

ADDITIONAL NEWS

Four Australian women were reported to have developed AIDS from artificial insemination in July 1985. The four women all used the same donor on 1982, which was before Australia closed its sperm banks in November 1983, as a precaution against transmission of AIDS. The banks were re-opened in April 1985 with strict regulations and screening tests for prospective donors, including blood tests.

The women did not become pregnant by this donor, who is still in good health. The women's husbands and children born of subsequent AID by other donors have not caught the disease.

At BPAS all donors, past and present have been screened for AIDS!!'s ... blood test and is done by the WHS labs in Bristol and all their donors ... tested. All new donors will be offering free AIDS testing in the very ... WHS will be ... we would advise you to ask if the

discouraged from being donors, and we would advise any woman wanting to carry out self-insemination that a homosexual donor is likely be in a high-risk group.'

Ironically, Lesbian Line's response was more guarded, even sceptical. Back in February, some women callers were 'panicking' simply because they had been frequenting 'mixed' gay clubs. Now, a spokeswoman asserted, women were more at risk from what the Press chose to say about AIDS than from the disease itself.

The British Pregnancy Advisory Service is screening both new and existing donors for AIDS. All have now apparently been cleared. 'Once a man is at all off-colour' says their scientific officer, Dr Sue Gregson, 'his sperm is the first thing to suffer and would therefore be rejected automatically. We haven't yet sorted out how often to re-test donors, but we are waiting for a lead on this from Oxford Public Health Laboratory'.

She thinks the risks are 'minute' as things stand, but not yet zero. BPAS are urging gay men not to become donors.

Meanwhile, women seeking artificial insemination are advised to:

a) choose one of the bigger clinics, where the choice of donors is greater and frozen semen is more likely to be used; and

b) check, during counselling, what screening arrangements are available.

Women who belong to self-insemination groups have 'pretty good grounds' for worrying about AIDS, because of the tendency to use gay men as donors, say the Women's Reproductive Rights Information Centre. A spokeswoman cites the recent case of the four Australian women who contracted the disease from the same donor via artificial insemination.

Since the Warnock Report the centre has received 'a tremendous number' of enquiries about artificial insemination and self-insemination, from both lesbian and single women. The WRRIC spokeswoman was against actively discouraging the entire gay male population from becoming donors (the policy applied to blood donors) because it smacked of 'hidden discrimination'. It assumes that they (and only they) are all likely to have the disease despite evidence that heterosexual men are also at risk.

John, gay and married, compares the arrival of AIDS in Britain to the early outbreak of syphilis which, he points out, was brought about by promiscuity and not heterosexuality as such. Just as nobody 'blamed' heterosexuals for syphilis, gay men should not be stigmatized as responsible for AIDS. The 'gay plague' tag may make a convenient scapegoat out of an already beleaguered minority, but AIDS is a product of the lifestyle of a much wider spectrum of society. □

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29 AUG 1985
NEW SCIENTIST

Delayed AIDS testing

We would like to comment on the suggestion that the Department of Health and Social Security has "delayed the launch" of AIDS testing (This Week, 8 August, p 16). Premature initiation of mass anti-HTLV-III screening at British Transfusion Centres was resisted by the directors of centres as detailed in a letter to *The Lancet* (2 March, 1985, p 524). There were several reasons for "delay" and they did *not* include waiting until Wellcome Laboratories had produced their assay. In fact, few centres use Wellcome reagents for their current routine microbiological screening, so there is certainly no pre-existing bias towards that particular company.

Before any test is adopted in a transfusion centre, assessment must be a natural precondition. American donors differ from British ones in several aspects of donor demography and this is reflected in the parameters of transmission of various infections by transfusion. Thus it would have been irresponsible not to have seen for ourselves how the various tests performed in the hands of British transfusion microbiologists and when applied to British donors. Although there has *not* been any preconceived choice, the Wellcome test offers a number of potential advantages in the context of British transfusion centres and is therefore worthy of assessment. All the American tests are based on an anti-globulin assay principle using antigen of American origin; the Wellcome test uses antigen from a British patient. The Wellcome test is in a microtitre format and is compatible with other transfusion microbiological assays. In addition, it is very rapid, with no cumbersome pre-dilution stage and fewer steps than other assays.

A further major consideration was that screening of blood donations should not begin until people at risk of AIDS could easily obtain testing at sites other then transfusion centres. Our donor publicity is aimed at minimising the number of donors likely to be in AIDS-risk groups. We do not want to *attract* high-risk donors since there have been reports of virus isolation from the lymphocytes of a few anti-HTLV-III negative subjects.

Before making sweeping statements about such an important and sensitive issue, may we suggest that you please gather and present *all* the facts.

Dr John Barbara
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