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 324). 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 tests 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 than 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.

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