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 From the Chief Medical Officer

11/6/85

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John Patten — with submission

10 June 1985

## SCREENING OF BLOOD DONATIONS FOR HTLV3

— PHLS

There is a finely balanced decision here but I am in favour of the suggested line. I think, however, that we must do everything possible to ensure that PHLS is able to keep to its schedule.

As far as the option to introduce a partially evaluated ELISA test forthwith is concerned I think the prospect of wasting a relatively small quantity of blood from false positive tests is not the major objection. The major problem is that the scientists concerned at PHLS do not yet have confidence that the suppliers could produce testing kits which are reliable on a large scale and which would continue to be reliable on the shelf. It would be worse to be in the position of having to withdraw a test once introduced than to be in our present position of carefully evaluating the tests. There could also be ethical problems in refusing to tell donors (who are volunteers in this country) the result of a test carried out on their blood if they wish to have it.

Ministers should recognise, however, that support for a different view is likely to appear in the medical press (see letter attached) and that considerable public pressure would develop if in the meantime a case of AIDS develops in a recipient of UK blood. Such a case or cases is likely to occur sooner or later due to infection one or more years ago prior to our warnings to people at risk not to donate blood.

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CBLA : REDEVELOPMENT OF THE BLOOD PRODUCTS LABORATORY

The attached submission from \_\_\_\_\_ continues the sorry story of the Blood Products Laboratory at Elstree. It seeks MS(H)'s authority to increase to £38m the cash limit which we set at £35.3m (June 1984 prices) in February. The new figure remains an estimate; with a design-and-build project at this stage there is still a risk of further cost increases - Works Group put the outer limit at about £42m. None of these figures include warehousing and quality control, on which we are still pressing the CBLA hard but which will probably cost up to £3m.

2. There are some brighter spots. The CBLA is now properly organised, under \_\_\_\_\_ to control this project, and membership of the Authority has been strengthened on lines required by MS(H). Works Group have been able to bring the Authority's procedures under effective scrutiny. Most of the extra £2.7m on the cash limit is expected to arise in the current financial year, and Finance Division advise that the money can be found. No further Treasury approval is needed. The project itself is technically on course, and although expected completion has slipped from the end of 1985 to the first quarter of next year there are no major anxieties about it.

3. At this stage in the project - 8 or 9 months from completion - I see no realistic alternative to approving the cash limit at £38m. MS(H)'s intervention earlier this year helped to bring the CBLA under control and to make them take the management of the project seriously. Its benefits, economic and for health, remain, and have been enhanced by the AIDS crisis. So I endorse the recommendation in para 15.

11 July 1985

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