ACQUIRED IMMUNE DEFICIENCY SYNDROME

Note of a meeting held on 14 January 1985

Present

(Chair) MED SEB
HS1B
OCS(P)1
MED IMCD
MED CDFN
MED SEB
MED PCR
PNC2
PB5B
MED HPS
MED IMCD
MED SEB
NUR
HS1A
PNC2

Purpose of Meeting

1. The Chairman said that the meeting had been arranged as a result of a decision of 3 December 1984 to set up an Expert Advisory Group (EAG) on AIDS. Nonetheless it was important that Departmental representatives took advantage of the meeting to obtain views on a range of issues which would be looked at by the EAG at their first meeting on 29 January. These issues included disease surveillance, public health measures, health education and counselling of AIDS patients and their contacts.

Counselling

2. The practicalities of providing a counselling service to AIDS patients and their contacts, those found to be sero positive, and those seeking to be sero tested were discussed. In looking at the two latter categories it was stressed that clearance had not yet been obtained from Ministers to the proposed introduction of such a test into the Blood Transfusion Service, though it was expected that such clearance would be forthcoming shortly. The Chairman also pointed out that it was not proposed that additional funding should be provided for this activity, and it was to be expected that this could give rise to prolonged discussion at the meeting on the 29th.

3. Problems foreseen as a result of the introduction of the test included the fact that not all those who have a positive serology test will develop clinical AIDS. Also once it became known that tests were available through the NHBS, the Service was likely to be inundated with homosexuals (not necessarily existing blood donors) seeking an AIDS screening test.

4. A draft position paper entitled "AIDS Counselling", and comments were invited. Explained that at present some counselling on AIDS is carried out at STD clinics and notably at the Middlesex and St Mary's Hospitals, where screening tests are available. He was concerned that if tests were to be introduced into the NHBS - and no alternative counselling facility provided - STD clinics would be inundated with referrals. In addition many
Availability of Screening Tests

13. was concerned that if some form of "walk-in" testing service were not provided, the NBTS would be flooded with requests from homosexuals and would be unable to cope. Following discussion, there was agreement in favour of a 'walk-in' service being made available, though not by the NBTS. It was felt that this would be better, and cheaper, than a system of "up the line" referrals, involving gps, hospitals, consultants etc and the inevitable problems associated with appointment systems and long delays. It was considered that the views of the Expert Advisory Group on this would be particularly valuable.

14. Regarding cost, it was not thought that the introduction of such a service would present insuperable problems for health authorities, though of course this would depend upon demand.

Prevention/Health Education

15. questioned whether prevention of AIDS was simply a question of health education, or if other factors were involved. said the only real message, at present, for the at-risk groups, was "change your life-style" and she referred to the HEC leaflet "Some Facts About AIDS." This was being distributed to Health Education Officers, STD clinics, various family planning centres and organisations and Gay groups.

16. The wisdom of mounting a large-scale publicity campaign was questioned. It was pointed out that there had been only just over 100 cases of AIDS in the UK, and the recent RCN statement predicting one million cases within six years was somewhat alarmist. Recorded cases fell clearly within the defined risk groups, so education efforts could be restricted to these groups. Nevertheless, a wider campaign - if properly conducted - could in fact be reassuring to the population at large.

17. Action by voluntary groups concerned with the Gay community, if properly managed, was seen as an effective way of getting the message across to this major risk group. This might also overcome the problems associated with a leaflet which would need to be of a sufficiently explicit nature, to be of use to practising homosexuals. advised that an application for S64 funding had already been received from the Terrence Higgins Trust. reported that an application for financial support under S64 could also be expected from the Haemophilia Society.

18. It was agreed that the Expert Advisory Group would be asked, on 29 January, to consider the views of the Transplant Advisory Panel on the question of groups at-risk of AIDS carrying organ-donor cards.

Public Health Implications

19. A draft paper entitled "AIDS - Public Health Implications (The Pros and Cons of Making AIDS Statutorily Notifiable)" was tabled. It was pointed out that if AIDS was to be made notifiable it would be the first STD to be so classified, and difficulties could arise because of confidentiality. Also, the requirement to notify suspected cases could present further problems.

20. It was noted that statutory notification would not necessarily lead to improved information; it would not help the NBTS; and it might be seen by some (eg the Gay groups) as a punitive measure. However without notification, legal powers to control the movements of AIDS patients would not be available. And the notification process made confidentiality a statutory requirement. The views of the EAG would be sought.
Research

21. referred to the Departmental contributions to two of the MRC funded AIDS Research projects. Of a total of £30,000 pa for three years, £15,000 pa was committed to research and £7,500 pa to uncommitted for next year, and probably the same for the year after that. The Chairman said it was not his intention that research be discussed at the meeting on 29 January.

Departmental Attendance at the Expert Advisory Group Meeting

22. Departmental presence on 29th should be kept to a minimum. Apart from the Chairman, (for the item on the carrying of organ-donor cards). would probably represent HSI. for Nursing and for PMC.

January 1985

EAGA Secretariat.