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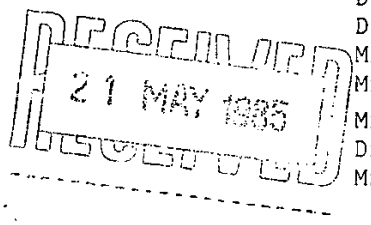
Expert Advisory Group on AIDS

Note of the third meeting of the Group held on Monday 22 April 1985 in Room 30 Hannibal House.

Present: Dr M E Abrams, DHSS in the Chair

Professor M Adler (Part)
Professor A L Bloom
Dr M Contreras
Dr N S Galbraith
Professor A Geddes
Miss E Jenner
Dr D B L McClelland
Dr P Mortimer
Dr D Pereira-Gray
Dr A J Pinching
Dr R . . Tedder
Dr J E M Whitehead
Professor A J Zuckerman



DHSS
Dr D Ower
Dr Smithies
Dr W Miller
Dr D Holt
Mrs S Cunningham (Part)
Mr A Williams
Mr T Murray (Admin Secretary)
Dr Sibellas (Medical Secretary)
Mr D M Bailey (Minutes)

SHHD

Dr R G Covell

DHSS (N Ireland)

Dr Hamilton

Apologies for absence

1. Apologies had been received from Dr Cash, Dr Gunson, Dr Rodin, Professor Weirs, Mr Wells, Dr Tyrell, Dr Harris, Miss Weller, Dr Donaldson and Dr Ferguson-Lewis.

Chairman's Announcements

2. The Chairman introduced Dr Ower who had recently taken up post as head of the DHSS Communicable Diseases Division (Med IMCD). Dr Ower would be taking the Chair at future meetings of the AIDS Counselling Sub-Group and the Surgeons, Anaesthetists and Dentists Sub-Group. (Dr Abrams added that nominations for this latter group had now been received from the Royal College of Surgeons - Professor Dudley, the Faculty of Anaesthetists - Dr Lumley, and CDO - Professor Shovelton.) Dr Abrams explained that he would shortly be moving to other duties and that this would therefore be his last meeting as EAGA Chairman.

3. Dr Abrams thanked members for their prompt and helpful comments on the draft appendices to the CMO letter on AIDS. The CMO intended to circulate the letter very soon.

4. Members attention was drawn to the Public Health (Infection Diseases) Regulations 1985 which had come into effect on 22 March, and to HC(85)17/LAC(85)10 copies of which had been circulated for information, with the EAGA(3) papers.

5. At the Chairman's invitation those members who had attended the International AIDS Conference in Atlanta between 14 and 17 April (Professor Bloom, Dr Galbraith, Dr McClelland, Dr Mortimer and Dr Pinching) gave a brief report on those aspects of the proceedings pertaining to their spheres of interest. One particular point which had been made, related to the relative size of the drug - misuser risk group here and in the USA. The present method of monitoring AIDS cases could mean that an AIDS patient who was both homosexual and a drug addict (and there were many such in the USA) would be recorded under only one risk group - probably "homosexual". The overall picture of the incidence of AIDS cases related to drug abuse was therefore thought to be underestimated.

Minutes of the Last Meeting

6. These were agreed.

AIDS and the Media; Health Education and Prevention.

7. The Chairman introduced Mrs S Cunningham from the Department's Information Division, who had been invited to attend the meeting for this item.

8. The Group discussed the problem (which was recognised as being virtually insurmountable) of irresponsible reporting on the part of journalists; the role that could be played by the HEC and specialist groups such as the Terrence Higgins Trust in educating the general public and at-risk groups; the need for education on all AIDS - related matters for the drug-misuser population; the importance of establishing, as quickly as possible, a reliable screening programme and resolving outstanding questions such as whether or not testing should be confined to the NBTS and how counselling should be undertaken; problems associated with the fact that many individuals although part of a risk group, (eg homosexual) are not prepared to regard themselves as falling under the group umbrella; and the possible advantages of inviting a known member of the Gay Community who could represent their interests as a member of the EAGA or Counselling Sub-Group.

9. After considerable discussion it was concluded that:-

i. Gay groups should be encouraged to continue to support and advise their own members, specially with regard to ways of reducing the AIDS risk by changing their Life-styles

ii. Education of the general public (including sex education) should continue, eg through the HEC.

iii. Steps should be taken to expedite advice and help for drug-misusers.

iv. Consideration should be given to the provision of serotesting for HTLV III - including GP open-access testing.

v. Efforts to "educate" journalists should continue, with further consideration of the possibility of regular press-briefing sessions, perhaps on a regional basis.

Reference.....

IN CONFIDENCE

vi. Further thought should be given to the question of there being a Gay Community representative on the Group

vii. Increased information out AIDS should be made available to all doctors and

viii. Advice on AIDS should be given to schoolchildren, especially on the risks associated with drug misuse.

Screening Tests Sub-Group

10. Dr Smithies introduced the paper "Report on the Introduction of a Test for Antibody to the AIDS - related Virus", which had been circulated as EAGA(3)2.

11. Professor Zuckerman, whilst accepting that there was a need to avoid any unnecessary delay in introducing a test, stressed the importance of using a reference method with a degree of specificity, and which would be acceptable internationally. He regarded paras 7 and 8 of the paper, (EAGA(3)2) as inconsistent with para 10 of the minutes of the last EAGA meeting. Dr Mortimer suggested an alternative form of words which appeared to be generally acceptable, and the Chairman invited him to submit a note on these lines to the EAGA Secretariat which could then be put before the next meeting of the Group for discussion, and formal agreement.

12. Turning to para 9 of the paper (EAGA(3)2) the Chairman enquired what action was taken at present by the NBTS to inform prospective doctors that various tests might be carried out on their blood. Dr McClelland said that it was generally true internationally that blood donors had not had brought to their attention the fact that their blood was tested other than by implication in leaflets.

13. It was agreed that all blood donors must be told that donations would be screened, and that they must then be given the opportunity to withdraw.

14. After some discussion about the appropriate time to inform the donor of the result it was agreed that provided a validated test had been performed and the confirmed result was positive, then from the legal ethical and public health points of view the donor must be told the result.

15. There was general agreement on the need to ensure, before any screening test was introduced into the BTS, that it was reliable and that proper validation tests and arrangements were available.

16. The Chairman referred to the minute of the Counselling Sub-Group on screening (EAGA(2)10) and in particular to the importance of ensuring that the letter sent to donors was not specific as to the abnormal finding. Questions were raised concerning the involvement of general practitioners and Dr Contreras expressed the view that there would be many donors who would definitely not want the information made available to their GP.

17. Dr Pereira-Gray felt it was part of general patient care that the name and address of their GP should be required of all prospective donors. It was vital information which might be needed for purposes of communication. He did not consider that the fact that NBTS Centre staff were already

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overworked was a convincing argument for not gathering this information, nor did he accept Dr McClelland's point that because donors were not "patients", such information was inappropriate. At the time the blood donation was made, Dr Pereira Gray said, the donor was a patient on the GP's list.

18. Dr Pinching referred back to an earlier EAGA discussion concerning who should carry out AIDS Counselling. It had been agreed then the NBTS did not have the necessary resources but that they must be able to refer a sero-positive patient for counselling. He proposed - and it was agreed - that the donors' GP's name should be elicited from all donors, but that each donor should be given the opportunity to state that in the event of screening tasks being positive, he did not wish his GP to be informed.

19. The Screening Sub-Group's recommedation (para 9 of their paper) that Regional Transfusion Directors should devise an agreed procedure for all Centres to follow when informing donors was accepted and it was agreed that the necessary meetings of RTDs for this purpose should be set up quickly.

20. The Group agreed the recommendations made in para 10 of the paper concerning the setting up of reference centres and the need for reference sera panels.

21. Regarding para 11, there was some discussion as to the extent to which NBTS Directors would wish the EAGA to take decisions on the detailed procedures to be operated within the BTS. However, the Chairman explained that the EAGA was expected to give unequivocal advice to CMO on the principles involved. The proposals made at (a) - (c) of para 11 were broadly acceptable to the Group but it was agreed to reconsider at the next meeting.

Counselling Sub-Group

22. Referring to paragraphs 9-11 of the minutes of the Sub-Group meeting held on 25 March (EAGA(3(3), the Group agreed with the general view expressed by the Sub-Group that there was no longer a need to carry out a test for hepatitis B Surface antigen (HB_sA_g) on prospective RTC staff. The matter would be referred to the Expert Advisory Group on Hepatitis.

23. With regard to para 12 of the minutes, typographical error was identified in the last line. For "antibody" read "antigen".

24. The Group considered the question of a screening test for renal dialysis unit staff and concluded that the risk of transmission of the AIDS virus in these units was minimal. There was therefore no need to introduce such a test at present, but the situation would be kept under review.

25. It was agreed to defer consideration of EAGA(3)4 until the next meeting.

Date and place of next meeting

26. Wednesday 29 May at 10.30 am Room 64 Hannibal House.