FO (6) 4201/7

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Association of Scientific Technical and Managerial Staffs
General Secretary
79 Camden Road, London NW1 9ES telephone 01-267 4422
telex no 25226

Ref: 27th October 1983.

Dear [redacted],

9 7/4

See para 5.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Thank you for your detailed response to my queries on AIDS which was received in this office on the 26th August. I have been making a number of detailed enquiries among ASTMS experts on this issue and I would like to put on record my disagreement with a number of the statements made in your letter.

2. You say that there is no conclusive evidence that AIDS is transmitted through blood products. I would argue that the evidence is very strong. There are now about twenty American haemophiliacs with AIDS, and this figure is likely to underestimate the risk because of the apparently long incubation period. Haemophiliacs in Europe (using U.S. derived products) are contracting AIDS in locations where the disease has not previously existed. I also draw your attention to a paper prepared jointly by DHSS staff and the HSE which was submitted to a recent meeting of the Advisory Committee on Dangerous Pathogens (ACDP/83/P9). This paper states quite specifically that "there is now strong circumstantial evidence that AIDS may be transmitted by blood and blood products". I am tempted to ask you what you would consider to be conclusive evidence, particularly in the circumstances where the agent or agents for AIDS are as yet unidentified?

3. I think you are placing undue reliance on the Regulations introduced by the U.S. Food and Drugs Administration. These Regulations rely on the use of interviews and questionnaires to identify donors from high risk groups; the success of this approach is unlikely to be high because of the fact that all

donors are paid and a donor who really needs the money may be untruthful; half of the U.S. commercial collection centres are in the ten southern-most States, a quarter are located in the four States bordering on Mexico. The companies also do not intend to recall contaminated lots after manufacture.

I have attached a copy of the Newsletter of the American Association of Blood Banks which makes this point.

4. I do not regard the situation concerning "pre-March" plasma to be satisfactory because, in effect, it means that despite the introduction of the above Regulations we are essentially carrying on as before. In such circumstance there must be a real danger that the U.K. could become a dumping ground for U.S.A. companies to get rid of their non-regulated products. I think for this reason your Department should reconsider its rather passive response to the need for Regulations.

5. The key issue in all this is, of course, the question of the ability of the U.K. to become self-sufficient in Factor VIII. I am still far from satisfied that we could not achieve this situation in the very near future by realistic investment. The Scottish Fractionation plant is substantially under used and this seems to be being ignored by your Department. I am advised by my members that PSC could increase its capacity to a level where we could manufacture over two-thirds of the Factor VIII currently purchased from the U.S.A. This in no way would affect the plans to build further facilities at Elstree as we must take into account that the usage of Factor VIII in the U.K. is still well below the level considered appropriate for proper clinical treatment. It is on this point, specifically, that I think you should reconsider your approach.

Is this so?

6. I am concerned that you quote in support of your policy the statements of the Haemophilia Society. There is a haemophiliacs group in ASTMS and I have been in contact with a number of officials of the Society. As far as I can establish the Haemophilia Society would welcome Britain becoming self-sufficient in Factor VIII. But they cannot be expected to support a ban on American blood products until we are self-sufficient.

7. On the question of the hepatitis vaccine, we have had a meeting with the agents of the manufacturers in this country and while we accept that the standards of safety in the manufacture of this vaccine should ensure that the agent is not transmitted by this means, we have a substantial scientific problem in actually establishing this conclusively in the absence of a definite agent having been identified. I am sure you will be aware that there are a number of theories concerning the nature of the AIDS agent, and I have certainly heard it stated that it may not be "active" in the normal sense. I am, therefore, concerned that there is a complacency over this vaccine which concerns ASTMS members who may have it administered. The sooner we can manufacture the vaccine by techniques which do not involve using the plasma of hepatitis patients, the safer it will be for all those involved. I would certainly like to know what steps the Government are taking to support the development of the genetically manipulated vaccine.

8. I do understand that views concerning AIDS are evolving rapidly and that it is quite possible that you may have a revised view since you last wrote to me. I would be grateful if you would bring me up-to-date on the view that you now take on the various points raised in my letters as I am receiving many queries.

Yours sincerely,

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