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DEPARTMENT OF HEALTH AND SOCIAL SECURITY
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From the Parliamentary Under Secretary of State for Health

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Dear Mark

28 AUG 85

ACQUIRED IMMUNE DEFICIENCY SYNDROME

In view of the renewed interest in the media recently, you may wish to be aware of the current state of play on AIDS.

The first report case of AIDS in the UK occurred in 1979; the total number of cases reported at the end of July this year was 196,110 of these had died. Most victims were homosexual/bisexual men, with a few cases among the other recognised "at risk" groups - haemophiliacs, intravenous drug misusers and patients receiving blood transfusions. Current estimates by the Chief Medical Officer are that at present there are approximately 10,000 people infected with the AIDS virus and by 1988 there will be 1000-2000 cases of the fully developed illness.

Mr Patten visited the USA - where AIDS is much more widespread with more than 22,000 infected and 12,000 cases - recently in order to discuss the response of Federal government and other organisations to the problem. The American experience indicates that the condition will probably spread more generally to the population at large in the future and that education is the most effective means of fighting further increases in the numbers of people infected. It is important to bear in mind that an increase in the number of cases in the next 3-4 years is inevitable because of the long incubation period - anything from 1-5 years. Mr Patten was advised in America that there is no real prospect of an effective vaccine or drug therapy before 1990.

We have already taken action to deal with AIDS - a list is attached at Annex A and a number of other measures are in hand or about to be undertaken.

EDUCATION/PREVENTION

"At Risk" Groups.

The Chief Medical Officer is involved in discussions with organisations dealing with these groups with a view to launching a research-based advertising campaign later in the year.

E. R.

General Public

We are looking into the possibility of conducting a rapid survey in order to discover the general level of public knowledge about and attitudes to AIDS. This would enable us to judge how best to pitch any further information campaigns aimed at the general public.

TREATMENT

Mr Patten has asked the Chief Medical Officer's Expert Advisory Group on AIDS to look into the possibility of setting up 1 or 2 day care centres for patients who do not require hospital in-patient treatment. The hospitals treating AIDS patients (mainly in the London area) are now under extreme pressure. The main centres are: St Mary's Hospital, Paddington, St Thomas', The Middlesex and St Stephen's Hospitals. We have recently announced that all health authorities have been asked to draw up plans for a nationwide counselling service. We have funded St Mary's Hospital, Paddington to set up a new training course for those involved in counselling at Regional and District level.

SCREENING

Three screening test kits for use in blood donor centres are now being evaluated. We aim to introduce the test nationally in October. We are taking steps to ensure that the United Kingdom is self-sufficient in all blood products as soon as possible. In particular we have invested £35 million in new developments at the Blood Products Laboratory, Elstree which should begin to come into production during 1986. In the meantime all blood clotting products for use in the treatment of haemophiliacs are being heat-treated.

WIDER IMPLICATIONS OF AIDS

Officials here are beginning preliminary action on the formation of an inter-departmental group to be chaired by this Department. This group will consider - at official level - how best to deal with subjects like screening of occupational groups, life insurance, housing and any other questions which cut across the range of Government departments.

Mr Patten is proposing to make a low-key announcement some time in the near future setting out the measures which we have already taken, giving an indication of the action we propose to take in the near future and stressing that no matter what we do now, the numbers of AIDS cases will increase over the next 2-3 years because of the long incubation period of those already infected.

Yours sincerely
Jane

JANE MCKESSACK
Private Secretary

AIDS: MEASURES TAKEN

1. In February 1985 the Expert Advisory Group on AIDS was established consisting of experts on all aspects of the disease.
2. Advisory Committee on Dangerous Pathogens have drawn up guidelines to safeguard the health of medical, nursing and other staff who may come into contact with AIDS. Issued on 16 January 1985.
3. The Health Education Council have produced a leaflet for those in at risk groups or others who have the disease. (Copy attached)
4. The Blood Transfusion Service has issued a leaflet to discourage at risk groups from donating blood. (Copy attached)
5. Tests are being evaluated to screen blood for the AIDS related virus (HTLVIII). It should be in operation on 14 October.
6. Product licences have been issued for heat treated factor VIII for haemophiliacs. Steps are also being taken to ensure that the UK is self-sufficient in blood products as soon as possible eg £35 million investment in new development at Elstree.
7. The Chief Medical Officer has sent a letter to all doctors in England. This provided information on groups at risk, clinical presentation and diagnosis, and measures to prevent the spread of the infection. (Issued on 15 May 1985).
8. The Chief Nursing Officer has sent out a letter to Regional Nursing Officers and the professional nursing organisations on the community care of AIDS patients. (Issued on 15 July 1985).

Some facts about

A.I.D.S.

Acquired Immune Deficiency Syndrome



HEALTH EDUCATION COUNCIL

What is AIDS?

AIDS is a very rare condition which prevents the body's defences from working properly. As a result, people may get illnesses which the body would normally be able to fight off quite easily. Some of these illnesses can become serious or fatal.

Many AIDS patients have one or both of two rare diseases:

Kaposi's sarcoma - a type of cancer mainly of the skin, but also affecting other organs.

Pneumocystis carinii pneumonia - a serious infection of the lungs.

Why is it called AIDS?

AIDS stands for **Acquired Immune Deficiency Syndrome**.

Acquired - means that it's caught from someone or something as opposed to inherited.

Immune Deficiency - you've got an immune deficiency when your body can't defend itself against certain illnesses.

Syndrome - the illnesses you can get as a result.

Who gets AIDS?

By October 1984 there had been about 7000 cases of AIDS reported worldwide. The USA was the country most affected: 6250 of the cases were reported there.

Nearly three quarters of all AIDS patients are gay men.

About a fifth are drug addicts, both men and women, who shared needles.

The others include:

people from Haiti

Africans from Central Africa
patients who had received blood transfusions from infected donors

women who had bisexual partners or partners who were intravenous drug users

the newborn babies of mothers who had AIDS

haemophiliacs (people who need to be treated with blood products from donated blood, to make their blood clot normally).

In the UK, 88 cases of AIDS had been reported by October 1984 - more than three quarters of them gay men.

It is *extremely* rare to find a case of AIDS in people who do not belong to any of the "high risk" groups listed.

Is AIDS catching?

Recent evidence suggests that AIDS is caused by a virus that can be passed on in two ways:

1 during sex (in much the same way as hepatitis B is passed on), or

2 if a person comes into contact with blood that is already infected. Some intravenous drug users who use other people's needles may have got AIDS in this way, as the used needles would have been in contact with someone else's blood.

There is absolutely no reason to think that AIDS can be spread through the air, or by touch.

What are the symptoms?

Now hang on ... as you begin to read this list of symptoms, you might start thinking "Yes, I've got that ... and that ... and that ... Oh no, I've got it." Well, perhaps, but most probably not. Remember:

- AIDS is extremely rare even among people in the "high risk" groups
- it's only if you have many of these symptoms together and if they last for a long time that AIDS might possibly be the cause
- there can be lots of other reasons for nearly all these symptoms. For example, swollen glands can be a sign of glandular fever, and tiredness, fever and weight loss are much more likely to be signs of worry or going without sleep, or a sign of a cold coming on.

The symptoms which suggest AIDS are:

Swollen glands, especially in the neck and armpits.

Profound fatigue, which lasts for several weeks, with no obvious cause.

Unexpected weight loss - more than 10 pounds (4.5 kg) in two months.

Fever and night sweats, lasting for several weeks.

Diarrhoea which lasts for more than a week, with no obvious cause.

Shortness of breath and a dry cough lasting longer than it would if it were just from a bad cold.

Skin disease - new painless, flat or raised, pink to purple blotches, hard in texture, getting bigger, like a bruise or a blood blister. These may appear anywhere on the skin, including on the mouth or eyelids.

Thrush - a thick whitish coating in the mouth or throat. In men, thrush may also appear as irritating little white spots on the end of the penis or as a white discharge from the rectum. In women, thrush is a very common infection which causes an irritating white discharge from the vagina.

If you're worried

Go to your GP or to a clinic which specialises in genito-urinary infections.

Depending on where you live, these clinics may be called a sexually transmitted disease (STD) clinic, a Special Clinic or a GU (genito-urinary) clinic. You don't need to take a letter from your GP and you don't usually need to make an appointment for a visit, but check with the clinic first.

To find your nearest clinic, look in the phone book under VD (Venereal Disease). If you have any trouble finding it, Gay Switchboard (tel: 01-837 7324) can tell you where your nearest clinic is.

For further information about AIDS, you can contact the Terrence Higgins Trust AIDS Information Line on (01) 278 8745 from 8 p.m. - 10 p.m., Mondays to Fridays or you can write to Terrence Higgins Trust, BM/AIDS, London WC1 3XX.

Is there a test for AIDS?

There's no quick and easy test which will tell you yes or no. AIDS can only be diagnosed by medical examination and repeated laboratory tests.

If you go to see a doctor, he or she will

- take details of any past illnesses
- give you a complete medical examination
- take a small sample of your blood and test it to see if there are any signs of lowered resistance. Even if there are, this doesn't necessarily mean that you've got AIDS. There are lots of other reasons for lower resistance.

If you are at all concerned, the best thing you can do is to see your doctor or go to your clinic.

What happens if it is suspected that you have AIDS?

You will probably be admitted to hospital for a full check-up and for treatment of any serious infections.

You may then be able to go home but will need to be carefully checked and will probably need further treatment for other infections.

There is, *as yet*, no treatment for the basic disease.

Reducing the risks for gay men

The best advice for gay men is to keep down the number of different sexual partners you have and to be as sure as

you can that your partners are restricting the number of partners that they have, too.

It's not yet known whether the way you have sex affects your risk of getting AIDS. Until more is known, the only completely safe type of sex is masturbation.

Using a condom *may* help to reduce your risk of getting AIDS, and in any case it can protect you against other sexually transmitted diseases.

Should you give blood?

Some gay men have the AIDS virus in their body, but do not know that they've got it. So to avoid the risk of spreading the virus, gay men are asked not to give blood.

For further information, see *AIDS and how it concerns blood donors*, a free leaflet available from the National Blood Transfusion Service and from STD clinics.

What is being done

Research is being done in the USA and other countries and there have been major developments in finding the cause of AIDS, and in recognising the early signs of the disease. There has also been some progress in methods of treating the resulting illnesses.

For further information

Gay Switchboard: (01)-837 7324 (open 24 hours) can answer general queries about AIDS. They can also give you details of your local clinics and can put you in touch with local gay support groups.

Terrence Higgins Trust (BM/AIDS, London WC1N 3XX) runs an AIDS Information Line (01) 278 8745 from 8 p.m. - 10 p.m. Mondays to Fridays and runs a support group for people with AIDS, and their friends and families.

Books

AIDS - Your questions answered, Richard B. Fisher, Gay Men's Press.

The AIDS handbook, Kenneth H Mayer MD and H F Pizer, Bantam Books (Toronto, New York, London and Sydney).



HEALTH EDUCATION COUNCIL

78 New Oxford Street London WC1A 1AH

A.I.D.S.

**IMPORTANT
NEW ADVICE
FOR
BLOOD
DONORS**

National Blood Transfusion Service

January 1985

WHAT IS AIDS?

AIDS is short for Acquired Immune Deficiency Syndrome, a rare disease that has been recognised only recently. It is a serious disease which depresses the body's normal resistance to infections and other illnesses. AIDS is caused by a virus. But it does not seem to be transmitted by ordinary day-to-day contact.

WHO IS AT RISK FROM AIDS?

1. Practising homosexual and bisexual men.
2. Drug abusers, both men and women, who inject drugs.
3. Sexual contacts of people in these groups.

AIDS has also occurred in a small number of haemophiliac patients who are treated with blood products.

There is evidence that some people who have lived in Haiti or Central Africa, particularly Zaire and Chad, may be at risk from AIDS.

HOW CAN THE RISKS TO OTHERS BE REDUCED?

Donors in the risk groups must **not** give blood. Some people in these groups may unknowingly carry the AIDS virus in their bodies.

CAN PATIENTS GET AIDS BY TRANSFUSION OF BLOOD?

Yes, but there is only a remote chance of this happening with ordinary blood transfusions given in hospital.

CAN PATIENTS GET AIDS BY TRANSFUSION OF BLOOD PRODUCTS?

Yes. A very small number of patients suffering from haemophilia, an illness in which the blood will not clot, have developed AIDS. Haemophiliacs are more susceptible to AIDS because they need regular injections of a product called Factor VIII. This is made from plasma obtained from many donors. If even one of the donors has AIDS virus, then the Factor VIII would transmit the disease.

CAN BLOOD DONORS GET AIDS BY DONATING BLOOD?

No. Neither AIDS nor any other disease can be contracted from giving blood. All the materials used for collecting blood are sterile and are used only once.

WHERE CAN DONORS GET MORE INFORMATION ABOUT AIDS?

Donors can discuss in confidence whether to give blood

- with a doctor at the blood collection session
- with their own doctor
- with the Director of their Blood Transfusion Centre
- at any Sexually Transmitted Disease (STD) Clinic.

To find your nearest clinic look in the phone book under VD Clinics (Venereal Diseases).

There is also a leaflet 'Some Facts About AIDS' available from your local Health Education Unit. The address is in the 'phone book under local Health Authority.

**REMEMBER,
AIDS IS A SERIOUS DISEASE**

Please do **not** give blood

- if you are a practising homosexual or bisexual man
- if you are a drug abuser who injects drugs
- if you are a sexual contact of any of these people.

*We know that all donors are
responsible people who give blood
for the benefit of others
and we thank you
for your continuing help.*