



Memorandum

Date January 6, 1983

From Donald P. Francis, M.D., D.Sc., Asst. Dir. for Med. Science, DHVE

Subject Opportunities for Eliminating Blood Donors at Risk for Transmitting AIDS

To Jeff Koplan, M.D., Assistant Director, PPE

The January 4th meeting members failed to agree on recommendations for the best means at this time for decreasing the chance of blood/blood product-associated AIDS. I feel there is a strong possibility that some post-transfusion AIDS and much post-factor VIII receipt AIDS will occur in this country in the coming two years. As it is CDC's responsibility to take every opportunity to eliminate AIDS transmission I think CDC should come out with it's own recommendations. This is especially desirous for whole blood as a panic which could follow the discovery of as few as 20 post-transfusion AIDS cases could result in loss of life from subsequent under-utilization of blood. For hemophiliacs I fear it might be too late. If the T-4/T-8 prevalence data collected to date are reflective of pre-AIDS, 1/3 to 1/2 of hemophiliacs might already be exposed. Despite this grim picture among hemophiliacs however, we should do our utmost to prevent further exposure and recommendations for plasma products should also be made.

I think the following recommendations should be promulgated by CDC with hoped for, but not essential, agreement of FDA:

- I. Funding. An additional 10 million dollars should be put forth to expand epidemiologic, etiologic, and clinical studies of AIDS.
- II. Whole blood and plasma collection. All blood and plasma donors should be deferred if:
 1. They are IV drug users (already in place).
 2. They are sexually (heterosexual or homosexual) promiscuous (more than an average of 2 different people per month for the previous 2 years).
 3. They have had sexual (heterosexual or homosexual) contact with someone who is sexually promiscuous or an IV drug user in the past 2 years.
 4. They have lived in Haiti in the past 5 years.
 5. They have a serologic test positive for anti-HBc.

There is good evidence that this will eliminate over 3/4 of AIDS "infected" donors. It will also defer about 5% of U.S. blood donors and add about \$5 to each unit of blood and plasma. These seem to be small prices for preventing a serious disease and a potentially dangerous panic.

III. Factor VIII use.

Only small pool (less than 100 donors) concentrate or cryoprecipitate be used on hemophiliacs starting immediately (after supplies become available). This recommendation should stand until either: 1) knowledge of AIDS permits more accurate recommendations or 2) plasma becomes available which has been collected using the previously stated donor deferral.

I understand that these recommendations will be controversial and that there will be objections by industry and blood bankers. I think we should get comments from these groups and should keep them informed of our to-be-published recommendations. However, to wait for their approval of our recommendations will only endanger the public's health.

cc: Dr. Dowdle
Dr. Curran
Dr. Maynard
1