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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

AIDS guidelines too stringent

SIR,—Following your leading article on the acquired immune deficiency syndrome (AIDS) and the health care professions (23 February, p 583) we want to make some additional comments about the guidelines published by the Advisory Committee on Dangerous Pathogens (ACDP). This document was drawn up after consultations at a working group of the ACDP. We were the only members of that group, or of the full committee, who had looked after patients with AIDS or other manifestations of infection with human T lymphotropic virus type III (HTLV-III) or worked in routine and research laboratories handling specimens from such patients.

The final document did not fully take account of our views, and, although much of it is sensible, its recommendations for the handling of samples in clinical laboratories are more stringent than those that have been satisfactorily in operation for several years in the United States, where category 2 (hepatitis B type) containment is applied. In the USA over 8000 cases of AIDS have been cared for together with perhaps five times as many patients with persistent generalised lymphadenopathy and other HTLV-III related disorders. There have been no validated cases of AIDS that have occurred as a result of occupational exposure. Most cases of AIDS among health care personnel have occurred in those who have other risk factors. Several hundred staff who have sustained needle stick injuries or have had major blood exposure have been followed up for long periods. All remain well and are seronegative for HTLV-III. In view of these facts the scientific validity of the ACDP guidelines needs to be questioned.

Category 3 containment, as suggested in the guidelines, is largely designed to protect against aerosol exposure, but there is no evidence that infection can be contracted by this means and no reason to expect that routine clinical samples will contain high titres of infective virus. This degree of containment provides no extra protection against inoculation injury, which is clearly the most important hazard. For samples from any patient the only protection is good technique, with special emphasis on avoidance of inoculation injury. The exclusion of class II safety cabinets for work on clinical material from HTLV-III infected subjects is at variance with the ACDP's recommendations for all other pathogens for which category 3 containment applies. This restriction lacks scientific justification and could jeopardise clinical, diagnostic, and research work that depends on avoidance of sample contamination.

If the current guidelines were to offer maximal staff protection without impinging on patient care we would be prepared to accept the reasoning behind them in order to help alleviate the understandable concerns of laboratory and clinical staff. But if these excessively stringent precautions (which will be costly to implement) were to make it impossible to manage patients adequately, we think it mandatory that they should be modified to accord with a level of containment that can be justified scientifically. We are concerned that patient care could be compromised as a result of adopting unnecessarily stringent and costly precautions. On the predicted new patient case load for 1985 alone (some 400 AIDS cases and about 2000 patients with persistent generalised lymphadenopathy) we can expect that all teaching hospitals and many district general hospitals in the UK will be caring for such patients. It is unrealistic to imagine that this workload could be absorbed by a few specialist centres that can implement the guidelines, even though some of them will continue to bear a disproportionately heavy burden by virtue of serving communities with many high risk individuals. We know of several hospitals, including teaching hospitals, that have sought to transfer patients to other centres because their laboratory staff are not prepared or not able to offer a basic diagnostic service for these patients. Such problems and attitudes ill befit us as health care professionals.

Another recommendation in the guidelines is that "those who may be directly exposed to the body fluids and tissues of AIDS patients . . . should be asked to volunteer blood samples . . . and arrangements should be made to test these sera for the presence of HTLV-III antibody." We do not feel that such testing is appropriate in the light of limited knowledge on the natural history of infection and when the reliability of current assays has not been fully assessed. Until both are clearer samples should be stored. We suspect that the implications for an individual with a positive antibody test have not been fully appreciated; the intrusion into that staff member's personal life necessary to determine its importance would be considerable. In some specialties it could have major implications for that person's career, for which as yet no provision has been made.

We think that all health care workers, especially clinicians and laboratory managers, have a duty to ensure that no patient is allowed to suffer less than adequate care as a consequence of implementing the ACDP guidelines—nor indeed for any other reason. We must be given the resources to implement the proposals without delay, or the ACDP must revise its guidelines to accord with the scientific evidence and the much greater experience in the USA. We regard this as an important area for open debate so that we can achieve an acceptable balance between the