New Test Has Screened-Out AIDS Contaminants From Nation’s Blood Supply, Expert Conferees Say

A new test licensed last spring has apparently succeeded in screening out AIDS-related contaminants from the nation’s blood supply used for transfusions. These blood sample studies were reported on July 31 at a meeting cosponsored by NIH, the Food and Drug Administration, and the Centers for Disease Control.

The blood tests “are doing an extremely good job of screening the general population and are extremely valuable in screening out infectious blood” contaminated with the virus that causes acquired immune deficiency syndrome, according to Dr. Harry M. Meyer, director, Center for Drugs and Biologics, Food and Drug Administration.

The conference spokesmen said they believe that virtually all donors with suspect blood are being identified and their blood eliminated from the system.

The results of the test were based on more than a million units of blood collected from 131 centers in the U.S. from Apr. 22 to June 16, 1985, representing about 70 percent of the blood collected at those centers.

Transfusion-associated AIDS accounted for about 2 percent (202 cases) of the 12,067 AIDS cases reported to the CDC through July 26. Of the overall total, 6,079 cases have been fatal thus far.

The test measures the amount of antibody that the body produces in response to the presence of HTLV-III, the virus that is believed to cause AIDS. The test does not detect the virus itself but a close correlation was found in one study between presence of the antibody and a later discovery of the presence of the virus.

Three variants of the blood test were reported. These are produced by Abbott Laboratories, Electronucleonics and Litton Industries. The tests are derived from one developed last year by Dr. Robert Gallo’s team at the National Cancer Institute.

Despite the advance made by the new blood test, the number of transfusion-associated AIDS cases will continue to rise, but probably at a steadily declining rate, said Dr. James W. Curran, chief, AIDS Branch, Division of Viral Diseases, CDC. That is because the incubation period of the disease is so long—up to 6 or 7 years—and the disease can affect those who received transfusions before the blood tests were introduced.

Dr. Curran also said that transfusion-associated AIDS had been reported in 33 states. He said he thought that compliance with recommendations by high-risk groups to refrain from donating blood may have done as much, if not more, than the test to protect the blood supply from AIDS.

Of the 202 transfusion-associated AIDS cases, 82 cases were contracted by hemophiliacs who probably got the disease through the blood plasma product called Factor VIII, a clotting agent. In addition to identifying suspect donor blood, Factor VIII is receiving double protection from AIDS contamination. First it is examined through the antibody test and, if a positive test result is obtained, the plasma products are applied, which has all but eliminated the virus in these blood products.

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NIH and NLM Have New Zipcodes

The NIH campus has been assigned a new Zipcode to go with its Bethesda, Md., address. It is 20892.

The National Library of Medicine has been assigned its own new Zipcode, 20894. This is also a Bethesda, Md., Zipcode.

The new ZIP codes can be used immediately. However, please do not destroy letterhead, envelopes, labels, forms, etc., with the old Zipcodes. Please use up the old supply making the new change in typewriter or pen-and-ink, and when it's time to reorder, then change to the new Zipcode.

“ ‘We hope this will facilitate mail delivery at NIH,” says Bill Arwine, chief, Travel and Administrative Services Branch, OD, who has been working with the U.S. Postal Service in getting this changed.

According to Mr. Arwine, the Postal Service recently argued that the Zipcode NIH used was for a Washington, D.C. address. “Getting it changed has been an arduous process, but NIH at last has a Bethesda, Md., Zipcode.”

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‘How To Relax’ Seminars Planned By Employee Counseling Service

Stress is feeling under pressure, unable to cope, being overwhelmed by people and circumstances.

The wheels of progress have been turning at higher and higher speeds and, unfortunately, people have wound themselves tighter and tighter, just to keep pace with it all. No longer do we walk—we run—and even our leisure has become a frantic piling up of activities paced to the ticking of a clock.

Because we are literally running ourselves ragged, we need to take a good look at the art of relaxation. Three, one-hour seminars will be offered by the Employee Counseling Service on Wednesday, Aug. 21 and 28, and Sept. 4 from 12 to 1 p.m., in Bldg. 31, Rm. B2C02A.

Please sign up by calling 496-3164. The group will be limited to 20 participants.

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Retirement Deposit For Military Service

In November 1983, NIH employees were notified of procedures to be followed for making a pension deposit for post-1956 Military Service and were advised that the deposit must be made prior to retirement.

Employees planning for retirement were advised to hold/invest the amount of the deposit until Oct. 1, 1986 (or retirement if sooner) since deposits were interest free until that date. FPM letter 831-84, dated June 28, 1985, states that no interest will be charged on deposits made before Sept. 30, 1986.

Employees planning for retirement are, therefore, advised to hold/invest the amount of deposit until Sept. 29, 1986. After that date, the deposit will be 7 percent of the military basic pay received for such service, plus interest at a variable rate identified by the U.S. Treasury Department.