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Report of the Second Meeting of the WHO Collaborating Centers for AIDS

On December 16-18 1985 representatives from the WHO collaborating centers for AIDS met in Geneva to review the global status of AIDS. The following actions were recommended:

- Surveillance for AIDS must be strengthened and standardized as far as possible. Countries should report AIDS cases to their Regional Offices for forwarding to WHO according to regional guidelines. More detailed information should be developed with special emphasis on patient risk groups.

- Guidelines for the protection of certain occupations (health workers, for example), and for the prevention and control of AIDS through health education programs directed at a wide variety of persons (patients and their families and sexual contacts, laboratory workers, infected but asymptomatic persons with special emphasis on reproductive age women, and others) must be developed and disseminated widely.

- No restrictions on international travel are warranted and Member States were requested not to implement such measures.

- Reference sera should be provided to appropriate laboratories. They are available in limited quantities from WHO's collaborating center at the Centers for Disease Control, Atlanta, Georgia 30333, USA. A larger, more permanent set of sera for general distribution has been prepared by the German Association against Viral Diseases, Institute of Clinical and Experimental Virology, Berlin, West Germany. These sera are being characterized by WHO's collaborating center for AIDS, the National Institute for Biological Standards and Control, London, UK. An additional panel of sera representing a spectrum of reactions to individual antigens is being prepared by the WHO collaborating center for AIDS, Centro Nacional de Microbiología, Virología e Inmunología Sanitaria, Madrid, Spain, and will be provided to other collaborating centers.

- WHO should assist in the organization of laboratory workshops on techniques for AIDS diagnosis and screening, and proficiency testing programs.

- WHO should promote further laboratory standardization and research on possible control measures, and continue to provide technical collaboration to member countries.

In addition, the participants approved the following disinfectants and disinfection procedures to prevent transmission of the AIDS virus (LAV/HTLV-III):

Chlorine-sodium hypochlorite. A general all-purpose disinfectant solution should have a concentration of 1 g/l (1,000 ppm) as available chlorine. A stronger solution containing 10 g/l (10,000 ppm) of available chlorine is recommended for disinfection involving blood spillage and/or presence of gross organic matter. A solution of 5 g/l (5,000 ppm) as available chlorine is recommended for use in virus diagnosis and research laboratories.

Formaldehyde as formalin: 50 g/l (5%).

Ethanol: 700 g/l (70%).

Glutaraldehyde: 20 g/l (2%). Ideally, all non-disposable patient care equipment and instruments should be sterilized by steam under pressure (autoclaving) or by recognized gaseous sterilization techniques if the equipment is heat-labile. The use of ethylene oxide (ETO) in gaseous sterilization is not universally recognized. It thus becomes necessary to subject heat-labile equipment and instruments to a high level of disinfection. The technique requires scrupulous cleaning of the materials prior to disinfection. The disinfectant of choice is 2% glutaraldehyde with a 30 minute contact time. Following this, the equipment should be thoroughly rinsed with sterile water. Other disinfectants may be used but are not of choice because of various adverse properties such as corrosion. If they are used, the final rinse with sterile water is most important.

(Source: Report of the Second Meeting of the WHO Collaborating Centers for AIDS, WHO, Geneva, 16-18 December 1985.)