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CABINET
HOME AND SOCIAL AFFAIRS COMMITTEE
SUB-COMMITTEE ON AIDS

H(A)(88)20
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COX REPORT ON PROJECTIONS OF HIV INFECTION AND AIDS

Memorandum by the Minister for Health

This paper seeks the agreement of the Sub Committee to proposals for presenting and responding to the report of the Working Group on Short-term Predictions of HIV Infection and AIDS in England and Wales (the "Cox Report")

Background

1. The establishment of a Working Group on Short-term Predictions of HIV Infection and AIDS in England and Wales was announced by my predecessor for Health in March 1988. The Group comprised leading experts in epidemiology and statistics, and was chaired by Sir David Cox FRS, Warden of Nuffield College, Oxford and a former President of the Royal Statistical Society. Its remit was to make predictions of the number of persons with HIV infection and AIDS over the next 2-5 years in England and Wales.
2. The Group submitted its report to the Chief Medical Officers of England and Wales on 31 October. The report was also sent to the CMOs of Scotland and Northern Ireland for information. A copy - without the Appendices, which are of a wholly technical nature - is attached at Annex A.

Conclusions of Report

3. The report contains a number of important findings (the following figures have been adjusted for underreporting):

- between 10,000 and 30,000 AIDS cases are likely to be diagnosed between 1987 and 1992; and the "recommended basis for planning" is 13,000 cases;
- by the end of 1992 between 7,500 and 17,000 persons are expected to have died from AIDS;
- assuming that no treatment emerges which significantly prolongs the life of people with AIDS, the number of living people with AIDS at a particular point in time is expected to rise from the present level of about 1,000 to a recommended basis for planning of over 5,000 by the end of 1992;
- the rate of increase in new AIDS cases is slowing probably as a result of changes in behaviour of the homosexual community;
- by the end of 1987 between 20,000 and 50,000 persons were infected with HIV in England and Wales of whom some 13,000 to 30,000 were probably homosexual men. Between 2,000 and 5,000 are thought to have been infected through heterosexual contact, but assuming that most injecting drug misusers and haemophiliacs are heterosexual, the total pool of infected heterosexuals could be between 5,000 and 16,000;
- the Group made no predictions about future numbers of HIV infections because these depend on unforeseeable changes in behaviour patterns.

4. The report stresses that "it would be a gross error to regard even the lower predictions as grounds for complacency", particularly to view of the significant number of heterosexuals thought to be infected and the potential for spread within the general population.

5. The report also contains recommendations for updating the forecasts annually and for further research studies to improve epidemiological information, notably for large scale epidemiological surveillance based on anonymous testing. In addition, it makes several recommendations for strengthening the present surveillance arrangements. These include

- * giving CDSC further resources for data collection and analysis,
- * extending the CDSC monitoring system,
- * improving the level and speed of reporting, and
- * giving genito-urinary medicine (GUM) clinics resources to report routinely all HIV testing.

6. The first three of these and the issue of anonymous testing are discussed, together with the question of resource implications, in paper H(A)(88)7 on Monitoring and Surveillance.

7. The recommendation on GUM clinics is covered by a report, just completed, of an enquiry team into GUM services. The resource implications of that report are now being examined.

Publication of Report

8. The report is the first authoritative statement on the future course of the epidemic in England and Wales. It will do much to reduce existing uncertainty, and assist the authorities in planning services from a rational baseline. We therefore intend to publish it within the next two weeks and arrangements are in hand for this.

Issues arising from the report

The report's conclusions will be of considerable public interest, and are bound to attract much comment in the media as well as medical and scientific circles. There has already been press speculation about its contents and it will be important to present the findings and the Government's response in a careful and balanced way. There are a number of contentious issues:

(i) The relatively low estimates of future AIDS cases

The "planning" figures arrived at by the Group are lower than some commentators, notably the Institute of Actuaries, have previously suggested. This may lead to the criticism that the problem has been exaggerated, and that the Government has been conducting an unnecessary and wasteful scare campaign. Against this, a number of points can be made:

- * the report itself strongly warns of the danger of complacency, a message that has been repeatedly given in the public education campaign;
- * the report makes only short-term forecasts - the longer term position depends largely on behaviour change, and that depends on the effectiveness of education and information efforts;
- * the most important factor in the present slowing rate of increase in AIDS cases is thought to be the behaviour change that appears to have been taking place among male homosexuals. But this must be maintained, which will require a continuing campaign of education and prevention;
- * the possibility of a rapid increase in infection among drug misusers, as has already happened in Scotland;

* the report draws attention to a relatively small, but growing, amount of heterosexual transmission. If the possible rapid increase among drug misusers materialises this could lead to much wider spread among heterosexuals.

(ii) Scotland and Northern Ireland are omitted

The Group's remit covered only England and Wales. Scotland was not included because forecasts have already been made for Scotland to the end of 1991 in the Report of the National Working Party on Health Service Implication of HIV infection (the Tayler Report).

In Northern Ireland the very small number of known cases of HIV infection and AIDS is insufficient on which to base predictions.

(iii) Variance from the Government Actuary's Department's earlier predictions

In July the Government Actuary's Department (GAD) distributed population projections for England and Wales, Scotland and Northern Ireland to other government departments. These included assumptions regarding mortality due to AIDS. The AIDS assumptions made use of one of the intermediate projections of the Institute of Actuaries, which were produced more than a year ago and were based on earlier data than that available to the Cox Group. They presented a more pessimistic picture than that of the Cox Report, eg. that the annual number of AIDS deaths would rise to about 20,000 by the mid 1990s. The GAD has now discussed these assumptions with the Department of Health in the light of the Cox Report and the Government Actuary has agreed to revise the projections for their final published version, making use of the lowest of the Institute of Actuaries projections. This is still higher than the Cox Group projections, but its focus is more on the long term and the effect of these assumptions on the overall projected population is not great.

The Government's response

10. I propose that our response should be:

- publish the Cox Report within the next two weeks;
- welcome the Report and accept its predictions as a basis for future planning;
- accept the recommendation for yearly updates of projections in the light of the latest information;
- announce that these updates will be undertaken in England and Wales by the Communicable Disease Surveillance Centre under the auspices of the Department of Health and Welsh Office;
- announce that in Scotland similar annual updates of the predictions in the Tayler Report of 1987 will be undertaken by the Communicable Diseases (Scotland) Unit under the auspices of SHHD;
- announce that the Director of the Public Health Laboratory Service (Dr Joe Smith) is being asked to report to the Chief Medical Officer within three months on the extent of underreporting of HIV and AIDS, and to make proposals to rectify this.

Handling

11. There would be great benefit in announcing our response to the Smith Report on Monitoring and Surveillance at the same time as we publish the Cox Report. I would therefore propose to hold a specialist press briefing on the two documents on the day the Cox Report is published, involving perhaps myself, the Chief Medical Officers, Sir David Cox and Dr Smith. There would be an accompanying press release and Parliamentary Question.

Conclusion

12 The Sub Committee is invited to:

- (i) agree the publication and proposed response to the Cox Report (para. 10);
- (ii) endorse the proposals for handling the report on its publication (para. 11).