HEALTH EDUCATION AUTHORITY

To: AIDS Co-ordinators, RHAs in England
AIDS Co-ordinators, DHAs in England
Chief Executives of Local Authorities in England

Chief Executive Dr Spencer Hagard

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Dear Colleague

I am pleased to enclose a briefing paper on Testing and Screening for HIV Infection, as well as a statement on the HEA's position on this subject.

Please circulate these papers to your colleagues concerned with HIV/AIDS issues, and particularly to health promotion officers and designated AIDS education workers. Additional copies are being sent directly to relevant voluntary organisations.

I would be interested in receiving any comments that you and other colleagues may have on the briefing paper and position statement.

Yours sincerely

GRO-C

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Deputy Director, AIDS Programme

enclosures

Health Education Authority AIDS Programme

Position Statement on Testing and Screening for HIV Infection

Background and Purpose

The Chief Medical Officer of the Department of Health has invited public discussion and comment from interested parties on the report of a Working Group on the Monitoring and Surveillance of HIV Infection and AIDS ("Smith Report") which was published in May 1988.

This paper outlines the Health Education Authority's considered position on the issue of testing and screening for HIV infection and comments on the recommendations of the Smith Report.

HEA Position on Testing and Screening for HIV Infection

Background information and a review of the relevant issues are discussed in a detailed briefing available from the HEA ("Testing and Screening for HIV Infection", AIDS Programme Paper No. 2, November 1988), from which the following conclusions are taken.

There are good public health reasons for wider population HIV Surveillance (colloquially known as "screening"). These include:

- better understanding of the epidemiological aspects of the epidemic and monitoring its demographic impact;
- better assessment of priorities, resource allocation and planning of the health care and social services that may be required in the future;
- more effective targeting and evaluation of AIDS public education and health promotion programmes.

Compulsory testing on a named or unnamed basis of certain individuals or groups raises serious ethical and legal concerns and is likely to endanger public health through dissuading at-risk people from coming forward for advice and help.

Involuntary named testing should be considered only in exceptional circumstances, that is, in situations of acute clinical emergency where the attending physician may decide, in the interests of the patient, to perform HIV antibody testing without obtaining consent (for example, because the patient is comatose or mentally incapable and a guardian is not available).

Involuntary, unnamed testing ("anonymised" testing). The main objection to this approach is the problem of being unable to convey positive results to a person. If anonymised testing is conducted in a setting where patients are also able to request HIV antibody testing, this may be less objectionable on ethical grounds. Unless new legal objections are raised, this approach is likely to be the most acceptable in maintaining the balance between the rights of individuals and the collective rights of the public when considering the public health response to the epidemic.

Voluntary, named testing. Acceptable and accessible facilities for HIV antibody testing should be widely available through the National Health Service. Relevant staff should have adequate training to discuss sexual lifestyle issues with clients, sensitively and in complete confidence, leading to the identification of people potentially at risk of HIV infection. The latter should be offered HIV antibody testing with adequate counselling, informed consent and guaranteed confidentiality.

Voluntary, unnamed testing. It is likely that those at high risk of HIV testing may withhold consent for unnamed testing, leading to falsely low estimates of prevalence of HIV infection. This may increase complacency and undermine public education efforts.

Response to the Smith Report

The recommendations of the Smith Report concerning the improvement of arrangements for the monitoring and surveillance of HIV infection and AIDS are generally welcomed.

The report's principal recommendation of a pilot scheme for serosurveillance among ante-natal clinic attenders needs reconsideration. This is because:

- It may put unreasonable pressure on pregnant women to comply if they come to believe that their ante-natal care could be prejudiced if they refuse the HIV antibody test.

- Obtaining consent may put anonymity in peril (as some record has to be kept of the consent), and this may undermine public confidence.

- There are insurance and related implications for participants which have not been satisfactorily resolved so far.

- Selection bias is likely to significantly impair the epidemiological value of the data collected, deflating the primary purpose of the exercise.

Therefore, and for reasons discussed earlier, we believe that the public health need for wider population HIV surveillance is most acceptably met through a programme of anonymised HIV antibody testing without consent conducted in a variety of settings.

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Note: Position statements are subject to revision from time to time in response to changing circumstances in the HIV/AIDS field. For more information please contact Dr M Kapila, AIDS Programme, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX, Telephone GRO-C