HIV testing delayed "for commercial reasons"

The introduction of HIV testing in the UK and France was delayed in 1985 in order to enable local companies to bring their own tests to the market, a UK newspaper has claimed. According to the report, seven months elapsed between the availability of Abbott Laboratories' HIV test and the introduction of routine blood screening in October 1985, a delay, it claims, that enabled the UK company Wellcome Diagnostics to bring its own product to commercialisation. The allegations come after a French inquiry discovered that health officials in France "failed to use" Abbott's test to screen blood because no equivalent local product was available.

. . . *claims disputed*

The UK claims have, however, been greeted with scepticism. The director of the UK National Blood Transfusion Service, Dr Howard Gunson, who was quoted in the report, told Clinica that the report was "slightly misrepresentative", stating that he was "not aware of any preference shown to any companies". Dr Gunson added that besides evaluation of the tests, a considerable amount of work had had to be done, including the training of staff and the setting up of 14 confirmatory test centres, as well as alternative venues where non-donors could undergo testing.

Evaluation by the PHLS centred on five HIV tests (manufactured by Abbott, Electro-Nucleonics Inc (ENI), Organon Teknika, Ortho Diagnostic Systems and Wellcome Diagnostics) and found the Abbott and ENI tests to be unsuitable due to an "unacceptable rate of false positives" (see Clinica No 158, p 3). A spokesperson for Wellcome Diagnostics told Clinica that a high rate of false positives would not have been tolerable because of the effect it would have had on people's lives "even when subsequently corrected".

. . . *lack of confirmatory testing*

The issue of false positives also had greater significance due to the lack of confirmatory testing facilities, Dr Gunson believed. Moreover, fears over accuracy were fuelled by worries that HIV-positive individuals might attempt to donate blood in order to have an HIV test carried out, thereby spreading infection during the "window" period.

According to figures from the UK Public Health Laboratory Service, a total of 145 people have to date been diagnosed HIV-positive as a result of blood or tissue transfer either in the UK or abroad. A spokesperson emphasised that none of these cases had resulted from blood transfusions in the UK after the implementation of HIV screening in October 1985. A total of 29 people are known so far to have developed AIDS as a result of blood transfusions carried out in the UK before that date, however.

UK news in brief

❑ ***New HSAC guidance for clinical labs:***
The UK Health and Safety Advisory Committee has published a new code for safe working and the prevention of infection in clinical laboratories. The Committee, a division of the Health and Safety Commission, has drawn up the code with the recognition that the world of clinical testing is fast changing, with many new technologies and procedures being introduced. The code also includes earlier advice on hepatitis B and labelling, transport and reception of specimens.

MD/diag clampdown in Belgian efficiency drive

Drastic healthcare savings measures in Belgium have now succeeded in reducing the deficit of the health insurance system, despite the entrenched opposition of doctors and laboratory specialists. According to an article in Ärzte Zeitung, recent figures show the deficit to have shrunk since 1987 from Bfr 48,000 million ($1,100 million) to a surplus of slightly over Bfr 100 million in 1990. Some experts believe that this surplus could grow to as much as Bfr 400 million by 2000.

. . . *diagnostic limits introduced*

Social Affairs Minister Philippe Busquin's economy drive has entailed stringent limits on laboratory and ambulatory diagnostic testing. Government funding has been withheld from facilities which exceeded the ceilings, and Mr Busquin's department has ignored protestations about declining quality of care, arguing that the number of tests conducted had "risen excessively". **Between 1981 and 1987, the sums allocated to laboratory testing rose by some 15% annually, whereas from 1987 to 1990 they fell by a total of some 10%.**

. . . *device restrictions set to continue*

More recent restrictions implemented include those for X-ray examinations and a new regulatory system for pharmaceuticals. A halt to the installations of large devices has also occurred. Whereas neighbouring hospitals could each offer the same expensive procedures in the past, new sharing arrangements have been introduced, in addition to forcing the closure of less economic facilities.