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Mr Laurance

AIDS CAMPAIGN

I attach a briefing package and a draft letter for the Secretary of State to send to MPs.

GRO-C

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7 March 1986

cc
Mr O'Connor
Mr Fisher
Mr Langsdon
Ms Doran
Mrs Firth
Mr C H Wilson
Dr Ower
Dr Sibellas
Mrs Hewlett-Davies
Mr C P Wilson
Mr Price
Ms Midlane
Mr Murray

DRAFT LETTER TO MPs

Dear Colleague

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

I am writing to you and all other members of the House to tell you about the United Kingdom public information campaign which will be launched shortly.

As you may know, the AIDS virus is not highly infectious and cannot be spread by normal social contact. The normal routes of transmission are limited and are through intimate sexual contact and exposure to infected blood or blood products. Nonetheless, many people have been infected with the virus. At the end of February 1986, 305 cases of full clinical AIDS had been reported and of these 157 had died. The majority of these cases (88 per cent) were in homosexual men.

The number of cases of AIDS may seem small when judged against the situation in the USA where they have 17,000 cases. However, what is particularly disturbing in public health terms is the estimated 20,000 people in the United Kingdom who are already infected with the AIDS virus but have no symptoms of illness. I am advised by my Chief Medical Officer that a significant proportion of these will go on to develop AIDS and less serious AIDS-associated conditions, and that all of them must be regarded as infectious - probably for the rest of their lives.

In the absence of a cure or vaccine, either of which may take many years to develop, the measures available to control the spread of this dreadful disease are limited. The one measure which is unanimously advocated by the experts is a high-profile, long-term public health information campaign. This is something the World Health Organisation is also recommending to Governments around the world.

Since December 1985, when I announced my intention to mount a campaign, work has been progressing on the development of campaign proposals to allow a Spring launch. Members of the Expert Advisory Group on AIDS and representatives of the at-risk groups have been involved in discussions on the style and content of the campaign. Campaigns aimed at homosexuals and drug abusers are needed but are not enough. A wider public information campaign in layman's language is required to:

- provide basic facts and dispel myths about AIDS and the infection which underlies it
- alert the high-risk groups to the danger of infection and encourage them to change their lifestyles
- emphasise to the general public the dangers of sexual contact with people who may be infected.

Obviously, such a campaign will have to be sensitively balanced if it is to provide the basic information in a form which people will be prepared to read and will understand. Undoubtedly, whatever is done, some people will be offtended by the references to sexual activity in the campaign material. But without that, the campaign cannot achieve the change in behaviour necessary to contain the spread of the virus. However, I am confident that in these difficult circumstances arrangements have been developed for the first stage of the campaign which will achieve the desired effect but at the same time pay due regard to the understandable sensitivities of many members of the general public.

I hope this will help to explain the background to the campaign and will help you in your dealings with constituents on this matter.

NORMAN FOWLER

Index to briefing

Speaking Notes

Background

1. Public Information Campaign

1. Why have a campaign?

The number of people infected with the HTLVIII virus is increasing all the time. As yet, there is no cure or vaccine. The only weapon we have to control its spread is public health information. This is one of the components of the strategy recommended by the World Health Organisation for controlling the spread of the disease.

2. What is the objective of the campaign?

By telling people about AIDS, the infection which underlies it, and how it spreads, the Government hopes to alert those inside and outside high-risk groups to the ways in which they can avoid infection. The Government also hopes the campaign will dispel some of the myths about the infection which have so alarmed the public and caused discrimination against people with the infection.

3. Who will the campaign be aimed at?

It will be aimed at the high-risk groups where the infection is already prevalent, that is male homosexuals, drug addicts and haemophiliacs. It will also be aimed at others actually or potentially at risk, including the sexual partners of people in the high-risk groups and sexually active men and women potentially at risk.

4. Will the campaign cover only England?

No. This campaign represents the co-ordinated response to all of the United Kingdom health departments to the need to control the spread of this infection. In addition to the media advertising, each country will be considering the need for further action in the light of their own situation?

5. Will the campaigns replace existing health education initiatives on AIDS?

No. The voluntary sector have done much valuable work in this area. I want to see this continue. Government financial support to voluntary organisations will continue, and my officials are taking advantage of their close links with the organisations to discuss with them future action on AIDS by both Government and the voluntary sector.

6. Have other countries had national campaigns on AIDS?

Many countries word-wide have mounted campaigns. [For example, New Zealand, West Germany, USA.] The style of these campaigns and their achievements has influenced our campaign.

7. Who was consulted on the campaign?

The Expert Advisory Group on AIDS and representatives of high-risk groups werefully involved in the development of the campaign.

8. Who made the final decision on the campaign?

This is a Government campaign, and decisions on campaign style and content were made by Ministers. We were, however, heavily influenced by the advice of the Expert Advisory Group on AIDS, and representatives of the high risk groups.

9. Is it true you were unhappy about explicit sexual material appearing in the campaign?

I think if you examine the advertising and the new Health Education Council leaflet, and listen to the College of Health tapes, you will appreciate that comprehensive, practical information is being provided. By presenting information through these routes, I hope the campaign will achieve its objectives without causing unnecessary embarrassment to people who decide they and their children should not be exposed to it.

10. How long will the campaign run?

The campaign will run throughout 1986 and into 1987.

2. Health Education Council leaflet

1. Why have a leaflet?

Only so much information can be built into the media advertising. The leaflet will be made available only to those people who request more information.

2. Have the HEC acted alone to produce it?

No. The HEC have worked closely with my Department's AIDS Unit and the advertising agency handling the media advertising. Members of the Expert Advisory Group on AIDS have been closely involved in the drafting of the leaflet.

3. Who has financed the leaflet?

My Department commissioned and funded it (£58,000).

4. How many copies have been produced?

⅓rd million copies have been produced in the first print run. Reprints will be produced as necessary to reflect up-to-date medical thinking in this fast moving area.

5. How will the leaflet be distributed?

It will only be given to people who ask for it. The Press advertising will give an address for people to write for the leaflet. It will also be distributed through Health Education Units, Genito Urinary Medicine Departments, voluntary organisations and through appropriate health professionals.

6. Will the HEC leaflet replace existing literature?

This new leaflet will replace the existing HEC leaflet which has been distributed in large numbers already. The voluntary sector will continue to provide literature for the high-risk groups.

3. Telephone Information Service

1. Why have a service?

Some people will not want it known that they are seeking information on AIDS. It is important this means of obtaining information is available.

2. What is the objective of the service?

The objective is to provide information on a strictly confidential basis to people who need it.

3. Who will run the service?

My Department has commissioned the College of Health to run the service. The College already has experience in running an AIDS telephone recorded message service. As a voluntary organisation the College will receive a grant of £116,000 to meet the cost of the service in its first year.

4. Will the service cover the whole of the United Kingdom?

Yes. Anyone will be able to use the service.

5. Will it be a 'freephone' service?

No. Callers telephoning from London will pay the normal local call charge. Callers from outside London, including Scotland, Wales and N Ireland, also pay at the local call rate, with the benefit of a Government subsidy.

6. Why no 'freephone'?

There is no evidence that people likely to use the service are a financially disadvantaged group.

7. What information will be provided?

Recorded tapes will provide information on:

- AIDS and how it can be contracted
- specific guidance on reducing the risks attached to sexual activity
- other AIDS-related topics
- available literature
- voluntary activity.

These tapes have been prepared by the College of Health with advice from experts in the field.

8. How does the system operate?

The caller will get a pre-recorded tape giving a basic introduction to AIDS and details of other tapes (with telephone numbers) on the specific aspects I have mentioned. The system will be automated and completely confidential.

9. How many calls can the system handle?

The tape runs for 3 minutes on average, and in excess of 15,000 calls can be handled each day.

10. Will demand on the service be monitored?

The College will be monitoring demand on a week-to-week basis. The content of the tapes can be varied at short notice, and tapes covering new subjects can be inserted if required.

11. Will the national service replace local telephone services?

No. Some health authorities and voluntary organisations are running telephone information and counselling services. I hope these will be continued and expanded where demand makes this appropriate.

12. Will the service provide counselling?

No. Callers will, however, be given a telephone number for advice on the availability of specialist counselling services.

4. The Disease

1. What is it?

AIDS is the principal end result of an infection by a virus (HTLVIII). This virus depresses the body's defences against cancer and infection.

2. Can it be cured?

The results of the infection are potentially fatal and there is no effective cure for it. A vaccine is unlikely to be developed in the near future.

3. Will all infected people get full AIDS?

Because AIDS is a recent disease (first UK case in 1979) little can be said about the long term future of infected people. USA experience indicates that only a small proportion will develop AIDS (about 10 per cent).

4. How many cases in the United Kingdom?

At the end of February 1986, 305 cases had been reported in the UK, of whom 157 have died. Over 75 per cent of cases have been reported from the London area.

5. How is the virus spread?

Sexual intercourse, particularly but not exclusively between homosexual men.

Infected blood and blood products. Haemophiliacs were at risk before heat-treated blood products became available. More than 50 per cent of haemophiliac patients have been infected by the HTLV3 virus.

Contaminated needles and syringes. Drug addicts are a big problem in the USA. Only three cases so far in the UK, but potentially this is also a problem here.

Donation of infected organs or semen.

Infected mother to child at birth or during pregnancy.

No epidemiological evidence that it is spread by

- coughing or sneezing
- social contact
- shared washing, eating, drinking, toilet facilities
- living in same home.

6. Why can't the spread be predicted?

There is still much that is unknown. The number of sero-positive individuals is estimated to be about 20,000. It is not known either how long they will remain infectious or what proportion will develop the disease. The disease has a long incubation period ranging from about six months to seven years or even longer. Government action taken now to control the spread of the disease may well now take effect for two to five years.

7. What will the numbers be by 1988?

It is estimated that in the UK 2,000 cases will require treatment during 1988.

8. What is the occupational risk of catching AIDS?

Only in health care personnel, and this seems to be minimal. Three (two probable, one certain) cases have now been reported (two from the USA, one from the UK) where a health care worker, following a needle injury, has become infected with the virus. This underlines the need for people involved in the care of these patient who are required to take blood samples, give injections or do intravenous work to have proper training and to take appropriate precautions. General guidance has been issued. Further guidance is in preparation, and special guidance is being prepared for surgeons, anaesthetists and dentists.

5. Government Action

1. What action have the Government taken?

With the benefit of advice from the Department's Expert Advisory Group on AIDS we have as a matter of urgency taken a number of measures based on current knowledge about the disease gained both in this country and abroad. The Government's main concern has been to minimise the risk of exposure in the general population, and by this means to control the spread of the disease. Our measures include:

- the Expert Advisory Group on AIDS has been set up.
- health education leaflets have been produced by the Health Education Council and voluntary bodies, with Government support.
- leaflets have been issued by the National Blood Transfusion Service, warning those at risk groups not to give blood.
- all blood donations have been screened, from last October.
- testing was introduced in Genito-Urinary Medicine Clinics and elsewhere from the same date.
- blood products for haemophiliacs are now heat-treated.
- information and guidance has been sent to health professionals.
- grants have been given to the Haemophilia society and the Terrence Higgins Trust.

- additional resources have been allocated for treatment and preventative services.

- an Inter-Departmental Group has been set up.

2. What is the Expert Advisory Group on AIDS?

The Expert Advisory Group on AIDS (EAGA) is a group of eminent medical and scientific experts on every aspect of the disease brought together to advise the UK health departments on AIDS matters. It is chaired by the Chief Medical Officer.

3. What is the Inter Departmental Group on AIDS?

The Inter Departmental Group on AIDS (IDGA) has been set up to advise the Ministerial Steering Group on AIDS on the development of a co-ordinated strategy to deal with the wider issues arising from the infection. It comprises representatives from a number of Government Departments (DHSS, HO, DE, DES, DOE, MOD, FCO, Cabinet Office, Treasury, DTI, WO, DHSS NI and Scottish Office.) It is chaired by my Department.

6. Government funding

1. What resources have the Government devoted to AIDS?

We have already allocated an additional £8.1 million for health and preventative services dealing with AIDS.

2. What financial help has been given to health authorities?

£3.18 million has been allocated to the three Thames Regional Health Authorities which at present treat the majority of AIDS cases [NE, SE and NW Thames RHAs] - £680,000 in 1985/86 and £2.5 million in 1986/87. This is in addition to the resources already committed by health authorities.

3. Why is the funding restricted to only three Thames Regions?

These regions are dealing with over 75 per cent of the UK AIDS cases. While this situation continues, we feel other RHA's are able to meet from existing resources the increased demand caused by the small number of their cases.

4. On what will the RHA's spend their money?

The individual regions concerned must decide their own priorities in the light of local circumstances. However, we expect inpatient and outpatient treatment and counselling of those with the infection to be regarded as a priority.

5. What future levels of resources will be allocated?

It is expected that the number of cases of AIDS will increase substantially, and the Government will keep under close review the levels of expenditure needed in future years. It is too soon to make reliable estimates of the sums that may be involved.

6. What is the cost per patient treated?

The estimated cost of the treatment of each case is between £10,000 and £20,000 in one year.

7. Are you doing enough to support the voluntary sector?

We fully recognise the valuable work of voluntary organisations, particularly the Haemophilia Society and the Terrence Higgins Trust. Each of these organisations has received a grant of £35,000 in the current financial year. We are currently discussing a substantial grant for the Terrence Higgins Trust for 1986/87.

7. Guidance material

1. What guidance on AIDS has been issued to health service personnel?

A series of guidance documents has been issued. These include advice on measures to safeguard the health and safety of people whose work brings them into direct contact with AIDS; general information for doctors on the disease and the introduction of the HTLVIII test; infection control guidelines for the community care of AIDS patients; and guidance in relation to children at school.

2. Will further guidance be issued?

Yes. There are a number of areas under consideration. We shall shortly be issuing revised guidance on health and safety of health care workers produced by the Advisory Committee on Dangerous Pathogens, and specific guidance for surgeons, anaesthetists and dentists.

3. Advice to funeral directors?

The interim guidelines on AIDS produced by the Advisory Committee on Dangerous Pathogens refers to advice on precautions for body handling and disposal. The Department has also given advice in correspondence with funeral directors.

4. Advice to Dentists?

Guidance to dentists, surgeons and anaesthetists dealing with HTLVIII antibody positive patients will be issued shortly. General dental practitioners should be able to treat these patients safely in their surgeries, provided good, standard clinical procedures are followed.

5. Advice on tattooing, skin piercing and acupuncture

The Communicable Disease Surveillance Centre is currently updating their advice on tattooing, skin piercing and acupuncture.

6. Advice to Local Authorities?

My Department is at present giving consideration to this matter.

7. Advice to Health Authorities?

Guidance to health authorities on the employment of health care personnel who are HTLVIII positive is under consideration.

8. Safety of blood and blood products

1. When was it first known that AIDS could be transmitted via blood and blood products?

In 1983, evidence emerged that in the USA haemophiliacs were contracting AIDS. The mechanism of infection and the virus responsible were not identified until April 1984. Heat-treatment procedures to inactivate the virus were developed and product licences for Factor VIII for haemophiliacs were granted in early 1985. The Blood Products Laboratory started manufacture of heat-treated Factor VIII in April 1985.

2. What action was taken by the Blood Transfusion Service?

The National Blood Transfusion Service has issued leaflets to donors since 1983. The current edition is entitled "AIDS - Important Information for Blood Donors". It is issued on an individual basis to every known donor, and is handed to all new donors. Donors are asked to sign a statement that they have read the AIDS warning leaflet before they may donate blood.

3. What other action has been taken to reduce the risk of AIDS transmission via blood and blood products?

The risk of transmission via blood transfusion has always been very small in this country, thanks to our voluntary donor system. Since 14 October 1985, all blood donations have been tested for the presence of antibody to HTLV III, the AIDS virus. Blood products such as Factor VIII and Factor IX used by haemophiliacs are heat-treated to inactivate the virus.

4. How many blood donors have been found to have the AIDS virus?

From 14 October 1985 until the end of December 1985 the UK Blood Transfusion Services had tested 593,393 donations. Of these, 13 donors were found to be HTLV III antibody positive, and their donations were withdrawn. The Blood Transfusion Service has said that of the 13 donors with positive results, 10 were from recognised high-risk groups.

5. How many of the 13 positive cases were attributable to the specific at risk groups

That information is not available, as donors' medical records are confidential to the Blood Transfusion Service.

6. When will we be self-sufficient in blood and blood products?

We are already self-sufficient in whole blood. The Blood Products Laboratory at Elstree is being completely redeveloped [at a cost in excess of £40m] and will be fully operational by the middle of next year. Self-sufficiency in blood products will follow.

7. Has self-sufficiency been delayed by financial restrictions?

No. The Government has long recognised the importance of this project and has fully provided the resources needed to complete the new Blood Products Laboratory as soon as possible.

8. Are heat-treated blood products safe to use?

Only certain blood products can be heat treated. I am advised that the heat treatment processes currently used for the coagulation factor concentrates used by haemophiliacs should inactivate any HTLV III virus which might be present. We have no evidence of transmission of the virus resulting from the use of the heat-treated material currently available in this country.

9. Will compensation be paid to haemophiliacs who became infected using non heat-treated Factor VIII?

There has never been a general State scheme to compensate those who suffer adverse effects which can arise from some medical procedures. Compensation is awarded by the Courts in cases where negligence has been proved. It would, of course, be improper to prejudge any case which a haemophiliac might bring, but no suggestion has been made that the doctors treating haemophiliacs have acted negligently.

9. HTLV III ANTIBODY TESTING OUTSIDE THE BLOOD TRANSFUSION SERVICE

1. When did testing become available?

Testing for HTLV III antibody became widely available in the NHS from mid October 1985.

2. Where is testing available?

Sexually transmitted Disease (STD) clinics are the main centres for testing because of their experience in dealing with STDs.

3. Will all patients at STD clinics be tested?

Doctors will consider the need for testing in individual cases.

4. Who pays for this new testing?

We have previously announced that the Department is giving the Public Health Laboratory Service £1.5 million to carry out laboratory testing for AIDS. Blood samples are sent to the PHLS for testing.

5. How many people will be tested?

There is no way of reliably estimating the number of people who may come forward for tests.

6. Will General Practitioners do testing?

Health authorities have been asked to make sure that GP's are aware of local testing arrangements. They may refer a patient to testing facilities or take a blood sample and send it to the PHLS for testing.

7. Will GP's be paid to take blood for testing?

No. GP's are not usually paid for taking blood for testing.

8. Are there any plans to introduce routine screening for HTLV III?

No. The HTLV III antibody test is available on a voluntary basis for anyone who believes they may have come into contact with the infection.

10. COUNSELLING

1. What counselling is available for people taking the HTLV III antibody test?

At any early stage, the importance of counselling people before and after they took the test was recognised. For this reason, health authorities were asked to ensure that counsellors were available to coincide with the widespread introduction of the test in mid October 1985.

2. Where is counselling provided?

Counselling services are available in Genito Urinary Medicine clincs, Blood Transfusion Centres and elsewhere, according to local needs.

3. Training of Counsellors

We have been advised that counselling in relation to AIDS requires sepcial skills. My Department has therefore funded a programme of courses being run by St Mary's Hospital, Paddington. Over 400 health professionals have received training, and a number of courses are scheduled to take place this year.

Because of the demand for these courses and the interest shown in them by staff groups eg social working with people who may have the infection, drug misuse workers, discussions are taking place to considerably increase course places. Details of the new courses will be announced to the field in due course.

4. Resources for counselling training?

The Department has provided St Mary's Hospital, Paddington with a grant of £50,000 to run courses for health professionals who need to develop special AIDS counselling skills. We announced on 2 December 1985 that an additional £100,000 had been allocated to underwrite counselling courses for 1986/87.

11. Health care for AIDS patients

1. What plans do health authorities have to deal with the increasing number of AIDS cases?

District health authorities have been asked to draw up comprehensive plans and submit them to the Department by the Summer. These plans should concentrate on high risk groups, complementing the UK publicity campaign, and include provision for testing and counselling services and for treating clinical cases of AIDS.

2. Will special units be set up to care for AIDS patients?

AIDS is not highly infectious, and dedicated isolation units are not considered appropriate for AIDS patients. The wide spectrum of illnesses associated with the infection require the use of normal District General Hospital inpatient and outpatient facilities.

3. Will the Government encourage the provision of hospice care for AIDS patients?

Terminal care or hospice facilities may need to be developed along with community care plans and should be in line with the District control of infection guidelines. It would not be appropriate to recommend special provision for AIDS patients within the hospice movement unless the movement itself feels a necessity for it and the hospices are able to provide the right facilities.

12. AIDS and drug misuse

1. Why are injecting drug misusers a high risk group?

Because of the widespread practice of sharing needles and syringes, someone who has the virus may contaminate injecting equipment shared by other misuers.

2. How many misuers have the AIDS virus?

At the end of February 1986, 3 cases had been reported, of whom 1 has died.

3. How many misusers have the AIDS virus?

No reliable estimates have been made of the proportion of drug misusers who have the virus. However, two recent small-scale studies in Scotland have revealed disturbingly high levels of infection in injecting misuers.

4. Why not provide free syringes to addicts?

AIDS transmission through contaminated shared syringes is a worrying danger. However, there is at present no reason to believe that 'clean' syringes and needles, readily available, would necessarily deter established injecting users from sharing with other drug users. Indeed, the free availability of needles and syringes could encourage drug users to experiment with

with injection. Effective action is more likely to result from the general improvements in services for drug misuers which the Government is seeking to achieve through the local statutory authorities. However, we are continuing to keep the situation under close review.

5. What has the Pharmaceutical Society decided on sale of syringes?

Pharmacists exercise professional discretion in the sale of single-use 'disposable' syringes and needles. However, I understand that in the light of the present concern about AIDS transmission through contaminated shared syringes, the Pharmaceutical Society has advised pharmacists that:

- restrictions on sale are no longer appropriate

- it may be possible, in suitable cases, to give warning and information to encourage a misuser to seek treatment.

6. What health education material has been produced on AIDS risks for misusers?

a. Health Professionals

Guidance material on AIDS issued to health professionals has drawn attention to injecting drug abusers as an at-risk group and to the fact that infection may be transmitted by sharing needles and syringes (AIDS General Information for Doctors, May 1985; and Information for Doctors concerning the introduction of the HTLVIII antibody test, October 1985).

b. Voluntary Sector

My Department has given financial support to the Standing Conference on Drug Abuse (SCODA) to meet the cost of the printing and distribution of 50,000 leaflets. Arrangements are being made to make the leaflet available to consultants working in the drug misuse field and to GPs who make notifications to the Home Office. SCODA is also developing a package of information for voluntary groups, clinics and other services working with drug abusers.

My Department has agreed to fund the Terrence Higgins Trust with additional funding to print and distribute 1,000 posters (developed by THT and SCODA) warning drug abusers against sharing needles. The posters will be displayed in key locations where effective exposure to this difficult to get at group would be achieved.

My Department is looking at health education material for injecting drug abusers both through the proposed national information campaign and voluntary sector initiatives. My officials have met representatives of SCODA and the Institute for the Study of Drug Dependence to discuss possible courses of action to prevent the spread of HTLVIII/AIDS through drug injection.

7. Why was AIDS excluded from the Current Information and Education Campaign against Heroin misuse?

Answer

Market research suggested that the campaign be focussed specifically on heroin in order to:

- concentrate on the most serious drug misuse problem of the moment;
- convey precisely the risks involved; young people who experiment with heroin are more likely to smoke, sniff or snort it and therefore not be open to the risk of AIDS by intravenous use.

Advertisements do not lend themselves well to conveying complex multi-faceted arguments.

8. Will hypodermic syringes and needles be made more freely available to drug misusers to counter the spread of HTLVIII virus?

Answer

There is no reason to believe that 'clean' syringes and needles, readily available, would necessarily deter established injecting users from sharing with other drug users. Indeed the free availability of needles and syringes could encourage drug users to experiment with injection.

9. In what circumstances would drug misusers has given injectable drugs under the NHS?

Answer

A limited number of doctors in specialist units are prescribing injectable drugs to long-term addicts whom in the clinical judgement of the doctor concerned this is seen as the most appropriate action. In these cases, syringes are often prescribed with the drug to minimize the risks from sharing needles.

/0. What action is proposed against someone who supplies syringes and needles to a drug misuser in the knowledge that the person supplied is going to use them to take illegal

We have no plan for legislation against the supply of syringes and needles in these circumstances. However it is intended to create a new offence - by means of an amendment to the Drug Trafficking Offences Bill - in the case of drug paraphanalia eg cocaine kits which may be supplied for administering illicit drugs. We believe this should be a specific exemption for syringes and needles because of the grate health risks which can arise to - sharing equipment.

/8. What action has been taken to help prevent the spread of drug misuse?

£2 million has been spent in 1985/86 and £2 million more is earmarked for 1986/87 for our education and information campaign. Spending so far has included:

- leaflets for parents
- television commercials
- advertising in the youth press and on hoardings
- video package for training in the caring professions
- video package for use in schools.

13. Confidentiality

1. What confidentiality arrangements apply to AIDS test results?

These results are subject to the same confidentiality arrangements which apply to other infectious diseases. Where the infection has been sexually transmitted, the NHS (Venereal Diseases) Regulations 1974 apply. Where it has not been sexually transmitted, the rules of confidentiality which apply to medical information generally operate.

2. Is enough being done to maintain confidentiality of information about AIDS patients?

It is disturbing that cases have occured where information has been leaked. Health authorities have been reminded about the importance of confidentiality, and we will be taking every opportunity to reinforce the message.

3. Will you be considering legislation on confidentiality?

The Data Protection Act 1984 and the NHS (Venereal Diseases) Regulations 1974 apply to confidentiality on AIDS. The Department is monitoring the operation of these arrangements.

4. What arrangements are made for wives to be told if their husbands are infected?

Under existing arrangements for medical confidentiality, a doctor would in the first instance seek the permission of a patient to disclosure of information. However, in some exceptional cases where permission is not granted, a doctor has discretion to disclose information. I am advised that, in practice, doctors very seldom have a patient who persistently refuses to tell his or her spouse or refuses permission for the doctor to contact the partner.

14. Research

1. What research into AIDS is currently being undertaken?

The Government-funded Medical Research Council (MRC) is responsible for co-ordinating research on AIDS in the United Kingdom. 6 projects are currently being funded, at a total cost of about £431,000.

2. What projects is the MRC supporting?

1. Professor M W Adler, Dr R S Tedder (Middlesex Hospital Medical School) and Dr Dorothy Crawford (University College, London): an investigation into the immunology and aetiology of AIDS.

2. Dr J Craske (PHLS, Withington Hospital, Manchester): an epidemiological study of the relationship of AIDS in patients with disorders of blood coagulation to its possible acquisition through treatment with blood products.

3. Dr D J Jeffries (St Mary's Medical School) and Dr D Taylor-Robinson (Clinical Research Centre, Harrow): virological investigations of patients with the Acquired Immune Deficiency Syndrome.

4. Dr A J Pinching (St Mary's Hospital Medical School): a study on the killing of intra cellular pathogens by macrophages derived from homosexual males with AIDS and related disorders.

5. Professor R A Weiss (Institute of Cancer Research, London): retroviruses associated with Acquired Immune Deficiency Syndrome.

6. Dr C A Ludlam (University of Edinburgh): clinical and immunological study of haemophiliacs treated exclusively with NHS Factor VIII/IX concentrate.

My Department is contributing a total of £59,000 to Professor Adler's and Dr Craske's projects.

3. Is additional money being made available for research?

The Health Departments have recently agreed to provide up to £300,000 per year (of which my Department is to contribute £250,000) for epidemiological research on AIDS and for a new co-ordinating centre being set up by the MRC. I understand that additional costs of this work will be met from the Medical Research Council's grant-in-aid from the Department of Education and Science. The Council is always willing to consider soundly-based research proposals in competition with other applications.

15. Legislation

1. Is AIDS a notifiable disease?

No. A voluntary system for the reporting of cases to the Communicable Disease Surveillance centre on a confidential basis is working well. We have no plans to replace this arrangement with a statutory reporting system.

2. Legal provisions to prevent the spread of AIDS

In March 1985, the Public Health (Infectious Disease) Regulations 1985 were made to make available a number of provisions which could be used in exceptional circumstances to prevent the spread of AIDS.

These provisions allow for:

- medical examination of a person suffering from AIDS
- removal to hospital of a person with AIDS
- detention in hospital of a person with AIDS
- restrictions on the removal of the body of a patient dying from AIDS in hospital
- isolation of the body of a person dying from AIDS

3. Why have you provided powers for detaining AIDS cases in hospital?

Detention provisions, where it is required to prevent the spread of infection, apply to a number of infectious diseases (28). After consulting our Expert Advisory Group on AIDS (EAGA), it was decided

that very rare situations could arise where an AIDS patient could be a threat to public health. The Public Health (Infectious Diseases) Regulations 1985 - among other provisions - provided detention powers which came into effect in March 1985. Detention provisions would only be applied where a patient refused to remain in hospital and where this could result in the spread of the infection.

4. Does this mean a doctor can decide a patient should be detained?

No. The local authority 'proper officer' - usually the Medical Officer for Environmental Health must be informed. He must apply to a Justice of the Peace for a detention order. The Justice of the Peace will look at all the evidence including medical evidence before making a decision.

5. Is there a right of appeal?

There are no specific appeal rights under the 1984 Act, but an application could be made for judicial review (in the High Courts).

6. In what situations might an AIDS patient be considered as dangerously infectious?

Cases would vary, but an example is where someone was haemorrhaging and the infectious blood could be a risk to others.

7. Has the detention power ever been used?

Yes. It was used in a case in Manchester.

8. Will you be extending legislation?

I have no plans in this area. The operation of the regulations is being maintained.