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CABINET

HOME AND SOCIAL AFFAIRS COMMITTEE

SUB-COMMITTEE ON AIDS

MINUTES of a Meeting held in Conference Room A, Cabinet Office on WEDNESDAY 4 FEBRUARY 1987 at 10.45 am

PRESENT

The Rt Hon Viscount Whitelaw
Lord President of the Council
(In the Chair)

The Rt Hon Sir Geoffrey Howe QC MP
Secretary of State for Foreign and Commonwealth Affairs

The Rt Hon Dougals Hurd MP
Secretary of State for the Home Department

The Rt Hon John Biffen MP
Lord Privy Seal

The Rt Hon Norman Fowler MP
Secretary of State for Social Services

The Rt Hon Kenneth Clarke QC MP
Paymaster General

The Rt Hon John MacGregor MP
Chief Secretary, Treasury

The Rt Hon Malcolm Rifkind QC MP
Secretary of State for Scotland

THE FOLLOWING WERE ALSO PRESENT

Sir Donald Acheson
Chief Medical Officer
Department of Health and Social Security

Mr Anthony Newton MP
Minister of State, Department of Health and Social Security
(Minister for Health)

Mrs Angela Rumbold MP
Minister of State, Department of Education and Science

SECRETARIAT

Mr A J Langdon
Mr M J Eland
Dr H Pickles
Miss R A Mulligan

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CONTENTS

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PRIORITIES OVER THE NEXT SIX MONTHS

The Sub-Committee considered a Memorandum by the Secretary of State for Social Services (H(A)(87) 5) setting out his views on the main fields of anti-AIDS activity in the light of his visit to the United States.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that his visit to the United States had given him a number of useful insights into the problems of AIDS particularly on patient care in which the United States medical services had much greater experience given the large number of AIDS sufferers with which they now had to deal. There were a number of valuable lessons to be learnt from this experience. In particular, United States doctors had stressed the desirability of limiting hospital care, preferably in a specialised AIDS ward, to periods of crisis, and providing instead a continuum of care outside hospital, from home care through various degrees of greater care to hospice care for the dying. This pattern of care was a model on which the United Kingdom could build and he hoped to develop it at the conference on caring he had arranged for the following month. On this issue the interests of the patient and of financial prudence marched hand in hand. In addition, two points of contrast had emerged from his visit. The first concerned public education, where it was clear that the United Kingdom was well ahead of the United States. The current advertising campaign and the fact of Government backing had been much praised by those he had met. As far as the future development of that campaign was concerned he thought that the campaign would need to pay some attention to emphasising the ways in which AIDS could not be transmitted. He had obtained a copy of a useful survey of public health workers who dealth with AIDS cases in San Francisco which demonstrated that there was not a single case of transmission by normal non-sexual contact. Secondly, he thought that the next phase of the campaign must concentrate on the dangers of transmission amongst drugs misusers; there was growing evidence that this group represented the greatest threat of transmission into the heterosexual population. This

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danger had been emphasised during both his United States visit and his recent visit to the two London hospitals dealing with most AIDS cases. The second point of contrast between the United Kingdom and the United States was research where the United States was engaged in a massive effort costing some 400 million dollars a year. He thought that the Government might be vulnerable on this point, particularly as a number of people in the United States had stressed the importance of drawing upon United Kingdom expertise in the areas of research in question. It appeared this would involve only relatively small additional amounts of money. At the request of the Sub-Committee, the Medical Research Council were currently working up detailed proposals which would be considered at the next meeting of the Sub-Committee.

In discussion the following points were made -

a. The Government should draw credit from the way in which its public education campaign was seen as being in advance of most other countries. A note of caution was necessary, however, in that some countries - such as West Germany - had been earlier into the field, although their efforts had not been sustained.

b. Follow-up studies showed that the campaign was now beginning to have the desired impact on public awareness of the disease. Poll samples showed that the numbers of those who thought they had a good knowledge of the dangers of the disease had risen from 42 per cent to 52 per cent and 98 per cent were now aware that the disease could be transmitted by sexual intercourse and drug injection. 95 per cent had seen the Government advertisements and the same number also agreed that the Government had been right to launch the campaign.

c. New television advertisements using an iceberg motif had started the previous evening and would continue for about a month. The air-time was being provided free of charge by both the British Broadcasting Corporation (BBC) and the Independent Television (ITV) companies and was a good indication of the extremely helpful attitude of the broadcasting authorities on this subject.

d. It was surely right to direct a special campaign to the danger of the spread of AIDS through drugs misuse and sexual contact with drugs misusers. Most women currently infected with the virus had become infected in this way and many persons of both sexes had turned to prostitution to finance a drugs habit. In devising such a campaign it would be most important for there to be close liaison between the Department of Health and Social Security (DHSS) and the Home Office: the primary message must clearly be to stop drugs misuse, with a secondary message of how to reduce risk through a change in drug taking methods.

e. More difficult to assess was the degree of risk to the heterosexual population from bisexual men and how this might be dealt with in the public education campaign. Statistics both in the United States and the United Kingdom showed that by far the highest proportion of AIDS sufferers were homosexuals and homosexual activity accordingly must continue to be regarded as a high risk activity and one about which the Government had an obligation to warn the public. The public information campaign to date had perhaps understated this point. The balance might need to be corrected in the campaign's next phase.

f. Most of the messages in the public information campaign, such as the encouragement of stable sexual relationships, applied to homosexuals as well as heterosexuals. The Government's advice was supplemented by the specially angled material aimed at homosexuals issued, in particular, by the Terrence Higgins Trust. There was growing evidence that homosexuals were, in fact, modifying their behaviour in response to the threat of AIDS. An article shortly to appear in the Lancet would indicate a flattening out in the hitherto increasing proportion of homosexual men who were also virus carriers. That was in line with what was known about the prevalence of other sexually transmitted diseases among homosexuals.

g. One failing in the public education campaign was that it had still not convinced many people that the virus could not be transmitted through normal social contact and it would be worth making a special effort on this score. It was of particular importance to emphasise the lack of risk of transmission in the ordinary course of employment and the management practices in the public service must reflect this fact.

h. There was general recognition that the Government could prove vulnerable on the question of funding of research. The Medical Research Council had accepted that their first call for additional funds had been met in full and it was important to continue to stress that fact. Yet it was equally clear that more funds would be needed and that even the second tranche of funds the Medical Research Council was now seeking would not prove to be the last; at the first sign that any part of their programme was yielding results, the Medical Research Council were likely to return to seek further funds to build upon it. There was a case for such funds. The United Kingdom had eminent research scientists in this field; there was little hope of funds from industry for the research, at least initially, and industry's fear of product liability problems might rule out their participation altogether. Finally the sums being sought were still modest and appeared to offer good value for money. The matter would need to be considered carefully. The United States experience was not encouraging.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee endorsed the Social Services Secretary's analysis of priorities over the next six months. As far as the question of caring was concerned the Sub-Committee agreed that he should float his ideas for caring in the community at the conference he had called in the following month. On research, the Sub-Committee noted that papers that would be brought forward for consideration at the next meeting. This was certainly an area in which the Government might come under early pressure - the Medical Research Council were giving evidence to the Social Services Select Committee in the following week - and it was important to resolve the matter quickly. On public education the Sub-Committee agreed that a special campaign

aimed at highlighting the risks from and amongst drugs misusers was a priority and that more effort was needed to convince people of the absence of risk in most everyday contact. The Sub-Committee also thought the Social Services Secretary should look carefully at the material in the public information campaign from the point of view of the public as a whole.

The Sub-Committee -

Took note, with approval, of the Lord President of the Council's summing up of their discussion.

AIDS: IMMIGRATION SCREENING

The Committee considered a Note by the Chairman of the Official Committee on Acquired Immune Deficiency Syndrome (AIDS) (H(A)(87) 4) covering a paper on the options for screening entrants to the United Kingdom.

THE SECRETARY OF STATE FOR THE HOME DEPARTMENT said that following its discussions at two meetings in December (H(A)(86) 4th and 5th Meetings) the Committee had invited the Official Committee on AIDS to put in hand a study of the options for screening people entering the United Kingdom and on the question of screening overseas students. The latter part of this remit had been requested following an approach to the Government from the British Council about their proposal to test for the presence of the AIDS virus overseas students coming to the United Kingdom under Council auspices. This study had now been completed, its conclusions had been endorsed by the Official Committee and were contained in the paper attached to the Note by the Chairman of that Committee (H(A)(87) 4). The Official Committee had concluded that the benefits in public health terms of screening any reasonably definable group of entrants from overseas would be very small and would be heavily outweighed by the costs of screening, the disruption at ports of entry it would entail, and the risk of international retaliation if screening were introduced unilaterally. In particular, the process of screening would involve holding those screened at ports of entry for some hours because of the time required to test the blood samples. More importantly, the tests, in the present state of the art, could not be conclusive since the test was for the presence of antibodies which did not develop for three months after the infection was first acquired. These conclusions applied equally to overseas students as to other groups. The Official Committee had agreed to recommend to Ministers that for the present the screening of individual groups of entrants including students should not be pursued. They had noted however that this conclusion was based both on the nature of the test currently available and the climate of opinion domestically and abroad. If a more rapid and effective test for the virus were developed or if other major countries introduced screening for visitors the position could well change. Their recommendation to Ministers

was therefore that while the screening of overseas entrants was not justified by public health considerations at the present time, the Government would wish to keep the matter under review in the light of all the relevant developments. If Ministers agreed with these conclusions it would be necessary in responding to the British Council's approach to explain the Government's decision. He endorsed the conclusions of the Official Committee. If his colleagues shared this view, it would remain for them to consider how best to handle the public presentation of the decision. This was likely to arise in the context of the Social Services Select Committee's Inquiry. More specifically the Committee would also need to consider how best the reply to the British Council should be handled. Both aspects would require delicate handling.

In discussion the following main points were made -

a. The possibility of screening of entrants to the United Kingdom had dropped out of public debate on AIDS and there would be no advantage to the Government in resurrecting it as an issue though it was likely to be raised again by the Social Services Select Committee's Inquiry. In presenting the decision it would be important presentationally to emphasise the arguments about the ineffectiveness and impracticability of screening rather than on those concerning its cost or the risk of retaliation from foreign Governments.

b. The communication of a decision to the British Council would require very careful handling. There was always the danger that the contents of a letter might leak and a private explanation of the Government's decision by the Ministers concerned and the Chief Medical Officer might be better received. Such an explanation could cover both the reasons such screening would make little contribution to public health and the Government's intention of keeping the matter under close review. One important argument to be deployed with the British Council would be that for visitors from countries such as those in Central Africa with a high incidence of the disease, the value of a single negative test was low, and could give rise to a false sense of security. To be effective, testing would have to be repeated after three months, and this was clearly a very different proposition.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion said that the Sub-Committee endorsed the conclusions of the Official Committee that screening of any selected group of entrants to the United Kingdom, including students, could not be justified in public health terms, and that any benefits would be outweighed by the disruption at ports of entry, the costs and the risks of retaliation by foreign countries if it were imposed unilaterally. The Sub-Committee noted, however, that the decision was based on the nature of current tests available and the prevailing domestic and international climate of opinion. Both of these factors could change and the Government should therefore keep the situation under careful review. The method by which the decision was conveyed to the British Council would also require careful consideration. The desirability of avoiding leaks or stirring up a public debate on screening, and of keeping in mind the British Council's likely sensibilities about its independence were all important factors. The Sub-Committee therefore agreed that the Secretary of State for Foreign and Commonwealth Affairs should consult further with the Secretary of State for Social Services, involving the Chief Medical Officer, Department of Health and Social Security about making an informal approach to the Director-General of the British Council to explain in detail the reasoning behind the Government's decision, with the aim of securing the Council's agreement not to pursue its proposal to screen the overseas students it sponsored. It would be important to ensure that details of this informal approach did not leak. The Ministers concerned should report to the next meeting of the Committee on the progress they had made with the Council.

The Committee -

Took note, with approval, of the Lord President of the Council's summing up of their discussion and invited the Secretary of State for Foreign and Commonwealth Affairs and the Secretary of State for Social Services to proceed accordingly.

3. COMPULSORY NOTIFICATION

THE MINISTER OF STATE, DEPARTMENT OF HEALTH AND SOCIAL SECURITY said that the Memorandum by the Secretary of State for Social Services H(A)(87) 1 on compulsory notification concluded that AIDS and HIV infection were not appropriate for compulsory notification. The purposes of compulsory notification for certain infectious diseases were principally to permit contacts to be traced and isolated and to enable infected food or water sources to be traced by establishing an infected person's movements. AIDS did not have the same characteristics as the diseases which were currently compulsorily notifiable. There was a long period between infection and its likely detection. It was impossible to trace all carrier's contacts during that period and an AIDS carrier, unlike a cholera victim, might not welcome official attention. Making AIDS a notifiable disease might be counter productive by deterring sufferers from co-operating with the voluntary arrangements now in operation. In considering this issue the Official Committee had recommended, however, that given the continually developing state of knowledge about the disease, the Government would not wish to rule out the possibility of introducing compulsory notification at some time in the future. He therefore recommended that while there was no case for making AIDS a compulsorily notifiable disease at present, the matter should be kept under review.

The Committee -

Endorsed the recommendation made by the Minister of State, Department of Health and Social Security.

Cabinet Office

5 February 1987