RESTRICTED

Ministerial Steering Group on AIDS: Second Meeting 15 April 1986

Present

DHSS	The Rt Hon Barney Hayhoe MP	(Chairman)
	Ray Whitney Esq MP	
	Mr C France	
	Dr E L Harris	
	Dr M Sibellas	
	Mr T W S Murray	
	Mrs R C Gorvin	
Cabinet Office	Mr C Sladen	(MPO)
Defence	The Lord Trefgarne	
	Surgeon Rear Admiral Milton-Thompson	
	Mr G W Owens	
DES	Bob Dunn Esq MP	
	Mr B Peatey	
Employment	Mr M S Chapman	(HSE)
	Mr N Reed	
FCO	Mr D Bleakley	
Home Office	The Lord Glenarthur	
	Dr J Kilgour	
	Mr R G Yates	
	Ms K Burns	
DTI	Mr P Salvidge	
Treasury	The Hon Peter Brooke MP	
	Mr J G Peet	
DHSS (Northern Ireland)	Dr R W McQuiston	
Scottish Office	John MacKay Esq MP	
	Mr I Freeman	
Welsh Office	Mark Robinson Esq MP	
	Dr G Crompton	
	Mr J I Davies	

1. Introduction

1.1 Medical update

1.1.1 Dr Harris outlined the current incidence of AIDS. There were now about 20,000 cases of clinical AIDS worldwide. These

included 2,000 cases in Europe and 328 cases in the United Kingdom of whom 167 had died. For each patient with AIDS, there were likely to be 10 to 18 who were HTLVIII antibody positive. It was estimated that about one millio n people in America, and 20,000 in the United Kingdom already had the infection.

1.1.2 The disease of AIDS in America and Europe was mainly confined to homosexual and bisexual men, haemophiliacs and injecting drug misusers. In Africa, AIDS affected men and women equally.

1.1.3 Evidence available suggested that AIDS was a new disease. One theory was that it had originated in Africa, moved to Haiti and subsequently spread to America.

1.1.4 In America where the AIDS epidemic was about three years ahead of that in the UK, the indications were that health education programmes were having some effect because the rate of increase had slowed from doubling every six months to doubling every eleven months.

1.2 UK AIDS Public Information Campaign

1.2.1 Mr Hayhoe said that the campaign had been launched in mid March, with two rounds of advertising in the national newspapers. The advertising was backed up by the College of Health recorded telephone information service and a Health Education Council leaflet. More explicit material had been produced by the Terrence Higgins Trust aimed at the gay community. The advertising had not provoked any adverse editorial comment and seemed to have avoided causing a backlash against the "at risk" groups. The first stage of the campaign was currently being evaluated by DHSS and COI with market research consultants. Subsequent stages of the campaign would be developed in the light of the evaluation findings. In response to Lord Glenarthur's suggestion that television should be considered for the next stage, Mr Hayhoe said there had been some concern that the campaign messages were too complicated to put across on television. A TV trailer to increase public awareness of the campaign prior to its launch had been considered but had been rejected in view of the existing strong public interest in AIDS. However, television remained an option which would be considered in the light of the campaign evaluation.

1.2.2 Mr Dunn said that the newspaper advertising had been good. However, as the incidence of the disease was greater in the London area, he suggested a bias towards advertising in London and the South East. Mr Hayhoe said that so far there had been no advertising in local newspapers and he agreed that this should be considered.

1.2.3 Mr MacKay said that there had been criticism of the diagram and suggestions that the language in the advertisement was not sufficiently explicit. He referred to the particular problem in Scotland of the high incidence of AIDS among the injecting drug misuse population. He was resisting pressure to provide addicts with free needles and syringes, as he remained unconvinced that it would solve the AIDS problem and feared it would provoke reactions from other groups wishing to have free syringes such as diabetics.

1.2.4 Mr Robinson said that the wording of the advertising had been pitched about right for the first round. Reactions to it showed that the general public was prepared to look rationally at the issue. Dr McQuiston said that many in Northern Ireland had not seen the advertising and he suggested that a half page advert was more likely to be read.

1.2.5 Mr Hayhoe agreed that the findings of the evaluation and the next stage in the campaign would be presented to the next meeting of the Ministerial Steering Group.

1.3 Work of the Inter-Departmental Group on AIDS

Mr France said that the Inter-Departmental Group of officials had met three times. The Group had concentrated on producing the paper (MIN AIDS 3) on the confidentiality issue. It had also acted as a clearing house for Departments on action such as the guidance for civil servants produced by MPO, and had registered objections through WHO to the Saudi Arabian requirement for an AIDS free certificate for UK citizens applying for residence visas. The Group had discussed a paper on routine screening, prepared in response to H Committee's request. This paper would be presented to the Expert Advisory Group on AIDS (EAGA) in May for discussion of the medical issues and then submitted to the Ministerial Steering Group.

2. Confidentiality of Information relating to AIDS - Paper MIN AIDS 3

2.1 Introducing this paper, Mr France said that confidentiality was an issue with which Departments were already grappling. The paper discussed the nature of the problem and the wider issues involved. It was not intended to cover all eventualities. The paper was however designed to form a consistent baseline on confidentiality for Departments. It would not be published. Paragraph 15 expressed the key principle that, as a general rule, information should not be passed on to any other person unless the infected person gave his consent. Ministers were invited to endorse this principle. But the paper had been brought to Ministers, in the interests of speed, before it could be shown to EAGA, who would subsequently be invited to endorse its medical content.

2.2 Mr Dunn referred to the problem of confidentiality in schools and the advice contained in the DES leaflet which was ready for issue. DES was committed to issuing guidelines on AIDS for schools and believed that disclosure within the school setting represented a special case. The proposed DES advice, which had been approved by DHSS and the Expert Advisory Group on AIDS, said that the number of people, including teachers, who were aware that a child was infected should be restricted, and should be rigorously confined to those who needed to know to ensure the proper care of the child.

2.3 Mr Hayhoe said he was aware that the proposal contained in the DES guidance that disclosure should be on a 'need to know' basis had caused problems because it was open to misinterpretation

and the judgement depended on the headmaster. Mr Robinson mentioned the problems caused by disclosure in three schools in Wales where the headmasters concerned had informed everyone of the child's sero-positivity. He felt there was a need for Departments to have a consistent line on confidentiality of information and he expressed concern that the DES line would contradict the principle expressed in paper MIN AIDS 3. Mr McKay said that in Scotland many haemophiliac children remained uninfected by the AIDS virus and questioned whether schools would operate on the assumption that all haemophiliac pupils would be seropositive.

The Group: invited officials to discuss the issue of confidentiality in the DES guidance as soon as possible, and to report on possible solutions.

2.4 Mr Hayhoe invited comments on the paper MIN AIDS 3. Lord Trefgarne said that MOD had difficulty with the concept set out in the paper because homosexuality was illegal in the armed forces. MOD would write to set on record the special circumstances affecting the armed forces.

2.5 Mr MacKay suggested that a policy of maintaining confidentiality might not always be appropriate. He instanced the case of undisclosed seropositive individuals seeking help from doctors and dentists who might have to assume that all their casual patients could be carrying the infection. Mr Hayhoe said that advice to surgeons, anaesthetists and dentists, which would be issued shortly, would recommend that high standards of hygiene should be practiced to minimise the risk of transmission of infection where invasive procedures were used.

2.6 Mr France drew attention to paragraph 8 of the paper which argued that there was an overriding need not to discourage persons from seeking medical advice and testing. If the penalties of a positive test became too great, those at risk would not come forward, and the disease would then be more difficult to control. This was the case against introducing any general requirement on individuals to disclose their condition to others. Mr MacKay said that if decisions were eventually taken on routine screening which reduced the force of the arguments in paragraph 8, it might be necessary to reconsider the issue of disclosure.

The Group: noted the position.

2.7 In further discussion, Mr Hayhoe pointed out that the medical profession were already guided on confidentiality by a well establisned ethical code. Dr Harris said that if a doctor had a sero-positive patient, the doctor would normally advise his patient to disclose details of his infection to his sexual partner(s) who could be at risk. If the patient refused, the doctor had the discretion in exceptional circumstances to disclose information to protect someone who was at risk. Dr Crompton said that the ethical rules for the medical profession were clear; AIDS was not highly infectious and there were no reasons for doctors to deal with it any differently from other diseases. Mr Dunn queried whether a doctor who withheld information about seropositivity from a sexual partner who subsequently became infected would be liable in law. Mr Hayhoe said that DHSS would pursue this.

2.8 The Group: noting that the medical content of the paper had still to be considered by EAGA,

a. endorsed the general principle of confidentiality proposed in the paper;

b. invited Departments to be guided by that principle; and

c. endorsed the proposal for the preparation of model counselling guidance.

3. Next Meeting of the Ministerial Steering Group

Mr Hayhoe said that a date in June would be arranged. It was intended that the paper on routine screening would be presented to the Group and there would be a report on the advertising campaign.

The Group: noted the arrangements with approval.