

Department of Health

# PRESS RELEASE

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## GOVERNMENT ANNOUNCES NEW STEPS TO MONITOR THE SPREAD OF HIV INFECTION

Kenneth Clarke, the Secretary of State for Health today announced new steps to monitor the spread of HIV infection, the virus which causes AIDS. Mr Clarke said: "We have now completed consideration of comments arising from consultation on the Report of the Working Group on the Monitoring and Surveillance of HIV Infection and AIDS (the Smith Report). Assisted by these comments we have reached a decision on anonymous and named screening for HIV. We are grateful to the large number of organisations which have let us have their comments.

"Turning now to the two principal issues. Anonymous screening is the testing, under conditions of total anonymity, for HIV infection of blood from patients who have voluntarily given it for other tests, but who have not specifically consented to an HIV test. Before any of the blood taken is tested for HIV identifying details are removed from the blood sample so as to render the test wholly anonymous. The balance of scientific opinion strongly favours such testing as the best way to obtain information about the overall prevalence of HIV infection by age and sex in the various parts of the country, and the rate at which it is spreading in the population at large. The Cox Report, on Short-term Prediction of HIV Infection and AIDS in England and Wales, which is with the printers and will shortly be published, explicitly recommends anonymous testing.

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The Government sees no legal obstacle to such testing. From the layman's point of view, we also see no ethical objection to the testing for scientific purposes of blood samples taken properly in the first place for another purpose from a patient no longer identifiable.

"We are therefore inviting the Medical Research Council to bring forward proposals within three months for a programme of anonymous screening.

"Second, antenatal and other named testing studies. The Smith Report recommended setting up large scale antenatal studies, which the report believes should play an important role in identifying how far the infection has spread beyond the at-risk groups. Two such studies have been already announced and will begin in Dundee and Edinburgh on 1 December. These studies are extremely important because of the higher prevalence of HIV in drug abusers in Scotland. We accept in principle the case for a programme of named studies in England as recommended in the Report but believe many important matters of detail as to scale and groups to be tested need to be determined. It is of course essential that the patients in these tests are volunteers who have been advised fully before the test and will if they wish be told the results afterwards. We are therefore asking the MRC to let us have detailed proposals on such studies within three months. Further named studies will enable comparisons to be made of the results of surveys based on anonymous testing and on named testing.

"In conclusion, the Smith Report made a number of other useful recommendations concerning epidemiological studies of particular groups and improvements to the collection and collation of data. These recommendations were generally welcomed and we are asking the MRC, Public Health Laboratory Service and other bodies concerned to take them forward. £1.7 million has been made available to the MRC in 1989/90 for research into the spread of HIV infection and AIDS including such studies. The adequacy of this sum will be kept under review."

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