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DEPARTMENT OF HEALTH AND SOCIAL SECURITY
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Your reference:
Our reference: CMO(86)18

To: All doctors in England
Regional Medical Officers
District Medical Officers
General Managers of Special Health
Authorities for London Postgraduate
Teaching Hospitals

2 December 1986

Dear Doctor

AIDS: THE ACQUIRED IMMUNE DEFICIENCY SYNDROME AND HIV: THE AIDS VIRUS

This letter has two objectives:

a. to inform you about the latest phase of the public education campaign. This emphasises the increasing risk of infection with HIV as a result of vaginal intercourse and is likely to stimulate a number of patients to turn to you for advice.

b. to explain the current AIDS situation in the UK, and to give further information about advice which may be offered to those who think they have been at risk and about testing for HIV antibodies.

Newspaper, magazine, cinema and radio advertisements which have recently started will be followed by a leaflet to all households in January, supported by TV advertising. Delivery of the leaflet cannot be simultaneous to all households but copies will be sent to all doctors in the first mailing. The HEC booklet on AIDS which has been available to the public on request for some time should soon be available in pharmacies. You may wish to consider having copies of this comprehensive booklet available in your consulting room.

Heterosexuals

Although the public education campaign emphasises that HIV (the AIDS virus) can be transmitted in both directions as a result of sexual intercourse between men and women, the available evidence is that the prevalence of infection in heterosexual people in the UK is currently very low. Nevertheless the potential for greater spread amongst heterosexuals is real and the purpose of the current public information campaign is to prevent this happening. Immediate reduction in the number of sexual partners preferably to one is recommended. A condom should be used unless both partners are sure that neither is infected. Such measures should also reduce the spread of other sexually transmitted diseases.

Recent publicity may have caused heterosexuals to fear that they may already be infected. Unless sexual intercourse without a condom has taken place with

1. injecting drug misusers or their partners;

2. bisexuals or their partners; or

3. infected haemophiliacs;

4. people from areas of high prevalence such as Central and East Africa and certain parts of the USA.

the chances of past infection are remote. However the risk of infection due to heterosexual intercourse is likely to increase in the future.

Male homosexuals/bisexuals

Male homosexuals with more than one partner and bisexual men, some of whom may be married, need urgent advice on the dangers to themselves and others of their current lifestyle. Counselling services for them should be available in conjunction with the local GUM clinic or from the voluntary self-help groups listed at the end of this letter. The Terrence Higgins Trust in particular advises on safer sex for homosexuals. To date nearly 90 per cent of cases of AIDS reported in the UK have been in male homosexuals and bisexual men. As far as HIV infection is concerned up to 1 in 4 of those homosexuals attending GUM clinics in London have been found to be infected, with somewhat lower proportions in provincial centres.

Drug misusers

Injecting drug misusers of both sexes comprise the other major risk group at present. One injection using a contaminated syringe, needle or mixing bowl may be sufficient to transmit infection. Although so far relatively few drug misusers have been identified as being infected, in some localised areas of the UK, notably Edinburgh, infection rates of up to 80% have been found among them. Injecting drug misusers need advice not only about their drug misuse but about the grave dangers to them and others of sharing needles, syringes and other equipment. They should also be warned about the risk of transmission of virus to their sexual partners and in the case of women to their unborn children. Literature has been prepared for drug misusers about these risks by the Standing Committee on Drug Abuse (SCODA) (address at the end of this letter) and the phone-line services such as the Health-line can give advice.

Travellers abroad

AIDS occurs worldwide but particularly high prevalence rates are reported from parts of Central and East Africa and of North America. In the USA, the rates of infection among homosexual men and among drug misusers in some cities are very much higher than in this country. In Central and East Africa, the infection affects both sexes equally and in some cities most female prostitutes are infected. Unprotected casual sex with locals is risky and is to be avoided.

E.R.

An additional danger arises from blood transfusion in some countries where, unlike in the UK and most other developed countries, the blood may not be screened for HIV antibodies. Where the rates of infection are high, as in much of Central Africa, blood from local donors should be avoided except as a lifesaving measure.

In some areas where rates of infection are high sterilisation procedures are inadequate. In such areas there is an important additional danger of spread during medical, dental or surgical procedures involving needles and other equipment. Warnings about the dangers of AIDS overseas are contained in the latest edition of SA35 "Protect Your Health Abroad" which is provided to travellers by travel agents. A copy is provided here for your information.

HIV antibody testing/counselling

I last wrote to you about the HIV antibody test (then called the HTLVIII antibody test) in October 1985 [CMO(85)12]. If a patient has symptoms that could reflect HIV infection, then this test may assist in your differential diagnosis. It is likely, however, that increasing numbers of asymptomatic patients may turn to you for advice on whether to have this test. As well as discussing with your patient whether to proceed with the test, you could use this opportunity to inform him/her about how HIV infection is transmitted and counsel him/her about how to avoid infection in the future. "At risk" people should be reminded not to donate blood or semen, or carry organ donor cards.

As explained above, the chances of heterosexuals having been infected up to the present time are slight. It should be possible therefore to reassure most of these patients without resorting to a blood test.

It can take several weeks, sometimes even a few months after infection for the development of antibodies which are detected by the test to take place. It follows that a negative result immediately following exposure does not mean the patient is necessarily free of infection. Therefore if a patient is concerned about a very recent exposure, a delay of 2 to 3 months before testing is advisable. If there have been a series of exposures, then a test on initial presentation followed by a further test 3 months later may be considered.

For those whose activities have placed them at appreciable risk, the advantages and disadvantages of testing as well as its timing need careful consideration. The case for HIV antibody testing is particularly strong in drug misusing women, in female partners of drug misusers and in female partners of infected haemophiliacs or of bisexual men. Such women should know they are not infected before becoming pregnant. Not only are HIV antibody positive women more likely to develop AIDS itself if they become pregnant, but there is also a high chance of the baby being infected and subsequently dying of AIDS.

E.R.

For others at risk, the justification for testing is less clear-cut as the advice offered to the patient on changes in their behaviour should be identical whatever the test result. At present we have no way of predicting which of the HIV antibody positive persons will develop AIDS and no effective antiviral treatment is available. Many persons find that knowledge of their antibody status gives them an added incentive to modify their behaviour, but some find this knowledge hard to cope with. A positive test may unjustifiably lead to difficulties with landlords and in employment because some employers may take discriminative measures. It may also lead to difficulties in respect of life insurance.

If you and your patient decide to proceed with HIV antibody testing, then this can be arranged through your local PHLS laboratory. If you refer the patient to the laboratory for testing, please indicate on the form that he/she has already been counselled. Tests are also available through GUM clinics. It is particularly important that people do not attend blood donor sessions solely for the purpose of having a blood test. If the initial test is positive, confirmatory testing is required and follow-up advice and counselling is essential. Together with your patient, you should discuss who else needs to know the result. You may prefer to refer the patient to a GUM clinic at this stage.

National Blood Transfusion Service

There have been some misconceptions about a possible risk of acquiring AIDS at blood donation. There is, of course, no risk in donating blood. All equipment used for blood collection is sterile and used only once. It is particularly important that potential blood donors should be reassured. Within the UK all blood donations have been screened for HIV antibodies since 14 October 1985.

Reporting cases of AIDS and positive antibody tests

Clinicians should report all cases of AIDS and suspected AIDS in England and Wales to the Public Health Laboratory Service (PHLS), Communicable Disease Surveillance Centre (CDSC). Positive antibody tests should also be reported by microbiologists to CDSC. These data (reports) are of great importance for monitoring the spread of infection. The strictest confidentiality is maintained and names need not be reported: and no information that might permit identification of an individual is ever released. I would be grateful for the continued co-operation of clinicians in reporting cases of AIDS and of microbiologists in reporting antibody positive tests to the CDSC, Central Public Health Laboratory, 61 Colindale Avenue, London NW9 5EQ (Tel: 01-200-6868).

Yours sincerely

Donald Acheson

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E.R.

Enquiries to: AIDS Unit
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Further copies of this letter may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.

Copies of SA35 "Protect Your Health Abroad" may be obtained from DHSS Leaflets Unit, PO Box 21, Stanmore, Middlesex HA7 1AY.

Copies of the HEC booklet "AIDS, What Everybody Needs to Know" can be obtained from your local health education unit.

Organisations giving advice to the public on AIDS.

(1) Terrence Higgins Trust
BM/AIDS London WC1N 3XX
Telephone Helpline (01) 833 2971 Mon-Fri 7pm - 10pm
Sat-Sun 3pm - 10pm

(2) Healthline Telephone Service
(01) 981 2717, (01) 980 7222, (0345) 581151

For recorded information on AIDS 24 hour service. For calls from outside London, the 0345 number will be charged at local rates

(3) London Lesbian and Gay Switchboard
(01) 837 7324

(4) SCODA (Standing Conference on Drug Abuse)
1-4 Hatton Place, London EC1N 8ND
(01) 430 2341

(5) The Haemophiliac Society
PO Box 9, 16 Trinity Street, London SE1 1DE
(01) 407 1010

Advice for haemophiliacs and their partners

(6) There are also several locally-based organisations and telephone helplines.