

# SPECIAL ARTICLE

## MEASURES TO CONTROL THE SPREAD OF AIDS IN BRITAIN

To help control the spread of the disease AIDS (Acquired Immune Deficiency Syndrome) the Government is providing £ 20 million over the next year to expand and intensify its public education campaign, responsibility for which is to be given to a reconstituted and strengthened Health Education Council. Additional funds are being provided to hospitals in the London area where the bulk of cases have so far occurred and priority is being given to setting up effective counselling systems. A Cabinet committee, under the chairmanship of the Lord President of the Council and Leader of the House of Lords, Lord Whitelaw, has been established to co-ordinate the work of government departments in meeting the threat posed to public health.

This paper reproduces an article from the December 1986 issue of the 'Survey of Current Affairs'.

The disease, which was first identified in 1981, is believed to be invariably fatal and has no known cure. It is caused by a virus (HIV — human immunodeficiency virus) getting into the bloodstream. This virus is infectious in certain specific ways — principally through sexual intercourse (heterosexual as well as homosexual), by drug abusers sharing contaminated needles, and through babies being infected by the mother before or during birth; and it has a long incubation period — on average five years, during which time those infected are capable of transmitting the virus. In Britain a total of 565 cases have been confirmed, out of which there have been 284 deaths. There are an estimated 30,000 carriers, and the proportion of those who will eventually contract the disease and die is at present estimated at 25 to 30 per cent, but could be higher.

Over the last four years the Government has taken a number of measures to control the spread of the disease. Since 1982 cases have been reported on a voluntary basis to the Communicable Disease Surveillance Centre [part of the Public Health Laboratory Service], as have cases of HIV infection since it first became possible to identify it by blood testing. Beginning in the following year warnings, which appear largely to have been successful, have gone to all blood donors telling those in high-risk groups not to give blood. The blood clotting agent Factor 8, needed by haemophiliacs, has been available in heat-treated form to clinicians since late 1984 and has been produced in Britain since April 1985. In that year also, the testing of blood donations was instituted to eliminate the risk of anyone getting AIDS from infected blood or blood products.

Among other measures, the Government has issued guidance for health care, social services and other staff about dealing with AIDS, and funds have been provided for courses to train counsellors; 1,500 have undergone training in the last 18 months and the numbers are increasing. Most important, a wide-ranging public education campaign has been mounted, involving a series of national press advertisements, a Health Education Council booklet of which about 1 million have been printed, and a telephone advisory service [the Health Line] which was receiving 2,500 calls a week.

Research into the disease is being co-ordinated by the government-funded Medical Research Council, which has so far awarded some £ 1.5 million for research on AIDS and immunodeficiency viruses, while an additional £ 50,000 for 1986-87 and £ 80,000 for 1987-88 is being given for AIDS-related research projects. Private pharmaceutical companies are also devoting increasing resources to research relevant to AIDS.

Further allocations in England for 1986-87 include £ 2 million to £ 3 million for testing blood donations and £ 75,000 to the Public Health Laboratory Service Board for tests on behalf of other parts of the National Health Service; the Board is also spending a further £ 500,000 on other AIDS-related work. Some £ 270,000 is being given to the haemophilia reference centres for the provision of advice, testing and counselling services; and £ 204,000 to voluntary agencies providing advice, counselling and care for AIDS patients. As regards the cost of clinical care, the Government has made available a total of £ 2.5 million to the three regions coping with the largest number of patients; total costs, however, will depend on how many cases occur and total expenditure for 1986-87 may amount to £ 3 million to £ 5 million nationally.

## Government Statement

Opening a debate in the House of Commons on 21 November (*Hansard*, Vol 105, No 8, cols 801-66), the Secretary of State for Social Services, Mr Norman Fowler, spoke of the serious threat which AIDS posed to public health. He said that the disease would present a problem for at least the next ten years, probably for the rest of the century. The number of cases would inevitably increase. The Government aimed to seek as much agreement as possible between political parties on the methods to be used to tackle AIDS. Britain had the opportunity of learning from the experience of other countries where the disease had gained a greater hold. In the United States, for example, almost 25,000 cases had been reported and an estimated 1.5 million people were infected with the virus; in Europe there were countries where the position was substantially worse than in Britain and in parts of Africa the position was worst of all. While at present a relatively small group of people in Britain were infected, the virus was spreading. In the circumstances the Government had an important role to play, but the key to containing the spread of infection ultimately rested with the individual's own behaviour.

## Proposed Measures

Mr Fowler said that the first priority in combating the disease was public education which sought to achieve a change in people's behaviour, with everyone taking responsibility for their own actions.

### *The Campaign*

The Government intended to expand and intensify its public education campaign, making £ 20 million available over the next year. The main elements of the campaign would include a further round of newspaper advertising; a general poster campaign at 1,500 sites around the country; a campaign directed at young people, using magazines, radio and cinema; the delivery of leaflets to all 23 million households in Britain early in 1987, accompanied by television and radio advertising; and a Health Education Council leaflet to be sent to all pharmacies for free distribution to members of the public.

Talks with the British Broadcasting Corporation (BBC) and the Independent Broadcasting Authority (IBA) had brought agreement to co-operate in public service broadcasting. The advertising would aim to convey direct messages in language that was easy to understand. While some people might be offended by this, the greater danger lay in not getting the message across. Unless action was taken, the infection would spread more widely into the heterosexual population, as it was already doing in other countries. A balance had to be struck between warning everyone of the risks and not causing unnecessary panic.

### *Health Education Council*

As regards long-term policy, a body was needed to develop and carry forward the education campaign. The importance of this task and the resources which the Government needed to devote to it made it right to enhance and strengthen the role of the Health Education Council. Mr Fowler proposed, therefore, from 1 April 1987, to reconstitute the Council as a special health authority within the National Health Service with a clear line of accountability to ministers and to Parliament. The new authority would initially assume the present responsibilities of the Health Education Council and from an early date would be given the

major executive responsibility and appropriate budget for public education about AIDS. As an integral part of the National Health Service, the new authority would be more responsive than an outside body to the needs of the Service and would have more influence in setting priorities for the Service and ensuring that the needs of health education and promotion were properly recognised. The exact relationship of the new agency with health education arrangements in Scotland, Wales and Northern Ireland would need to be settled. A statement on membership, staffing and budget of the new authority would be made shortly.

#### *Hospital Services*

The clinics for sexually transmitted diseases were seeing increasing numbers of people in need of counselling and testing and were under great pressure. All health authorities would therefore be asked to ensure that these clinics were given adequate resources to meet the demand. All districts would be submitting their plans for dealing with AIDS by the end of December. The majority of cases had so far occurred in the London area and a number of London hospitals had acquired expertise in treating AIDS patients; consequently, extra funds had been provided to that region and further funds would be provided next year. As more AIDS cases developed, more districts and hospitals throughout the country would become involved. It was crucial for the district health authorities to prepare for this.

#### *Counselling*

Counselling formed an important part of the action against AIDS. Since the disease was incurable and fatal, those tested for the presence of the virus and whose blood was found to be positive must be carefully and sensitively counselled. The Government had given priority to setting up effective counselling systems. Three centres for training in AIDS counselling had been established and were being funded by the Government.

#### *Research*

As regards research, it was imperative that no effort should be spared in seeking a cure for AIDS and a vaccine against the virus. Mr Fowler said that he had been assured that no worthwhile research project had gone unfunded. A number of major pharmaceutical companies in Britain were devoting increasing resources to research into AIDS and one such company — Burroughs Wellcome — had been responsible for developing the test for antibodies to the HIV infection which was now in use in Britain as the method for screening blood, and had developed and produced the drug AZT (azidothymidine), at present undergoing clinical trials in Britain. The research effort against AIDS was an international effort to which massive resources were being devoted worldwide.

#### *International Co-operation*

Mr Fowler stressed the importance of international co-operation in combating the spread of AIDS. He said

that he proposed shortly to visit the World Health Organisation<sup>1</sup> and the United States to discuss the problem and would also be talking to his main European counterparts.

#### *The Question of Screening and Free Syringes*

Turning to the proposals that had been put forward for compulsory or voluntary screening for the virus, the Secretary of State said that no decisions had yet been taken. Very real practical difficulties existed in any general, large-scale screening — whether of residents or of visitors to Britain — and there was a fear that any element of compulsion might drive people away from seeking advice or help. The purpose of screening and what happened afterwards needed to be considered: AIDS was quite unlike the notifiable diseases which could be treated and the personal impact on an individual of being told that the result of a test was positive could be devastating.

On the question of the possible free supply of needles and syringes to intravenous drug abusers, Mr Fowler said that any such scheme would need careful supervision accompanied by expert assessment, counselling and treatment; the Government was giving the matter serious and urgent consideration and would make its intentions clear as soon as possible.

#### *Voluntary Organisations*

Speaking of the Government's contact with voluntary organisations working in this field, Mr Fowler said that his Department was in close contact with the Terrence Higgins Trust,<sup>2</sup> and should the Trust or any other similar voluntary organisation require further meetings, these would be arranged.

The Secretary of State concluded that while AIDS posed a uniquely difficult public health problem, its spread could be prevented and the problem contained.

The Government would do all in its power to emphasise to the public the seriousness of the position and the action necessary to combat the disease. Over the next few years, however, the action needed could be taken only by individuals.

#### *Guidance for Employers*

Further government action on AIDS was announced at the end of the debate by the Minister of Health, Mr Tony Newton, who informed the House of the launch of a booklet for employers, dealing with employment issues in relation to AIDS and giving guidance on recruitment of an infected person, on employees' rights if dismissed, and on refusal of employees to work with an infected person.

With acknowledgement to British High Commission, Singapore.

<sup>1</sup>These talks, which covered the current scale of the epidemic in other parts of the world and the measures being taken to combat it, took place on 28 November.

<sup>2</sup>The Terrence Higgins Trust, which has received a government grant of £ 100,000 for the year 1986-87, is the main voluntary organisation working in the AIDS field. It provides information, advice and support to AIDS sufferers, their families and friends and to those most at risk from the disease.