

UK government agrees to anonymous HIV testing

- Scientific pressure forces decision
- Legal and ethical problems denied

London

INTENSE lobbying has persuaded the UK government to agree to the involuntary and anonymous screening of blood samples for human immunodeficiency virus (HIV) infection. The need for information on the prevalence and spread of HIV has overridden objections on both ethical and practical grounds to screening. The Medical Research Council (MRC) has been commissioned by the Department of Health to put forward a plan of action.

Announcing the decision last week, the Secretary of State for Health, Mr Kenneth Clarke, confirmed that the government also supported screening on a voluntary and named basis. Two such studies will start in Scottish antenatal clinics this week, and the MRC is being asked to design others. "Many important matters of detail as to scale and groups to be tested need to be determined", said Clarke.

Large-scale voluntary testing was first approved by the UK government in June, following the recommendations of a working party under Dr Joe Smith, director of the Public Health Laboratory Service (see *Nature* 333, 486; 9 June 1988). But the working party came to the view that involuntary testing was not needed because the data required could be obtained by voluntary testing and "there are legal, ethical and scientific methodological problems" in undertaking such studies. Last week, Kenneth Clarke declared that the government considers there is neither legal obstacle nor ethical objection to testing for the presence of HIV antibodies in blood samples taken for other purposes, as long as the sample's donor is not identifiable.

Remaining problems of methodology are to be solved by the MRC, which has been asked to come forward with proposals within three months, and has been given £1.7 million for research into the spread of HIV infection, for the financial year 1989-90. The MRC Committee on Epidemiological Studies of AIDS has already been considering, in principle, the best design for involuntary and anonymous screening, and will now have to flesh out the details. Committee chairman Dr Nick Day says that there should be no difficulty in producing detailed and costed proposals within the allotted time, and that some studies could begin before then, subject to peer review.

Day's predecessor, Sir Richard Doll, was among the signatories of a letter in

The Lancet almost exactly a year ago that argued strongly in favour of both voluntary and involuntary anonymous screening, and criticized the House of Commons Social Services Committee on AIDS for having rejected such screening in the face of scientific and medical opinion. The letter said the committee's decision reflected the arguments of only a handful of witnesses, and was based on statistical misunderstanding, unsupported ethical assertions and a failure to appreciate that anonymous testing can still provide prevalence data for specific risk groups.

A major task for the MRC will be to design protocols that allow such risk factors to be gathered. Clearly that will be easy in studies of blood samples from clinics that specialize in sexually transmitted diseases, as the relevant questions will have been asked as a matter of routine. At the other end of the spectrum, blood samples taken in, for example, general surgical wards of hospitals are unlikely to be routinely accompanied by information on risk factors. As a minimum, all samples will be accompanied by information on the age and sex of the patient, and the district and type of medical facility from where the sample was drawn.

Precisely what has caused the government belatedly to agree to anonymous screening is unclear. One factor, however, must be a report prepared by statistician Sir David Cox, warden of Nuffield College, Oxford. The report, which is due to be published shortly, explicitly recommends anonymous testing. Naturally, Cox welcomes the government decision and is pleased by the fact that the MRC is to design the testing programme. There is a serious job to be done, he says, particularly if the maximum information about the individuals from whom the samples have come is to be obtained without allowing identification of individuals and while avoiding any element of opting out.

The problems of opting out encountered in voluntary schemes of HIV testing are likely to have been another factor that influenced the government's decision. The proportion of people giving consent is variable but has been falling, says Day.

Overall, the decision has been taken because of the need to obtain more accurate information on the number of people now infected with HIV in Britain — 50,000 is the 'guesstimate' — and the spread of infection, so that healthcare needs can be predicted and planned. **Peter Newmark**

Computer files on AIDS carriers

Paris

AFTER almost a year of debate, the French national council for the freedom of information (CNIL) has approved an epidemiological study of AIDS using a computer database. The study, to be carried out by researchers from the national institute of health and medical research (INSERM) will collect data from the 23 national AIDS information and care centres. Information on the mode of transmission of the virus, together with encrypted personal details, will be recorded from seropositive individuals who have given their written permission. **Peter Coles**

Canadian excellence

Washington

WHILE a fiercely fought election campaign in Canada has just ended in victory for free trade and the Progressive Conservative party of Prime Minister Brian Mulroney, another, quieter battle is shaping up over who will be selected for one of the ten 'Networks of Centres of Excellence' that lie at the heart of the government's scheme to add new life to Canadian science.

The response to the Centres programme has been staggering. Since the May decision (see *Nature* 333, 722; 23 June 1988) to spend C\$240 million over five years on research networks linking universities, industry and government, 238 letters of intent to submit proposals for networks have been received. That response gives some measure of how many Canadian researchers are hungry for research funds; despite Canada's wealth, spending for research measured as a percentage of gross national product places Canada among the developing countries.

Some applicants will now look at the competition and decide to drop out before the final deadline for full proposals expires on 30 November. Others will see possible marriages of convenience and combine with rival groups to build bigger, stronger proposals. But the government will have to reject 90 per cent of the proposals.

This week, the final proposals will go to Canada's three research councils which will manage an international peer review process to assess them. The assessments will then be passed to an independent National Advisory Board on Centres of Excellence, headed by Allelix president John Evans and University of Montreal rector Gilles Cloutier, for the preparation of final rankings. With that done, the government will take over and make choices early in the spring. Plans are for the ranked list to be published, in order to lessen any temptation for the government to meddle. There is still widespread concern that the choices could be made to satisfy regional, rather than scientific, interests. **Alun Anderson**