

UK insurers allowed to use genetic tests

Britain has become the first country in the world to endorse the use of genetic testing to assess insurance premiums.

The government agreed last month that companies can use the results of tests for Huntington's Disease in assessing an individual's life insurance premiums. The decision follows an assessment by the UK Department of Health's Genetics and Insurance Committee (GAIC) that the current tests for the disease are reliable, and that "an abnormal result is associated with significant clinical effects and with an increased probability of a claim on a life insurance policy."

The announcement was immediately criticized by the National Consumer Council (NCC), which argued that individuals might choose not to have genetic tests in case it prevented them from being granted insurance.

"Simply grafting the new science of genotyping on to traditional insurance practices could lead to exclusion and the avoidance by patients of useful medical advances," says Anne Bradley, director of

the council.

But the Association for British Insurers (ABI), which had earlier rejected government proposals for a moratorium on the use of genetic test data in assessing premiums, said that it was "pleased" at the committee's decision. Chairman John Durrant says that one benefit is that those with a family history of Huntington's Disease, but with a negative test result, would not be asked to pay more for life insurance; at present, he points out, many of those who have a history of such genetic disorders have difficulty in obtaining insurance as a result.

The association is now awaiting judgments from the committee on the possible use of six further tests—ranging from early onset Alzheimer's Disease to heredity breast cancer. Mary Francis, the association's director, emphasizes that insurers "do not, and will not, ask someone to take a genetic test as a condition of obtaining insurance." But where individuals have already been tested as part of their medical care, there is nothing to prevent insurance companies using that infor-

mation.

The ABI has already agreed to stop using any genetic test if investigation by the GAIC into its reliability and relevance finds insufficient evidence to justify its use. In such cases, the industry has agreed to reassess individual insurance premiums retrospectively.

This is not enough for the NCC, which argues that, while not excluding the possible future use of genetic tests for insurance purposes, the current ways in which premiums are calculated are insufficient to protect individuals from bearing an unfair burden of the costs. "When genes are let out of bottles, the world changes irrevocably," says Bradley. "Genetic testing is such a genie."

The Genetic Interest Group, a consortium of charities dedicated to research in individual genetic disease, is more laid back. "Given the previous importance attached to family history in cases of Huntington's Disease and similar monogenic diseases [in assessing premiums], this issue seems to have been overblown," says campaign director John Gillott.

David Dickson, London

South African village prepares for first HIV vaccine trial...

Despite the South African president's belief that human immunodeficiency virus (HIV) does not cause AIDS, the country's Medical Research Council (MRC) has announced that it will begin trials of an HIV vaccine in February 2001.

Ongoing preparations for such a trial in the rural South African village of Hlabisa emphasize the complexities of gearing up for a large efficacy study in the epicenter of the country's AIDS epidemic. After nearly two years of educating tribes and gaining their consent, researchers predict the site will be ready for a large-scale study by the end of next year—most probably sooner than large quantities of the vaccine will be ready for testing.

The Venezuelan equine encephalitis (VEE) virus vaccine to be tested is being produced at Greer Laboratories, North Carolina, on behalf of Alphavax, a company formed two years ago by University of North Carolina researchers. The South African AIDS Vaccine Initiative (SAAVI), in conjunction with the US National Institute of

Allergy and Infectious Diseases (NIAID), has teamed with the International AIDS Vaccine Initiative (IAVI) to fund development. Quantities sufficient for phase I trials in the US and South Africa should be ready by the end of the year, and phase III trials are scheduled for completion by 2005.

Developed with the help of the US Army, the vaccine uses an attenuated form of VEE virus inserted with genes selected from subtype C isolates of South African seroconverters, making it the first vaccine specific for clade C—the most prevalent HIV-1 subtype in Africa—to enter trials. According to Robert Olmsted, vice president of research at AlphaVax, the biological properties of the VEE virus make it an attractive AIDS vaccine delivery system because it targets lymphoid tissue.

The trial is expected to follow the type of fast-track course outlined in IAVI's Scientific Blueprint 2000: *Accelerating Global Efforts in AIDS Vaccine Development*. "We would really like to dramatically shorten timelines and that

means a different kind of preparation for the large trials," IAVI President Seth Berkley told *Nature Medicine*. "The worst thing we could do is have an exciting candidate and then say, 'Ah, how do we move to the next stage.'"

Because vaccines have potential prophylactic rather than therapeutic value, informed consent is a delicate issue for any vaccine trial, even in Westernized countries. Testing an AIDS vaccine in rural South Africa requires the added challenge of gaining the trust of tribal leaders and winning their support. Social interaction and decision-making in Zulu culture is built on a hierarchical concept of togetherness called 'ubuntu'.

For the past three years, the South African MRC has been studying how such solidarity influences the highly individualized activity of consenting to a vaccine study. Researchers have learned that laying the groundwork for a vaccine trial can succeed only by going to tribal leaders first and getting their



A Zulu boy from Hlabisa