**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES**
**BY THE DEPUTY OF ST. MARY**
**ANSWER TO BE TABLED ON MONDAY 13th SEPTEMBER 2010**

## Question

What screening programmes, if any, are currently carried out by the department and is UAT (Unlinked Anonymous Testing) of blood samples, which allows for information to be gathered about the prevalence of HIV, one of the screening programmes?

If it is not, can the Minister explain what the benefits are of UAT and why it is not currently undertaken?

## Answer

Breast and cervical cancer screening programmes are well-established in Jersey. Other screening programmes in Jersey include:

- chlamydia screening
- antenatal screening
- new born babies' screening
- diabetes screening.

Unlinked Anonymous Testing for HIV (the human immunodeficiency virus) has not been introduced in Jersey. This system has been well established in the UK since the early 1990s and has provided invaluable information about the extent of HIV infection in the population that has yet to be clinically diagnosed. The process involves 'unlinking' remnants of blood samples taken for other purposes from their identities, and testing anonymous batches to measure what proportion have HIV infection. Individuals cannot be identified after the 'unlinking'. The proportion of unlinked samples shown to be HIV infected is then compared with the known proportion of clinically diagnosed HIV in the particular community.

The UK programme has shown that for every two people with HIV infection in the UK who know their diagnosis, there is one more HIV infected person whose infection has not yet been clinically diagnosed. This data has been of tremendous importance in the UK in helping increase the uptake of voluntary, confidential 'named' testing for the virus. The extent of undiagnosed HIV infection in Jersey is likely to be just as high as the proportions observed in the UK.

However, over the years there has been major progress in knowledge about HIV. Rather than introduce a new UAT programme now in Jersey (which would have required a prolonged study), we have decided there will be more benefit in following the new UK approach which is to further improve the rate of HIV diagnosis through **normalisation** of HIV testing.

- The big change since the early years is that HIV is a treatable disease with a good outlook if diagnosed early.
- A quarter of people diagnosed annually in the UK are diagnosed too late for effective treatment.
- Late diagnoses accounts for about a third of HIV deaths.
- Many of those diagnosed late had had contact with healthcare professionals in the preceding year, so it's likely that opportunities to offer testing for HIV had been missed.
- Improved detection will help reduce onward transmission.

Recent UK national guidance recommends different approaches to offering HIV testing, depending on the likely prevalence of undiagnosed HIV in the community. Jersey is very likely to be a low prevalence area. For a community like ours, the new guidance is that HIV testing should be on the same footing as any other investigation offered routinely to patients who either have symptoms, or possible risk factors that indicate it is

appropriate.

The threshold for suggesting an HIV test to patients should be exactly the same as for any other test that assists a doctor in reaching a diagnosis. It has long been the case that there is no need for specialist pre-test counselling.

Our previous plans to introduce UAT in Jersey were mainly to pave the way to increase voluntary testing as above. The debate has now moved on. All doctors in Jersey have now been provided with advice and guidance about the new approach to normalising HIV testing from our Consultant Microbiologist / Consultant in Communicable Diseases.