

#### **4.12 Deputy G.P. Southern of the Minister for Health and Social Services regarding the treatment and prevention of blood-borne diseases such as H.I.V. and Hepatitis C:**

Will the Minister update Members on her department's progress in combating blood borne diseases such as H.I.V. (Human Immunodeficiency Virus) and Hepatitis C, and advise specifically what funding is provided by her department to A.C.E.T. (AIDS Care and Education Trust) to meet the cost of the preventative and other work undertaken by that organisation, and for the unlinked anonymous testing for these diseases?

##### **The Deputy of Trinity (The Minister for Health and Social Services):**

I will try and be succinct. The department's H.I.V. and Hepatitis C programmes, which are consistent with the U.K. national guidelines, are led by clinical consultants and a specialist blood-borne virus nurse. Services are delivered across a range of settings including the Alcohol and Drug Service and the prison. The prevalence of H.I.V. in Jersey I am pleased to say is low, with an estimated 68 Islanders currently living with the disease. H.I.V. testing is offered as a part of routine care when a patient presents with possible clinical symptoms, with drug treatments and therapies available as required. Most new cases of Hepatitis C are associated with intravenous drug misuse therefore prevention services such as needle exchange and screening are organised as part of an integrated approach to drug misuse. As with H.I.V. the emphasis is always on early diagnosis because treatment is more effective in the early stages. A.C.E.T. does not currently receive funding from Health and Social Services. The department historically funded a programme aimed at the Portuguese community, which ended at the very end of 2009 by mutual agreement when the project worker left the Island.

[12:00]

This programme was not directly related to H.I.V. or blood-borne viruses. The department does not fund unlinked anonymous testing. In accordance with guidelines issued by the U.K. Chief Medical Officer of Health, Jersey provides voluntary H.I.V. testing. Unlinked anonymous testing only provides information about prevalence, which is not considered essential in a low incident population. Investment in early detection and treatment is a high priority.

##### **4.12.1 Deputy G.P. Southern:**

Is the Minister aware that use of unlinked anonymous testing was recommended in an early Scrutiny Report examining drug use on the Island and that this was followed up under the presidency of Senator Syvret, when he was at Health, and it was pointed out that while there had been a commitment to pursue unlinked anonymous testing this commitment had lapsed and it had fallen off the list of priorities. Members were assured at the time that this programme would be reinstated. It is now some years since and we have seen no progress. Can the Minister state clearly why what was agreed previously has not happened?

##### **The Deputy of Trinity:**

I cannot state exactly because it was before my time, but I am aware that there was looking at anonymous testing, and I think at the end of the day it was down to funding. But regarding H.I.V. and A.I.D.S. the world has moved on and at that time too, when I think they were re-looking at it, the U.K. Chief Medical Officer came out

with that it should be, as I said in the question, voluntary H.I.V. testing and that is what we do.

**4.12.2 Deputy G.P. Southern:**

Could it not be said that the absence of unlinked anonymous testing, which is the only way to discover the prevalence of a particular disease, is a short term saving in order to prevent a much longer term cost? If in fact we are unaware of the level of Hepatitis C in our population we could be storing up an enormous problem, an enormous cost, for 20 or 30 years down the line; surely today when we are talking about prevention rather than cure we should invest now in order to save possibly enormous costs later on. Is she not prepared to spend to save long term?

**The Deputy of Trinity:**

As I said, the world has moved on and anonymous testing just picked at random, looking at people's blood to see if they have H.I.V., it no way could be linked back to people who had H.I.V., so it was limited in what it could do. But with the new information coming out from the Chief Medical Officer in the U.K. that there is now set criteria to do voluntary H.I.V. testing, and so that we felt was more important to be one step ahead.

**4.12.3 Deputy P.V.F. Le Claire:**

It was put to me last week that Jersey is the only modern jurisdiction that does not have a drugs policy. I was surprised to hear that put to me and I was convinced that we did have a drugs policy, but I was assured that it is a scattered approach. Would, given the issues outlined in this question and the answers that have been given this morning, the Minister outline as to what exactly we do have for a drug strategy and whether she could circulate that to Members later please?

**The Deputy of Trinity:**

I will look into it and come back to the Deputy.

**4.12.4 Deputy M. Tadier:**

Does the Minister acknowledge that those exposed most to the diseases are not always those who are most likely to put themselves forward or take the initiative for voluntary testing, and if she does agree with that can she say how unlinked anonymous testing for these diseases fits into that position?

**The Deputy of Trinity:**

A lot of work is done in this area, as I have said, along with drug and alcohol and especially the consultation microbiologist at the hospital and a specialist nurse, and also the input that we have in the prison. It is down to set criteria, which is set down, as I said, from the U.K. Medical Officer.

**4.12.5 Deputy K.C. Lewis of St. Saviour:**

Would the Minister inform the Assembly if new blood donors are tested for H.I.V. and Hepatitis C and if so and it proves positive, are they informed?

**The Deputy of Trinity:**

That is a very detailed question but I am happy to give the Deputy that information. I know a lot of work has been done on blood transfusions and when I get it I can give the Deputy that precisely.

**4.12.6 Deputy G.P. Southern:**

Does the Minister not accept that a knowledge and understanding of the prevalence of blood-borne diseases such as A.I.D.S. and Hepatitis C are an essential piece of preventative work in her field, and will she not agree to revisit this area and examine whether the priorities in fact are correctly set?

**The Deputy of Trinity:**

A lot of work in this area has been done over many years, not only in Jersey and the U.K. but worldwide, and that is why a lot of emphasis was put into prevention, treatment and early diagnosis, and a lot of work is done I think within schools as part of their P.S.H.E. (Personal, Social, Health Education) as well as the wider population and we can always look at it, but my priorities at the moment are, as I said here, that the testing is done on a voluntary basis but more so importantly, and I think it is very good because our numbers are low and that is very important too.

**4.12.7 Deputy G.P. Southern:**

If I may; is that an agreement to revisit the list of priorities, in particular in the light of this particular technique or not?

**The Deputy of Trinity:**

No. It is not, because as I said the Chief Medical Officer [**Interruption**] ... as I have said many times.