

HIV ANTIBODIES TESTING IN PAKISTANI POPULATION

Pages with reference to book, From 274 To 274

Sir,

I welcomed your editorial (April 87, p 84) which highlighted the problems associated with screening for HTLV—III antibodies in the Pakistani population and would like to make the following comments. Originally given a variety of names (HTLV III, LAV, ARV) by the different laboratories in which it was isolated, the virus has now been formally described as the human immunodeficiency virus HIV by the International Committee on Viral Nomenclature, and this abbreviation should be used henceforth.

The current view of the value of routine screening of populations for HIV antibodies is one of constant debate and disagreement. It is probably unlikely to win widespread support because of the lack of published data that exists regarding the medical, psychological, social and economic consequences of HIV infection. These are real and important concerns. In Pakistan where the in-depth counselling for antibody positive patients is not yet available, routine screening of the general population is probably not advisable at this stage.

It is now well established that the most important mode of transmission of infection apart from sexual contact, is through contaminated blood or through blood products. Two main populations at risk are the recipients of blood transfusion or blood products, and intravenous drug users who share needles and syringes. It is important that all transfusion blood in Pakistan should be screened for HIV antibodies. Such a policy has been successfully adopted in the UK since 1985. The need for such a screening in Pakistan is urgent because, unlike the UK, where the Blood Transfusion services rely upon the good will of healthy volunteer donors, in Pakistan such

services rely on so called “professional” paid donors. These people sell their blood for financial reasons and a number may be HW drug abusers. Laboratories run by the private sector might argue that such additional tests will increase the cost of blood sold to the patients. This may be true, but it will at least reduce the chances of blood transfusion recipients from contracting HIV infection. Such action is important on moral and ethical grounds and will reduce the spread of the disease.

Because of the lethality of HIV infection and the current epidemic, and the lack of published data on HW infections in Pakistan, it is important that the government should act now by setting up a special committee to deal with this urgent problem. In this respect they can benefit from the experience of countries in which the disease has been longer established. The committee should provide separate funds for research and address the questions raised by your editorial. It should draw up its own guideline to limit spread among the Pakistani population.

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