
Personal screening for HIV revisited

SIR—In 1994, personal screening for HIV infection was first suggested as an important public-health measure for developing countries.¹ Since then, although the value of such testing has been disputed,² WHO estimates that the prevalence of HIV has increased from 11–12 million to 22·6 million. Rather than heeding the urgent need for action, the debate on self-testing for HIV continues. Now, after much deliberation, Merson and colleagues (Feb 1, p 352)³ endorse rapid self-testing for HIV, and suggest that individuals who use the tests will become active partners with health-care providers in confronting the disease. But the question remains: will health officials worldwide wait for another 11 million new HIV infections, or will they heed the advice of Merson and colleagues to more actively evaluate the potential benefits of self-testing?

The aim of screening for HIV is to identify individuals who are at high risk of infection rather than infection per se. Individuals who have a positive result require additional confirmation of the result. In much of the world, the only available screening measures for HIV has been the signs and symptoms of AIDS, or, in symptom-free individuals, a prognosis based on their present or past risk behaviour. Even with truthful answers, the specificity and sensitivity of such assessments are low. With the advent of self-testing for HIV, there will be fewer false-positive and false-negative results, and silent carriers of HIV who come to know their status will be able to consider ways to prevent further transmission and avoid untimely death.

Innovations take time to diffuse through societies,⁴ and when first presented, criticism is common. But over time, after opinion leaders have voiced their support, the innovation becomes accepted by society and previous resistance becomes but a distant memory. Perhaps the same will happen with personal screening for HIV, with fingerstick blood, oral fluids, or urine tests available in the privacy of one's home. Once such screening measures become commonplace and people recognise that HIV can be avoided,⁵ another vital option will exist to help to prolong life and limit transmission of HIV.

Ralph R Frerichs

Department of Epidemiology, School of Public Health,
University of Los Angeles, Los Angeles,
CA 90095, USA

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 - 4 Rogers EM. Diffusion of innovations. New York: The Free Press, 1995.
 - 5 Frerichs RR. HIV winners and losers. *Epidemiology* 1995; **6**: 329–31.
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