epidemiological studies are being done on viral DNA and matching of all patients seen by the surgeons since 1976 with the NSWH AIDS registry is now in progress. The review of all persons with HIV reported to the NSW Health Department for whom conventional risk factors have not been identified is in progress.

This communication emphasizes two important points. First, all persons involved in procedures involving contact with blood and blood products should adhere at all times to infection control guidelines. Second, all persons diagnosed with HIV infection should be reviewed to determine conventional risk factors should be carefully evaluated.

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HIV testing and blood recipients

5--9.25 of receiving HIV-contaminated blood is experienced worldwide, including most recently by those receiving blood products from Germany (see Lancet Nov 13, p 1226). News of tainted blood invariably sets off a wave of concern among all people who have had transfusions or have been in hospital. However, few have reason to be concerned for unless there was a complete breakdown in the blood HIV-testing procedure. Unfortunately, since the source of blood is not routinely entered in patients records, it becomes difficult for health officials to trace those who might have become infected. One way to address this fear is to offer HIV antibody testing to all persons who have received blood during the period of risk. As has been discovered in Germany, a number of blood transfusions were performed on patients who were carriers of the virus. Adding in sexual partners, the number of persons who potentially are at risk of infection might be very great. The only way individuals can know if they are infected is to obtain an HIV test. Without widespread HIV testing, the source of tainted blood is a lot less obvious. Hence, screening would be accepted among sexual partners of infected HIV-infected persons.

A non-invasive test for HIV antibodies would be ideal for screening purposes, as it has been suggested that such studies is 98-100%, and specificity is even higher, at 96-95-100%. Because it is non-invasive and rarely causes significant harm to the patient because of the contamination risk, saliva is a safer medium than blood for collecting specimens. It can be kept at room temperature for several weeks. Hence, samples could be obtained in the home and posted to laboratories for analysis.

We envisage that an inexpensive widespread HIV-testing program would be welcomed by health officials. Participants would first be screened by a saliva-based HIV test. The collection of saliva involves the collection of saliva by specific individuals who then provide all transmission recipients, or be generally distributed or sold through pharmacies. A unique number only would link the saliva sample to the number on the test result. In most recipients, the message would remind the caller that the saliva sample is only a screening test, and that confirmatory testing should be done. In HIV-negative tests, the message would also say that there is still a very small chance of a false-negative result.

As a highly sensitive and specific screening test, saliva testing would not undermine a blood-testing program: it would, rather, help to identify HIV-infected persons who could be counseled. The collection of saliva would be less invasive than blood sampling, and provide rapid feedback to all transmission recipients, or be generally distributed or sold through pharmacies.

A saliva-based HIV test could be distributed through pharmacies, (as in other countries). The test would be marketed to all transmission recipients, or be generally distributed or sold through pharmacies. The collection of saliva would be less invasive than blood sampling, and provide rapid feedback to all transmission recipients, or be generally distributed or sold through pharmacies.

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S-HB The reports from Germany of HIV-contaminated blood products are of great concern and underscore the need for regulation of the biopharmaceutical industry. Discussions have centred on the possibility that AIDS is being spread from tainted blood products shipped from one German company to France, Austria, Italy, Switzerland, and Greece. However, policymakers in western Europe should not overlook the fact that some blood for manufacturing blood products is imported from countries of eastern Europe where blood for transfusion is not centrally stored by. For example, blood for patients in Greece is donated at local hospitals, and is not centrally stored.

In the case of Germany, the collection of saliva is a safer medium than blood for collecting specimens. It can be kept at room temperature for several weeks. Hence, saliva testing could be the basis of a simple and effective screening test. In other countries, saliva testing could be used to provide rapid feedback to all transmission recipients, or be generally distributed or sold through pharmacies.

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