is to be controlled in this high risk population.

1 SIMMS MA CATCHPOLE PHLS Communicable Disease Surveillance Centre, 61 Colindale Avenue, London NW9 5DF, UK A J ROBINSON C LAMB Department of Genitourinary Medicine, The Mortimer Market Centre, London, UK

Correspondence to: M I Simms


Accepted for publication 4 December 1996

Same day testing for HIV: 1 year’s experience in a district general hospital and at an alternative site

In the Department of Health’s white paper, the Health of the Nation sex health, including HIV and AIDS, is identified as one of the key areas of health targeting. Counselling and screening for HIV forms an important part of the health and the service should be widely available. Experience suggests, as stated in HIV/AIDS and Sexual Health,1 that where available many would prefer to attend a clinic separate from current services. In response to the executive letter from the Director of Health,1 a same day HIV counselling and testing service was developed at Bolton General Hospital, and at an alternative site in the town centre. We present the results of this service over a 12 month period.

In May 1994, a same day testing service was introduced in addition to the routine clinic testing, available 1 day a week by appointment only, both in the hospital department and also at an alternative (town centre) site. The same day service was advertised locally. All patients attending for HIV testing were given pre- and post-test counselling and sexual health advice at both sites. Over the 12 month period, 218 patients made appointments for same day HIV antibody testing. The default rate for the same day testing service was 22.5% (n = 49). The same day site had a higher attendance rate than the alternative site (table). There was one positive HIV antibody result in a homosexual man who was asymptomatic. Six patients requested testing because of a possible risk of HIV infection from overseas medical treatment. All of these opted to be tested at the clinic site, their choice perhaps reflecting concerns which they felt might be better addressed in a hospital setting. Same day testing accounted for 41.8% of the total number of HIV tests within the department.

The current arrangement for HIV antibody testing in genitourinary medicine clinics within the hospital setting has the advantage that the service is widely available and testing is performed in an anonymous and confidential manner. This testing service may have its place in clinics for particular patients who find attending a genitourinary medicine clinic a daunting prospect, especially if the department is based inside a large hospital which is not readily accessible from the local town centre. Other authors have reported successful same day testing services within city centres2; however, this is the first paper to report results from a district general hospital setting together with the use of an alternative site. Our results show that a significant proportion of patients opted for the same day testing service and when given the choice of site, patients were more likely to attend the same day hospital service than the alternative site. Further work is required to ascertain reasons behind the high default rate of patients requesting same day HIV testing, as little is known about the sociodemographic risks and risk factors among this group. Further evidence should include qualitative feedback from patients on the issues surrounding same day testing with determination of the optimal testing procedure and site.

DAVID NUNNS GUNDI KIEMLE JACOB ROGERS HELEN O’NEILL KATE HAWKESFORD ERIC CURLESS

Bolton Centre for Sexual Health, Bolton General Hospital, Farnworth, Bolton BL4 0JR


3 Department of Health Guidance: additional testing sites, London Department of Health, 1992 (PLCMO (92) 3, appendix 1).


Accepted for publication 28 January 1997

Survival and treatment of AIDS patients 1984-1993

Hillman et al seem somewhat confused with their contribution to the debate regarding the place and value of preventive provision, and whether this should be through larger or smaller centres.1 Assessing survival from AIDS is not a measure of quality of service. Indeed, survival from AIDS may decrease but quality of life and overall survival from HIV infection may be improved.2 We have shown previously in a study involving a large number of patients that survival from AIDS may be influenced by the time of presentation—that is, that survival may increase if the AIDS defining illness occurs coincident with the first positive HIV antibody test.3 This does not mean, as Hillman et al assert, that we are questioning the benefit of medical intervention—quite the reverse. We proposed that the development of AIDS has been delayed by medical intervention. Indeed, in their paper Hillman et al support the assertion that effective intervention may reduce survival at an AIDS diagnosis and median survival over time in their patients.

Furthermore, the authors suggest that in our study we both failed to acknowledge improvements in survival made before the study period from St Mary’s Hospital and did not adjust for case mix in the two arms. In fact, earlier data were acknowledged and referenced and the case mix of the two arms was described in detail.

Hillman et al conclude in their paper that smallpox allows us to show a more informal and intimate setting for patients to be treated. However, this is not supported by their data and, therefore, only an unsubstantiated opinion. Others, we are sure, would argue against it.

RICHARD COKER

Department of Genitourinary Medicine, St Mary’s Hospital, London W2 INY

MARK POZNANSKY

Division of Infectious Disease Medicine, Harvard Medical School, Boston MA 02115


Accepted for publication 21 February 1997

MATTERS ARISING

Who goes to sexually transmitted diseases clinics? Results from a national population survey (Genitourin Med 1996;72:197-202)

We read with great interest Dr A M Johnson and colleagues’ sexual behaviour survey of GUM clinic attenders, published in Genitourin Med. The findings of the study now make available good population based data on the characteristics of genitourinary medicine clinic attenders, which will be applicable to many aspects of further research and service planning.

However, we wish to comment on one point made by the authors: they saw a reduction in HIV from GUM clinics being recorded on diagnostic cases rather than on individuals. It may not be widely known that, since April