



THE SCOTTISH OFFICE

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NHS
MEL(1994)10

National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

ANONYMISED HIV SURVEYS - REVISED PUBLICITY MATERIAL

Summary

1. The leaflet for patients and the poster publicising the Anonymised HIV Serosurveys have been revised.
2. Since the last revision in September 1990, the survey programme has been expanded and now includes surveys in some termination of pregnancy clinics. The material has therefore been adapted to make it suitable for all clinical settings.

Action

3. Enclosed is the revised English language version of the leaflet and the multilingual poster for patients. A supply is being sent to you separately, and I would be grateful if you would arrange for appropriate distribution.
4. If further copies and foreign language versions of the leaflet are required, they can be ordered from:-

BAPS
Health Publications Unit
DSS Distribution Centre
Heywood Stores
Manchester Road
Heywood
Lancs OL10 2PE

Yours sincerely

DAVID R STEEL
Director of Administration

COMMON SERVICES AGENCY	
RECEIVED 2-MAR 1994	
FILE No.	
REFERRED TO	ACTION TAKEN

28 February 1994

Addressees

For action:

General Managers,
Health Boards
General Manager,
Common Services Agency
General Manager, State
Hospital
General Manager,
Health Education Board
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Chief Executives, and
Chief Executives
Designate, NHS Trusts

For information:

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Health Medicine/CAMOs
Health Boards AIDS
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ANNEX 1

Background

In January 1990 the Medical Research Council on behalf of the UK Health Departments set up unlinked Anonymised HIV Serosurveys throughout England and Scotland. The Surveys continue to run and their aim is to obtain better epidemiological data about the level of HIV infection in the general population via a selected number of ante-natal clinics, GUM clinics, and general hospitals. In participating units, the residual blood taken from some patients including babies, who have had a blood sample taken for diagnostic or treatment purposes will be placed in anonymised containers and tested in batches for HIV antibodies. Because the samples will be truly anonymous, it will not be possible for the results to be traced back to specific individuals.

The Surveys have now been extended to take place in some termination of pregnancy clinics and the wording of the explanatory leaflet for patients has therefore been revised to make it suitable for all clinical settings.

All clinics taking part in the Anonymised HIV Surveys should ensure that the leaflets are made readily accessible to clinic patients whose blood may be used.

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