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Global
Programme
on **AIDS**

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**Statement on
screening of
international travellers
for infection with
Human
Immunodeficiency
Virus**



World
Health
Organization

HIV screening of international travellers would be ineffective, impractical and wasteful.

- "No screening programme of international travellers can prevent the introduction and spread of HIV infection."
- "HIV screening programmes for international travellers would, at best and at great cost, retard only briefly the dissemination of HIV both globally and with respect to any particular country."
- "The diversion of resources towards HIV screening of international travellers and away from educational programmes, protection of the blood supply and other measures to prevent parenteral and perinatal transmission, will be difficult to justify in view of the epidemiological, legal, economic, political, cultural and ethical factors mitigating against adoption of such a policy."

These were the conclusions of a consultation of experts convened by the World Health Organization's Global Programme on AIDS, on 2-3 March 1987 in Geneva. This pamphlet summarizes the issues discussed at this meeting*.

Background information:

- No region of the world is free from HIV infection and AIDS. As of 1 June 1988, over 90 000 AIDS cases had been officially reported to the World Health Organization (WHO) from 136 countries around the world.
- The actual number of AIDS cases is greater than the number reported (estimated at over 150,000 by early 1988). In all countries, the number of persons infected with HIV is 25 to 100 times the number of AIDS cases.
- The routes of HIV transmission are the same worldwide. HIV is predominantly spread by:
 - penetrative sexual intercourse (heterosexual or homosexual);
 - HIV-infected blood — in transfusions or by use of blood-contaminated injection or other skin-piercing equipment;
 - infected mother to her child before, during or shortly after birth.
- HIV is *not* transmitted by casual contact such as shaking hands, hugging, sneezing, coughing, sitting or standing near or working with someone. HIV is *not* spread by food or drink, eating utensils, telephones, used clothing or using public toilets. HIV is *not* spread by mosquitos or any other insects.

* "Report of the Consultation on International Travel and HIV Infection" Geneva, 2-3 March 1987" World Health Organization WHO/SPA/GLO/87.1

Why is HIV screening of international travellers ineffective and impractical?

- Since HIV infection is already present in every region and in virtually every major city in the world, even total exclusion of all travellers (foreigners and citizens travelling abroad) cannot prevent the introduction and spread of HIV.
- Tests to determine HIV infection are not perfect. Not all HIV-infected persons will have a positive test. Also, persons recently infected with HIV (especially during the past few months) are likely to have a negative test. As those with early HIV infection would test negative, they would be given a "clean bill of health" yet can transmit HIV.
- Tests will also result in false positive results (person not infected but test positive). In fact, in a population with relatively few HIV-infected people, a "positive" result is more likely to be a "false positive" than a "true positive". This can lead to confusion and personal distress and problems for the person who is not actually infected but whose initial HIV test is positive.
- *Hundreds of millions* of persons cross international borders each year, by boat, air, rail, motor vehicle and foot.
- No screening programme for international travellers could be implemented, without first considering a host of questions:
 - *Who* would be screened: Citizens returning from abroad? Low risk persons such as children or the elderly? Special groups such as pilgrims, political delegations, members of religious orders, business travellers, students, military personnel, workers, government officials, trade delegations?
 - *Where* would screening take place: At the port(s) of entry or departure? Would screening occur at all border crossings?
 - *When and how often* is screening required: How long before a trip should a test be performed? How often would frequent travellers - such as those crossing borders daily or weekly - be tested?
 - *What* laboratory test or tests would be used: which test method would be used? How would quality control of reagents and test performance be assured?
 - *How would results be verified*: Positive tests require repetition and confirmatory/supplementary verification. How would false positives be handled?
 - *How would data be managed*: The volume of testing would be very large and data management would have to

* See "Screening and testing in AIDS prevention and control programmes" World Health Organization WHO/SPA/INF/88.1

be capable of handling this information without mismatching and other errors. What action is taken at ports of entry if a test is positive? How would the need for pre- and post-test counselling be met? Who would have access to the data and how would confidentiality be assured?

- *What are the legal and ethical considerations:* Screening programmes raise complex legal and ethical issues, especially given the important social and personal consequences of HIV infection.
- *What are the direct costs of screening:* Direct costs would include the testing itself (including repeat and supplemental tests) and the organization needed to maintain and monitor the screening activity. It is estimated that testing of all travellers would cost several billion dollars annually - more than currently spent on all HIV prevention programmes worldwide. Additional costs would weigh most heavily upon poorer travellers.
- *What are the indirect costs of screening:* Indirect costs could include declining tourism and international commerce, the development of a "black market" in meaningless 'AIDS-free' certificates, a false sense of security, and the diversion of resources away from truly effective HIV prevention programmes.

The Forty-first World Health Assembly (Resolution WHA 41.24) urged Member States:

"to protect the human rights and dignity of HIV-infected people and people with AIDS and of members of population groups, and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and travel".

Rather than screening of international travellers, resources must be applied to preventing HIV transmission among each population, based on information and education, and with the support of health and social services.



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