

Voluntary universal annual testing and immediate treatment might have major impact on widespread HIV epidemics

Medicine

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26 November 2008, Geneva — A group of specialists in the World Health Organization (WHO) developed a mathematical model and published findings in the *Lancet* today to stimulate discussion, debate and further research. The model suggests that using annual, universal voluntary HIV testing followed by immediate ART (irrespective of clinical stage or CD4 count) reduces new cases by 95% within ten years.

Authors of the study also report that the universal voluntary testing followed by immediate ART could have additional public health benefits including reducing the incidence of tuberculosis and the transmission of HIV from mother to child. Additionally, the model suggests that there could be a significant reduction of HIV-related morbidity and mortality in resource limited countries with generalized HIV epidemics.

The current WHO policy on treatment involves voluntary testing and clinical and/or immunological evaluation (e.g. CD4 count) to determine eligibility for treatment with antiretrovirals.

The authors emphasize the theoretical nature of the exercise based on data and raise a number of concerns regarding feasibility including the protection of individual rights, drug resistance, toxicity and financing challenges.

The paper does not signal a change in WHO guidance. WHO-recommended preventive interventions need to be maintained and expanded. This includes male circumcision, partner reduction, correct and consistent use of condoms, and interventions targeting most-at-risk populations, also known as "combination prevention."

WHO will convene a meeting early next year bringing together ethicists, funders, human rights advocates, clinicians, prevention experts and AIDS programme managers to discuss this and other issues related to the wider use of antiretroviral therapy for HIV prevention.