



Who would have thought?

Fifteen years ago, when I was seeing a relatively large number of patients infected with human immunodeficiency virus (HIV), universal testing for HIV would have been viewed as a fear tactic.

Such a proposal would have been linked with discrimination and an excuse for insurance companies to raise premiums. Early diagnosis provided no clear benefit to the patient. Instead, recommendations for “universal precautions” were put forth for the hospital—and the bedroom.

Strategies started to change when anti-HIV drugs were developed, but it took some time to work out the details. What would be the ideal timing of therapy? Would treatment drive the virus to mutate into drug-resistant species? How effective were the drugs, and who would pay for them? Attitudes took even longer to change: people feared the disease and were frustrated with the therapies. HIV bigotry was in the air.

This month, on page 297, Drs. Wendy Armstrong and Alan Taeghe review the aggressive HIV screening recommendations issued in 2006 by the US Centers for Disease Control and Prevention (CDC). The CDC now suggests that all patients between 13 and 64 years of age be screened for HIV infection unless they specifically decline. Implicit in this recommendation is that we cannot effectively screen by history alone. The demographic face of HIV continues to change.

Also implicit in the new recommendations is a sense of optimism based on data that early intervention with highly active antiretroviral therapy is particularly effective.

To be sure, the new recommendations have raised concerns over the cost of screening and care, the unequal access to care in this country and around the world, and whether it makes sense to screen patients who cannot afford or otherwise get effective therapy. But there has been no furor of protest over identifying people infected with the virus.

Now, companies with drug plans have other expensive drugs that they need to worry about paying for. The American people have other concerns occupying their brains’ “furor centers” regarding the well-being of our young men and women. Fifteen years ago, the recommendation for universal screening would have been met with cries of discrimination and therapeutic nihilism, but not in 2007.

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