working in primary care in the early stages of illness and to coordinate the many agencies that may help patients with late stage HIV infection. It is essential that we work in partnership with general practitioners and their facilitators to encourage more general practitioners to achieve the high standards of care of patients with HIV infection provided by many of their colleagues.

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Other health professionals can be facilitators

EDITOR,—Peter Saunders suggests that general practitioners are ideally placed to work as facilitators in HIV infection and AIDS,[1] but so are other people. Colleagues who are primary health care facilitators in HIV infection and AIDS and sexual health come from a wide variety of professional backgrounds and are also highly qualified to understand the difficulties that primary health care teams encounter in dealing with people with HIV infection or AIDS living in the community.

Although, as Saunders says, facilitation includes an educational role, it can go much further. After diagnosis people with HIV infection or AIDS spend 80% of their remaining lives in the community[2]; thus enhancing direct treatment by primary care staff is a second key role for facilitators. Thirdly, the preventive aspect of facilitation is crucial: the *Health of the Nation* identified primary health care teams as important in promoting sexual health.[3]

We have recently reviewed the outcomes of six projects to distribute condoms in England, and the implications are clear—namely, that it is appropriate for general practices to distribute condoms and they are effective at doing this.[4] Essentially, success will depend on training staff in issues regarding sexual health; conveying straightforward information on types of condom, their use for contraception, and their application; and having clear and agreed protocols on use of condoms.[5]

The primary health care team, with the help of the facilitator, is in a unique position to be directly involved in preventing HIV infection as well as in managing its consequences and providing terminal care and bereavement counselling. But current practice is often poor. Proper procedures for needlestick injuries, standardised safe venepuncture, the use of central venous lines, shared care cards, and HIV employment policies for general practice are often neglected. Facilitators, whether doctors, nurses, or other health professionals, can bridge these gaps between primary and secondary care.

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Evaluation is needed

EDITOR,—Though we agree that general practitioners ought to be given more help in caring for people with HIV infection, how this help should be offered and used is unclear. In his editorial Peter Saunders promotes the idea of a facilitator without considering whether it should be evaluated.[1] Facilitators in HIV infection and AIDS have worked in a variety of funded posts for the past seven years,[2,3] and such a widely adopted initiative should now be systematically assessed. This assessment should include getting the views of patients with HIV infection and AIDS[4] and members of the primary health care team as to whether facilitation is of practical benefit. Such an evaluation should determine whether facilitation is effective and, if so, whether it requires modification to meet the needs of those it sets out to serve.

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Allergy testing in supermarkets

Misleads susceptible people

EDITOR,—Effective management of patients with allergic disease requires a history and physical examination followed by relevant laboratory tests, including allergy tests, which are chosen primarily on the basis of the patient's history. The tests should be selected and interpreted by the doctor who obtained the history and performed the examination, who should have been trained in, and have experience of, allergic disease. It is regrettable, therefore, that the pharmacy department of the multichain supermarket Safeway is now offering diagnosis of allergy and advice on treatment on the basis of a short questionnaire and a blood test (the Quidel multiallergen dipstick screening test).

The promotion leaflet states that: "Laboratory analysis can . . . identify exactly what you are allergic to. There is no need for a doctor's referral. . . . We give you sound, sensible advice on how to cope with your allergy."

At first sight this may seem a perfectly reasonable commercial venture, with the private sector saving the NHS time and money in diagnosing and managing "mild allergies." In reality this remote allergy testing may unnecessarily confuse and alarm susceptible people by producing positive results that are not clinically important. Likewise there is a risk of inappropriate advice being given, with overemphasis of the role of allergy in diseases such as asthma and eczema. For example, most asthmatic patients are atopic, but the role of IgE dependent mechanisms in individual patients may be uncertain and can be established only by a professional clinical history.

Can the pharmacists at Safeway give guidance on the importance of IgE antibodies in chronic asthma? Isn't there a danger that patients might put undue emphasis on the result of allergy tests and reduce or withhold lifesaving treatment such as inhaled or oral corticosteroids? People who suffer from eczema are likely to have IgE antibodies to many aeroallergens and foods, but these are rarely of practical importance, particularly in adults. Many people may go on restrictive diets for their eczema unnecessarily, without adequate supervision.

A particularly worrying allergy is that to bee and wasp stings since it can be life threatening. A history of severe or even moderate systemic symptoms after a sting, together with a positive IgE antibody level, may indicate immunotherapy. The decision whether to proceed with immunotherapy, however, requires considerable skill and is usually taken by an allergy specialist. Does the supermarket pharmacist have the experience to recognise patients at risk of death from anaphylaxis after further exposure?

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**We sent the above letter to Safeway for its response.—ED, *BMJ*.

Tests performed by qualified pharmacists

EDITOR,—Safeway's pharmacists deal daily with people suffering from asthma, eczema, or allergic rhinitis. It is inconceivable that a pharmacist would compromise a patient's treatment. Already well versed in drug treatment, the pharmacists receive further training before being allowed to offer allergy tests to the public.

There is little doubt that the incidence of allergy, asthma, eczema, and hay fever is increasing,[1] and in all parts of the globe. The prevalence of IgE antibodies specific to common allergens has also increased, being almost 40% in children.[2] The cumulative prevalence of hay fever is 20%, which makes this a common and potentially serious clinical problem. Most asthmatic people (around 85%[3]) are atopic, and almost three quarters of these are sensitive to house dust as well as other indoor allergens. If animals are kept in the home there are high concentrations of allergen in the air—often 50 times higher than the concentration of house dust mite.[4] Removing allergen from the house results in a significant reduction in symptoms, both in children and in adults.[5]

A B Kay's letter contains errors. We do not mention diagnosis or offer advice on drug treatment in our literature. We do not advise patients to withhold any drugs they are currently taking. Any findings, especially findings pointing to an allergy to bee or wasp venom, would result in the patients being referred immediately to their general practitioner; this early warning of an allergy to venom might lead to earlier treatment and avert an anaphylactic attack after a bee or wasp sting.

We believe that our approach at Safeway has the highest ethical, practical, and pharmaceutical standards, and we will do everything we can to work with the medical profession to help this important and large segment of the population.

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