Can we afford to screen immigrants for HIV infection?

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Zowall and associates' comparative analysis of the economic impact of human immunodeficiency virus (HIV) infection and coronary heart disease (CHD) in potential immigrants to Canada (see pages 1162 to 1163) is important for two reasons. First, it puts into perspective the real issues policymakers should consider. Economic analysis, along with good epidemiologic research, ensures that we do not overlook the trade-offs both within the health care sector and between health and nonhealth objectives. Given the scarcity of resources, inappropriate decisions can be very costly.

Another good reason for comparative analysis is to reduce the risk of implementing discriminatory policies. Nowhere is this more evident than in the recent intention of certain nations (including Canada) to screen potential immigrants for HIV infection.

Let us examine more closely some of the issues related to HIV infection and acquired immunodeficiency syndrome (AIDS). Because AIDS kills virtually all of its victims, is untreatable and has been identified with two primary groups in society, an irrational fear is causing some jurisdictions to consider implementing policies to restrict the mobility of HIV-positive people in order to contain the spread of HIV. One of these restrictive policies is mandatory HIV antibody screening of immigrants, the results of which likely would be the exclusion or deportation of those found to be HIV positive.

Mandatory screening poses many problems in technical and administrative areas, including enforcement, frequency of testing, counselling, test reliability and validity, and cost.[1] Fraser and Cox[2] suggest that *some* economic savings could be realized through mandatory screening of potential immigrants to Canada. At the same time, however, the more resources we commit to such marginally effective undertakings, the fewer we will have to develop truly effective public health programs.[3]

Mass HIV antibody screening is not justified to reduce fear or improve morale in the general population. Rather, it should be done to bring economic benefits to Canadian society. Zowall and associates suggest that we apply policy (whatever its nature) to those areas that provide the greatest overall economic and social returns. From their analysis they conclude that if a case can be made for HIV antibody screening of potential immigrants, an equally valid case could be made for CHD screening. Furthermore, if this is true (and I believe it is) why not screen potential immigrants for tobacco consumption? It is quite possible that the resultant restriction of their entry into Canada would bring substantially greater payoffs than would screening for HIV infection and CHD combined!

It is worth repeating one of the important messages from Zowall and associates' article.

> To focus only on HIV infection is arbitrary at best and discriminatory at worst. If the goal of immigration officials is to protect the public welfare and to ensure the solvency of the health care system, similar cost analyses for *other common illnesses* [emphasis added] will be necessary before HIV antibody screening is implemented.

References

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3. Cleary PD, Barry MJ, Mayer KH et al: Compulsory premarital screening for the human immunodeficiency virus: technical and public health considerations. *JAMA* 1987; 258: 1757-1762

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