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**Doochan S (Sean)**

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**From:** David Johnson [director@waverleycare.org]  
**Sent:** 28 December 2006 11:48  
**To:** Public Health Consultation  
**Subject:** Public Health Consultation Response

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Please find attached response from Waverley Care. We are happy for this response to be available to the public.

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Director

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Waverley Care, supporting people in Scotland living with HIV through:

Waverley Care Milestone Respite Unit  
Waverley Care Solas Info & Support Centre  
Waverley Care Buddy Service  
Waverley Care Daycare Service

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## Public Health Legislation in Scotland: A Consultation

Waverley Care is a leading Scottish charity working in the field of HIV/AIDS and is particularly interested in those parts of the consultation document relating to sexually transmitted infections and HIV.

We appreciate that the document has only fleeting references to the potential to consider making HIV a notifiable disease. We would, however, wish to note:

- There is no evidence offered justifying a change of policy in relation to HIV.
- There is no evidence of consulting with those people most affected by any proposed change.
- It is therefore unclear where the evidence base rests which suggests that HIV might be less stigmatised than in the past. In an era where we are witnessing more prosecutions for the onward transmission of HIV the community of people living with HIV tend to feel the illness remains highly stigmatised. It remains a fact that HIV most affects already disadvantaged and stigmatised communities such as black Africans, gay and bisexual men and drug users.
- Making HIV a notifiable disease does not have any obvious strategic fit with current policies aimed at preventing incidents of HIV transmission such as the encouragement to test. Making HIV notifiable is likely to act as a disincentive to testing.
- Information relating to HIV is currently gathered locally and collated nationally via HPS and available to all central planning bodies. This seems to work well.

Waverley Care believes that the principles outlined in 4.21, 4.22 and 6.3, when applied to HIV, indicate that HIV should not become a notifiable illness.

Any change to policy in relation to HIV would need to show that current systems are not working and that making HIV notifiable would lead to more helpful interventions. The paper does not address these questions.

With regard to the AIDS Control Act, its presence ensures that HIV/AIDS is addressed but we believe that there is little evidence to show how this effects service developments or other planning and we would support its integration into a broader local health protection plan.