

FROM THE EDITOR



Of late we have witnessed a number of important initiatives that aim to promote expanded screening for HIV infection. There have been calls by public health authorities, including the World Health Organization, for a move away from the traditional voluntary counselling and testing (VCT) model. One initiative currently underway in many countries, including Botswana, is the 'opt out' model where patients would be subjected to routine HIV testing unless they expressly state

that they do not wish to be tested. The Centers for Disease Control has developed a document entitled 'Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health care settings'. This document recommends that HIV testing become a routine part of medical care for all teenagers and adults in the USA. This will have the effect of enhancing HIV case finding and represents a major shift to HIV testing in clinical practice in the USA.

The rationale for this expanded screening meets many of the criteria for an effective preventive practice intervention, in that HIV serological tests are reliable and inexpensive, untreated infection has serious health consequences, and highly effective treatment is now becoming increasingly accessible. Recent cost-effectiveness analyses have demonstrated that HIV screening is as cost-effective as screening interventions for other chronic diseases.

Two articles in this issue of the *Journal* look at various aspects related to testing, VCT and the stigmatisation around HIV. We have published an article by a person living with HIV who describes his personal experiences at the time of testing: how he faced the stigmatisation, how it changed his life, and how he used this life-changing event to become an advocate of promoting VCT in order to know your status. As he says, 'Take action now and know your status'. In common with other scientific journals we have included a personal essay to emphasise the issues at stake.

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