UKIP wrong about HIV data and health tourism, say campaigners

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HIV experts and campaigners have refuted claims by the leader of the UK Independence Party (UKIP) that most people in the United Kingdom with a diagnosis of HIV are foreign nationals who come to the country as “health tourists” with the specific aim of exploiting the NHS.

During an election debate broadcast on ITV at 8 pm on 2 April Nigel Farage said that 60% of the 7000 people every year who are given a diagnosis of HIV “are not British nationals.” He said, “You can come into Britain from anywhere in the world and get diagnosed with HIV and get [anti]retroviral drugs that cost up to £25 000 (£34 600; $37 000) per year per patient.” When challenged he added, “It is a fact. It is true: £2bn a year is going on health tourism.”

However, when asked to verify the figures Public Health England said that Farage had misread the 2014 report covering surveillance data for 2013. This report showed that of the total of 6000 people who had HIV diagnosed in the UK in 2013, 38.2% were born in the UK, 44.8% were foreign born, and 17% did not have their country of birth recorded. Moreover, regardless of country of birth, most people with HIV diagnosed in 2013 probably acquired the infection while living in the UK.

Public Health England also said that Farage was incorrect to claim that people who were born abroad were health tourists who had travelled to the UK to gain access to treatment for HIV. In response to an article in The BMJ that looked at the question of whether migrant patients were a drain on European health systems, Public Health England presented an analysis of patients seen at open access sexually transmitted infection clinics in the UK. This showed that 11.5% of 2.03 million HIV tests conducted in 2011 and 2012 were for people born outside Europe, but almost all of these were described as UK residents. “Only 6629 (0.3%) were either known to be visitors or of unknown residence,” the letter said, and 79 of these people were given a diagnosis of HIV. Over 90% of people with a new diagnosis of HIV would have started antiretroviral treatment and “become non-infectious within a few months of diagnosis,” the letter added.

The BMJ asked UKIP for a comment, but the party had not replied by the time it went to press.

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David Asboe, chair of the British HIV Association, agreed with the analysis from Public Health England. He told The BMJ, “There is evidence demonstrating that health tourism—that is, coming to the UK to seek treatment—is a myth. Irrespective of where HIV is acquired it is critical for people to be tested and to access antiretroviral therapy. Without this, HIV leads to illness and death. But with treatment the risk of transmitting HIV falls by 95%.”

Public Health England also confirmed that Farage was wrong to suggest that treating someone with HIV cost £25 000 a year. The average annual cost was between £8000 and £12 000 a year, said the agency. It was important to note that this cost was offset by the number of infections prevented through ensuring treatment to those who needed it, it said.

Asboe said, “Bogus targeting of migrants as health tourists increases stigma and makes both testing and retention in care less likely and therefore HIV transmissions within the UK more likely,” said Asboe.

Daisy Ellis, head of policy and parliamentary affairs at the Terrence Higgins Trust, said, “Whenever anyone talks about HIV it is important to get the facts straight; if not, stigma and ignorance prevail. Last year 6000 people were diagnosed in the UK with HIV. The vast majority of people acquired HIV in the UK, so it is most certainly a UK issue.

“We know that if people are diagnosed and start treatment then we can prevent further transmission of the virus. Unfortunately 24% of people living with HIV in the UK remain undiagnosed so we have to do much more to encourage people to get tested and diagnosed. Comments like those we saw in the debate do great damage to these efforts. We need to take an inclusive approach to HIV, provide treatment to all who need it, and prevent further transmission wherever possible.”

The BMJ replied by the time it went to press.

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