

CDC Abandons Plan for AIDS Survey

For 5 years now, epidemiologists at the Centers for Disease Control (CDC) in Atlanta have been estimating that about 1 million people in the United States are infected with HIV, the virus that causes AIDS. The fact that the estimate has remained unchanged while the epidemic has proceeded apace suggests just how uncertain the figure is. So, to help get a better fix on HIV infection rates, CDC has long been planning to conduct a survey in which one member of randomly selected households would be asked to fill out a questionnaire and provide a blood sample that would be tested for the presence of antibodies to the virus. But last week, to the dismay of some statisticians, CDC axed the survey, contending it would cost too much and would be no more accurate than statistical models currently used to estimate the prevalence of HIV in the U.S. population.

Even before CDC abandoned it last week, the planned National Household Seroprevalence Survey had encountered numerous problems. First proposed by the Reagan Administration, it failed at its first hurdle when a pilot study planned for Washington, D.C., in 1988 had to be scrapped when local officials and activists accused the federal government of choosing Washington solely because of its large minority population. With a mixture of tact and better information sharing, federal health officials were able to convince local leaders in Pittsburgh to host the pilot survey.

The Pittsburgh results, from some 300 households, convinced survey organizers that they could induce sufficient numbers of people to participate. Next stop, Dallas, where 2528 households were approached in 1989. Researchers obtained 84% participation from the 1724 persons judged eligible to take part. All participants received \$50 for giving a blood sample and completing a questionnaire about their potential risk factors. Based on the initial survey results, researchers estimated the prevalence of HIV infection for Dallas County at 0.3%, or approximately 3000 persons. Researchers then went back to 175 eligible persons who initially refused to participate and offered them \$175 dollars if they would reconsider. Using these data, researchers revised their estimates upward by 25%, estimating seroprevalence for Dallas at 0.4%.

But this estimate was still far lower than estimates from statistical models, which put the number of persons infected with HIV at closer to 8000. Glenn Pinder, special assistant to the associate director of the National

Center for Health Statistics, the arm of CDC that conducted the study, says this "non-response bias" was something the survey designers knew they would run into. "There's no question about it," he says. "That's the big problem." So big, in fact, that CDC officials decided it could not be overcome, and canceled plans to spend the estimated \$32 million a national survey would cost. "Obviously I would prefer to generate an important estimate [the national seroprevalence of HIV] from direct data," says John Karon, senior statistician at CDC. But Karon and others at CDC just don't see a way around the problem of non-responders.

But some statisticians think CDC was precipitate in canceling the survey. "To say that [the survey] is badly biased is very misleading," says Stephen E. Fienberg, a statistician at Carnegie Mellon University who advised CDC on the Dallas survey. "Yes, there are clearly differences between those who respond easily and those who don't. But that's what all this pilot work was about, and we're getting a good picture of that."

Without the National Household Seroprevalence Survey, CDC officials will be relying on statistical models to obtain estimates of national infection rates. The most

attractive approach at the moment is called "back calculation", a model that infers HIV prevalence in the past from the current number of reported AIDS cases, and then uses those numbers to extrapolate the direction of the epidemic. Ron Brookmeyer, a biostatistician at Johns Hopkins University and one of the developers of the back-calculation approach, says models and surveys are both needed to get an accurate picture of the epidemic. "They both have problems, but at least the errors are different," he says. "If we started to see consistent numbers from both methodologies then we'll start to believe the results."

Apart from the epidemiologically interesting questions about how HIV infection is spreading, CDC needs to keep track of the infection in order to plan effective prevention campaigns. Gary Noble, deputy director of CDC for AIDS, says smaller, non-random surveys of selected populations are giving the information needed to plan these campaigns. Most estimates put the number of people infected with HIV in the United States at around 1 million. June Osborn, chairman of the National Commission on AIDS, points out, however, that this alarming figure hasn't prompted huge national concern, and doubts that even a well-documented larger number would change public attitudes. "If we can't get excited about 1 million people—young adults primarily—at risk of becoming dead in the next decade, 2 million isn't going to do it." ■ JOSEPH PALCA



President Bush's choice.

Healy Nominated

On 9 January, 18 months after James B. Wyngaarden resigned as director of the National Institutes of Health, the White House finally got around to naming his successor. President Bush's choice, to nobody's surprise, is cardiologist Bernadine P. Healy, currently the chairman of the research institute of the Cleveland Clinic Foundation.

Indeed, the only surprise about Healy's nomination is that it took the White House so long to announce it. Administration officials have been saying privately since last September that Healy was their top choice (*Science*, 7 September 1990, p. 1101), but when no official word came from the White House, rumors flew that the nomination was in trouble. One scenario had it that senior Administration officials were troubled by her siding with the majority of a federal advisory panel that recommended lifting a ban on the use of federal funds for research on transplanting fetal tissue for therapeutic purposes. Another suggested that there were difficulties in resolving conflict of interest issues: Healy's husband Floyd D. Loop, is vice president of the Cleveland Clinic Foundation, which has several million dollars of NIH grants.

White House director of presidential personnel Charles G. Untermeyer would not elaborate on the reasons for the delay, saying only that the time it took "is not unknown in high level appointments." Healy's nomination has not yet been formally sent to the Senate—which must confirm her nomination—so it will be weeks, if not months, before she starts her new job.

■ JOSEPH PALCA