Comment

This analysis reaffirms Townsend's argument that the selective targeting of resources on an area basis would miss more deprived people than it would include. On the basis of Carstairs scores, more than 60% of the population in Scotland would need to be targeted to include 74% of low income households. The poor sensitivity of an area based approach means that the group of people to whom resources are directed includes people who are not poor. There are higher concentrations of poverty in some areas; however, the current increase in area based initiatives ignores the wide spatial distribution of deprived people. Only a small proportion of government spending is directed towards area initiatives, but their high profile implies that deprivation is a problem only within certain areas. However, deprived areas can include people who are not deprived and vice versa. Debate continues about whether the health experience of poor people in deprived areas is worse than that encountered by other poor people. Targeting deprived areas may have merits, but a greater emphasis on national strategies is the key to dealing with poverty and improving the health of the population.

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Contributors: PM initiated the study, formulated the research question, analysed and interpreted the results, wrote the paper, and is guarantor.

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Antenatal detection of HIV: national surveillance and unlinked anonymous survey

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In 1999 national targets were adopted for the universal offer and recommendation of a test for HIV during antenatal care throughout England.1 This built on earlier initiatives aimed at enhancing maternal diagnosis of HIV infection and reducing perinatal transmission of HIV with appropriate interventions.2 Substantial improvement in the proportion of maternal HIV infections diagnosed has been reported for much of London, and improvement has been observed more recently for the rest of England.3 We used published estimates of rates of vertical transmission of HIV in the United Kingdom to assess whether the target of an 80% reduction in the proportion of vertically infected infants by December 2002 is likely to be achieved.3

Participants, methods, and results

We used results from the unlinked anonymous dried blood spot survey to estimate the number of births in

<table>
<thead>
<tr>
<th>Numbers (%) of participants with age related macular degeneration in either eye by use of statins</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Statin use</td>
<td>Age related macular degeneration*</td>
</tr>
<tr>
<td></td>
<td>Absent</td>
</tr>
<tr>
<td>No (n=352)</td>
<td>276 (78.4)</td>
</tr>
<tr>
<td>Yes (n=27)</td>
<td>26 (96.3)</td>
</tr>
<tr>
<td>All (n=379)</td>
<td>302 (79.7)</td>
</tr>
</tbody>
</table>

*Early or late age related macular degeneration in either eye as determined by the Wisconsin age related maculopathy grading system. P=0.02 (Fisher’s exact test) for macular degeneration versus none.