

# The Wilson criteria for screening emphasise the important features of any screening program, as follows:

- the condition should be an important health problem
- the natural history of the condition should be understood
- there should be a recognisable latent or early symptomatic stage
- there should be a test that is easy to perform and interpret, acceptable, accurate, reliable, sensitive and specific
- there should be an accepted treatment recognised for the disease
- treatment should be more effective if started early
- there should be a policy on who should be treated
- diagnosis and treatment should be cost-effective
- case-finding should be a continuous process

# WHO criteria for a good screening test:

- the condition screened for should be an important one
- there should be an acceptable treatment for patients with the disease
- the facilities for diagnosis and treatment should be available
- there should be a recognised latent or early symptomatic stage
- there should be a suitable test or examination which has few false positives - specificity - and few false negatives – sensitivity
- the test or examination should be acceptable to the population
- the cost, including diagnosis and subsequent treatment, should be economically balanced in relation to expenditure on medical care as a whole

Almost 40 years ago, WHO commissioned a report on screening from James Maxwell Glover Wilson, then Principal Medical Officer at the Ministry of Health in London, England, and Gunner Jungner, then Chief of the Clinical Chemistry Department of Sahlgren's Hospital in Gothenburg, Sweden. The report<sup>1</sup>, published in 1968, was entitled: *Principles and practice of screening for disease* and it has since become a public health classic