

Clinical manifestations of HIV infection in Melanesian adults

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The frequency of both HIV (human immunodeficiency virus) infection and AIDS (acquired immune deficiency syndrome) has increased steadily in Papua New Guinea (PNG) since the first diagnosed case in 1987. By July 1995 a total of 308 cases of HIV infection had been diagnosed nationwide, with the majority (74%) diagnosed in Port Moresby. We present a description of the clinical features of HIV infection in 67 adult Melanesians. All presented to the Port Moresby General Hospital (PMGH) between February 1990 and July 1995.

The median age at presentation was 27 years (range 20-41) in men and 28 years (range 16-43) in women and the sex distribution was even. Patients originated from 17 different provinces and represented a wide range of occupations and social groups. The major route of transmission was heterosexual (46/48 patients) with 2 admitting to bisexual practices. There were no cases of infection related to transfusion or intravenous drug use.

The patterns of presentation were comparable to those seen in other developing countries with wasting and weight loss of more than 10% of body weight in 62/66 patients (94%), chronic diarrhoea in 31/66 (47%), prolonged fever in 51/66 (77%) and oropharyngeal candidiasis in 42/64 (66%).

Pulmonary tuberculosis, diagnosed on the basis of compatible history and chest radiograph findings, was seen in 37/66 (56%) although only 3 patients had sputum positive for acid-fast bacilli. Extrapulmonary TB accounted for 16/66 (24%) of presentations. Cryptococcal meningitis was diagnosed in 5/67 (7%). Other pathogens isolated were *Salmonella typhi*, *Streptococcus pneumoniae*, beta-haemolytic streptococcus and *Pseudomonas aeruginosa*. 12/66 (18%) had clinical findings and chest radiographs compatible with *Pneumocystis carinii* pneumonia although this pathogen has yet to be isolated. 3/67 patients (4%) demonstrated chronic impairment of cognitive function suggesting AIDS-related dementia. Severe herpes labialis was seen in two patients and herpes zoster in one. Two patients were found to have generalized painless lymphadenopathy. Kaposi's sarcoma was not detected. Anaemia was common with 43/57 (75%) presenting with haemoglobin levels of less than 10 g/dl. Leukopenia (white cell count less than 4000/ μ l) was detected in 13/52 (25%) and thrombocytopenia (platelet count less than 100 000/ μ l) in 5/35 (14%). 65/67 patients (97%) met the World Health Organization (WHO) criteria for the diagnosis of AIDS with the remaining 2 patients presenting with uncomplicated pulmonary TB and herpes zoster respectively. The inpatient fatality rate for HIV infection was 43% with 13 patients

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dying within one month of their first presentation.

The pattern of HIV infection in PNG is comparable to that already established in sub-Saharan Africa. Patients' knowledge of the disease and its prevention is minimal at present with the majority presenting late in the disease.

This raises the concern that spread through sexual contacts during the asymptomatic phase of infection is occurring unabated. As well as preventive measures to stem the epidemic, effective strategies will need to be formulated to cope with the growing burden of disease on the secondary health system and the community.