

Consensus workshops on STI, HIV, and AIDS Epidemiology in Viet Nam, Malaysia, Cambodia and Lao PDR

The WHO Western Pacific Regional Office continues to support national governments to organize consensus workshops on the epidemiology of STI, HIV, and AIDS. From December 2000 to November 2001, consensus workshops were conducted in Viet Nam, Cambodia, Malaysia and Lao PDR.

Although each country has a specific STI/HIV/AIDS infection situation that calls for relevant surveillance objectives and appropriate methodologies, the consensus workshops have in common the following aims:

1. to review available data on STI/HIV/AIDS;
2. to evaluate the STI/HIV/AIDS trends and determinants;
3. to make estimates and projections based on existing data; and
4. to reach consensus on the above situation and make recommendations for improving surveillance systems as well as intervention strategies/activities.

The highlights of the consensus workshops are summarised below.

VIET NAM, DECEMBER 2000

As of 31 December 2000, a total of 32 HIV infections, 4 728 AIDS patients and 2 510 AIDS-related deaths were reported from all 61 provinces in Viet Nam. About 63% of reported HIV infections were among injecting drug users (IDUs). The majority of reported HIV cases were males (85%).

The HIV sentinel surveillance in Viet Nam was established in 1994. Findings from the 20 provinces included in the sentinel surveillance system show an overall increasing trend in HIV prevalence among IDUs, female sex workers (FSWs), STI patients, tuberculosis patients, pregnant women and military recruits.

In 2000, HIV prevalence rates were found, on average, to be 24% among IDUs, 3.5% among FSWs, 1.4% among STI patients, almost 1% among military recruits, and 0.08% among pregnant women. HIV prevalence rates among FSWs, STI patients and pregnant women in southern regions were usually higher than in other regions. The southern and

central regions had high prevalence rates among IDUs. Limited data on STI prevalence have been available in recent years.

The prevalence of HIV infections for 2000 was estimated to be between 107 000 to 137 000. About 4 800 new AIDS cases were found in 2000. Although HIV infection rates are highest among IDUs, the majority of estimated HIV infections in 2000 are among heterosexuals (about 81%).

The HIV epidemic among the IDU populations was well-established but there were some indications of increasing HIV prevalence among some FSW groups in the southern regions. It was recommended that more efforts should focus on strengthening the surveillance system of HIV/AIDS/STI. Sentinel groups need to be monitored more consistently over time at selected sites, as well as at HIV/AIDS prevention activities.

MALAYSIA, APRIL 2001

The HIV/AIDS surveillance system in Malaysia is based on reporting of infections/cases and HIV testing of women attending antenatal clinics, blood donors, STI patients and tuberculosis inpatients as part of routine screening activities.

By the end of 2000, the cumulative number of HIV infections reported to the Ministry of Health was 38 340 cases, of which 4 722 were AIDS cases. Most of the AIDS cases (65.9%) and HIV-infected persons (81.5%) were males. During 2000, the majority of reported AIDS cases (63.9%) and HIV-infected persons (74.7%) contracted their infection through injecting drug use. HIV prevalence among IDUs increased (rate of reactive samples at screening sites was 0.1% in 1988, 17.6% in 1997 and 24.9% in 2000). HIV prevalence in antenatal mothers and blood donors was less than 0.1%. In 2000, among 285 000 antenatal women tested, only 0.03% were found to be HIV-positive. Among 330 000 blood donors tested in 1999, only 0.01% were positive. There were very few behavioural data related to HIV/AIDS and STI.

The number of current HIV infections was estimated to be 42 000, ranging from 30 000 to 81 000 in 2000. The population sizes of HIV-risk behaviour groups and the representativeness of surveys need to be reassessed.

CAMBODIA, APRIL 2001

Careful analyses of available data from the HSS and the BSS were undertaken to determine a consistent approach for estimating the number of people living with HIV in Cambodia. The resulting estimates were 72 000 adult women and 97 000 adult men living with HIV in 2000. Using these estimates, it was calculated that the number of adults (15-49 years) living with HIV in Cambodia fell steadily from 210 000 in 1997 to 169 000 in 2000.

The decline was observed in all the sentinel groups except bar promotion girls, for whom the prevalence remained steady. A decline was also observed in the general population, most significantly among 15-19 year-olds. The decline was likely due to a combination of increased deaths in people with HIV infection and a slowing of the rate of newly infected people, probably due, in part, to reductions in risk behaviour. Nonetheless, the national prevalence of HIV infected individuals remains the highest of any country in Asia. The number of reported AIDS cases also rose sharply, with an increasing demand for AIDS care and treatment.

A series of recommendations were offered for consideration in the planning of the next round of HSS. These included conducting an integrated analysis of both HSS and BSS after separate analysis, and excluding hospital in-patients of TB cases as sentinel groups for future HSS. There was also a recommendation to conduct ad hoc behavioural and serological surveys in female factory workers, construction personnel and younger age groups to assess if they merit future insights into the dynamics of HIV transmission,

including husband/wife and mother/child transmission. Reporting as well as analysis of AIDS cases according to age, sex, transmission mode and presenting diagnosis was also encouraged.

LAO PEOPLE'S DEMOCRATIC REPUBLIC, NOVEMBER 2001/FEBRUARY 2002

Available data showed that heterosexual contact accounts for the majority of the identified HIV infections (93%). Most case reports of HIV/AIDS were from migrant workers returning overseas. Although HIV/AIDS cases are notifiable to the Ministry of Health, STI are not. Thus, the incompleteness of health information systems and the likelihood of under reporting have been recognized. In 2000, a second-generation surveillance system (SGS) was established with implementations of the BSS, HIV sentinel surveillance and STI periodic prevalence surveys. The findings of the first round of the SGS in Lao PDR and other related data from existing health system, research or ad-hoc surveys were presented in the first national HIV/AIDS meeting in Vientiane, Lao PDR in November 2001. There were discussions generated regarding data. The consensus process was completed by a follow-up meeting in February 2002. Data were released although the consensus report is still being finalized by the Ministry of Health and all surveillance partners (see "Second generation surveillance in Lao PDR" in this issue).

Detailed consensus reports for Viet Nam, Malaysia and Cambodia are available on request from the Regional Office. The reports can also be consulted on the Regional Office for the Western Pacific website.

STI Surveys in China, Malaysia and Cambodia

Periodic STI prevalence surveys are important tools for monitoring STI trends and provide the basis for STI estimation. High STI prevalence was found among populations of women attending antenatal clinics (ANC women) in two cities (Apia, Samoa and Port Vila, Vanuatu) in the Pacific (STI/HIV/AIDS surveillance report, N.16, November 2000). During the period 1999-2000, WHO also supported some Member States to conduct similar surveys among ANC women (Malaysia) and populations at high-risk behaviours as sex workers (Malaysia, China) and truck drivers (China). Detailed reports can be obtained on request at WHO Western Pacific Regional Office or by connecting to the WHO Website.

In Cambodia, the most recent STI survey was conducted by the Ministry of Health in 2001 with support from Family Health International.

The key findings of these surveys are summarized as follows:

PREVALENCE SURVEY OF STI AMONG FEMALE SEX WORKERS AND TRUCK DRIVERS IN CHINA

A cross-sectional STI prevalence survey was conducted by the National Center for STD and Leprosy Control, China, in conjunction with the Kunming Institute of Dermatology, Yunnan Province and the Tongling Institute of Dermatology, Anhui Province, China. A total of 505 female sex workers, recruited in Kunming from November 1999 to May 2000, and 550 male truck drivers, recruited in Tongling from February to May 2000, participated in the survey. All eligible participants gave written informed consent.

Demographic, behavioural and clinical information from the participants were gathered by direct interviews. Tampon swabs and blood samples were collected from the women while urine and blood samples were collected from the men. Tampon swabs were tested using the polymerase chain reaction (PCR) technique for *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trachomatis vaginalis*. Urine