

Meeting on HIV, AIDS and STI epidemiological surveillance for Pacific Island countries

A meeting on HIV, AIDS and STI epidemiological surveillance for Pacific island countries was held in Nadi, Fiji, from 22 through 26 November 1999. Seventeen temporary advisers from fourteen Pacific island countries and areas participated in the meeting, along with nine observers from six different agencies. The purpose of the meeting was to develop standard methods for conducting diseases surveillance activities that are appropriate and sustainable in the Pacific, focusing on HIV, AIDS, and sexually transmitted infections (STI) surveillance, and on other communicable diseases.

The meeting attendees reviewed the current situation on STIs, HIV, and AIDS, and existing surveillance activities on STI, HIV/AIDS and other diseases. They actively participated in discussions on the surveillance options, which are feasible and sustainable in the Pacific islands, where the resources are limited.

Two major documents emerged from the meeting. The first, **Guidelines for HIV, STI, and Behavioural Risk Factor Surveillance in Pacific Island Countries and Areas** was drafted by the participants. These guidelines address HIV surveillance, and also surveillance for curable STI and for sexual behavioural risks. The goal of this manual is to provide a framework of surveillance strategies that are appropriate to Pacific island communities, and which will provide adequate information without expending more resources than are necessary. The guidelines can be used for promoting surveillance methods and standards for systematic and ongoing data collection on the magnitude, distribution, and trends of HIV infection in the Pacific. In keeping with the early stage of the epidemic in the Pacific and with current global standards for surveillance, much of this focuses on periodic surveys among sub-populations known or thought to be at higher risk, such as seafarers, sex workers, and men who have sex with men.

The guidelines also emphasize the need for national HIV/AIDS policies to protect the privacy, health and well-being of all individuals involved in surveillance activities, and to provide adequate safeguards regarding confidential information. Before any surveillance activities are initiated, it is recommended that national HIV/AIDS policies be reviewed to ensure they satisfactorily address the following issues: the availability of confidential voluntary testing; the confidentiality of potentially stigmatizing medical information; the provision of counseling and medical care for HIV infected persons; and the use and dissemination of STI, HIV and behavioural risk information. The guidelines can be obtained by request at WPRO.

The second document, **Generic Guidelines for Public Health Surveillance and Response** can serve as the foundation for developing a disease surveillance and control manual for any communicable disease or condition. The importance of the Pacific Public Health Surveillance Network (PPHSN) was discussed as a framework for promoting public health surveillance. The close collaboration between WHO and the Secretariat of the Pacific Community in this activity was noted as a significant recent development. Also discussed was the use of PACNET as an early warning system for disease outbreaks in the Pacific, and as a means of obtaining regional expertise and reference laboratory support.

It was expected that the outcome documentation of guidelines would serve as an important tool to improve surveillance activities in the Pacific.

HIV serosurveillance

Population	Sample size	How to identify cases or participants?	How often
General public	All HIV testing (initiated by provider or client)	Self-identified, or contacts, suspected patients, screening programmes, etc.	Continuous
Blood donors	All blood donors	All blood donors	Continuous
Seafarers	As many as possible up to 500	Seafarers presented for medical check-ups by employment agencies	Every 1-3 years
STI clients	As many as possible up to 500	Patients appearing at STI clinics and receiving serologic syphilis testing	Every 1-3 years
TB patients	As many as possible up to 500	TB patients appearing for care and whose blood is drawn for other reasons	Every 1-3 years
Sex workers, MSM, IDUs	As many as possible	Identified by networks, NGOs and social services	Every 1-5 years
Prisoners (optional)	As many as possible	Incarcerated inmates	Only if deemed necessary in a given country (i.e. ad hoc)
ANC attendees (optional)	As many as possible up to 500	Pregnant women whose blood is drawn for routine check-ups	Ad hoc or every 5 years
Military (optional)	As many as possible up to 500	Military personnel or recruits whose blood is drawn for routine health check-ups	Ad hoc or every 5 years

STI surveillance

Population	Survey or reporting method	Sample size	How to identify cases or participants?	How often?
General public	Passive reporting of syndromic case finding from health facilities	All available reports	All males presenting with urethral discharge	Continuous
	Passive reporting of etiological case finding from laboratories		Persons tested for GC, Chlamydia, syphilis	
	Passive/active surveillance on antibiotic resistance	100-300 GC isolates	Sample of gonococcal cultures	
ANC attendees	Passive/active surveillance on syphilis	All available reports	Women receiving antenatal care	Continuous
	Active surveillance on GC, chlamydia	200-500		Every 1-2 years
Blood donors	Passive reporting of syphilis from blood banks, routine screening	All blood donors	All blood donors	Continuous
High risk groups e.g. SW, MSM, seafarers (optional)	Active surveillance on syphilis, anonymous unlinked/linked	As many as possible up to 500	Those included in active HIV serosurveillance	When active HIV seroprevalence survey takes place

Behavioural surveillance

Population	Survey or reporting method	Sample size	How to identify cases or participants?	How often
Youth	Qualitative survey; key informants, focus group discussion	-	Convenience sample	Ad hoc
	Quantitative survey; cross-sectional	As many as possible up to 400	School, household survey	Every 3-5 years in large countries and every 5-10 years elsewhere
SW, MSM, IDUs	Qualitative survey	As many as possible up to 250	Networks, NGOs, government services, peers	Ad hoc
	Qualitative survey; cross-sectional			Every 1-3 years where the risk population is known; every 3-5 years where hidden
Seafarers	Qualitative survey	-	NGOs, trainers, peers	Ad hoc
	Quantitative survey, cross-sectional	As many as possible up to 250	Union rosters, employers, recruiters, government lists	Every 1-3 years