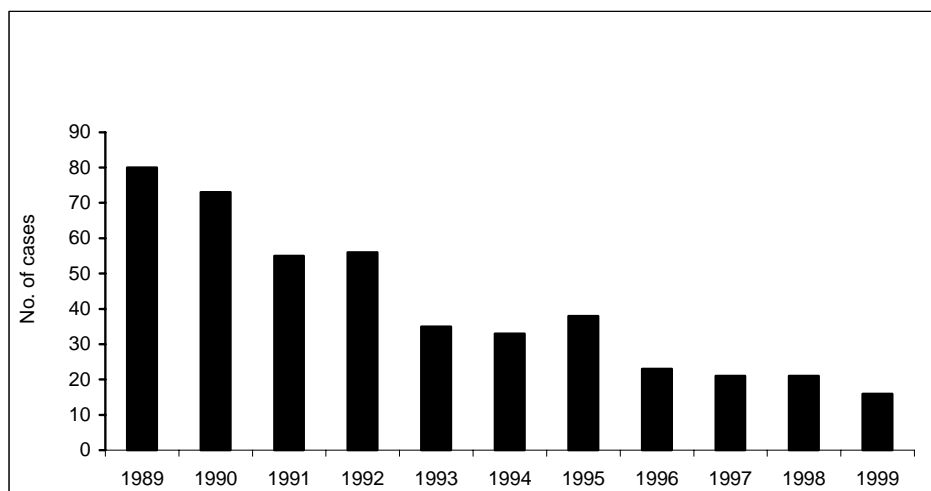


Australia - HIV case reporting confirms the impact of harm reduction programmes to prevent HIV transmission through injecting drug use

Australia (Figure 3) avoided large-scale HIV epidemics and reduced the incidence of HIV among injecting drug users through the use of harm reduction interventions,

including needle and syringe accessibility and substitution programmes such as methadone maintenance for opiate-dependent users

Figure 3. Reported HIV infections among injecting drug users in Australia, 1989–1999



Source: Ministry of Health, Australia, 1999

Sexually transmitted infection (STI) prevalence survey of antenatal women in Samoa and Vanuatu

Sexually transmitted infections (STIs) are an important public health problem because of their impact on maternal and child health. In addition, it has been demonstrated that the risk of heterosexual HIV acquisition and transmission may be greatly increased in the presence of most common STI.

In order to understand the epidemiology of STI in the community and to provide the information for country and the Region to orient STI and HIV/AIDS policy and programs, the WHO Regional Office for Western Pacific developed a generic protocol for conducting ad-hoc STI prevalence surveys in the Region. Such surveys were implemented among women attending prenatal clinics in Samoa and Vanuatu. PCR tests were used for chlamydia, gonorrhoea, and trichomonas vaginalis. ELISA was used for HIV and RPR/TPHA for syphilis, in 1999.

The results of the surveys are presented in Table 5. A detailed report of the studies can be obtained on request at WHO Western Pacific Regional Office or by connecting to our website.

SAMOA

In Samoa, reported STI increased between 1991 and 1995. The most common STI seen at the AIDS/STI clinic was gonorrhoea which made up 75.4% of 134 diagnosed STI in 1996. Up to July 1999, there had been 10 reported cases of HIV infection.

The STI prevalence survey was conducted among 472 recruited pregnant women attending the prenatal clinic in the National Hospital in Apia City during a 6-month period from October 1999 to April 2000. A total of 452 pregnant women participated (95.8%), the mean age was 26.0 ± 6.5 (range: 15- 48 years).

Being a young pregnant woman was associated with any infection (OR 3.0; 95% CIs 2.0, 4.5); with trichomonas infection (OR 1.6; 95% CIs 1.0, 2.6), and with chlamydia infection (OR 3.5; 95% CIs 2.3, 5.5).

VANUATU

The surveillance of STI, is based on reported cases from the hospital outpatient clinic and community health centres. No case of HIV/AIDS has been diagnosed.

The prevalence survey was carried out among 547 pregnant women attending the antenatal clinic of the Port Vila Central Hospital over the period of October 1999 to February 2000. The mean age was 25.7 (range: 15-46)

Demographic factors Included: decreasing maternal age (p=0.0001); being a young woman (<25 years) (OR=2.5, 95% CIs 1.7, 3.6); and being a single woman

(OR 3.1, 95% CI 2.2,4.5) were significantly correlated with presence of infection. Moreover, being a young, single or primigravida pregnant woman was independently associated with current trichomonas, chlamydia or gonorrhoea infection.

Comments

High STI prevalence was found among these populations of pregnant women in two cities in the Pacific. Very high rates of infection were particularly noted among young women (<25 years). No HIV infection was detected in these small population samples. These data can be used for refining STI policy and plans, improving STI care, revising disease prevalence estimates and improving surveillance systems

Table 5. Sexually transmitted infections (STI) among pregnant women attending antenatal clinics, Apia, Samoa and Port Vila, Vanuatu

Sexually transmitted infection	Apia, Samoa		Port Vila, Vanuatu	
	Number tested	Prevalence %	Number tested	Prevalence %
Trichomonas vaginalis	427	20.8	545	27.5
Chlamydia trachomatis	427	29.7	545	21.5
Neisseria gonorrhoea	427	3.3	545	5.9
Chlamydia trachomatis and/or Neisseria gonorrhoea	427	30.9	545	22.4
Treponemal antibody seroreactivity	441	0.4	537	2.4
HIV	441	0	537	0
At least one STI	416	31.7	535	25.8

Figure 4. STI prevalence rates by age group in antenatal women (Apia, Samoa and Port Vila, Vanuatu)

