

STI

HIV AIDS

SURVEILLANCE REPORT

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Second Generation Surveillance in Lao PDR

Lao People's Democratic Republic (Lao PDR) still has a low HIV prevalence as classified by UNAIDS/WHO. There is a 0.04% prevalence among the 15-49 year-old population. However, in the last decade, Lao PDR has experienced a massive economic expansion after opening its borders to foreign investments and visitors. The subsequent economic and social changes increased domestic and cross-border migration, the number of sex workers, unsafe sexual behaviour through informal sex services, and recreational drug use, especially among the youth. Recognizing the country's vulnerability to the HIV/AIDS epidemic, the National Committee for the Control of AIDS (NCCA) of Lao PDR has taken steps to strengthen surveillance activities for better targeting the interventions.

Based on recommendations of WHO/UNAIDS, strategy "second-generation surveillance" has been developed. The Second-generation surveillance is "a system that aims to integrate data from biological and behavioural surveillance to improve the explanatory power and the use of information for targeting surveillance and intervention activities, and for monitoring and evaluating the impact of interventions". In Lao PDR, this system combines the existing HIV case reporting, HIV sero-surveillance (HSS) and STD periodic

prevalence survey (SPPS) or the HSS-SPPS, and the Behavioural Sentinel Surveillance (BSS). This effort is coordinated by the NCCA with Family Health International (FHI), WHO, the Lao PDR HIV/AIDS Trust, the Control of HIV/AIDS/STD Partnership Project in the Asia region (CHASPPAR), and the Ministry of Health European Union STD Project.

The first round of the BSS component was undertaken in mid-2000. The HSS-SPPS was conducted from February to June 2001. For BSS, five provinces, including Savannakhet Vientiane, Khammuane, Luang Prabang, and Champasak were chosen. The target populations of the BSS and HSS-SPPS were service women (SW), female factory workers (FFW) living in dormitories in Vientiane, and male long distance truck drivers (LDTD). BSS had three more target groups: male and female seasonal migrant workers, military and police. The surveillance was cross sectional repeated surveys and used probability sampling. In provinces where the total population of the target group was found to be below the sample size, a take-all approach was used.

Among 811 service women, only six cases were detected HIV positive (0.9%) while there were no HIV cases for the other sub-populations (300 FFWs and 300 LDTD).

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The results were presented during the National HIV/AIDS Seminar in Thalat in November 2001 and also at a consensus meeting in Vientiane in February 2002. The four-day meeting in February brought together key persons in the surveillance activities and representatives of all partners of the NCCA.

There was also a low prevalence of syphilis in the study population. The highest rate of treponemal antibodies detected was 1.3% among the LDTDs, while there was only one case among SWs (0.2%) and no treponemal antibodies detected among FFWs. Chlamydial infection is the most prevalent STI. Chlamydia and gonorrhoeae were notably high among the SWs (32% and 14% respectively) and lower rates among LDTD (9.3% and 1.3% respectively). About 20% of the service women visited public health facilities for STI care.

BSS results showed that approximately one third of truck drivers and one quarter of police reported paying for sex in the past year. The proportion of condom use with a client during last sex and consistent condom use with clients in the past 12 months were high among SWs (91.4% and 72.7% respectively). Consistent condom use with commercial partners in the past 12 months was also reported at high rates, from 65.2% among male seasonal migrant workers to

74.2% among LDTD. No respondent reported ever having injected a non-medically prescribed drug and few had ever used marijuana or amphetamines. More than half of the service women drank alcohol everyday. In the other subpopulations, daily alcohol drinking was reported by less than 4.0%.

Findings on behaviours in the HSS-SPPS showed that the mean number of commercial partners in the past 12 months per service women was 20 (range: 3.1 in Luang Prabang to 45.4 in Savanakheth) and per LDTD it was three. Government workers were the most common clients of service women. Consistent use of condom with commercial partners in the past 12 months was reported at 60% among service women and 44.3% among LDTD. Low level of sexual activity was noted among FFWs (only 14% ever had sex).

The development of second-generation surveillance since 2000 has provided baseline data on HIV, other STI and relevant risk behaviours for monitoring their trends in future. This information can assist Lao PDR in targeting and improving their national program on STI/HIV/AIDS. Although the prevalence of HIV is low, based on these data, its presence and the high STI prevalence indicate the potential for an increasing HIV epidemic in Lao PDR and a need to strengthen STI control.

UPDATE ON HIV/AIDS CASE REPORTING IN THE WESTERN PACIFIC REGION

Thirty-seven countries and areas of the Western Pacific Region have submitted reports on HIV/AIDS cases annually to WHO. While sentinel surveillance can help measure HIV prevalence among target populations and monitor its trends over time, HIV/AIDS case reporting, although incomplete, provides information about some aspects of the HIV/AIDS epidemic. It is particularly helpful in areas where the epidemic is still at the early stage.

As of October 2001, a cumulative total of 186 237 HIV cases and 36 907 AIDS cases and 18 045 deaths due to

AIDS in the Western Pacific Region had been reported. In the mean time the total number of HIV infections among the 15-49 year-old population of Western Pacific by the end of 2001 was estimated by UNAIDS to be about 1.2 million. Underreporting is likely.

The annual reported HIV/AIDS cases showed a dramatically increasing trend in the reported numbers in the Region (Figure 1).

References:

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