

MONGOLIA

Summary

Mongolia has remained nearly free from HIV over the past 2 decades, as evidenced by the fact that only 2 cases have been reported to date. The first case was diagnosed in a male homosexual in 1992, while the second case was detected through screening of SWs in 1998. No HIV infections have been detected in other population groups in which HIV seroprevalence surveys are regularly conducted (i.e., blood donors, people attending STI clinics or prenatal clinics, and SWs).

Syphilis prevalence in 1997 was low among blood donors (1.9%), pregnant women (0.5%), and male truck drivers (0.2%). One study of SWs found that 58% had at least one STI. A study of risk behaviour among 436 SWs in 1999 found that only 36% reported using condoms in every instance of sexual intercourse; only 9% of clients were reported to have initiated condom usage.

Surveillance Structure

- The 1994 expanded WHO AIDS case definition (1994) is used.
- All HIV and AIDS cases are reportable to the Ministry of Health.
- Other reportable STI are syphilis, gonorrhoea and trichomoniasis.
- HIV routine surveillance is carried out among SWs, STI clinic attendees, prenatal clinic attendees, and blood donors.

HIV/AIDS

Reported cases as of August 1999

There have been only 2 cases reported as of August 1999. The first case was diagnosed in a male homosexual in 1992 who acquired HIV abroad and died of AIDS in 1999. The second case was detected through screening of SWs in 1998.

Active HIV/AIDS surveillance

HIV surveillance activities and testing started in 1987, with an average of 50 000 - 70 000 tests being conducted annually. HIV testing has been done annually for blood donors, high-risk groups (e.g., STI clinic attendees, SWs, homosexuals) and voluntary clients. In 1998, only 1 of 101 SWs tested was HIV positive. No other positive tests have been reported in other sentinel surveillance populations.

Estimates and projections for HIV/AIDS

No estimates or projections for HIV/AIDS in Mongolia have been developed.

STI other than HIV

Reported cases A total of 358 300 members of the general population were examined for STI in 1998. Findings showed a 3-fold increase in reported syphilis cases and 16% increase in reported gonorrhoea cases compared to 1993 prevalence. This increase may be attributed to the reintroduction of active screening of the sexually active population aged 15-45 years in 1996 and 1997 after an interruption between 1990 and 1995. Reported cases of STI in Mongolia are shown in Table 1.

Table 1: Reported cases of STI in Mongolia, 1993, 1997 and 1998

STI	1993 Number	1997 Number (rate per 10 000)	1998 Number (rate per 10 000)
Syphilis	400	1291 (5.4)	1329 (5.6)
Gonorrhoea	3010	2934 (12.3)	3486 (14.6)
Trichomoniasis	n/a	10 706 (44.7)	5353 (22.4)

Active STI surveillance

- Surveys conducted in 1993 among truck drivers yielded prevalence rates of between 0.04% and 0.19% for syphilis, 0.4% for trichomoniasis, and 0.3% for gonorrhoea.
- A 6-fold increase in the prevalence of syphilis was observed in a five-year period among blood donors (from 0.19% in 1992 to 1.19% in 1997).
- Nationwide routine screening for pregnant women (average of 23 000 women tested annually) showed an increase in the syphilis prevalence rate from 0.1% in 1993 to 0.5% in 1997.
- Highest STI prevalence rates are observed among SWs. One survey conducted in the capital city in 1993 revealed that 58% of SWs had had at least one STI. Observed prevalence rates were 12.9% for syphilis, 14.8% for trichomoniasis, and between 6.4% and 14.3% for gonorrhoea.
- Results of a prevalence survey among 260 persons attending STI clinic in Ulan Bataar in 1997 showed prevalence rates among men of 31.1% for gonorrhoea, 8.1% for chlamydia, and 8.6% for syphilis. For women, prevalence rates were 10.3% for gonorrhoea, 9.9% for chlamydia, and 6.0% for syphilis. Trichomoniasis was the most

common STI, with an observed prevalence rate of 67% among women.

Estimates for STI Estimated prevalence rates for curable STI at the national level have been developed by WPRO. These estimates are based on prevalence survey data in selected population groups.

Table 2: Estimated prevalence of STI in Mongolia, 1996

1996	Gonorrhoea	Syphilis	Chlamydia	Trichomoniasis
Prevalence* (No. of cases)	4600	8000	n/a	6200
Prevalence rate in adult population (15-49)	0.1%	0.16%	n/a	0.13%

* Population 15 and above

Gonococcal antimicrobial resistance No data are available.

HIV and STI Risk Behaviour Surveillance

No systematic behavioural surveillance has been carried out in Mongolia. Adolescent's reproductive health survey in 1995 showed that average age at first sexual intercourse is 16.8 years for men and 17.2 for years for women. About 6% of teenage women have been pregnant. A study of STI patients in Ulaanbaatar conducted in 1996 indicated that excessive alcohol intake was the primary risk factor for STI.

Results of one recent (1998) survey covering 436 SWs showed that 60% are between the ages of 20 and 29 years old and that 76% reside in Ulaanbaatar. Of the FSWs surveyed, 27 had had an STI in the 3 months prior to the study. More than half (55%) of the SWs knew that condoms prevented HIV and other STI. Nevertheless, only 36% reported condom use for every sexual intercourse and only 9% reported that their clients initiated condom usage.