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AIDS IN THE PACIFIC

INTRODUCTION

In a few short years the AIDS epidemic has become a global health problem of high priority. Member countries of the South Pacific Commission are concerned that AIDS could spread in the Pacific, resulting in high social and financial costs to individuals and governments throughout the region. A major step in confronting the Pacific AIDS problem was the inter-regional ministerial meeting on AIDS held in July 1987 and organised jointly by the World Health Organisation and the Australian Department of Community Services and Health. WHO has provided assistance to Pacific countries in establishing national plans for the prevention and control of AIDS. Eight countries have been visited by a WHO/AIDS team for an initial assessment of existing AIDS activities. National workshops and seminars will take place as part of the national AIDS control programme implementation. In addition, regional seminars on specific topics in AIDS control are planned for 1988-1989.

The SPC has identified the need in the Pacific for targeted information on AIDS that has relevance to AIDS control in the Pacific and for workshops on the integration of prevention and control activities for AIDS and sexually transmitted diseases (STD). Two background papers were presented by SPC at the Australian/WHO inter-regional ministerial meeting on AIDS in 1987. We have selected AIDS as a topic for this article to encourage health service organisations in the region to address AIDS not as a separate issue, but as part of a larger problem of control of STDs and certain aspects of hepatitis B (especially in health care settings).

AIDS INCIDENCE IN THE PACIFIC

The SPC South Pacific Epidemiological and Health Information Service (SPEHIS) receives reports from SPC member states on AIDS cases and seropositive cases of AIDS virus. AIDS cases have been reported in the Pacific since 1985 and have been located in a few countries. There are two reasons for this:

- a) these countries have much contact with France, the United States or Australia where the incidence of AIDS is moderate to high; and,
- b) they have good facilities for reporting and detecting cases of AIDS.

Most cases have been reported in returning residents; some additional cases have resulted from transfusions of contaminated blood. Tourism is not believed to be an important cause of AIDS virus transmission in the Pacific and elsewhere. Cumulative reported AIDS and AIDS virus seropositive cases by country are reported in Table 1.

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AIDS AND SEXUALLY TRANSMITTED DISEASES (STD)

The transmission of AIDS is similar to that of other sexually transmitted diseases. The risk of being infected with AIDS or other STDs increases with an increase in the number of sexual partners, the choice of the partners, and the sexual practices used. The probability of AIDS transmission is increased when genital ulcers or warts are present. Also, the probability of being infected with AIDS or other STDs is increased with a previous STD infection. Unfortunately, reducing the transmission of AIDS and other STDs is difficult since it requires people to change their sexual behaviour.

Table 1: Number of AIDS cases and HIV-infected persons since the beginning of the epidemic in the Pacific Islands update as of July 1988

Country	AIDS cases	AIDS deaths	Additional HIV-infected persons
French Polynesia	3	2	43
Guam	6	0	7
Marshall Islands	0	0	1
New Caledonia	2	1	17
Papua New Guinea	1	0	0
Tonga	1	1	0

* Reported to the South Pacific Epidemiological and Health Information Services (SPEHIS).

Several areas in the Pacific are susceptible to the spread of AIDS because of their high rates of STD. Annual cases of STD reported to SPEHIS show that the Cook Islands, French Polynesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and Papua New Guinea have high rates for gonorrhoea. Countries with high rates for syphilis are French Polynesia, the Republic of the Marshall Islands, Nauru, New Caledonia, and Papua New Guinea. The actual rates in all Pacific countries are probably even higher than the rates reported. This is because:

- a) in many cultures, sexual issues are of a sensitive nature; and
- b) laboratory diagnosis of STDs is difficult in countries without adequate laboratory facilities.

AIDS TRANSMISSION BY BLOOD

Three areas of concern for AIDS transmission by blood in the Pacific are blood transfusions, sharing of needles by I.V. drug abusers, and needle stick accidents to health care workers. If transfused blood is contaminated with the AIDS virus, there is an almost one hundred per cent likelihood that the person receiving the blood will become infected.

Routine screening of blood for AIDS virus and other blood borne diseases such as hepatitis B, syphilis, and malaria (in endemic areas) will greatly reduce the risk of disease transmission from transfused blood. Needle sharing by I.V. drug abusers is an efficient way to transmit the AIDS virus, providing an avenue for the introduction of AIDS into countries of the Pacific where I.V. drug abuse is now a problem. Eliminating I.V. drug abuse or even changing the needle sharing behaviour of I.V. drug abusers will be difficult, but must be addressed.

The risk to health care workers of being infected with the AIDS virus through a needle stick or other mucous membrane contact with contaminated blood is very low. The SPC-assisted survey of hepatitis B amongst Fiji health care workers showed that health workers with patient contact, or who handle blood or used needles were not at increased risk of hepatitis B infection. Because hepatitis B has been used as a model for the transmission of the AIDS virus, these study results suggest that health care workers are at very low risk for infection by the AIDS virus while at work.

AIDS PREVENTION AND CONTROL IN THE PACIFIC

AIDS programmes must focus on the prevention and control of the transmission of the AIDS virus by sexual contact and contaminated blood. The World Summit of Ministers of Health, held in London in January 1988, stated in its Declaration on AIDS Prevention that the single most important component of national AIDS programmes is AIDS information and education. For an effective programme, taking into account limited staffing and financial restraints of health service resources in the Pacific, the SPC recommends that:

- a) prevention and control of AIDS be integrated into existing programmes for sexually-transmitted disease prevention and control;
- b) AIDS prevention and control activities be designed to take into account the level of the health services and resources of the country, the local patterns of disease, and the local attitude towards sexual issues and practices;
- c) information and education programmes be implemented for the general public and specific groups. These programmes must be sensitive to the local social and cultural patterns, community values, and different lifestyles of the community. Specific target groups should include:
 - policy makers
 - health and social service workers
 - international travellers
 - individuals at high risk of infection
 - the media
 - youth, youth leaders and teachers
 - women, community and religious groups
 - potential blood donors
 - those infected with the AIDS virus;
- d) AIDS screening of blood for transfusion be integrated into present blood screening programmes. If such screening programmes do not exist, a programme should be developed for screening all blood for AIDS, hepatitis and syphilis;
- e) Infection control guidelines for blood borne diseases be developed for use in health care facilities. Current hepatitis B infection control guidelines would serve this purpose. These guidelines should include the use of gloves and when warranted, other protective clothing, whenever health workers may be exposed to contaminated blood. Needle stick accidents should be controlled through safe disposal of used needles and other sharp objects contaminated with blood. Disposable needles and syringes should be disposed and not re-used.

SPC AIDS ACTIVITIES

To address the AIDS and STD problem in the Pacific, the SPC will hold a regional multi-disciplinary workshop on the prevention and control of AIDS and STDs in 1989. In addition, the SPC provides informational and training documents and materials for health workers as well as consultant advice for member countries on the planning and implementation of prevention and control programmes for AIDS and STD. And finally, through SPEHIS, the SPC continues to monitor AIDS, syphilis and gonorrhoea incidence and trends, in co-operation with member countries.

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