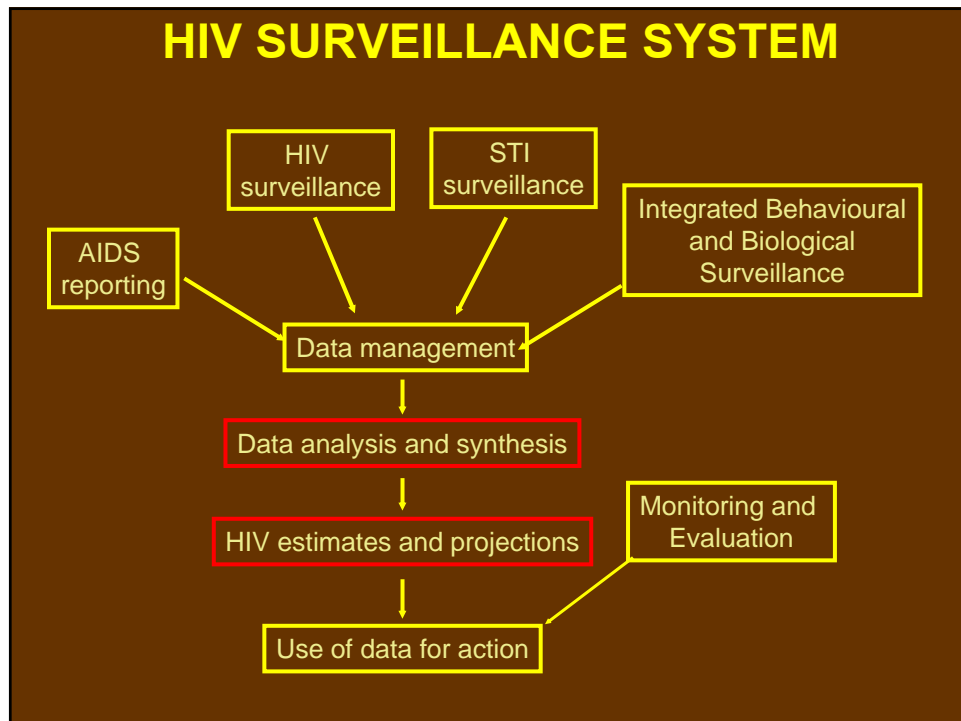



MINISTRY OF HEALTH
NATIONAL CONFERENCE ON HIV/AIDS MONITORING AND EVALUATION

Situation of HIV/AIDS/STI Surveillance in Vietnam

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Sub-Committee for HIV/AIDS Surveillance
National Institute of Hygiene and Epidemiology



INTRODUCTION

HIV/AIDS/STI surveillance system in Vietnam:

- ◆ System of HIV/AIDS detection.
- ◆ System of HIV sentinel surveillance (HSS)
- ◆ Integrated Behavioral and Biological surveillance (IBBS)
- ◆ HIV incidence among the 6 sentinel groups
- ◆ STI sentinel surveillance
- ◆ HIV/AIDS Projection and estimation



INTRODUCTION (cont.)

Special survey on behaviors:

- ◆ ADB's surveys
- ◆ Vietnam Population and AIDS Indicator Survey (VPAIS)
- ◆ HIV Drug Resistant Surveillance
- ◆ WB Project household survey
- ◆ WB Project behavioral survey for ethnic minorities in 11 provinces
- ◆ Survey Assessment of Vietnamese Youth (SAVY)



System of HIV/AIDS detection

Objective

To collect the passive detected HIV positive cases who visit health care system

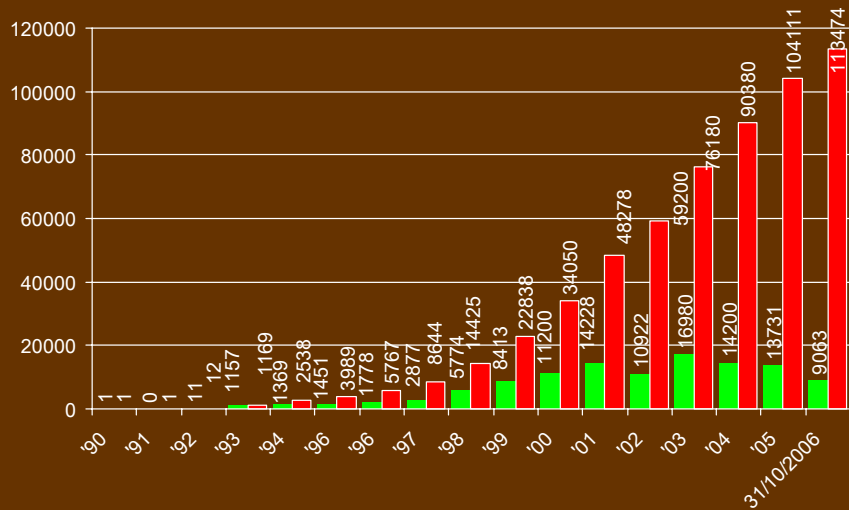
Methods

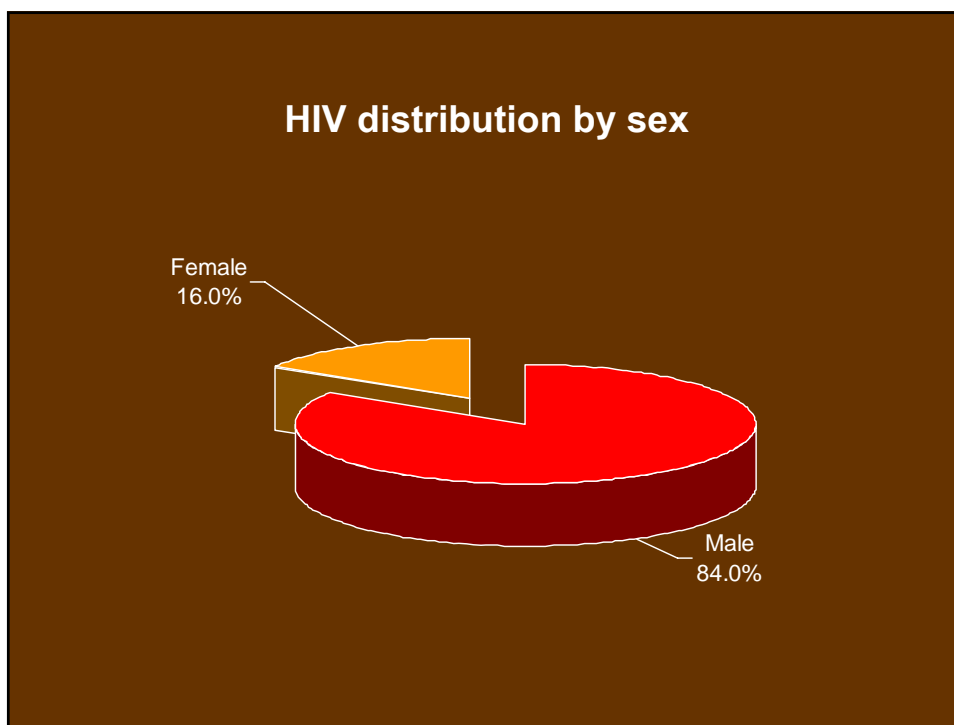
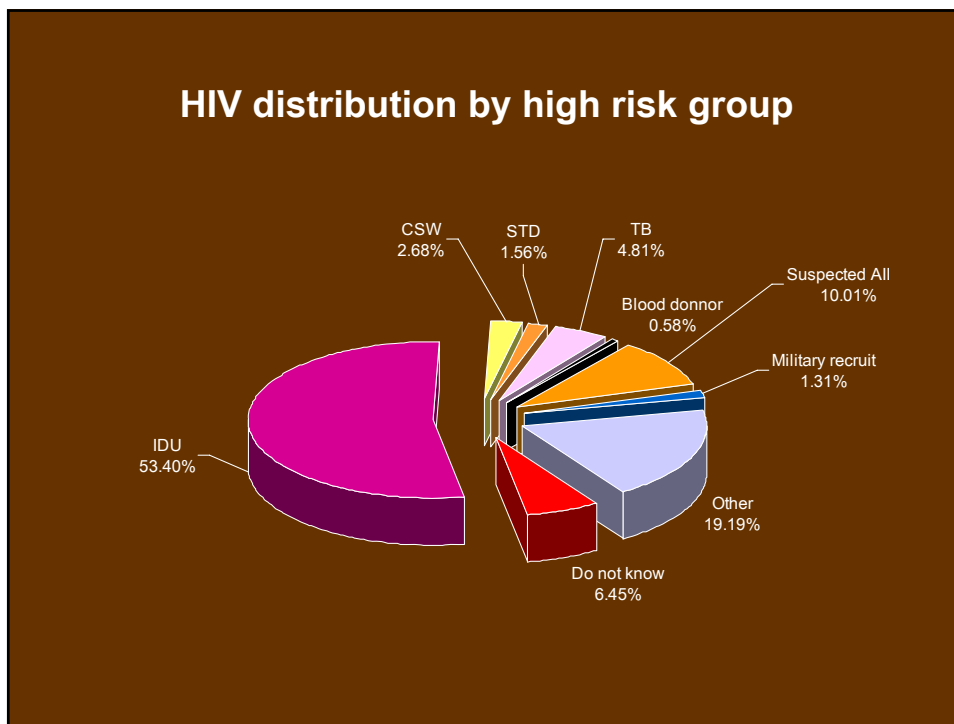
- ◆ Passive HIV and AIDS cases were reported from hospitals, clinics, center for preventive medicine, ... in all 64 provinces.
- ◆ Suspected specimens of positive blood were sent to provincial capable testing laboratories or regional institutes for confirmatory testing.

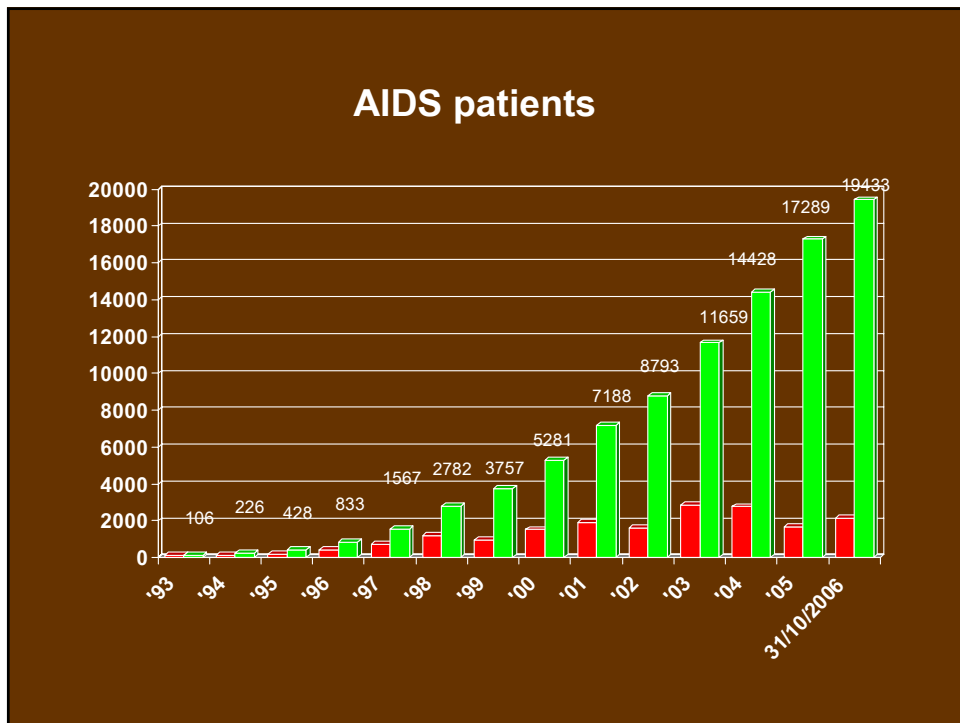
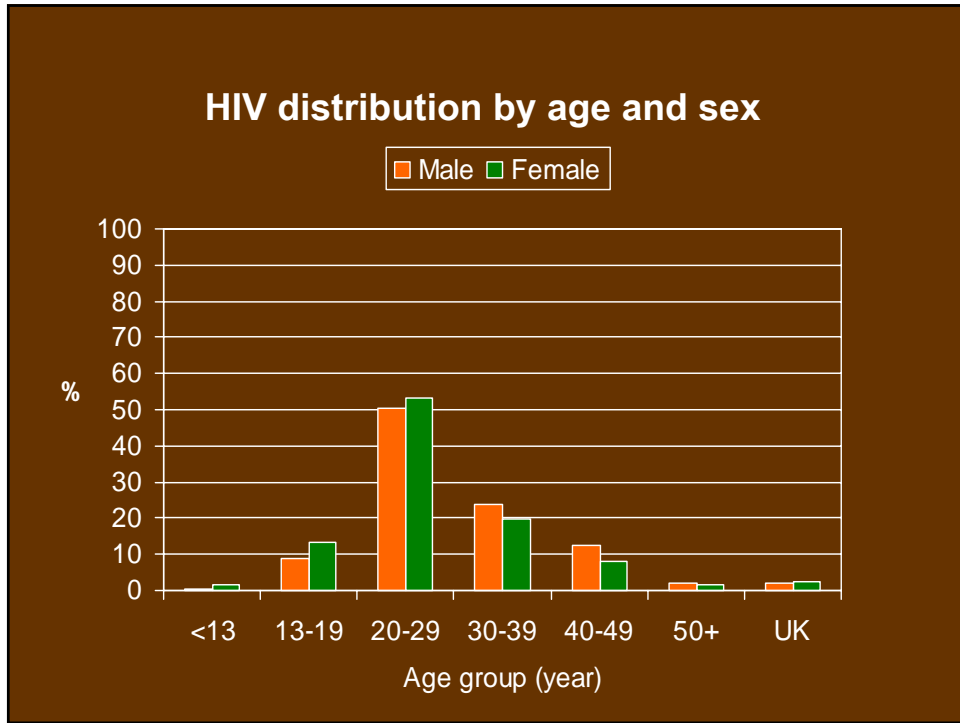
Results

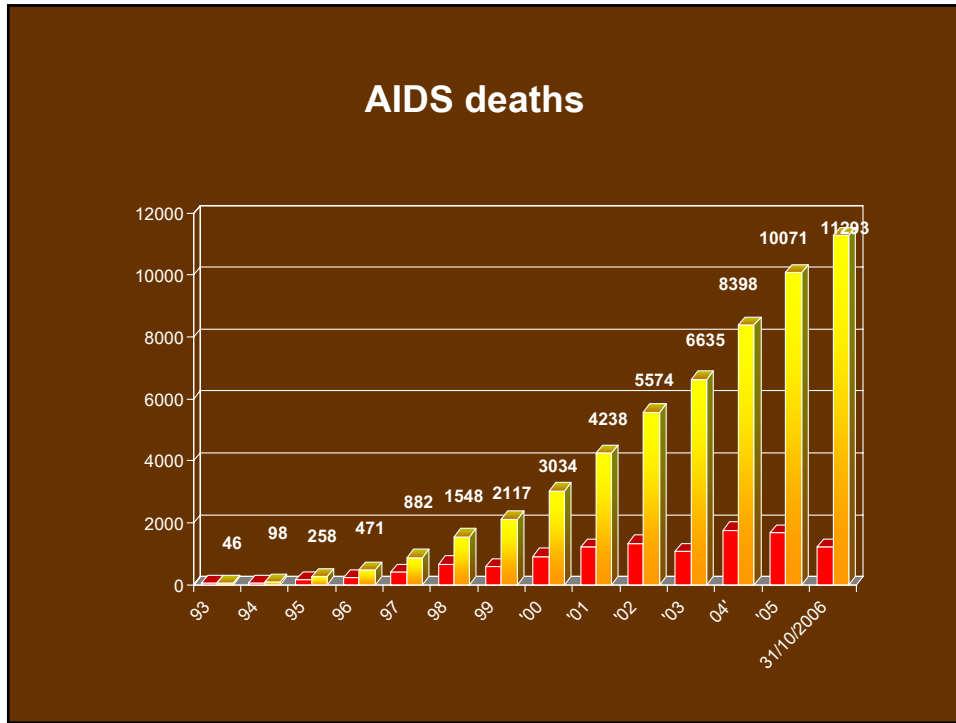


Reported number of HIV infection









System of HIV sentinel surveillance (HSS)

Objectives

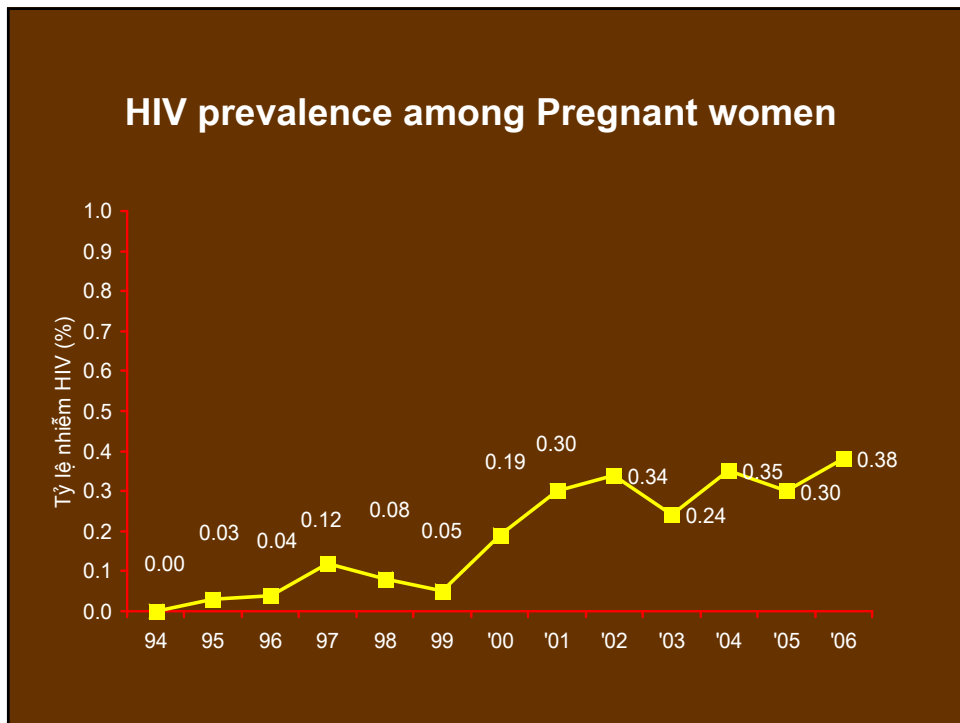
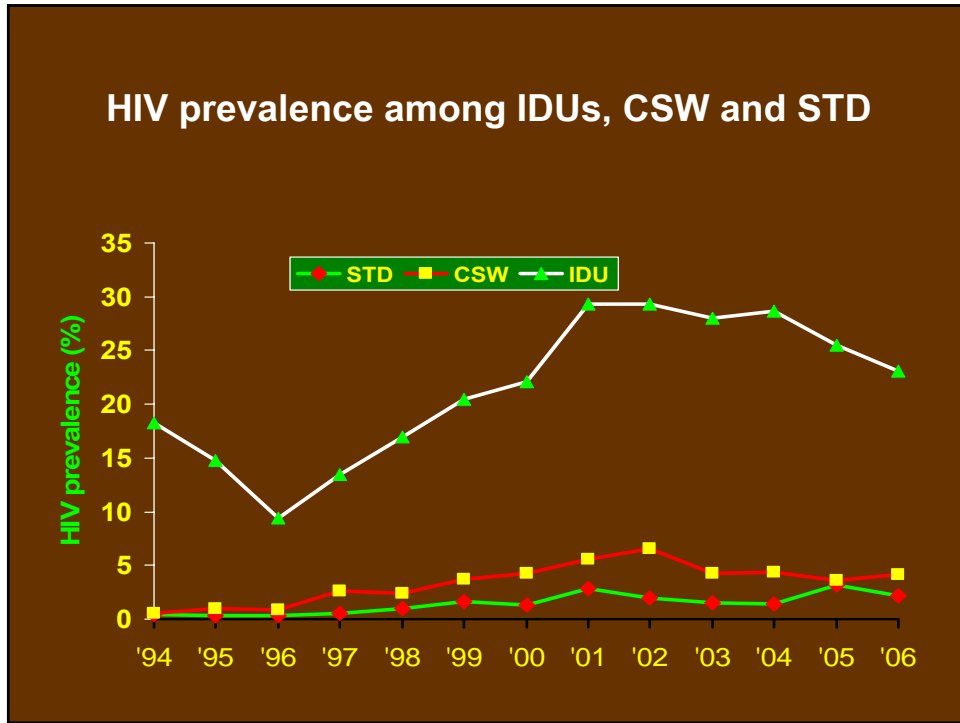
To monitor trend of HIV prevalence among in high-risk groups of HIV infection

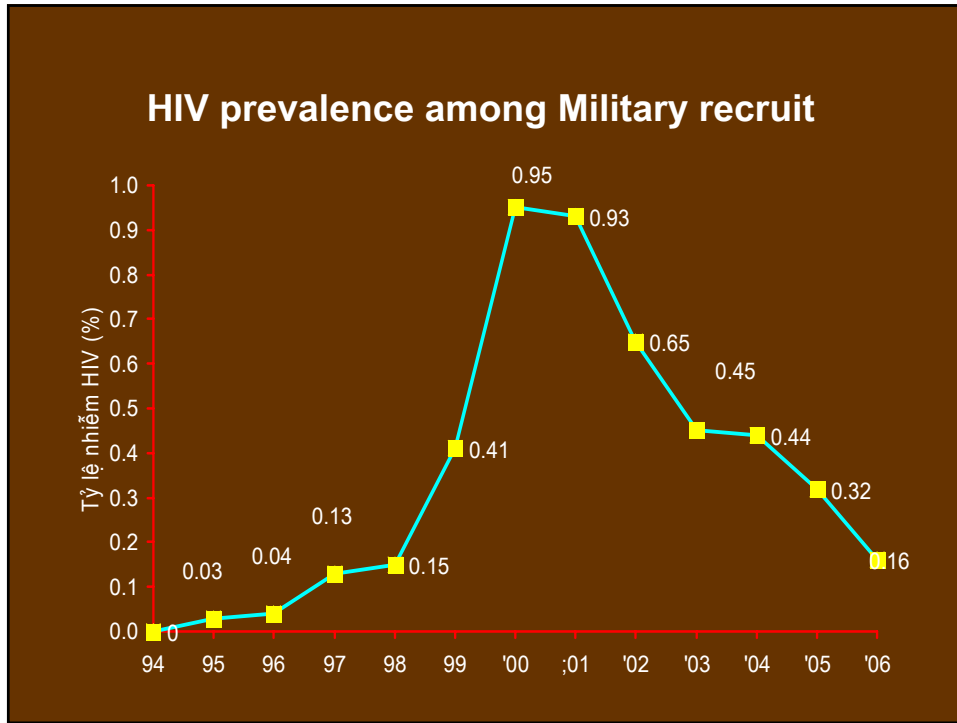
Methods

- ◆ First system implemented in 1994 in 8 provinces, and expanded to 12 provinces in 1995, 20 in 1996, 30 in 2000, and 40 in 2003.
- ◆ Collection of a specified sample number of blood specimens from different sentinel populations including STD patients (400), injecting drug users (400), antenatal women (800), Tuberculosis patients (400), commercial sex workers (400) and military conscripts (800).
- ◆ One round each year, usually from May to August.

Results







INTERGRATED BEHAVIORAL AND BIOLOGICAL SURVEY (IBBS)

Objectives

- Measure HIV prevalence in targeted groups
- Measure some STI prevalence in targeted groups
- Measure key behaviors that modify the risk of HIV/STI infection
- Provide information to measure intervention outcomes, and ultimately impact.
- Estimate the coverage of intervention programs
- Provide key information for advocacy and policy making.

INTERGRATED BEHAVIORAL AND BIOLOGICAL SURVEY (IBBS)

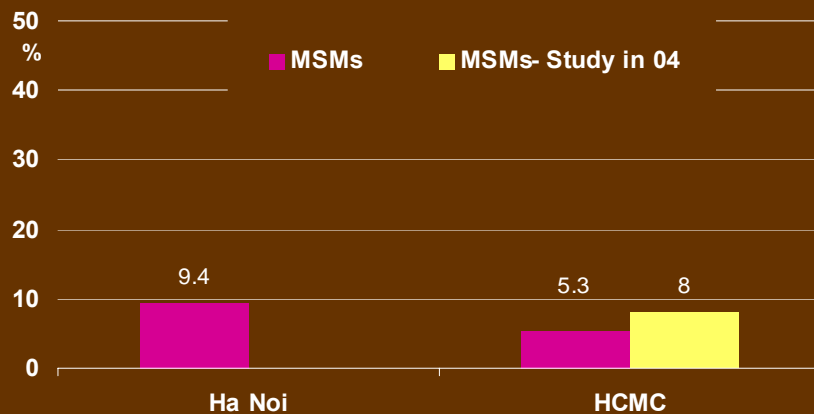
Study population

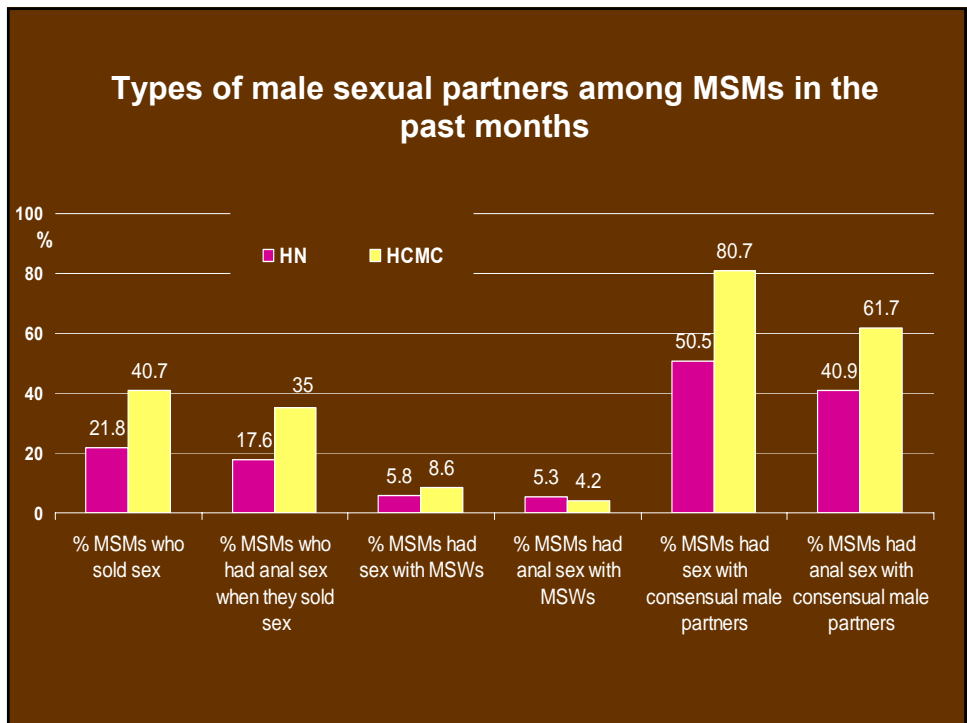
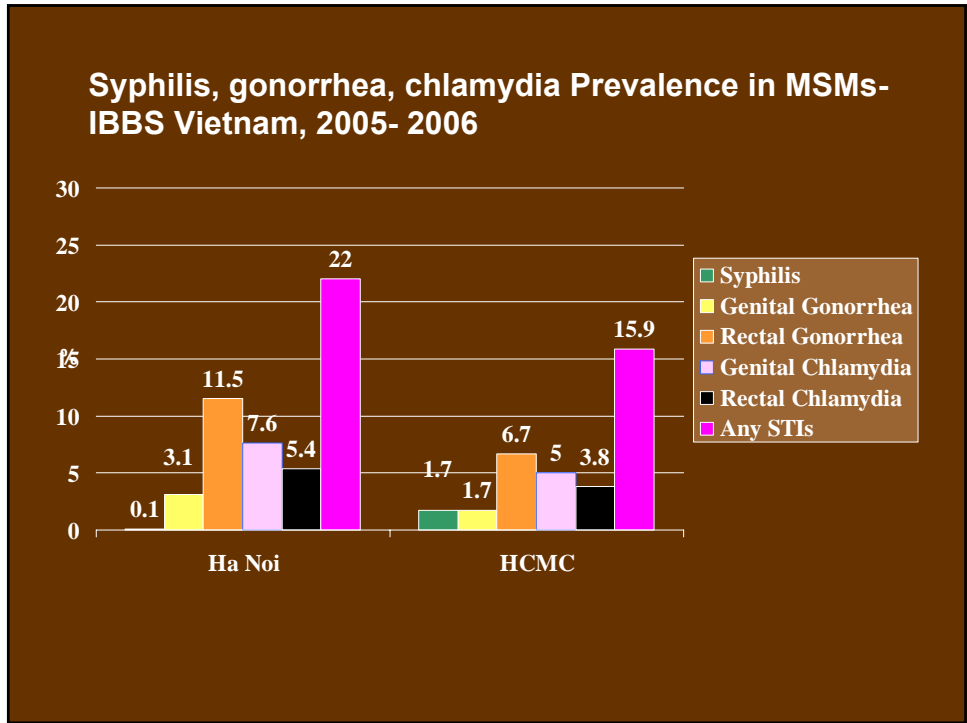
- **Men Who have Sex with Men (MSMs)**: Men who reported having sex with other males in the past 12 months prior the survey
- **Injecting Drug Users (IDUs)**: Who reported injecting drugs in the past month prior the survey
- **Female Sex Workers (FSWs)** including Karaoke-based sex workers (KSWs) and Street-based sex workers (SSWs). FSWs were identified as women who reported having sex for money in the past month

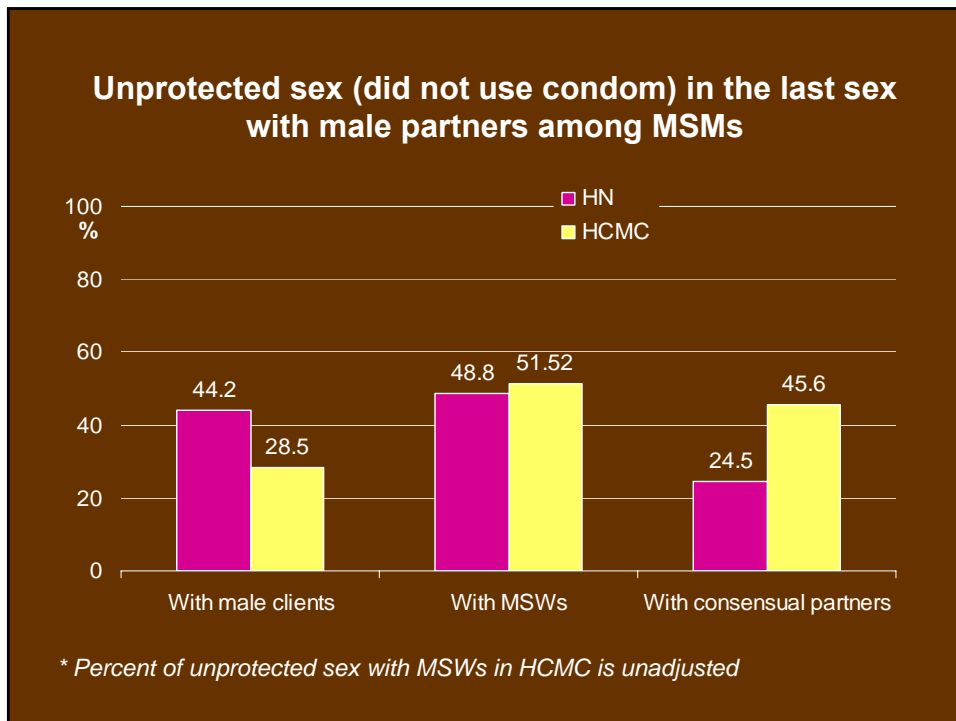
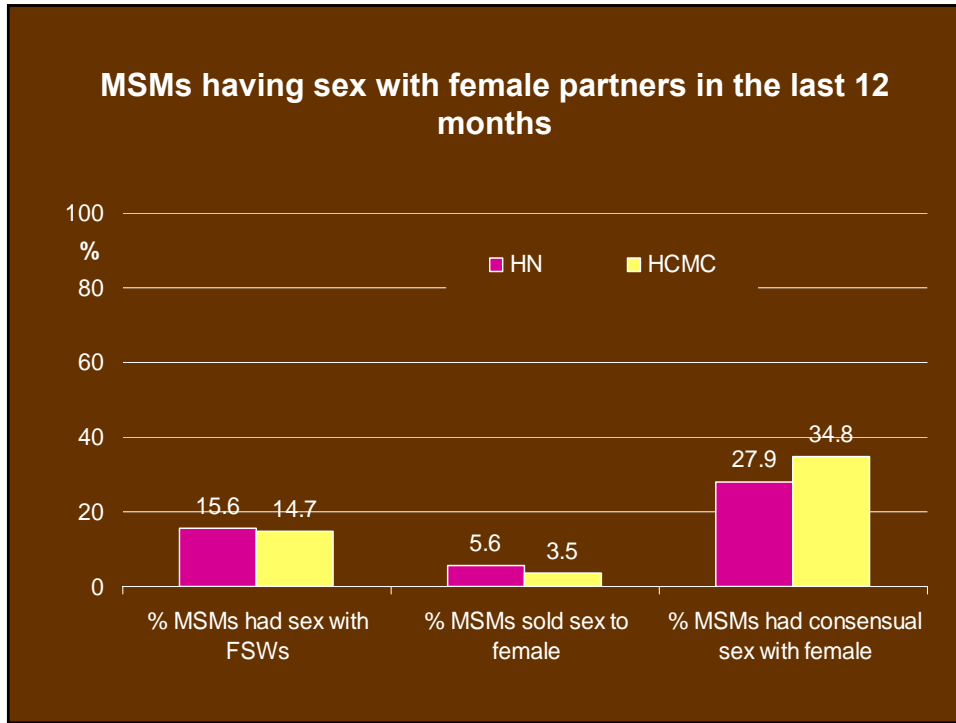
Study settings

Hanoi, Haiphong, Quangninh, Danang, HCMC, Cantho and Angiang

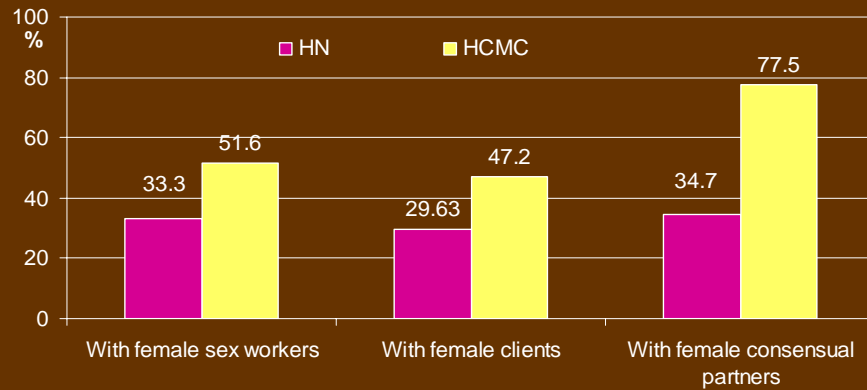
HIV Prevalence in MSMs- IBBS Vietnam, 2005- 2006





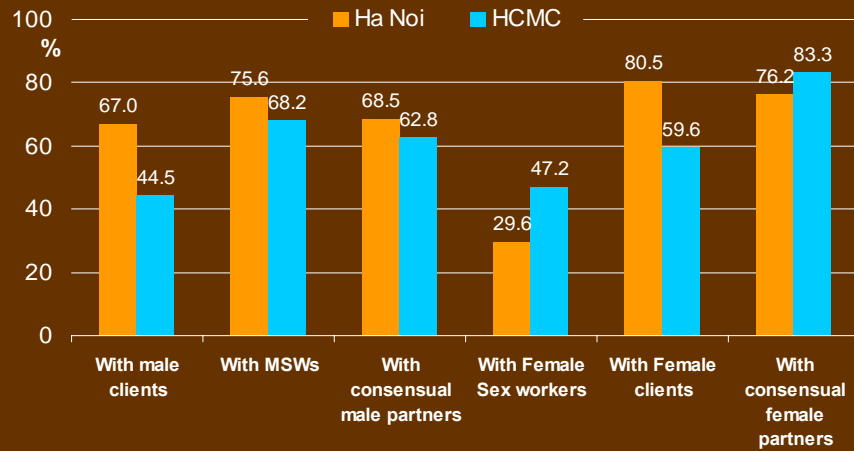


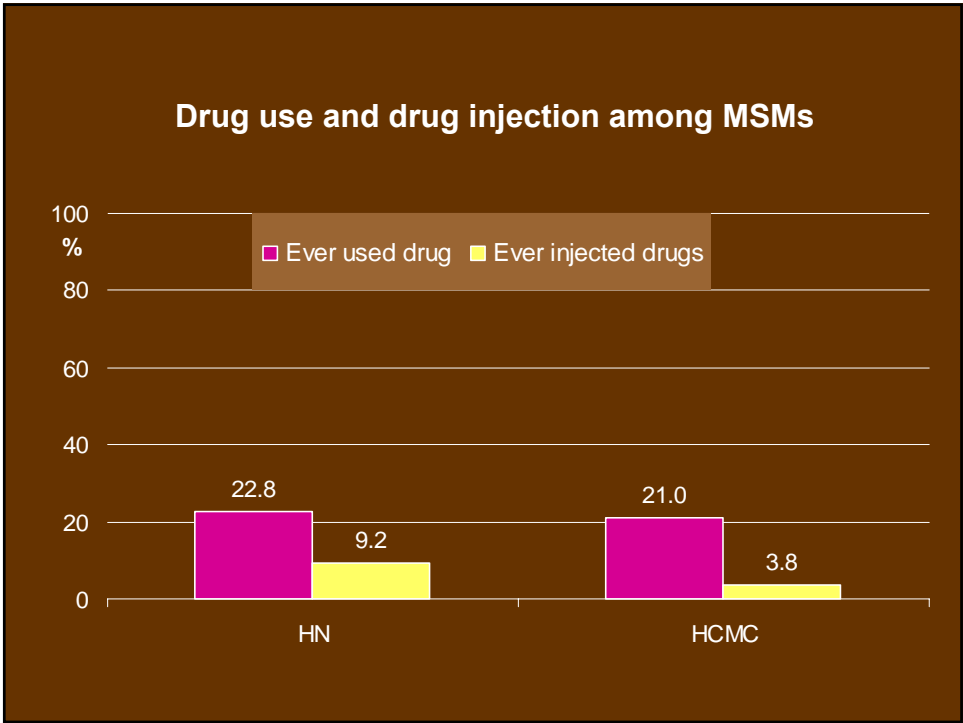
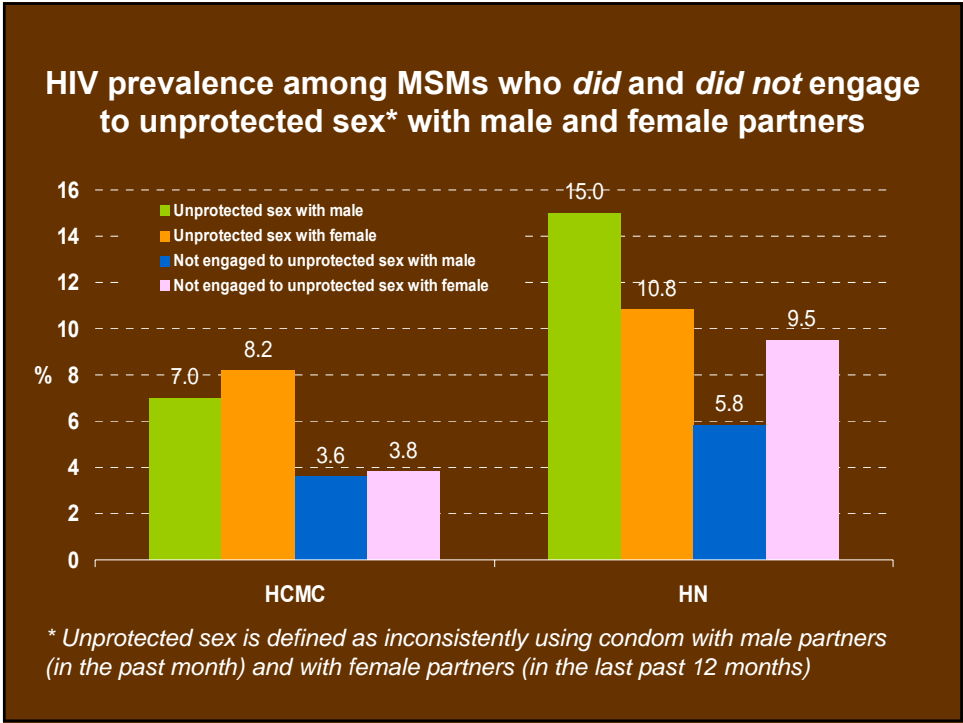
Unprotected sex (did not use condom) in the last sex with female partners among MSMs

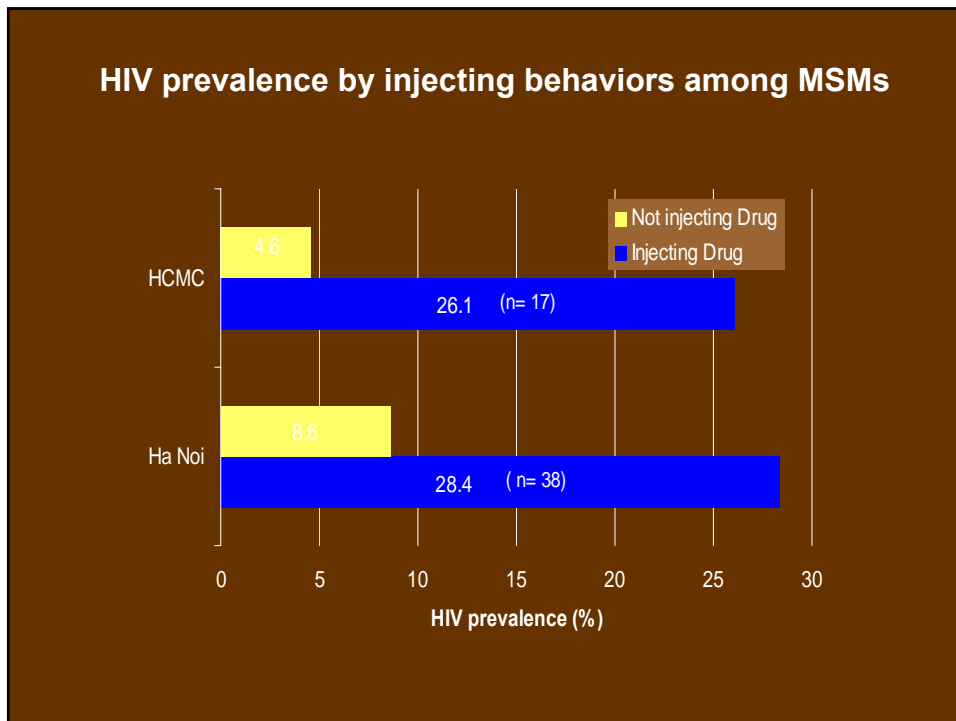
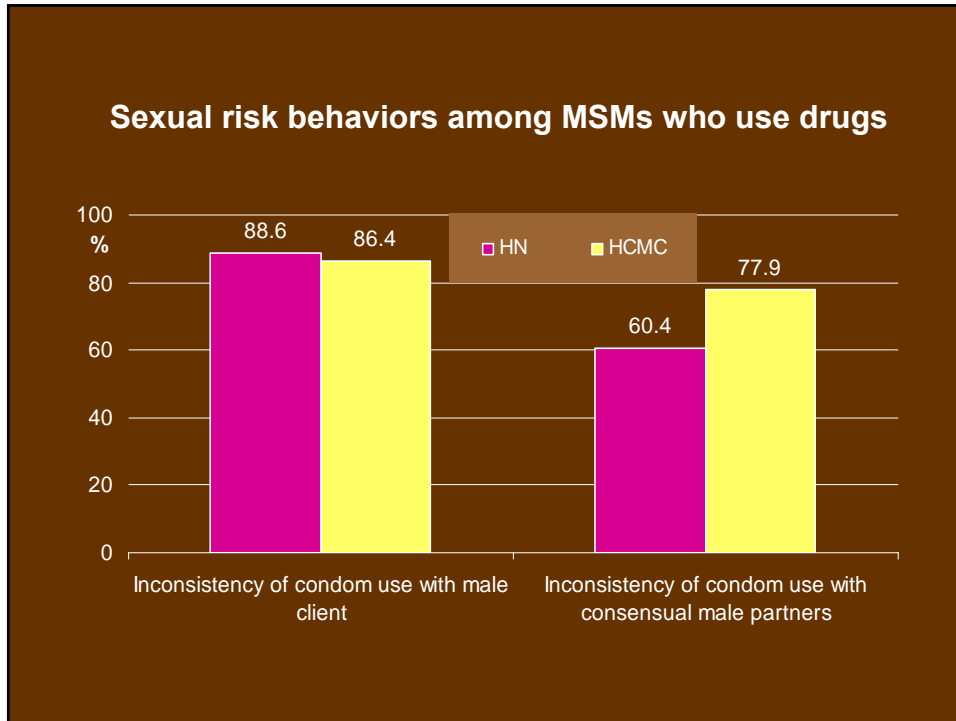


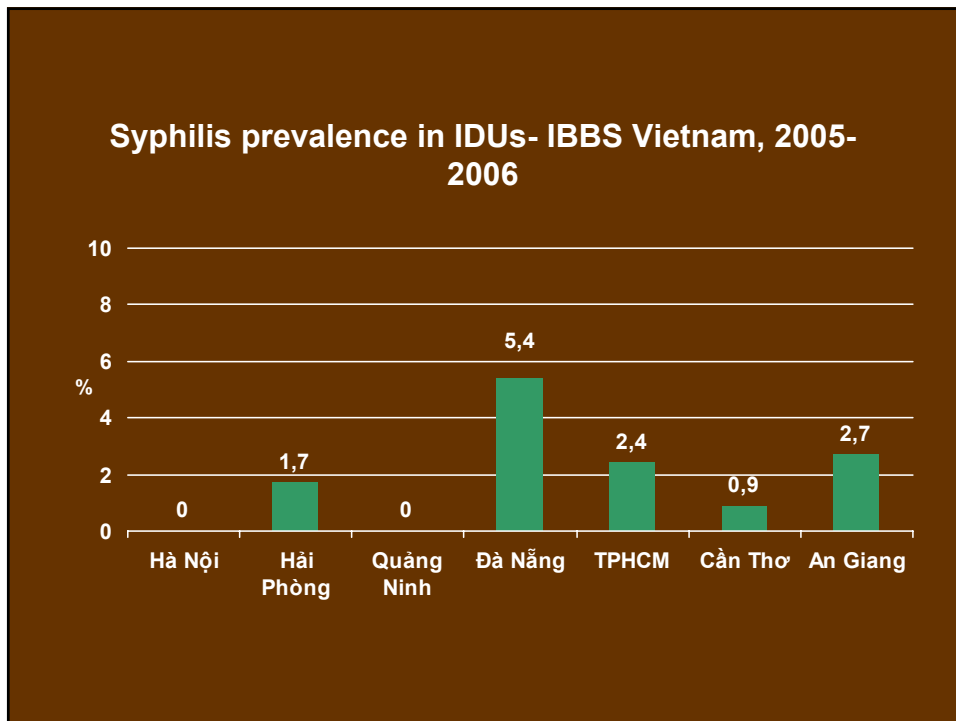
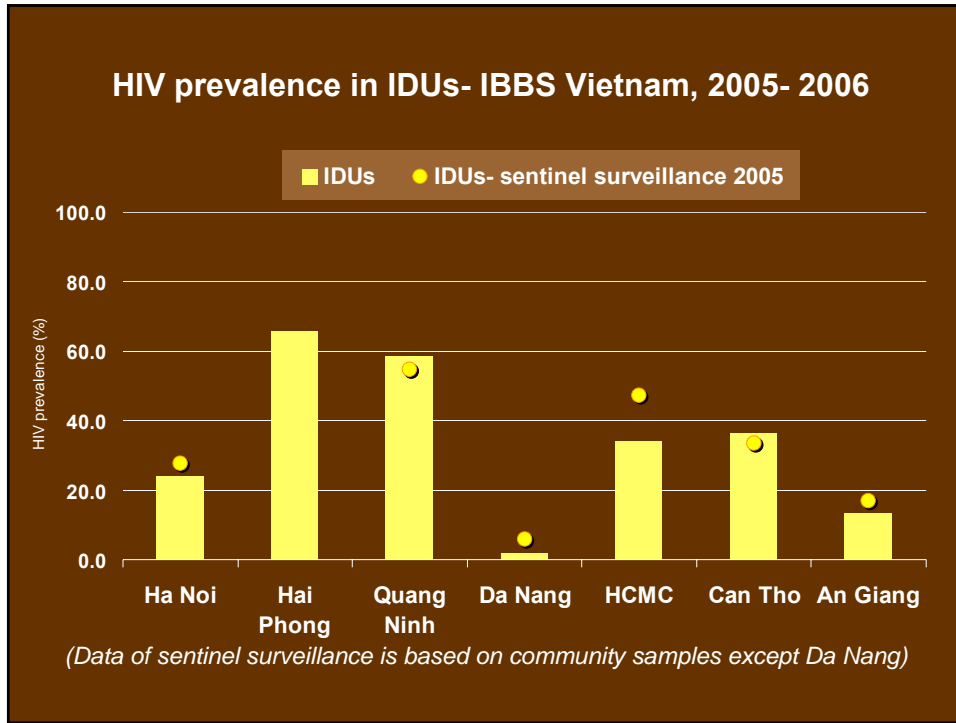
* Percent of unprotected sex with female clients in HN is unadjusted

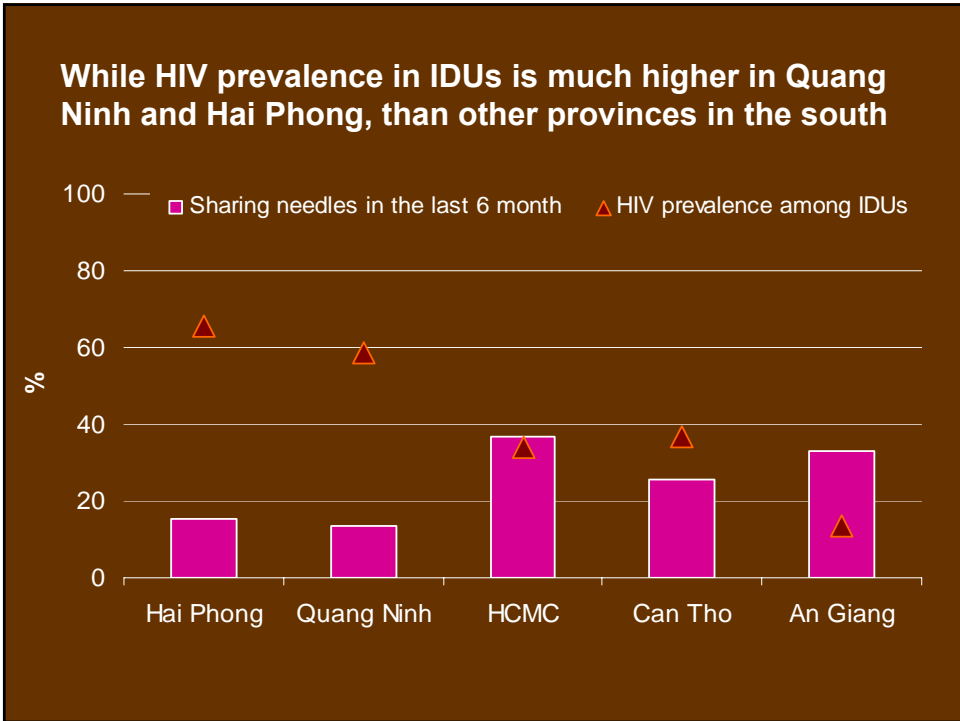
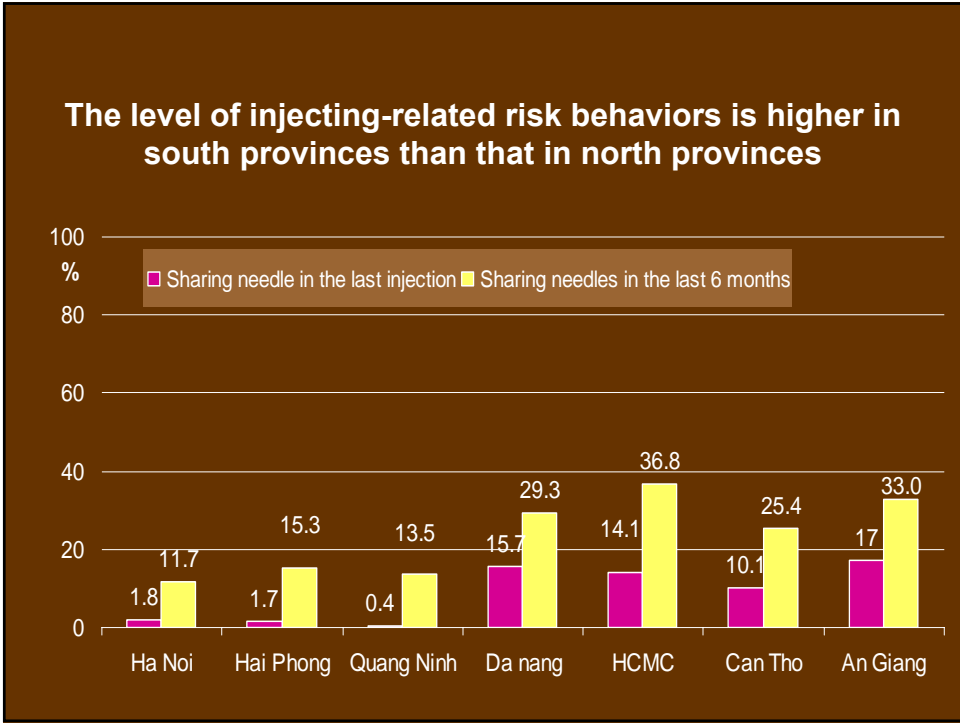
Inconsistent condom use with male partners in the past month and with female partners in the past 12 months among MSMs



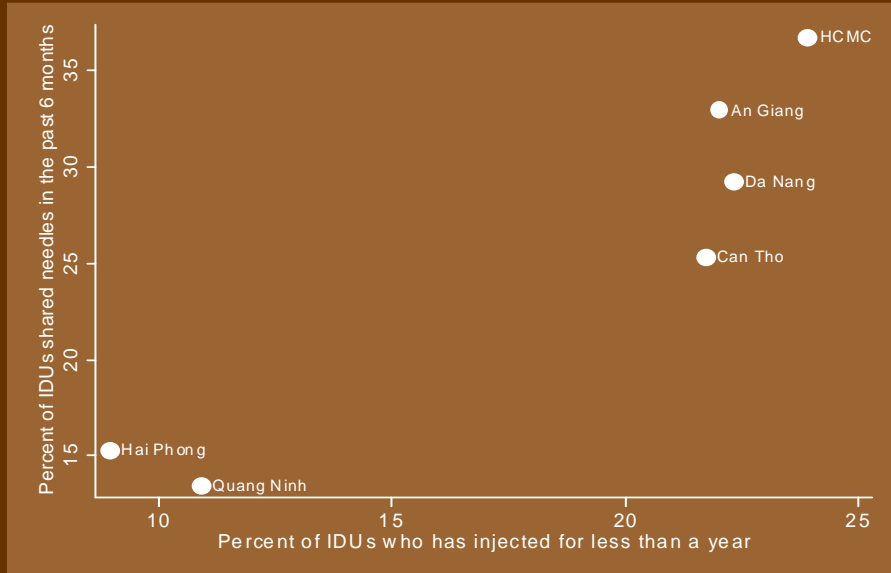




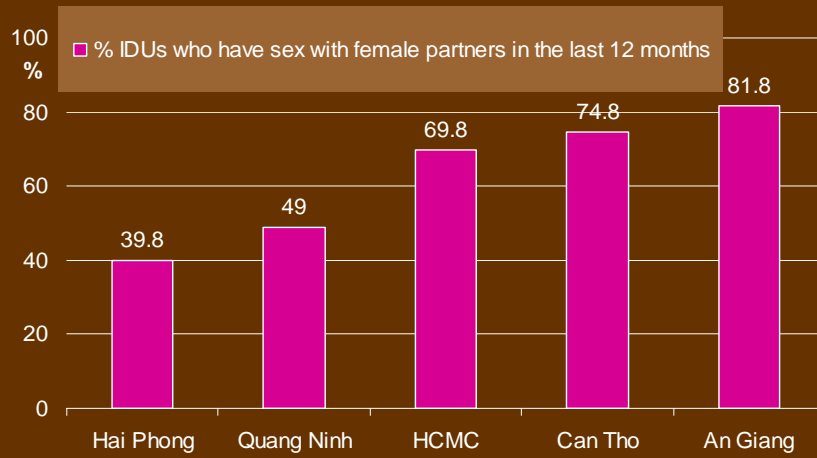


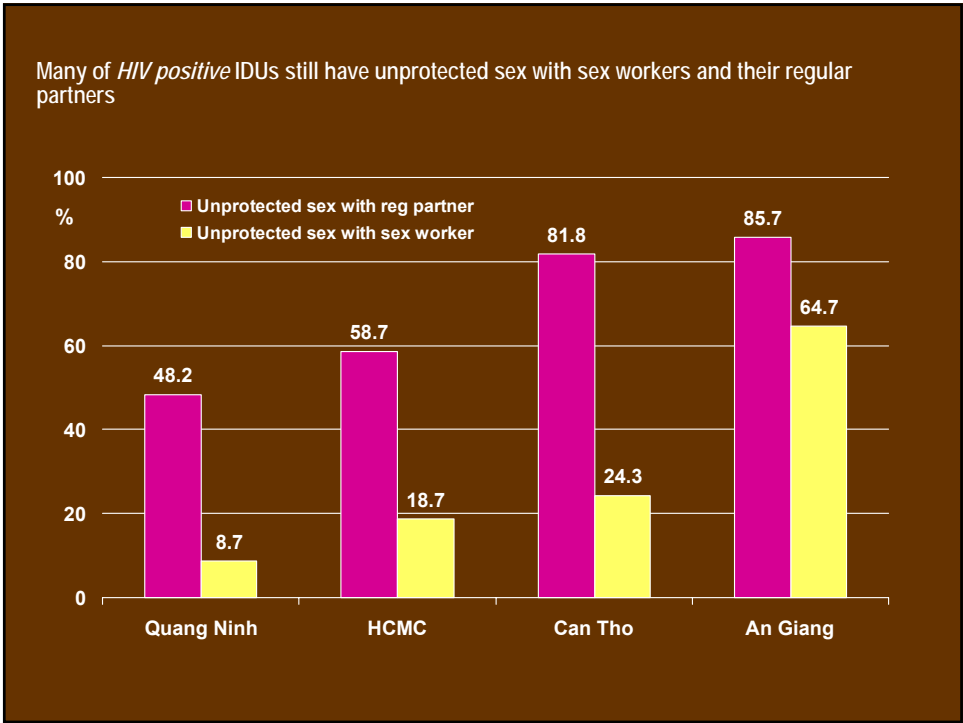
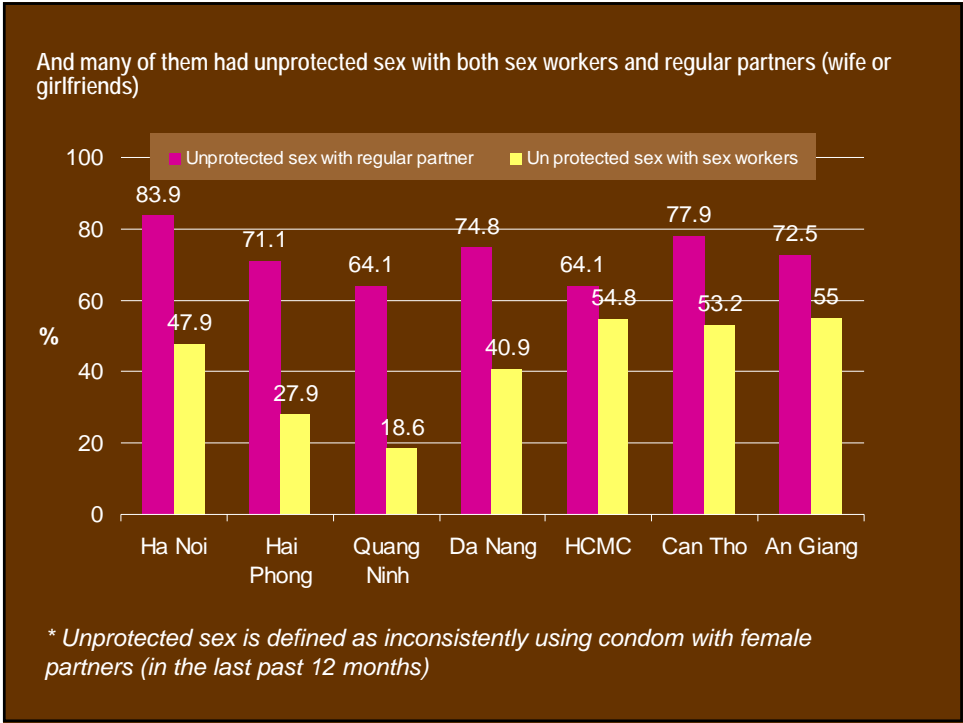


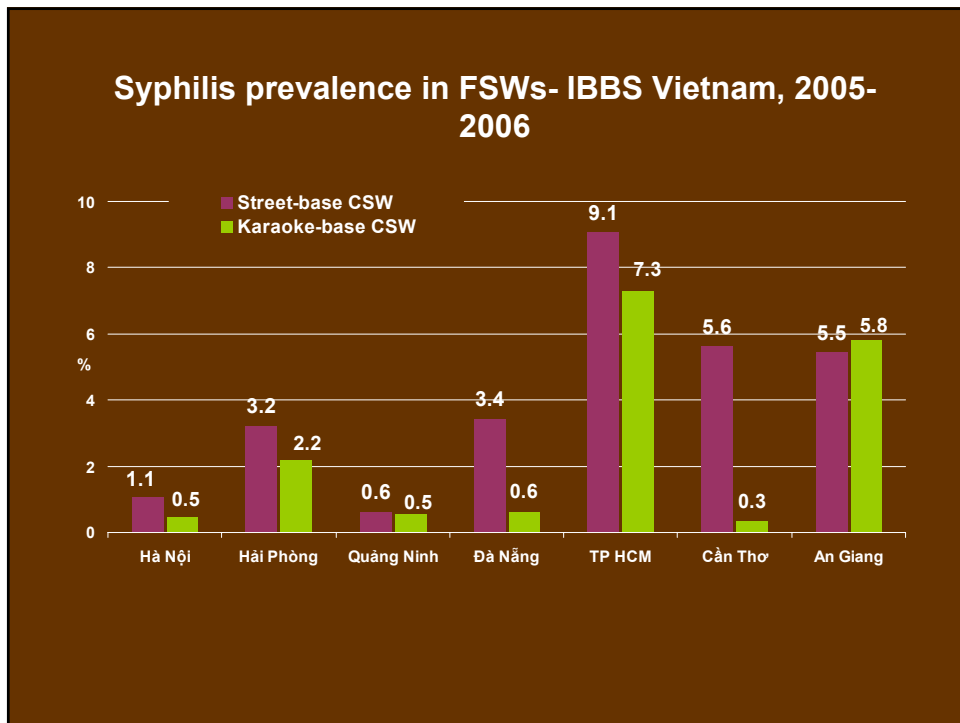
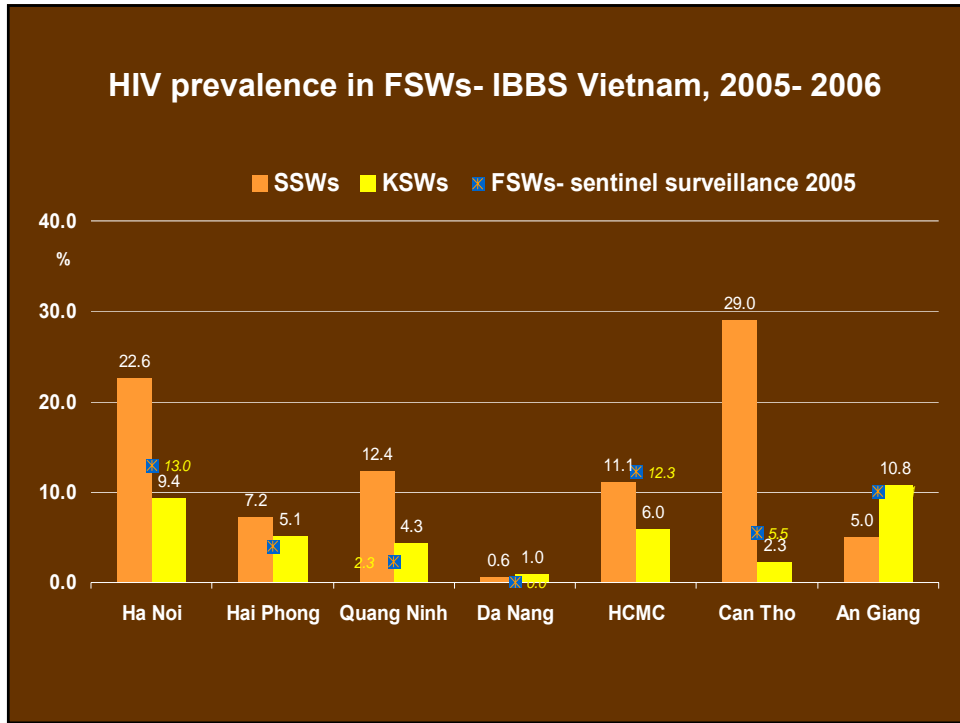
New injectors are more likely to have injecting-related risk behaviors

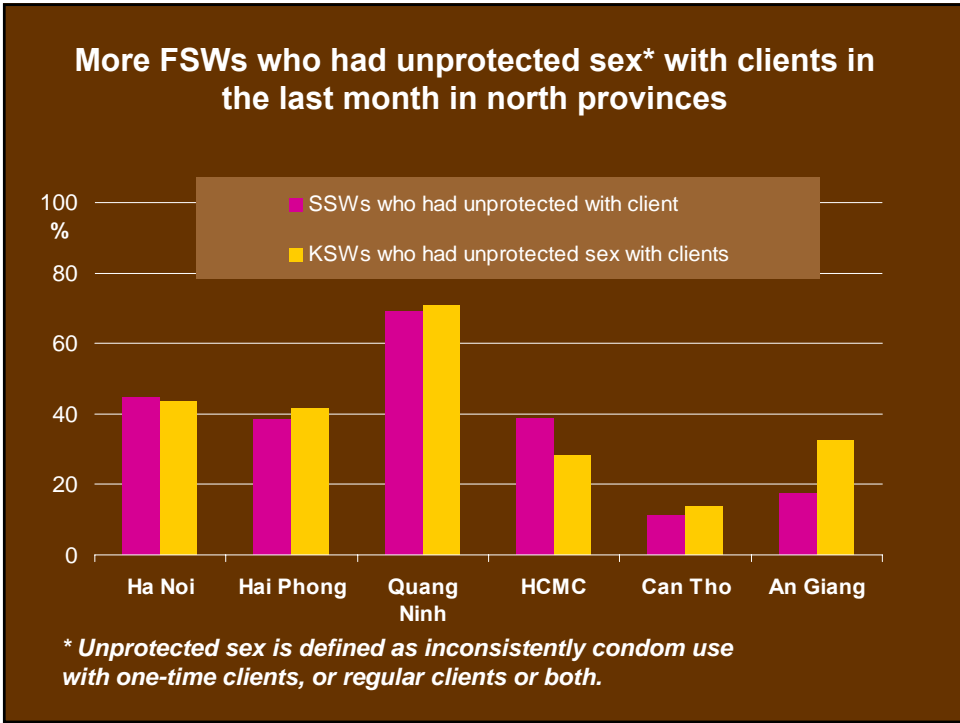
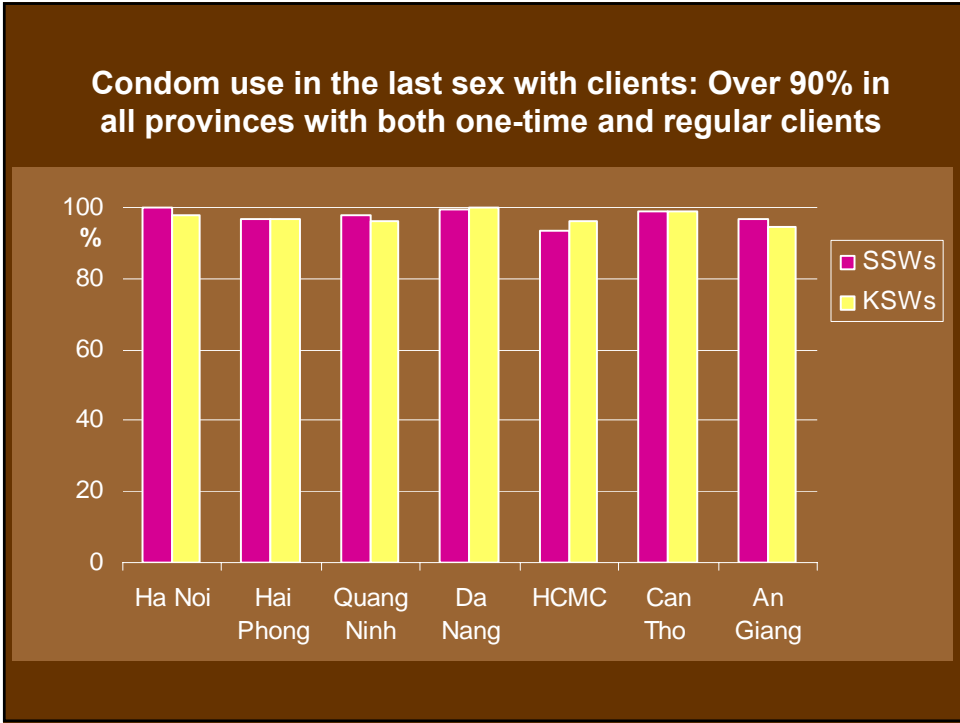


Because IDUs in south provinces are younger and had shorter duration of drug use, they are more likely to have sex and with high number of female partners in the past 12 months

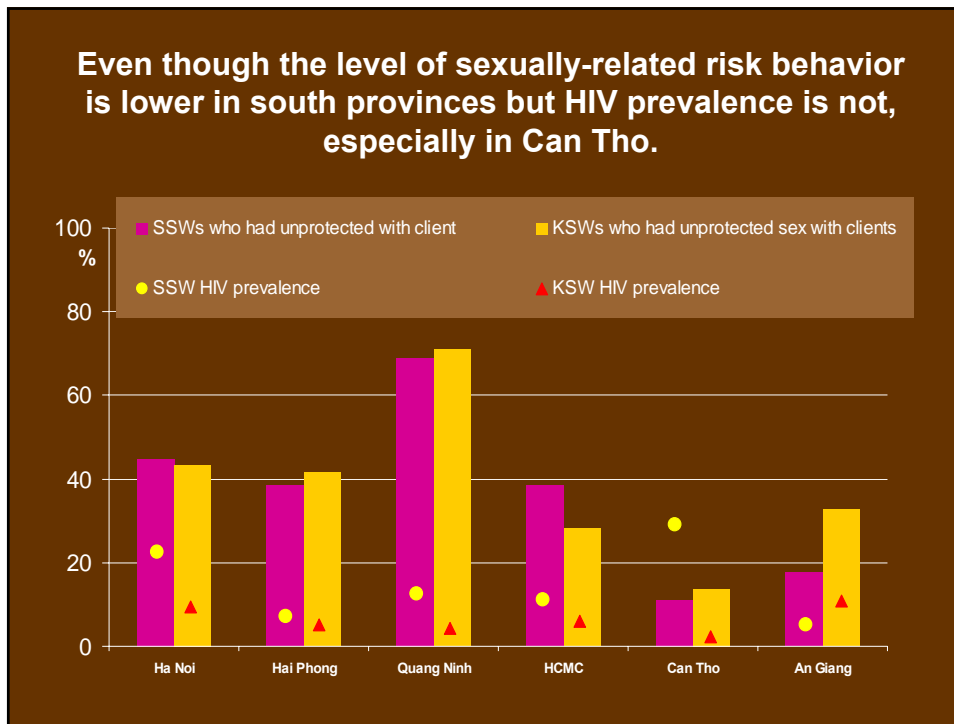




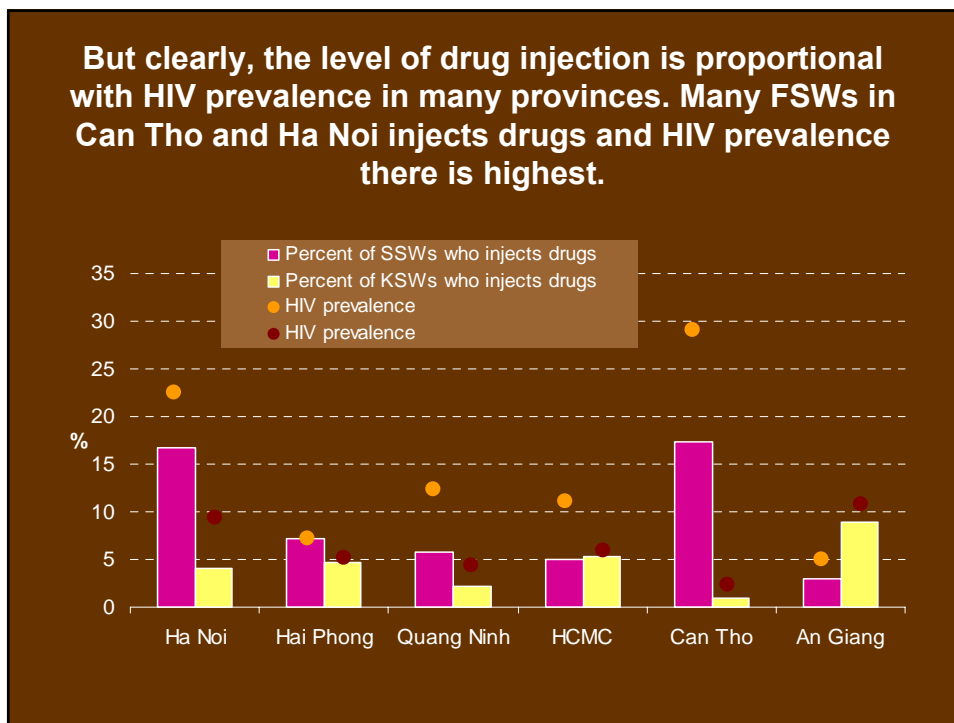


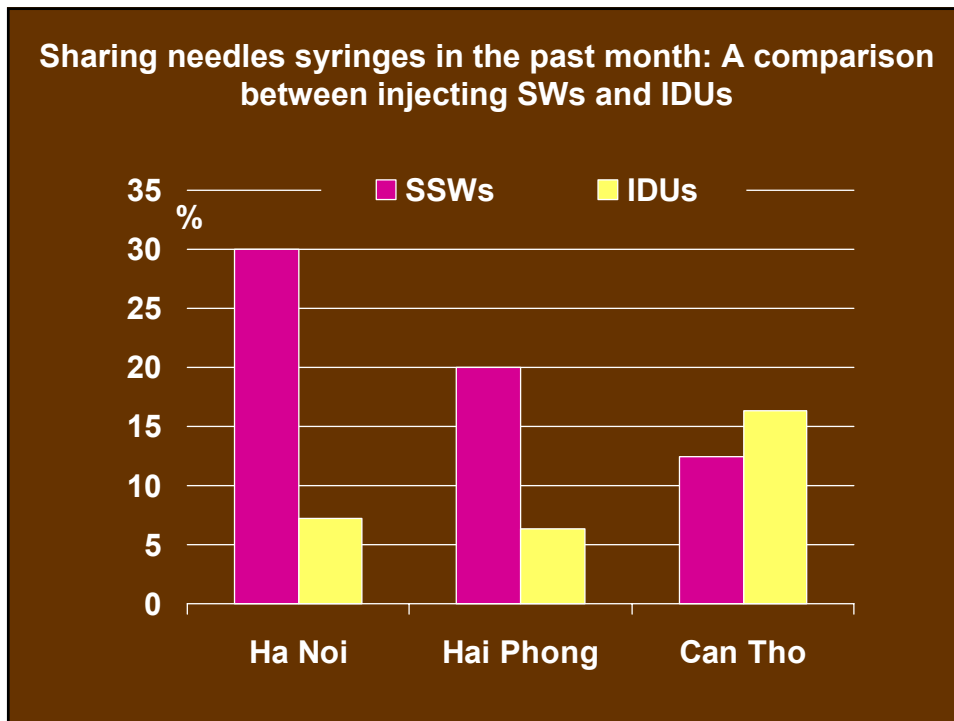
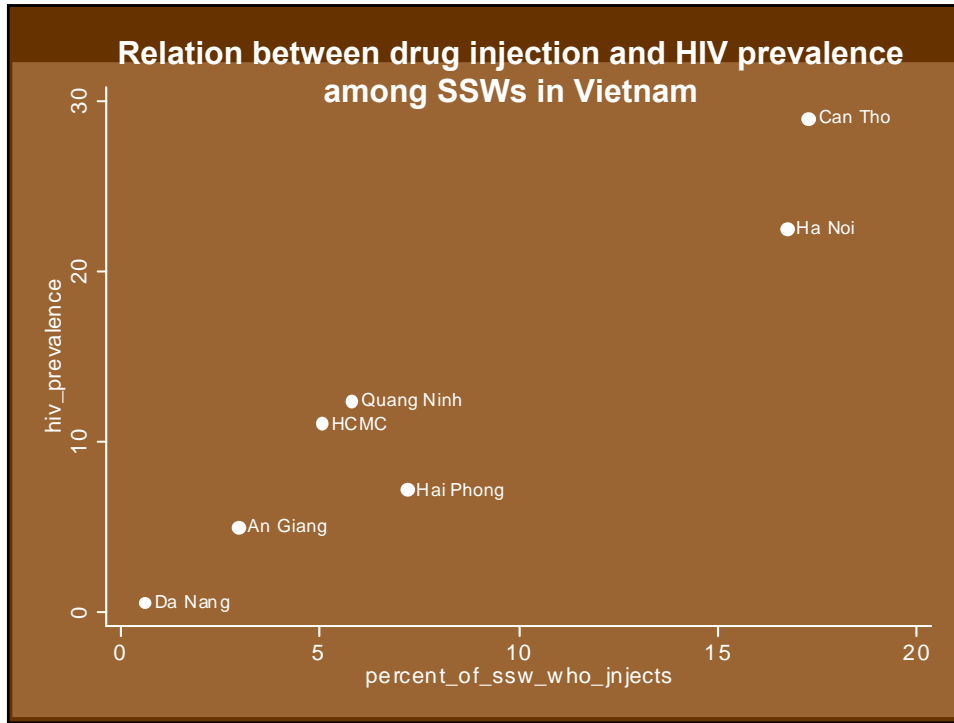


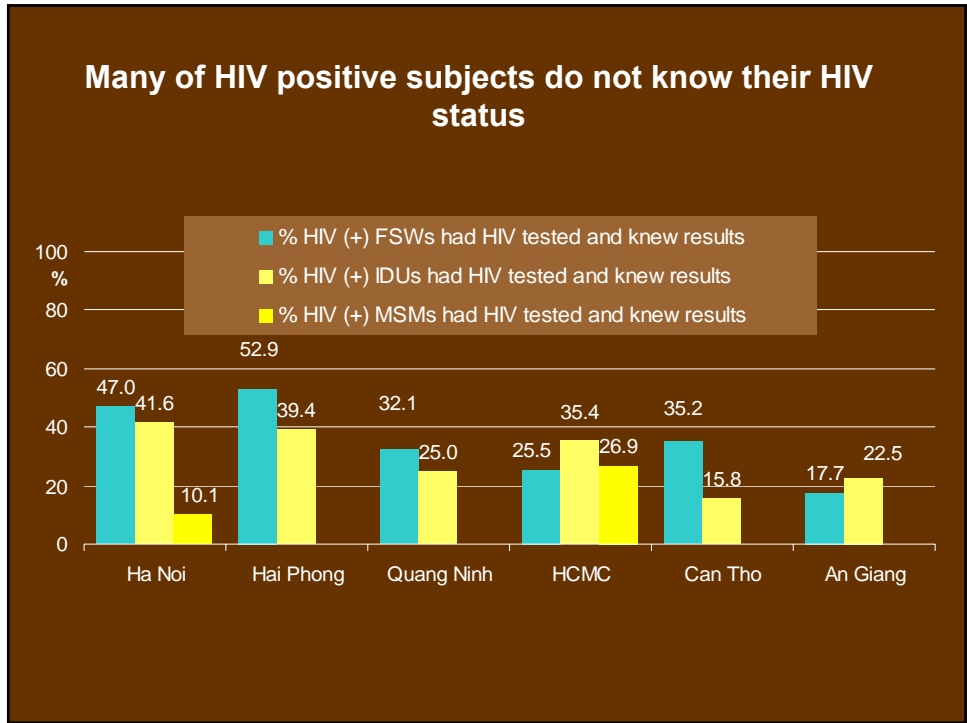
Even though the level of sexually-related risk behavior is lower in south provinces but HIV prevalence is not, especially in Can Tho.



But clearly, the level of drug injection is proportional with HIV prevalence in many provinces. Many FSWs in Can Tho and Ha Noi injects drugs and HIV prevalence there is highest.



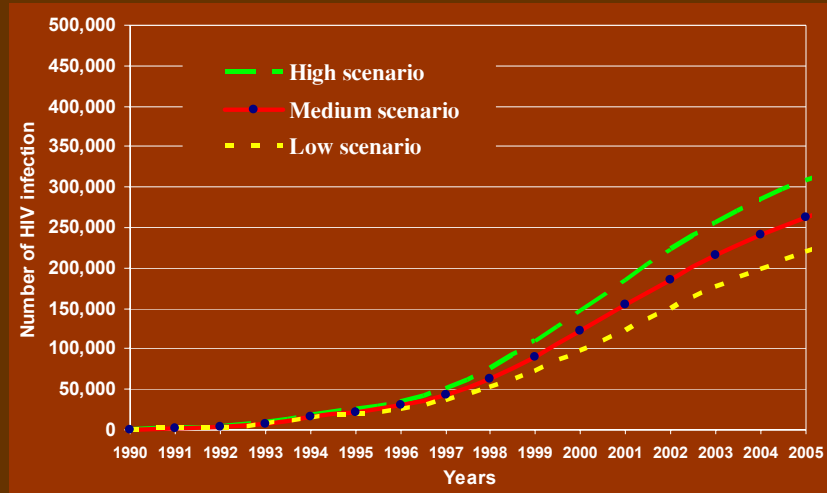




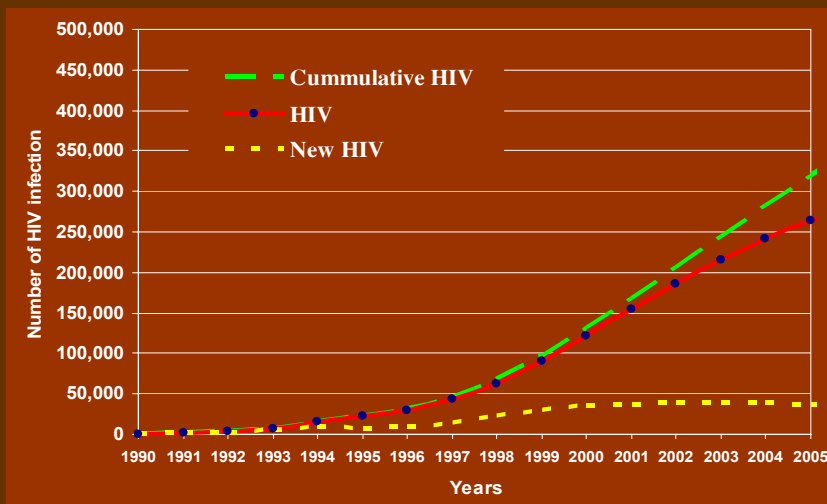
HIV/AIDS PROJECTION AND ESTIMATION

- ◆ Encourage closer examination and improvement of our data and our responses
 - ◆ Surveillance – HIV, behaviors, affected pops
 - ◆ Response – coverage, effectiveness
 - ◆ Cost of prevention and care
- ◆ Estimation and projection should not be seen as an end, it is part of the M&E process

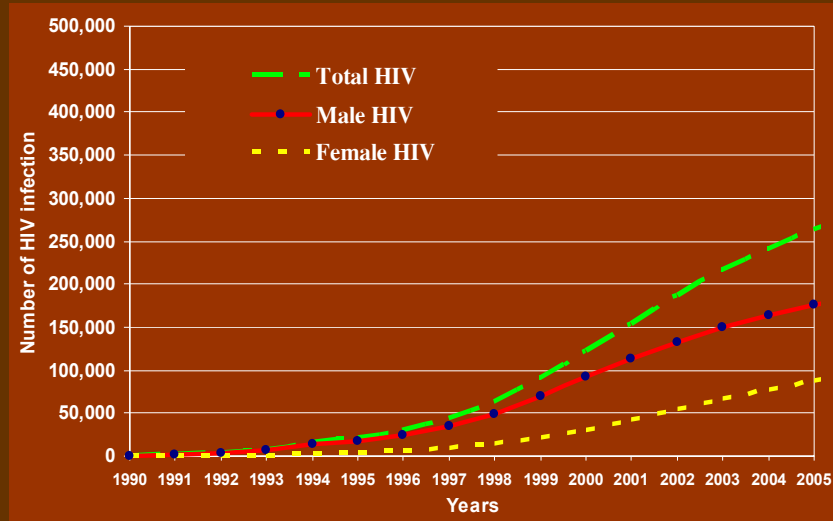
Number of people living with HIV/AIDS in Vietnam 1990-2005 - Low, medium, and high scenarios (includes adults and children)



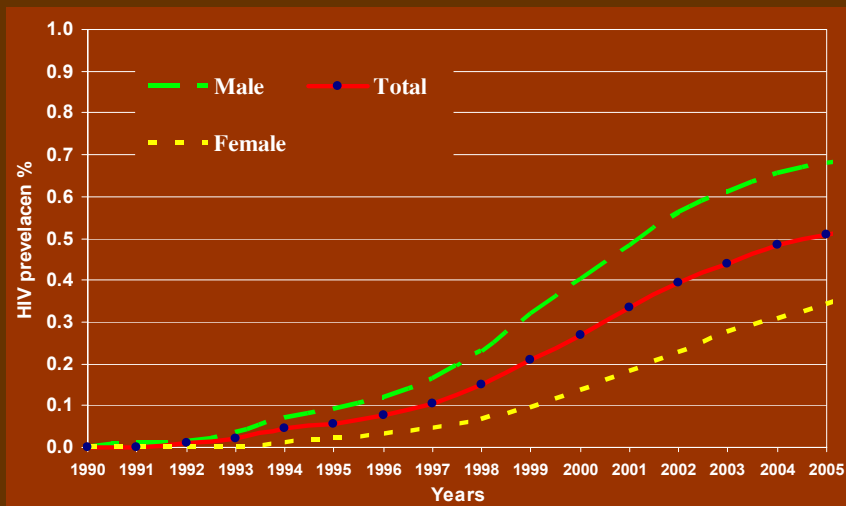
New, cumulative, and current number of HIV infections in Vietnam 1990-2005- medium scenario



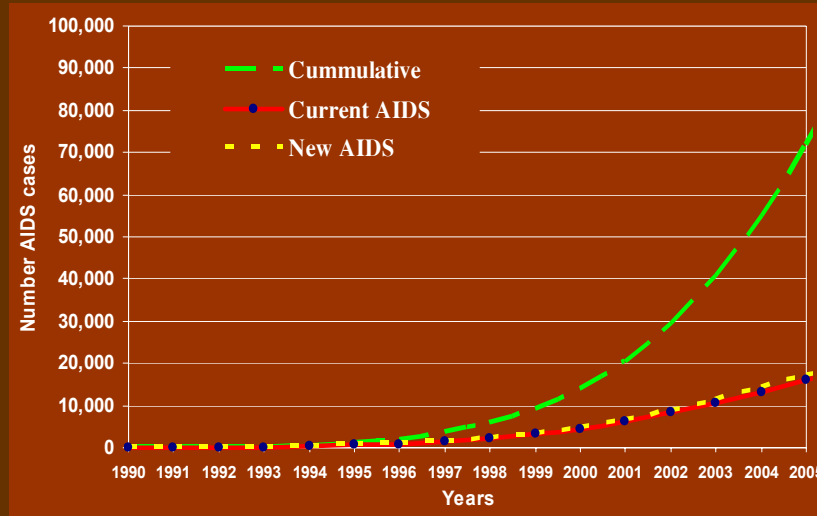
Number of people living with HIV/AIDS in Vietnam 1990-2005 by sex



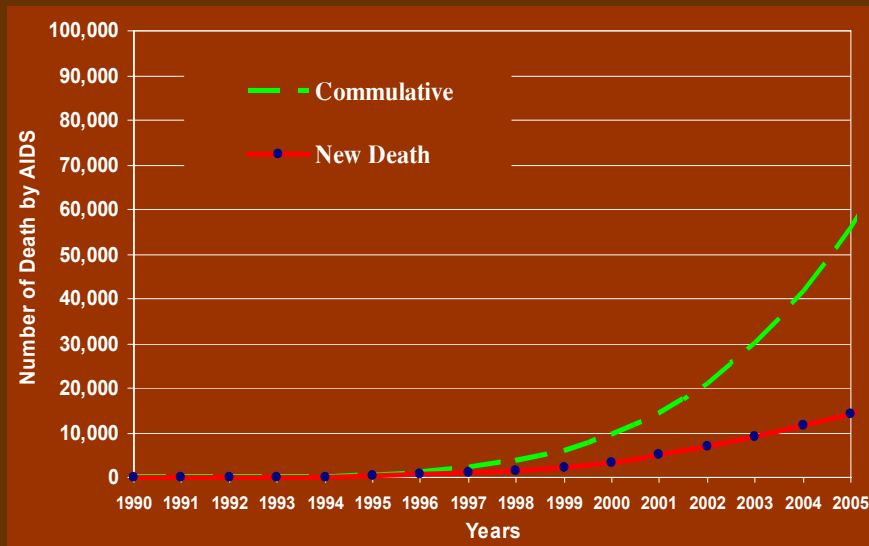
Prevalence of HIV infections among adults age 15-49 in Vietnam 1990-2005 by sex



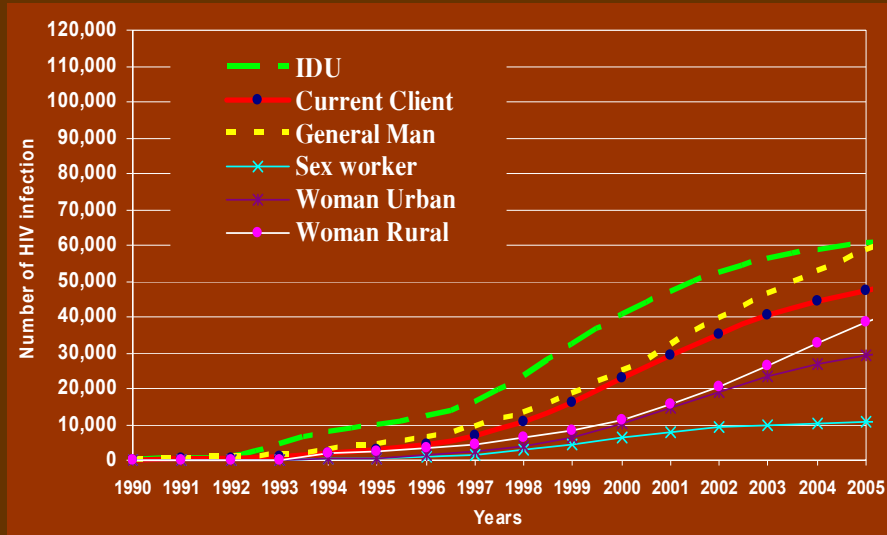
New, cumulative, and current number of AIDS cases in Vietnam 1990-2005



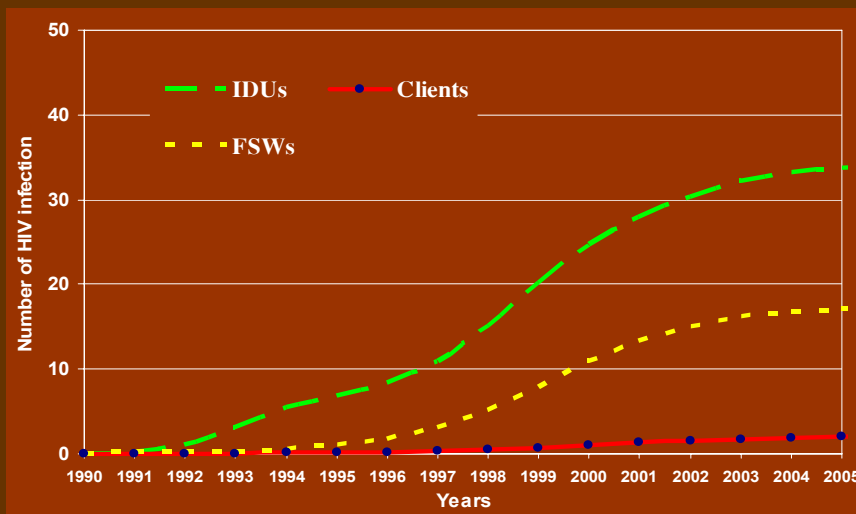
New and cumulative of AIDS death in Vietnam 1990-2005



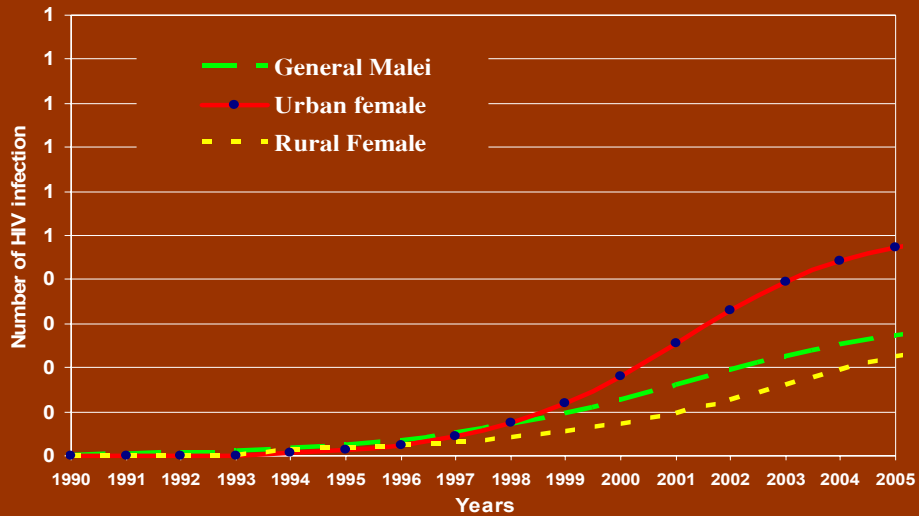
Numbers of adults age 15-49 living with HIV/AIDS in Vietnam 1990-2005 by risk group



Prevalence of HIV infections among adults age 15-49 in Vietnam 1990-2005 among IDUs, current clients and sex workers



Prevalence of HIV infections among adults age 15-49 in Vietnam 1990-2005 among General men, Urban and rural women.



CONCLUSIONS

1. It is estimated that there will be 280.000 PLWHA in Vietnam.
2. In the next years, there will be 40.000 newly infection if there was no more comprehensive interventions.
3. HCMC has highest the greatest number of HIV infection, accounting for 1/4 of nationwide. The city has the fastest growing epidemic in the country with HIV prevalence among adults aged 15-49 estimated to be about 1.2%, making this one of the worst epidemics in Vietnam
4. Quang Ninh and Hai Phong are also experiencing serious epidemics with an estimated 1.1% of adults infected.

CONCLUSIONS

6. National HIV prevalence is estimated as the level of 0.44%.
7. HIV epidemic is growing with increasing HIV prevalence.
8. The number of infection among female is increasing. The ratio between male and female is 2.3 in 2003. The decrease in male to female ratio suggests a quick sexual transmission or from HIV(+) IDUs to their regular sexual partners.
9. The highest prevalence has been found among IDUs. In general, the prevalence among IDUs is about 33%.

CONCLUSIONS

10. After IDUs, female sex workers have the highest prevalence. At a national level the prevalence among FSWs has reached approximately 16%, again with higher pockets in selected cities such as Hai Phong, HCMC, Hanoi and Can Tho.
11. The prevalence of HIV among male clients of sex workers is also steadily increasing.
12. There is a great deal of variability around the country in terms of timing of the epidemic. The epidemics in HCMC and the Northeast coast started earlier but epidemics in other parts of the country are much more recent and have only taken off in the last couple of years.

RECOMMENDATION

- ◆ Injecting drug use is still the source of a major number of infections in Vietnam, and as drug users become infected they not only infect other drug users, but they also infect their sexual partners, both regular and commercial. It is therefore important to keep a strong prevention focus on reduced sexual risk among IDUs in addition to reduced needle sharing.
- ◆ In many places the prevalence among sex workers has risen rapidly in recent years, either through injecting drug use or sexual contact with infected IDUs.
- ◆ Clients of sex workers are among the fastest growing populations of HIV-infected people so the time to focus prevention efforts on this subpopulation is NOW.
- ◆ In terms of preparedness of the medical care system, there will be an additional 5,000 to 10,000 new AIDS cases per year for at least the next 3 years.