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UNCOUNTED VULNERABILITY

Most Far-Easterner residents from marginal groups cannot be tested for HIV because nobody is able to count them

As a rule, HIV concentrates in the so called high-risk population groups whose members are the most vulnerable to infection. Based on this, doctors from Far-Eastern territorial centers for AIDS and infectious diseases prevention and combat, similar to their colleagues in other regions of the country, consider working with injection drugs users (IDU), commercial sex workers (CSW) and men having sex with other men (MSM) as a separate and very important objective. Recently specialists from the Far East District Center for AIDS prevention and combat at the Khabarovsk Research Institute of Epidemiology and Microbiology under the RF Ministry of Healthcare and Social Development have conducted a study of HIV and STI infection rate among population groups characterized by high-risk behavior. They also evaluated epidemiological monitoring and prevention measures. What are the results? Alexander IVANOV, head of the epidemiology department answers the question of the MG correspondent Vladimir KLYSHNIKOV.

- Actually we studied the situation very carefully, using statistical reports from territorial anti-AIDS centers of the Far-Eastern Federal District, emergency reports about HIV cases, and epidemiological maps of its centers. We also took into account questionnaires and surveys of the target groups' members. It is hard to develop new, more efficient methods of curbing HIV spread both among marginal groups and among general population without a comprehensive assessment of epidemic processes in these communities and further analysis of prevention activities.

As of December 1st, 2004, when we began our study, there were 7 413 HIV cases identified in the Far-Eastern Federal District. The most affected administrative territories in the District are still the Primorskij (75,6% of all infections in the FEFD) and Khabarovskij (11,6%) regions where the virus is spreading predominantly through injections among IV drug users. Sexual transmission prevails in Sakhalin and Kamchatka regions where the epidemic is still at its initial stage of development.

Similar to HIV infection, drug addiction is most widely spread in Khabarovskij and Primorskij regions (316,2 and 546,7 per 100 000 residents, respectively). Our analysis demonstrated that drug users were tested for HIV most comprehensively in Kamchatka region - 96,3% of all identified drug users; in Sakhalin region - 68,4%; and in Khabarovskij territory - 67,5%.

Less than half of drug users in Primorskiy and Magadan regions were tested by specialists living there. However, the highest HIV infection rate among IDUs is observed precisely in these two regions. Primorskiy region is also still holding the sad first place in terms of STI incidence rate among injection drugs users (13,4% of all examined target group members).

While studying HIV and STI incidence among commercial sex workers (CSW), the following pattern was identified: this group is less affected by the human immunodeficiency virus than injection drugs users, and vice versa, STI incidence among CSWs is higher than among IDUs. This fact is easily explained by the behavioral practices of these two marginal communities.

It needs to be remembered that commercial sex-workers are more often seeking examination for sexually transmitted infections than rushing to find out their HIV status. So we were not satisfied with the one hundred percent rate of CSWs testing for HIV antibodies in statistical reports submitted by a number of Far-Eastern centers for AIDS and infectious diseases prevention and combat. Especially considering that these patients were included in the CSW group only when tested for HIV and based on the survey data.

Experts estimate that 5 to 7 percent of male population have sex with other men. What follows from this is that the real number of MSMs living in the Far East should significantly exceed the data that territories provide. Since men with non-traditional sexual orientation hide their status fearing discrimination, it is not that easy to count them. This is why testing for HIV and STI in this group is not as extensive in comparison with other vulnerable populations.

The only known case of HIV infection was identified on Khabarovsk territory where according to our estimates the number of MSMs should be hundreds of times higher than the submitted statistics.

Of course, there are numerous programs set up in the regions of the Far Eastern Federal District that are aimed at preventing HIV transmission through sex, injection, or from mother to child. The "Harm Reduction" program is one of them. The results of initial and confirmatory sociological research helped to assess its impact.

This international project was launched on Primorskiy territory in 1999. Over 19 thousand drug users were reached by it in the last two years alone. This resulted in the much desired "collapse" of such an indicator as shared drug use, from 88,0% down to 49,5%. During the time period of the program implementation in Khabarovsk by means of organizing outreach-work and exchanging syringes at permanent stations, needle sharing practices reduced 10%. In Sakhalin region frequency of needle-sharing or repeated use of syringes went down from 90,0% to 25%, while the number of injection drugs users practicing safe sex went up 18%.

Three years ago outreach-work started on the island, as well as in Primorskiy region, among commercial sex workers, which included distribution of condoms and information on reduction of HIV and STI transmission. Women involved in prostitution are given an opportunity to consult gynecologists

or skin and ST diseases specialists. Quite evidently a medical and social marketing of this kind should expand not only in "depth" but also in "breadth." Sakhalin and Primorskij experience is worth following by other Far-Eastern territories.

But this is one of incidental conclusions made during the study. And what is the main conclusion? In our view, today's level of identifying and accounting for members of such vulnerable groups as drug users, and in particular commercial sex workers and men having sex with other men in the Far East, is clearly not adequate. Low reach of testing for HIV and STI is a direct consequence of this. It must be admitted honestly: the system of epidemiological monitoring and prevention as it exists in the Far East at this time is not capable to present a serious barrier to the approaching wide-scale HIV/AIDS epidemic in the Russian Far East. It needs to be improved.

PHOTO: A commercial sex worker attending a medical consultation at the Khabarovsk territorial center for AIDS and infectious diseases prevention and combat is rather an exception than a rule.