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NACP

REPORT ON HIV/AIDS EPIDEMIC UPDATES
(JULY-DECEMBER 2011)

National HIV/AIDS and STIs Control Programme, Department of Public Health
Ministry of Health, 1st December 2011

Background

The HIV incidence in Bhutan has seen sharp rise over last decade; this rise has been attributable to increasing prevalence of Sexually Transmitted Infections (2.4%), strengthened HIV detection services with improved infrastructures and nevertheless the improved public awareness on the importance of getting oneself tested. Until July 2011, we have 246 total HIV cases throughout the country, and within the gap of six months the case has increased by 24 making total reported cases of 270.

Within the 24 reported cases 13 are females and 11 are males including 2 children. The formation of multi sectoral task force (MSTF) at the district level and involvement of the priority sectors as implementing partner to national response has played a crucial role in generating comprehensive awareness both among the general public and within the targeted group of population. This commitment is clearly demonstrated through their willingness to come forward for voluntary testing.

Bhutan has not yet reached to the optimum level of HIV prevalence, as per UNAIDS estimates, Bhutan has at least 1000 HIV positive case by the end of year 2010. Most of the cases detected within last six months are not necessarily the new detection, as most have acquired the infections long time back. Hence, this proves that people are still coming in with old infections with increased awareness programs making significant impact on their health seeking behavior.

Strategies have been revised to match the budget and guidelines revised to enhance and strengthen the HIV prevention, diagnosis, treatment, care and support programs. Currently, the National Program has established 4 free standing VCT centers (HISCs) and integrated VCT centers in all the district hospitals. In order to scale up the prevention of mother to child transmission, the program has prioritized to upgrade current Antenatal clinics (ANCs) with the integration of HIV PMTCT services at all levels of health care facilities. Currently we have strategized our approach to reach the most-at-risk population and vulnerable groups through various intervention packages. GFATM, WHO, UN system in Bhutan are the major source of funding for National HIV/AIDS Control Programme.

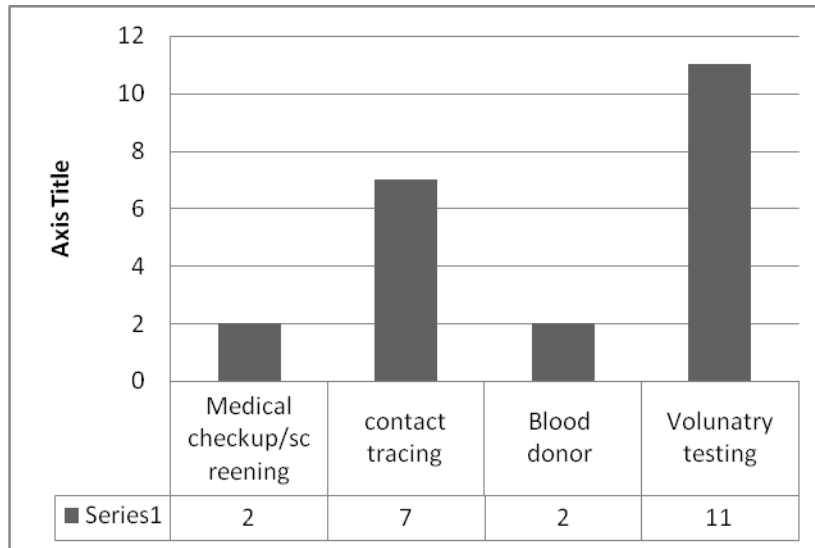
Reasons for increased detection;

- 1- Improved detections services with enhanced VCT services throughout the country
- 2- Increased knowledge due to improved awareness raising programs by MSTFs and key stakeholders
- 3- Improved detection policies and guidelines



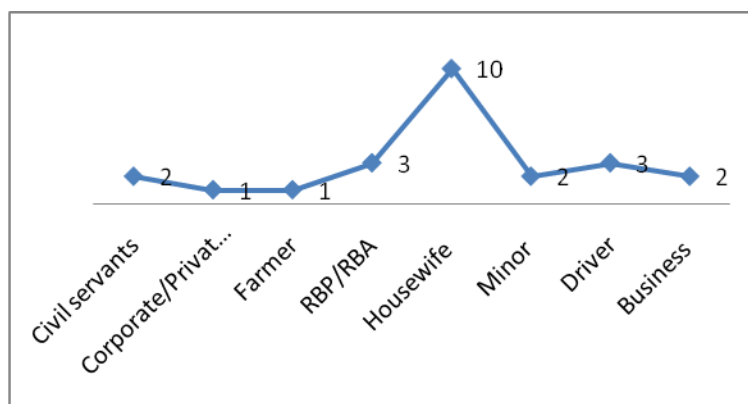
A. Details of 24 newly detected cases

Figure 1: Mode of diagnosis



The leading mode of diagnosis is voluntary testing followed by contact tracing. This portrays that Voluntary counseling and testing services is very efficient and the level of knowledge on VCT has increased over last few years, leading to increased enrollment for VCT services at the health facilities, we need to scale-up diagnostic facilities to enhance detection rate at all levels of the health facilities.

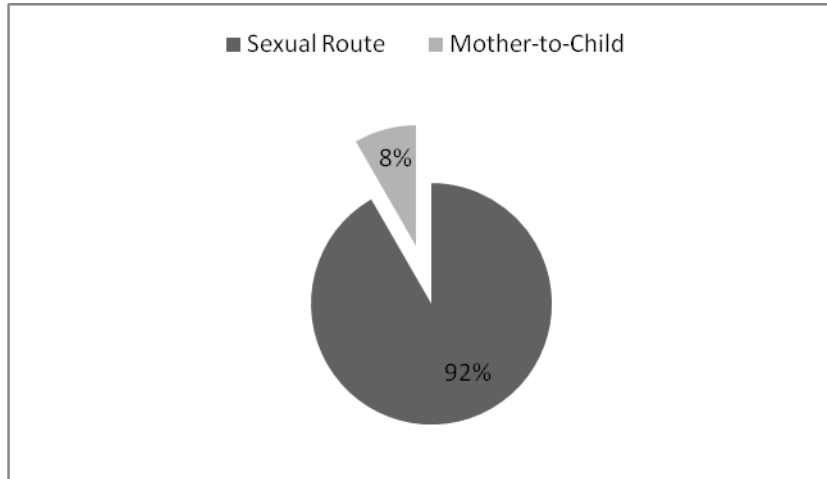
Figure 2: Occupational background of the detected cases



Among the 24 detected cases, housewife claims the majority of the total reported cases; this trend has been increasing over last few years. Analysis of the epidemiological trend among this group of population is crucial at this moment to understand the key determinants driving the epidemic.



Figure 3: Mode of Transmission



Recognizing the trend of relaxed sexual mores and unsafe heterosexual practices, 92% of the transmission is attributable to unsafe sex, similar to the previous trend which was almost 90%. Transmission through heterosexual still remains the dominant mode of HIV transmission; this is further contributed by the high prevalence of Sexually Transmitted Infections (STIs). Over last two quarters, Wangduephodrang, Chukha and Thimphu reported the highest STI prevalence (Quarterly STI report from Dzongkhag, 2011).

Figure 4: Summary of STI cases reported from Dzongkhag Health Centers

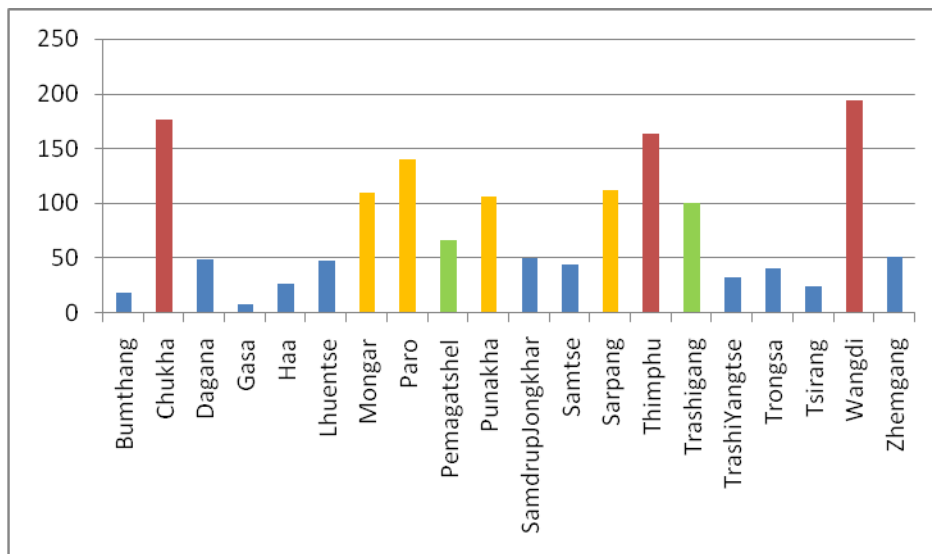
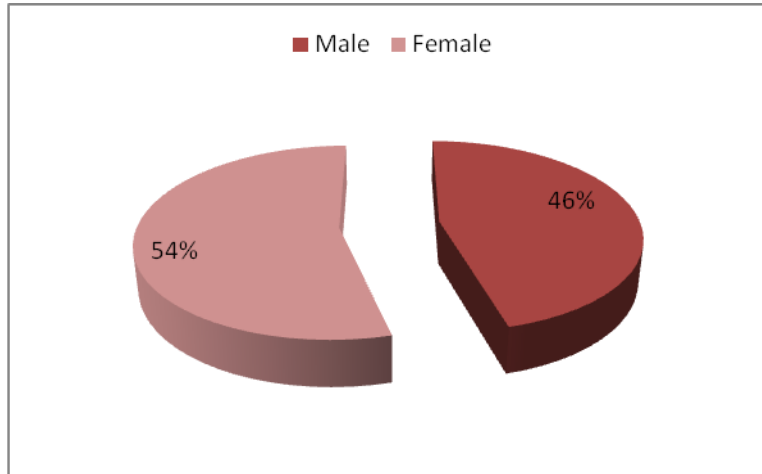
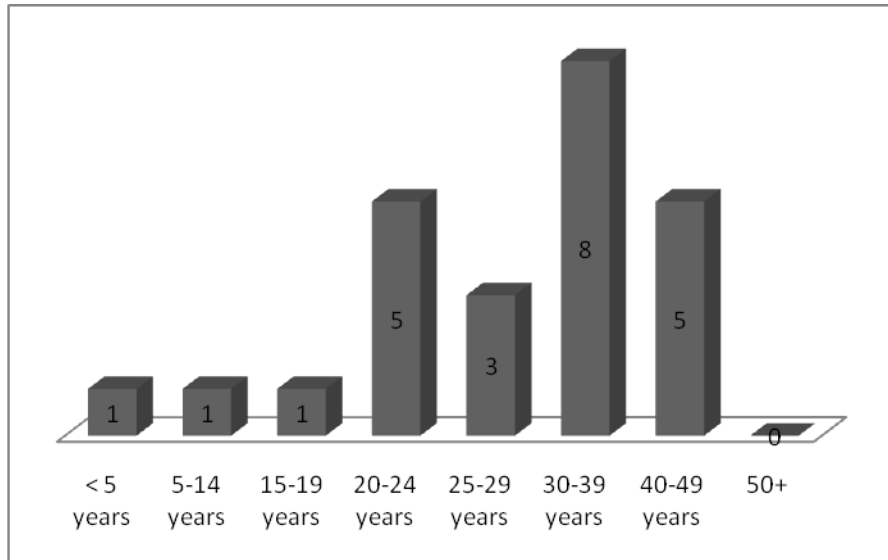


Figure 5: Distribution by sex



Over the last few years, we have been witnessing equal distribution of the epidemic across both the sexes, among the 24 detected cases 54% are female and 46% are male including two children one below 5 years and one between 5-14 years of age.

Figure 6: Distribution by Age Group



The above bar graph shows that 92% of the cases are within the age range of 15-49 years. This particular trend has remained the same over last couple of year; this itself explains the vulnerability of our young Bhutanese population to this life threatening epidemic. The trend is self explanatory that our intervention should focus on the productive age group disaggregated by their exposure to risk factors.



B. Summary of the Overall Epidemic

The Nation currently has 270 people reported with confirmed HIV infection out of which 135 are females and 135 males. Out of these total reported cases 22 are children with age ranging from 1 to 12 years having acquired the infection from their infected parents (mother to child transmission). Almost 91% of HIV infections are attributed to heterosexual (unsafe sexual practices, multiple sexual partners, casual sex and low condom use). The UNAIDS estimated that Bhutan will at least have 1000 cases by the end of 2010, which means we still haven't reached the optimum level of the HIV cases in our country. Most of the cases detected have actually acquired the infections earlier, but due to certain reasons they have delayed in seeking the health care service. Retrospectively, we could have reached to present figure few years back, however the probable reason could be due to low level of awareness, low coverage of diagnostic facilities and fear of social stigma and discrimination.

The infected population cuts across all sections of the society and they are inclusive of government and corporate employees, to business men, farmers, uniformed personnel, religious bodies, housewives and sex workers. 50% of the infected populations are within the age range of 15-29 year, this is the strong marker of the vulnerability of our youth Bhutanese population.

The dominant route of transmission is through sexual route followed by vertical transmission of HIV from infected mother to their child which accounts to almost 8% of the total infected population. Programs on Prevention of Mother-to-child-transmission (PMTCT) of HIV has been put in place, however due to low coverage of the facilities, the program was slower in gaining the pace. New National Strategic Plan and National Operational Plan prioritize the strengthening of the PMTCT services backed by the Global commitment towards "getting to zero new HIV infections". This goal in realistic is achievable and Bhutan has committed to reverse this trend by 2015. Biennial Health Conference -2011, has also passed on the recommendations to integrate HIV PMTCT services with Mother and Child Health Program down to BHUs level, so that the risk of vertical transmission among the pregnant mothers will be reduced.

The program should also re-look in to the programs and interventions for HIV prevention among the 'Housewife'. Considering the consistent trend of increased HIV detection among this group, basic studies to analyze the risk factors shall be considered.



Table 1: Mode of diagnosis of HIV/AIDS

1	Medical checkup/screening	52
2	Blood Donor Screening	28
3	Survey/sentinel	37
4	Contact Tracing	77
5	Voluntary Testing	54
6	Mother to child	22
TOTAL		270

29% of the total reported cases are diagnosed through **Contact tracing**.

Table 2: Occupational background

1	Civil Servants	17
2	Corporate/Private Employee	35
3	UN Employee	01
4	Business community	36
5	Housewife	81
6	Farmers	17
7	Commercial Sex Workers	12
8	Religious groups	07
9	RBP	12
10	RBA/RBG	18
11	Minor (1 Non National)	22
12	Unemployed	02
13	Prisoner	02
14	Laborers (National 3, Non National 2)	05
15	Student/ Trainees	03
Total		270

30% of the total cases are reported from **Housewife**.

Table 3: Mode of Transmission

Sexual Route	243
Mother to Child	22
Intravenous Drug use (Probable)	03
Blood Transfusion (outside)	02
Total	270

90% of the total reported cases are transmitted through **sexual route**.



Table 4: Distribution by sex

1	Male	135
2	Female	135
Total		270

50% men and 50% female have contracted HIV virus (50-50)

Table 5: Distribution by Age Group

Age Groups	Male	Female	Total
< 5 years	4	14	18
5-14 years	2	2	4
15-19 years	1	9	10
20-24 years	11	33	44
25-29 years	41	32	73
30-39 years	54	34	88
40-49 years	21	10	31
50+	1	1	2
Total	135	135	270

87.4% of the total cases reported are within the age range of **20-49 years**.

Table 6: Put on Antiretroviral Therapy (ART)

1.	Total cases put on ART Treatment	78
2.	Total Deaths after ART	15
3.	Total Living with ART	63

Table 7: Total disaggregated by nationality, deaths and place of residence

1.	Total Bhutanese National Living with HIV/AIDS	207
2.	Bhutanese nationals living outside Bhutan with HIV/AIDS	2
3.	Non-Bhutanese repatriated	13
4.	Total deaths including one non-Bhutanese	48
	Total cases detected in the country as of Dec. 2011	270

