The Third Generation HIV/AIDS/STI Surveillance:
A Summary Presentation of the Guidelines

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Human Rights, Ethics and HIV/AIDS Surveillance

- Ethical Principles should guide international, national, community & individual response to AIDS
- There is a moral responsibility of the modern epidemiology
- Ethical Principles should guide the formulation & implementation of HIV/AIDS policies
- Human Rights Principles are very relevant to HIV/AIDS
The Objectives

• Better understanding of sexual behaviours and practices driving the epidemic
• Better assessment of trends and status over time
• Orient public health actions towards the most vulnerable groups, the stigmatised and marginalised
• Measure coverage and quality of care for People Living With HIV/AIDS (PLWHA) and STI patients
• Assess the impact of HIV/AIDS/STI prevention and control programmes based on CCH2 indicators
• Plan from data and evidence i.e. best practices
The Approach

- **Epidemiological Surveillance:** HIV, AIDS, AIDS deaths, & STI case reporting. Prevalence and antimicrobial resistance surveys (HIV and STI)

- **Knowledge, Attitudes, Beliefs and Practices (KABP) or Behavioural Surveillance Surveys**

- Conduct of concomitant and periodic KABP and seroprevalence surveys focusing on vulnerable groups (i.e. young people, FSW, MSM, people living with HIV/AIDS)

- **Audit of quality of treatment and care** for PLWHA and patients with sexually transmitted infections (STI)
Functions & Attributes

- Source of Information
- Flow of Information
- Data Storage and Management
- Data Analysis and Dissemination
- Surveillance Team Functioning

- Standardization
- Simplicity
- Timeliness
- Flexibility
- Sustainability
- Participatory
- Acceptability
- Representativeness
- Sensitivity - Specificity
- Usefulness
Description

• Universal Case Reporting
• Sentinel Surveys and Reporting
• Repeated cross-sectional surveys: seroprevalence, behavioural, etiologic & antimicrobial resistant patterns
• Other Qualitative and Quantitative Special Surveys among vulnerable groups
• Active Surveillance
• Passive Surveillance
• Registries
• Cohort studies among PLWHA to Audit Quality of Care & Treatment provided to that population group
• Exit Surveys among STI patients (Health Facility Survey)
• Observational studies
STI and Syndromes under Surveillance

Syndromes:
- Urethral Discharge in Males
- Vaginal Discharge in Women
- Genital Ulcers in Males & Females
- Neonatal Conjunctivitis

Diseases:
- Chancroid
- Bacterial Vaginosis
- Chlamydial & Gonococcal Infections
- Herpes Simplex Virus Infections
- Syphilis (incl. Congenital syphilis),
- Donovonosis
- Trichomoniasis
STI Surveillance

- **Minimum Data Required:** age, sex, residence, treatment and health care setting.
- **Reporting:** Etiologic or Syndromic basis (urethral discharge in males & vaginal discharge in female or genital ulcer)
- **Special Surveys and Studies:** Prevalence studies in specific groups (e.g. Pregnant Women, FSW, MSM Young People or Blood Donors).
- **Anti-microbial Resistance Studies**
HIV Surveillance

HIV Case Reporting

- Minimum Data Required: age, sex, sector of employment, residence, reason for testing, route of transmission, date of diagnosis and health care setting

Seroprevalence Surveys and Studies

- Essential Groups: Young People, Pregnant women, MSM, FSW, Blood Donors, STI and TB Patients.
- Molecular Epidemiology and Genotyping (resistance)
AIDS Surveillance

AIDS Case Reporting

- **Minimum data:** age, sex, residence, sector of employment, route of transmission, date of diagnosis, major and minor signs or indictor diseases

AIDS Deaths Reporting:

- **Minimum data:** includes all information on AIDS cases plus cause of death (Opportunistic Infection) or HIV disease
Audit of STI Treatment and Special Surveys

- Audit of quality of treatment on biannual basis to assess availability of STI drugs to support Syndromic Management of STI
- Audit of flow charts and appropriateness
- Conduct pharmacy or community based STI self-treatment studies
- Prevalence studies through cross sectional studies and etiologic studies and antimicrobial resistance studies among specific groups: blood donors, pregnant women, STI patients, MSM, FSW and clients and young people i.e. new army recruits, young prisoners at admission
Audit of Quality of Care among PLWHA

Institutional Readiness

- Targeted Professionals: physicians, nurses, pharmacists, social workers/counselors, laboratory workers,
- Targeted Functions: recording, capacity to provide Essential Package of Care (EPC), Prevention of Blood or NCI (i.e. PEP, Universal Precautions) Prevention Counselling and patient monitoring

PLWHA Perspectives

- Essential Package of Care (EPC) as defined by CAREC
- Satisfaction with services provided and Safer Sex Practices
- Human rights issues at all levels i.e. workplace, family & community level (stigma and discrimination)
Sampling Methodologies Used to Conduct Care Surveys

- Selection of Health Care Institutions from different geographic areas (rural, semi-urban and urban) with different levels of health care delivery systems (primary, secondary & tertiary institutions) & NGOs involved in care for PLWHA to be surveyed.

- For PLWHA: Retrospective study: Random sampling using national registries for HIV and AIDS cases

- Alternative sampling: Snow Ball sampling or networking sampling and the “take them all” approach

- Involvement of PLWHA.
Surveillance & Monitoring of the Impact of PMTCT of HIV Programmes

- Targetted Components of Programmes: National Policy on PMTCT and VCT, IEC or BCC, financial & human resources to support PMTCT, lab diagnosis and Quality Assurance, ARV regimen and other measures, infant feeding, coverage of PMTCT services and their quality

- Long term supportive counselling & psychosocial support services for mothers, children & partners

- Available Family Planning services

- Impact of PMTCT of HIV

- Research regarding long term outcome

- Provision of Essential Package of Care to all HIV positive individuals
Other Sources of Information Relevant to Epidemiological Surveillance of HIV/AIDS/STI

Central Statistical Offices:
Important information Source to validate AIDS deaths reported by national surveillance systems

Vital Statistics
- HIV Screening:
  - Among Visa applicants
  - Pre-Employment HIV testing
  - Insurance applicants
KABP or Behavioural Surveillance Surveys (BSS)

- Periodic BSS or conduct of Knowledge, Attitude, Beliefs and Practices (KABP) surveys (households or schools as units) designed and conducted in the general population (e.g. during DHS surveys)

- Specific periodic BSS surveys among the most vulnerable groups (burden and spread of the epidemic) be conducted with their valuable input (young people, MSM, FSW and PLWHA).
Quantitative and Qualitative Behavioural Research

- Quantitative research questions will answer the following: How many, How much, Where, Who, When
- Good for description, monitoring, snapshot and reliability

- Qualitative research questions will answer the following: What, Why and How
- Good for discovery, explanation, process, experience and validity