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Passive Surveillance Report on HIV/AIDS and Sexually Transmitted Infections, VCCT and Others HIV/AID Related in Cambodia in 2003

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Report prepared by: **Heng Sopheab, MD MPH.**
Data compiled by: **Surveillance Unit Staff**

National Center for HIV/AIDS, Dermatology and STDs,
Ministry of Health

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I- Introduction

HIV/AIDS has been increasing rapidly making Cambodia the fastest growing epidemic in Asia though recently, the Joint United Program on HIV/AIDS (UNAIDS) has recognized the stabilized HIV epidemic in Cambodia **(WHO/UNAIDS: AIDS epidemic update, 2002).** HIV was first detected in National Blood Transfusion Center in Phnom Penh in 1991 and in 1993 the first cases of AIDS were diagnosed. The latest available data from the HIV Sentinel Surveillance 2002 reported HIV prevalence rates: 28.8% among "direct" female sex workers (DFSWs) (i.e. based in brothels), 14.8% among "indirect" female sex workers (IDFSWs) (women who work as beer promoters, bar girls, karaoke workers or masseuses), and 2.8% among women receiving antenatal care (ANC) with the estimate of 157,500 people living with HIV/AIDS in the country.

All health related data in Cambodia come from two main sources: routine centralized case reporting (also called passive surveillance) and special survey of the selected populations. Up to now, epidemiological data on HIV/AIDS in Cambodia has relied mainly on the active HIV/AIDS surveillance program. This program has three major components: HIV sentinel surveillance (HSS), behavioral surveillance survey (BSS) and Sexually Transmitted Diseases Surveillance (SSS). The HSS was first conducted in 1995 and the BSS was first conducted in 1997 while two rounds of SSS were completed in 1996 and 2000. This surveillance program serves as a good monitoring system on the trends of HIV/AIDS epidemic and related risk sexual behavior determinants and to provide guidance for program planning and interventions. Also this active surveillance system has been recognized internationally as a good monitoring system of HIV/AIDS epidemic in Cambodia. However, the HIV/STI related passive surveillance system is still weak. According to the Health Information System (HIS), Ministry of Health (MoH), all HIV/AIDS and STD cases must be reported to HIS. However, there is a big gap between the reported numbers of estimated number of HIV/AIDS. Moreover, the reported cases to HIS are not satisfying because of the inadequate information collected. Epidemiological studies show that only about 10% of HIV positive cases and AIDS diagnosed patients are reported to MoH **(Saphonn et al, Abstract #55, First Cambodia National AIDS Conference).**

As recommended by WHO and UNAIDS, all countries have to report the HIV/AIDS cases though low reporting rates are expected to be common especially in developing countries because HIV/AIDS case reporting remains an important tool and is useful for estimating the burden of HIV/AIDS and STIs related morbidity and mortality, and planning for the health care services in the short run, especially in the case of Cambodia where one of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and MoH's priorities is to target on HIV/AIDS care. Therefore, this is the first of a series of HIV/AIDS and STD related passive surveillance report. This report will be a compilation all data sources available in Cambodia both from the government and non government sectors related to HIV/AIDS/STI prevention and care.

II- Objectives

1- To gather and compile all HIV/STI related data available from all sources for program planning and interventions

2- To provide up-to-date information related to HIV/AIDS, STI, VCTs and other HIV/AIDS related data from the existing reporting systems

3- To write the report and disseminate it to all sector involved in the HIV/AIDS prevention and care on the semester basis.

4- To recommend the use of the uniform report format which comparable to the standardized report fit with the UNAIDS fact sheet.

5- To get comments and suggestions regarding the existing reporting systems and to improve the quality of the report for better use of the data for program planning and interventions.

III- HIV/AIDS Case Reporting

HIV/AIDS case reporting is a very problematic in Cambodia because of the limited government health infrastructure, inadequate human resources at all levels and no duplication control system available. As recommended from WHO and UNAIDS in 1999, most of the countries compile the AIDS case reporting and send to WHO regularly based on the standardized format developed by WHO. This makes NCHADS difficult to fill in this task properly the yearly-basis report form requested by WHO because of the different and mixing report format in different institutions within the country from both government and NGOs; therefore, since 2000, Cambodia has not been able to report any AIDS cases to WHO. Samples of different report forms will be attached in the **Appendix** to reflect the current status of the existing reporting system. In addition to that, AIDS case definition in Cambodia is still not widely disseminated to all provincial health departments especially Referral Hospitals and other HIV/AIDS related profit and non profit organizations who have been working clinical care for people living with HIV/AIDS though the case definition was already finalized by the AIDS Care Working Group. Due to the unreliable and unusable data from the reporting system, a new approach of the reporting system with a standardized form (at least it should includes age groups and sex variables) must be piloted first at a small scale to seek a better mechanism to provide a better data for program planning and interventions especially for AIDS care such as the access to ART, and the use of HIV/AIDS sex ratio in estimate of the HIV/AIDS in Cambodia. A format for HIV/AIDS case reporting should be developed.

Table 1: Report of HIV, AIDS and AIDS death cases from different sources, 2003

	HIV			AIDS Cases			AIDS death		
	Total	M	F	Total	M	F	Total	M	F
VTC (a)	7867	3690	4177						
HIS (b)	4828			1394			124		
PKM Hospital	0			0	0	0	0	0	0
Blood Donors	0								
HSS	923	114	809						
Center of Hope	447	249	198	0	0	0			
IOM	4	1	3		0				
Calmette H				0					
PNSihanouk H				0					
Kunthak Bopha				0					
National Ped H				0					
Total	**14069**	**4054**	**5187**	**1394**	**0**	**0**	**124**	**0**	**0**

(a): From 17 VTC sites in Cambodia
(b): Calmette, Preah Bath Norodom Sihanouk, Kunthak Bopha, National Pediatric, Kosamak hospitals are under HIS

Compiled by Surveillance Unit, April 23, 2004

Table 2: AIDS cases by years of reporting

Years	AIDS	AIDS DEA	Years	HIV
1991	0	0	1991	3
1992	0	0	1992	91
1993	1	0	1993	204
1994	14	9	1994	646
1995	91	15	1995	2520
1996	300	72	1996	4241
1997	572	69	1997	4102
1998	1494	229	1998	6152
1999	2556	314	1999	7726
2000	3684	533	2000	13854
2001	16053	721	2001	18505
2002*	**0**	**0**	**2002**	**0**
2003	1394	124	2003	14069

* There is a gap to collect the HIV/AIDS case report in 2002

AIDS cases by mode of transmission (No available data)

90% HIV infection in Cambodia is transmitted through sexual contacts.

IV- Sexually Transmitted Infections (STIs)

Significant milestone for STIs
1999: National Policy and Priority Strategies for STD Prevention and Control
2001: Guidelines for implementation of sexual transmitted infection services.

STD case report helps NCHADS to better monitor the STDs trends and case loads in the high risk groups, general population as well as and the geographical distribution. In this

report, we try to collect information and reports from different sources related to STD case report and reflect the actual issues related to the existing reporting system.

Currently, there are three types of STD data sources available from three different reporting forms: the HC1 of the Health Information System (HIS) of the Ministry of Health, monthly STD case report form and the standard medical history (SMH) form. The samples of the form are attached in the **Appendix.** The HC1 is the integrated form for all diseases recorded at the health service delivery levels (health centers), in which **5 main STD syndromes are included:** urethral discharge, vaginal discharge, genital ulcers, PID and genital wart. The data is collected on the monthly basis and sent to HIS via operational districts (OD) and provincial health departments (PHD). The monthly STD case report form, which has been used at the special STD clinics, is more specific and detail with main STI syndromes by age groups and by sex. This form is used to report new STD cases on the monthly basis. The standard medical history (SMH) form was first initiated at STD clinic in Sihanouk Ville Provincial AIDS Office in 1999, which was purposefully used for research. It is very detailed and complicated. Later on, it has been decided to use specifically to collect data only from sex workers complementarily with the 100% CUP. The ACCESS Program Database has been developed and records are tabulated in to the database at the Provincial levels before forwarding to the STD Unit at NCHADS. The diagram of the flow of reported STD cases will be attached in the **Appendix.** The Table below is summarized a whole year data from provinces.

Table 3: Reported STI cases by sex and age groups, Jan-Dec 2003

	Age groups					Total cases
	< 13	**13-19**	**20-29**	**30-39**	**>40**	
Urethral discharge (male)	0	23	484	862	368	1738
Vaginal discharge (female)						
Vaginitis	0	523	2137	998	486	4145
Cervicitis	0	377	1639	712	276	3004
Cervicitis + Vaginitis	0	359	1725	1205	472	3761
Lower abdominal pain (PID)	0	12	85	102	118	317
Genital ulcer						
Male	0	10	139	144	93	386
Female	0	20	116	42	31	209

Source: STD Unit and Surveillance Unit, April 2004

Note:

1). The data in the table above comes from 12 special STD clinics: Tuol Kork clinic, Battambang, Siem Reap, Stung Treng, Sihanouk Ville, Kampong Speu, Kampong Thom, Kampong Chnnang, Kampong Cham, Kratie, Svay Rieng and Prey Veng.

2). Data from Takeo and Rattanakiri are not able to tabulate by age group and by sex. It is reported the total number by specific STDs and is attached in the **Appendix** as well.

3). No reported STD cases from the HIS, Ministry of Health from January to December 2003.

4). Total number of STD reported cases in specific provinces in 2003 are attached in the **Appendix** section.

Table 4: Number of special STD clinics and STD integrated services in Cambodia

No.	Provinces	Special STD clinics	STD Integrated HC
1	Banteay Meanchey	2	44
2	Battambang	2	26
3	Kampong Cham	1	58
4	Kampong Chhang	1	30
5	Kandal	1	58
6	Kep Ville	**0**	4
7	Koh Kong	2	7
8	Kampot	1	44
9	Kampong Speu	1	30
10	Kratie	1	21
11	Kampong Thom	1	34
12	Mundulkiri	**0**	5
13	Oudor Meanchey	1	11
14	Pailin	1	2
15	Phnom Penh	1	8
16	Pursat	1	13
17	Prey Veng	2	26
18	Preah Vihear	1	9
19	Rattanakiri	1	7
20	Sihanouk Ville	1	9
21	Siem Reap	1	49
22	Stoeung Treng	1	8
23	Svay Rieng	1	27
24	Takeo	1	59
	Total	**26**	**589**

Sources: STD Unit, NCHADS, March 2004

V- Reported population sizes of sex workers

This is a compilation over time of number of direct female sex workers (DFSWs) or also called brothel based sex workers and indirect sex workers (IDFSWs) including bar girls, beer girls, masseuses, and karaoke women, that were reported to Surveillance Unit until 1999 and later on to BCC Unit by the Provincial AIDS Offices (PAOs) in the whole country. Each PAO collects the number of sex workers through the outreach and peer education program and also through the 100% condom use working groups. However, a main issue has been observed is the irregular monthly or quarterly report to BCC Unit in terms of the update number of sex workers in each province. The numbers presented in the Table below is possibly underreported especially other forms of IDFSWs, especially

some cities such as Phnom Penh, some groups of sex workers are unable to access by the PAO. The number of sex worker population may be reported differently to the government and to NGOs. Other source mentioned that there is an increase of numbers of sex worker from 30,000 to 100,000 **(Cambodia News, Yr2, Number: 58, April 05-11, 2004).** An estimate of the population size of these groups will be scheduled early 2005.

Table 5: Number of sex workers reported from Provincial AIDS Office

Year	DFSWs	IDFSWS	Total
1996	3,945	NA	3,945
1997	6002	5,309	11311
1998	6235	6,119	12354
2000	3872	8,480	12,352
2002	4380	8300	12680
2003	3794	14444	18238

Sources: Surveillance and BCC Units, NCHADS, Jan 2004

* Note: A province specific table for sex work population is attached in the Appendix

VI- Men having sex with men (MSM)

There is uncertainty about the estimated numbers of the MSM population, which consists of long hair and short hair. Long hair MSM mostly provided sex services and easily identified because of their appearance in talking or dressing while short hair MSM are usually difficult to identify because they are like other men and they might be bisexual. The first estimated number of MSM around **800** was conducted in 1999. The HIV/STD prevalence study in 2000 on MSM in Phnom Penh found the following prevalence rates: 14% of HIV infection, 7% of Chlamydia trachomatis, 5% of Gonorrhea and 3% of active Syphilis **(Phillipe Girault et al: Sexual Behavior, STIs and HIV among MSM in Phnom Penh, Cambodia 2000).** Recently, there have been some NGOs are working with this group. They include FHI, KHANA who work with other local partner (MHC and USG) in Phnom Penh, Battambang, Siem Reap and might be other places. The latest mapping conducting by FHI in late 2003 found about **1500** MSM frequently identified in 24 meeting spots **(Morineau G. and Song N.)**

VII- Drug use in Cambodia

Drug use has become one of the main public health concern especially the injecting drug use (IDU) because it is one of the main factors fueling the spread of HIV/AIDS epidemic in Asia as well as other parts of the globe. A country like Cambodia which is bordered with Thailand and Vietnam where report of IDU and amphetamine typed substances (ATS) are very high, might sooner or later become the country with increase number of illicit drug user though Cambodian are traditionally not domestic drug users. Recently the country has increasingly become a major transit base of drug trafficking and drug use **(Report on illicit drug situation in Cambodia 1994-2000)** Topics about illicit drug user arrest, drug smugglings and drug confiscations by local authorities especially ATS have

been reported nearly daily in local newspapers. Though currently, there has been no study reported the direct link between ATS and the HIV infection, the addiction to ATS are likely to stimulate the high risk behavior which contribute to HIV/AIDS epidemic.

The first rapid assessment of drug use in Cambodia with the support from the World Bank project found that illicit drug abuse was not a major problem in Cambodia in **(Oppenheimer E., November 1995)**. However, since that time, there has been a clear evidence of a dramatic increase of the drug use and of the widespread of drug trafficking, while community's awareness about the drug use was still low.

Assessment in 2003 found the high prevalence of ATS use among youth in 4 provinces and cities including Phnom Penh, Sihanouk Ville, Battambang and Bateay Meanchey **(UNODCCP Report 2003).**

Table 6: Total numbers of drug users reported in the 20 provinces and cities*

Sex		**Total**	**Types of drug**			
Male	Female		ATS	Heroin	Sniffing glue	Marijuana
4052	335	**4387**	3566	26	627	168

Sources: Secretariat of National Authority for Combating Drug (NACD), 2003

* No report from Kampong Thom, Kep, Rattanakiri and Mondulkiri provinces

VIII- Coverage of HIV Voluntary Confidentiality Counseling and Testing (VCCTs)

Significant milestone for HIV testing and counseling:

July 1998: Policy on HIV testing and counseling and guidelines

Jan 2004: A guide for implementation of voluntary confidential counseling and testing for HIV (VCCT)

VCCT is recognized as an entry point of HIV prevention and care support services. The VCCTs were first made available in 1996 in Phnom Penh, Kampong Cham, Siem Reap and Battambang with support from the French Cooperation. According to the Strategic Plan for HIV/AIDS and STI Prevention and Care in Cambodia 2001-2005, the main objective of the VCCT is to strengthen and expand HIV counseling and testing services in both government and private sectors. By March 2004, there are 56 VCCTs in 20 provinces and cities; however, reports using VCCT as the testing sites are still limited for both males and females in the BSS groups **(BSS 2003 Dissemination)**. Currently, three different types of VCCT are identified: Stand alone VCCT, integrated VCCT and private VCTs. But currently most of the VCCTs are stand alone. Also, no existing system to coordinate the HIV reporting from private VCTs and none of the these VCTs do meet the standard procedure of counseling and testing required by the NCHADS, MoH.

The VCCT data management training was conducted in late 2003 to train the VCCT staff to use the Epi Info 2002 database for data entry. It is expected that in 2005, the VCCT electronic database will be available for NCHADS to use for further analysis such as by jobs, age groups, reason for testing.

Table 7: Numbers of VCCT services managed by PHDs and NGOs

No.	Provinces	PHD	RHAC	WVI	Other NGOs	Total
1	Phnom Penh	7	2	2		11
2	Siem Reap	2	1		2	5
3	Battambang	4	1			5
4	Banteay Meanchey	4				4
5	Kampong Cham	1	1			2
6	Sihanouk Ville	1	1			2
7	Kampong Thom	1				1
8	Svay Rieng	2				2
9	Prey Veng	2				2
10	Takeo	2	1			3
11	Kampot	1				1
12	Pursat	1		1	2	4
13	Koh Kong	1				1
14	Kandal	1		2		3
15	Kampong Speu	1		1		2
16	Kampong Chhnang	1		1		2
17	Kratie	1				1
18	Stung Treng	1				1
19	Odor Mean Chey	1				1
20	Pailin	1				1
	Total	**36**	**7**	**7**	**6**	**54**

Sources: VCCT Sub Unit, NCHADS, March 30, 2004

Note: *NCHADS plans to establish other 3 VCCTs in Rattanakiri, Mondulkiri and Preah Vihea in 2004.*

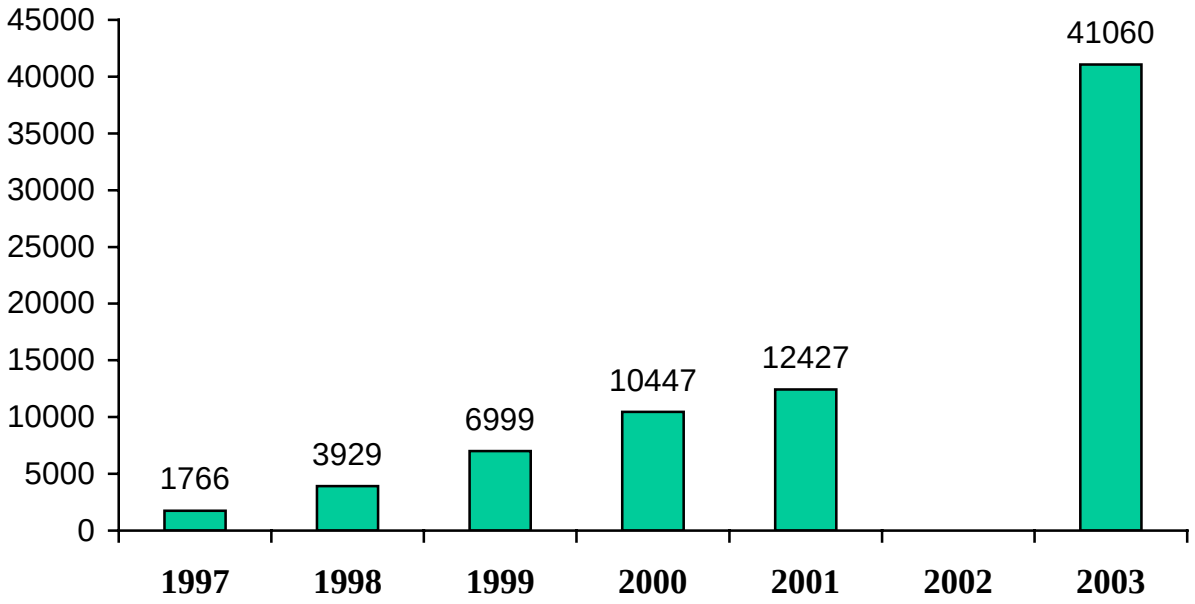
Table 8: HIV Report from the 17 VCCTs in 2003 (Jan 01- Dec 30)

No.	VCT Sites	Male			Female			Total		
		Total	HIV+	%	Total	HIV+	%	Total	HIV+	%
1	STD clinic	1907	423	22.2	1657	518	31.3	3564	941	26.4
2	PNSH	657	302	46.0	247	247	100.0	904	549	60.7
3	Battambang	1491	312	20.9	1346	344	25.6	2837	656	23.1
4	Kampong Cham	863	163	18.9	1012	222	21.9	1875	385	20.5
5	Siem Reap	1373	437	31.8	1344	444	33.0	2717	881	32.4
6	Sihanouk Ville	502	149	29.7	516	156	30.2	1018	305	30.0
7	Svay Rieng	823	90	10.9	834	90	10.8	1657	180	10.9
8	Prey Veng (town)	504	135	26.8	453	182	40.2	957	317	33.1
9	Prey Veng (Neak Loeung)	564	118	20.9	539	109	20.2	1103	227	20.6
10	Banteay Meanchey	567	114	20.1	1045	159	15.2	1612	273	16.9
11	Takeo	823	205	24.9	769	192	25.0	1592	397	24.9
12	Kamopng Thom	420	50	11.9	359	66	18.4	779	116	14.9
13	Pursat	850	126	14.8	429	113	26.3	1279	239	18.7
14	Kampot	686	128	18.7	570	172	30.2	1256	300	23.9
15	RHAC Clinic	4737	396	8.4	9870	612	6.2	14607	1008	6.9
16	RCP-P	1373	437	31.8	1344	444	33.0	2717	881	32.4
17	Koh Kong	287	105	36.6	299	107	35.8	586	212	36.2
	Total	**18427**	**3690**	**20.0**	**22633**	**4177**	**18.5**	**41060**	**7867**	**19.2**

Sources: VCCT Sub Unit, NCHADS, Jan 2004

**PNSH: Preah Bath Norodom Sihanouk Hosptital*

Figure 1: Numbers of people tested at VCCT over time



*1997-99: 5 VCCTs, 2000-01: 6 VCCTs, 2003: 17 VCCTs (not including Pasteur Institute)

Sources: VCCT Sub Unit, NCHADS Jan 2004, G. Fletcher, VCCT in Cambodia: An overview, Sept 2003

IX- Number of people living with HIV/AIDS (PLWHA) receiving highly active antiretroviral therapy (HAART)

Significant milestone for antiretroviral therapy

July 2001: Guideline for the use of antiretroviral therapy (ART) in Cambodia
Feb 2003: Guideline for ART in adults and adolescents

Table 9: Number of PLH on ARV

Province	Site	Funding	Patients	2003
Kampong Cham	Kampong Cham RH	MSF-F	Both	104
Phnom Penh	PBNSH	MSF-F	Both	1097
	Calmette Hospital	ESTHER	Adults	200
	Kossamak Hospital	MDM	Adults	150
Siem Reap				
	Siem Reap RH	MSF-B	Both	252
		ESTHER	Adults	120
	Angkor Children's Hospital	Private	Children	14
	Sot Nikum RH	MSF-B	Adults	50
Takeo	Duon Keo RH	MSF-B	Both	108
				2301

Sources: Compilation work from Dr. Julian Elliot and AIDS Care Unit, March 2004

X- Recommendation

1- Propose HIS to revise variables include in the HIV/AIDS reporting system (at least age group, sex)

2- Dissemination the case definition of AIDS (waiting for update AIDS case definition from WHO)

3- Motivate staff working at the provincial HIS to report to MoH regularly

4- Work through TWG on how to coordinate and control duplication issues

5- Work with private for profit and non profit to report to MoH

6- Provide training health staff at special STD clinics to understand the usefulness of the STD data and follow the same procedure to fill the report form

7- Need more IT people to set up and manage passive surveillance database especially for VCCTs to meet the increased numbers of VCCTs in the country.

8- More data management training for VCCTs and special STD clinics

XI- Appendix

1- Different report forms related to HIV/AIDS

2- Provinces specific tables for reported STI cases by age groups and sex by for 2003 (from Special STD Clinics)

3- STD case reports from SMH database

4- Province specific table for sex worker population

5- Different samples of STI report forms