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EDITORIAL

AIDS Perspectives: Thailand 1989

Since the emergence of AIDS in Thailand in late 1984, AIDS has become a public health and social problem in the Kingdom as well. [1] As of 15 October 1988, 1,436 cases of HIV infection have been reported to the Ministry of Health, 9 of these were full-blown AIDS cases. [2] Besides these alarming figures of increasing numbers of infected individuals, the spread of HIV infection among intravenous drug users (IVDU) is astonishing. It was less than 1% at the end of 1987 then rose to 16% in May 1988, and is over 40% in October 1988. These figures were derived from the examination of several thousands of IVDU who attended the drug dependence treatment centers in the Bangkok Metropolitan area. One has to consider that these HIV positive individuals represent only a small proportion of the total number of IVDU in Thailand.

The problem of HIV spread among drug addicts threatens the heterosexual community as well, since many drug addicts do have heterosexual contacts. Newborns are now also at risk. In fact, the first baby of an infected IVDU mother was born at Chulalongkorn Hospital in July 1988, and several more infants were born since then. Thirty to fourty percent of babies born from HIV-infected mothers will eventually show evidence of HIV infection. [3] AIDS as a pediatric problem has now arrived in Thailand. Indeed, the first infant with full-blown AIDS was diagnosed at Ramathibodhi Hospital in November 1988. The mother was not an IVDU.

The tragedy of the pediatric AIDS problem is compounded by the possibility that some infected IVDU mothers may abandon or "sell" their children to others. This calls for imediate action from governmental and non-governmental organizations to provide shelter and other relief for such unwanted and potentially infected babies.

Thailand is currently spending considerable funds and resources to detect new HIV infected individuals and to monitor the epidemiologic trend of HIV infection among several high-risk groups. These include IVDU, male homosexuals as well as male and female "sex workers". However, the governmental infra-structure for pre-and post-test councelling and follow-up has not yet been fully developed and does not keep pace with the rapidly growing number of tested persons with positive HIV tests. For example, many of the prostitutes and IVDU do not know what the implications of having an HIV test are, and are often not even tell the results of the test that has been performed. According to a recent survey by the Center for AIDS Research and Education (CARE) of the Thai Red Cross Society, almost all of the female prostitutes questioned, considered having a regular AIDS test and thought that this would help protect them from the disease. [4] There was, unfortunately, still a great deal of ignorance about transmission modalities and risks discovered in this survey. Most surveys have, unfortunately, not collected adequate data concerning behavioural and other factors that might result in increases or decreases of the risk of HIV infection in the Thais cultural and social setting. Such data are urgently needed to intervene and to reduce risk. According to the CARE survey, almost all female prostitutes perform some type of perineal and vaginal cleansing immediately after sexual intercourse. [4] Some use antiseptic solutions and soaps as well. Whether this kind of practice is effective and might explain the continued low prevalence

of HIV infection (less than 0.5%) among Thai female prostitutes, remains an unanswered question.

One also has to understand that treatment for STDs is readily available in Thailand and that most genital ulcerations are not left without being medicated. Virtually all larger massage parlors and many bars that employ "Service Girls" have a contract with a physician and/or nurse who regularly (usually weekly) examines the girls and treats all genital lesions. This practice may also act as a retardent of infection in this community. No such retardent exists in the IVDU group.

One has to recognize that many seropositive IVDU and prostitutes in Thailand are still injecting drugs and selling sex respectively. The government authorities know about this, but are just as unable to stop this as government elsewhere in the world have been. They do not have sufficient personnel and funds to counsel, educate and follow each infected individual. On the contrary, many HIV-infected IVDU were dismissed from inpatient drug-dependent treatment centers once they were found to be HIV seropositive. Finally,the news have just been released that in 1989 the Thai Ministry of Health will set up a drug-dependent treatment center which will house and treat only HIV-infected IVDU on a voluntary basis. Occupational and community therapies can be integrated in this treatment center. A similar approach is also needed for infected sex workers. This is even more of a problem because selling sex is the only way in which most of these individuals can earn their living.

Many high-risk individuals are afraid of participation in anti-HIV testing programs. These are often the well educated middle class. They are either afraid of discovering that they are seropositive or of being known by the public as members of HIV high-risk groups. In order to avoid such fears, alternate anonymous test sites for anti-HIV are needed in Thailand. Although testing would be anonymous, pre- and post-test counselling can still be given in leaflets followed by confidential personal interviews. Such an approach should help to prevent the further spread of HIV infection by most of these individuals.

Every expert agrees that education of the high-risk groups as well as of the general public is the best currently available tool to fight the spread of AIDS. However, the currently available educational materials in Thailand are not tailor made to suit the need of individual high-risk groups. For example, many of the female prostitutes are illiterate and most do not have time to watch the television news. Many of the booklets about AIDS are difficult to understand or not attractive. Many bar or brothel managers do not like to have AIDS posters in their premises because they think that this will make the bar look like it is having an AIDS problem. Therefore, further planning among communication specialists and health educators is needed to develop effective educational materials to suit the need of various high-risk groups. Fortunately, suppression of an anti-AIDS campaign because of fear of a negative impact on tourism is not the policy of the present Thai Government.

Let's turn to the medical aspects of AIDS in Thailand. By now, almost all Thai doctors and health-care workers have heard and know about AIDS from various sources. They know how to suspect a case of HIV infection and how to prove it, i.e., by an anti-HIV test. Begining October 1988, every provincial hospital throughout Thailand has been equipped with an ELISA machine as well as the reagents to perform anti-HIV testing. The primary purpose of this is to screen every unit of donated blood for HIV infection. Although more than one million US dollars are needed for this nationwide operation, everyone can be assured that the blood that one is getting has now been made as safe as possible. Every doctor in any part of Thailand can now request anti-HIV screening without delay and at a reasonable cost. The only problem that may still remain is the confirmatory test, especially in the groups with low prevalence rates. Only certain centers in the country are equipped and competent in performing a confirmatory test, particularly the immunoblott assay.

Making the diagnosis of full-blown AIDS is sometimes a difficult task. It requires expertise, equipment as well as the willingness of the expert to perform definitive diagnostic tests such as bronchoscopy or esophagoscopy. Diagnosis of full-blown AIDS has therefore to be made on clinical grounds in most cases.

Unjustified fear among health-care workers is an expected reaction but can sometimes jeopardize the care of the patients. This is partly due to misconceptions. Therefore, extensive and continuous counselling and education of health-care workers is also needed as well as provision of an adequate and safe working environment.

The only acceptable anti-HIV drug currently available in Thailand, as well as in the rest of the world is zidovudine (azidothymidine). It prolongs life but does not cure. The drug is very expensive and has many side-effects. Most Thai patients cannot afford or cannot tolerate its full dose. Therefore, the applicability to Thai patients is rather limited.

Many other anti-HIV drugs and immunomodulators have been tried in several stages of HIV infection. Most of these trials have been carried out in USA, Europe and Africa where there are more patients with AIDS, we have urged our ministry of Health to consult with

WHO and to negotiate with pharmaceutical companies to carry out promising drug trials in Thailand as well. Such new drug trials may also attract more high-risk individuals to appear for blood tests and follow up. Even if these trials are double-blinded, some patients will benefit, provided that the drug has passed its first phase toxicity study. Vaccine trial will be most appropriate in high-risk populations where the prevalence rate of infection is still low. Thai male homosexuals and sex workers are among the most appropriate groups for any future AIDS vaccine trials.

In conclusion, although prospects to prevent AIDS from spreading in Thailand look rather dim, there are still many things that one can do. We all should aim to retard the spread of this epidemic rather to eliminate it. This needs prompt and collaborative efforts from all governmental and non governmental bodies.

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