

Journal Abstracts

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In all issues of this journal we will always include abstracts of articles relevant to the Pacific. Our aim is not to simply re-emphasize materials found in widely circulated journals but to bring to your attention articles from many, other less commonly available sources regardless of the date of publication. Topics highlighted will include scientific advances, community health, historical reviews, and political and sociological issues relevant to health in the Pacific.

The assistance of all readers of this section in locating materials would be most appreciated. If you have read or written an article that you feel should be an abstract candidate, please send it to the Editor of PHD. The date of publication is not an important factor in deciding to include an abstract. The relevance and quality of the article are the most important. If you like you may submit an abstract of someone else's article with your own comments. Your contribution will be acknowledged.

Sexually transmitted disease risk in a Micronesian atoll population

Alexandra A. Brewis.

Health Transition Review, 1992; 2 (2): 195-213

Given the historical trends of STD diseases in the Pacific, the possibility of heterosexual spread for HIV infection into native Pacific island populations was explored through analyzing sexual networks and their relationship to potential high risk behaviors among the population residing on

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Butaritari atoll in Kiribati. Besides the secondary data collection, structured and semi-structured interviews and participant observation were utilized. The majority of sexual activity in the community studied occurred within monogamous married relationships. However, the nikiranoro, unmarried sexually active women, typically conduct affairs with three to four men in their lifetime and very rarely with foreigners. Premarital sexual behavior does not appear to be of the HIV high risk type. While females are generally married as virgins, men are somewhat encouraged to seek sexual experience with the nikiranoro. Similarly, married women have very little extramarital affairs whereas male infidelity appears to be more common and even tolerated with foreign prostitutes. Homosexuality in this community is very rare. High risk behavior identified included the practice of using vaginal inserts. Although STD is not common in this population, sexual networks exist that would facilitate the spread of HIV infection in village communities, with initial infection being introduced by married men temporarily working abroad.

“ Given the sexual taboo and the patterns of STD in other Pacific Islands, the possible consequences of not adequately addressing the issues of prevention and culture may have widespread consequences in both the heterosexual and homosexual communities. ”

Editorial note: The anthropological methodology employed for exploring social networking and relationships to high risk behavior is appropriate to investigate the relative likelihood of spread of HIV infection. This could be applied to different Pacific island communi-

ties to provide avenues for possible intervention and behavioral change. Given the sexual taboo and the patterns of STD in other Pacific Islands, the possible consequences of not adequately addressing the issues of prevention and culture may have widespread consequences in both the heterosexual and homosexual communities. The existing sexual networks must be identified and used for the transmission of community education messages.

Relationship between AIDS/HIV knowledge and attitudes, concerns and practices of medical laboratory technologists in Fiji

R.W.L. Siebers, M. Lynch and K.P. Singh.

New Zealand Journal of Medical Laboratory Science, 1995; 49(1): 19-21.

The aim of the study was to determine AIDS/HIV knowledge and to compare this with attitudes, concerns and practices of medical laboratory technologist in Fiji in regard to handling HIV positive biological specimens.

An anonymous questionnaire concerning knowledge, attitudes, concerns and practices was distributed to medical laboratory technologists in Fiji. Completed questionnaires were entered into a computer database and results evaluated by least square linear regression analysis and analysis of variance. Sixty medical laboratory technologies returned completed questionnaires. The average total score for AIDS/HIV knowledge was 62.7% (range: 36.4-80.3%), with males (n=24) demonstrating higher knowledge (average score: 66.1%) than females (n=36, average score: 60.4%). Deficiencies in AIDS/HIV knowledge was the presence of HIV in various biological specimens, the destruction of HIV outside the body, and the risk categories of HIV transmission.

Three respondents were seriously considering leaving their profession because of concern about acquiring AIDS/HIV in the laboratory, 17 respondents would have chosen another career if they had prior knowledge that they could be handling HIV positive biological samples, and 34 respondents stated that their family and/or friends expressed serious concern regarding their laboratory work in relation to HIV/AIDS. The latter group had a lower overall knowledge score (60.5%) than those whose family and/or friends did not express serious concern (65.3%). Those who treated all biological specimens as potentially HIV positive (n=39) had higher overall knowledge scores (64.8%) than those who did not (58.7%). Seven and ten respondents respectively thought their employer did not provide adequate safety measures or satisfactory AIDS/HIV education in their work place.

The results from this study show that there are various deficiencies in AIDS/HIV knowledge in Fiji medical laboratory technologists, and is associated with their fears and attitudes. Continuous educational programmes would be highly desirable to improve knowledge, attitudes, concerns and practices regarding AIDS/HIV. (Authors' summary).

Editorial note: This is an important and easy study that should be repeated among laboratory technologists in all Pacific countries. A previous study in Fiji had also shown a higher than expected hepatitis infection among laboratory workers. As a group providing essential specialist services their occupational risk must be minimised. A study like this will be an important first step. This study should form the basis for an intervention programme in Fiji.

“ Similar to Papua New Guinea, the high incidence of STD in the rest of the Pacific poses a challenge to the HIV/AIDS pandemic that threatens to afflict the small island populations ... ”

The origins of the condom

Salesi Katoanga.

Fiji General Practitioner, 1994; 1(3): 93-95

Condoms have been used to prevent pregnancy and avoid STD for centuries. From the early sheaths to the present flavoured latex forms the effectiveness of condom still depends on the art of putting it on the penis properly. A challenge to health workers is to enhance and ensure availability, accessibility, acceptability and affordability of this technology in Pacific communities.

Editorial Note: A useful historical note with a good brief on how to use condoms. A review of the trend of utilization and the changing attitude to condoms would have strengthened the article. This articles falls short of exciting and far too brief to stimulate!

HIV/AIDS prevention and control in Papua New Guinea.

Clement Malau, Michael O'Leary, Carol Jenkins and Nicholas Faragas.

AIDS, 1994; 8: S117-S124

Although the HIV/AIDS programme was initiated in 1986, with the first case reported in 1987, the national multi-sectoral, STD integrated programme has undergone significant development with greater involvement of non-governmental organizations, women groups and community-based organizations. These organizations have played major roles in modifying sexual and other risky behaviors as well as sustaining these behavioral changes. The peer counselling model appears to have been more culturally appropriate for the setting in Papua New Guinea with the concept of the group or community approach having greater local appeal.

While the reported low prevalence of HIV infections may be an underestimate, other STD are very common and widely dispersed throughout the nation. The main means of transmission are sexual intercourse and vertical transmission. The general trend towards more permissive sexual attitudes has risen and early onset, unprotected sexual intercourse are major areas for the control of STD. Other sexual practices that are of concern to the authorities are the high prevalence of group and forced sex, extramarital sex and prostitution. The appropriate management of STD in Papua New Guinea poses a further challenge to the control

of HIV infections and the highest political support for the current programme is essential for its success.

Editorial note: Similar to Papua New Guinea, the high incidence of STD in the rest of the Pacific poses a challenge to the HIV/AIDS pandemic that threatens to afflict the small island populations if proper control measures are not instituted and maintained. Papua New Guinea's multi-sectoral, STD integrated programme seems reasonable and appropriate given the main transmission of this disease, the economic realities of the government, and the necessity of wide communal and political support for the development of programmes that are culturally appropriate for the Pacific. This article is an excellent overview of one Pacific island nation's attempts at preventing this epidemic and demonstrates the efforts of the programme managers in developing programmes that are appropriate for the population. The involvement of the women's organizations as a crucial component serves as a reminder that perhaps this group not only holds the key to the successful implementation of behavioral change programmes but they also generate the greatest hope for real change in health status in the Pacific.

HIV and AIDS in Asia and the Pacific.

John Kaldor, Paul Effler, Rabin Sarda, *et al.* *AIDS*, 1994; 8(suppl): S165-S172.

The recent expansion of the HIV/AIDS pandemic in the Asia/Pacific region is evident when one realizes that although 3% of the estimated cases of AIDS are from this region, only 15% of the HIV infections were reported from these countries. The early stage of the pandemic in these countries is also reflected by the increasing number of cases. The cases observed for Australia and New Zealand differs widely from the increasing number of cases reported in Thailand and the Philippines. Similarly the primary modes of transmission appear to vary with the majority of the AIDS cases in New Zealand and Australia resulting from homosexual contact whilst in Thailand, India and Philippines, the major mode of spread is heterosexual, particularly in the sex industry. Ongoing surveillance of HIV cases to estimate incidence, identify patterns of transmission and evaluate control strategies reveal that the earliest increase in HIV infection were in injecting drug users in some of the South East Asian countries. More recently the sex industry in a large number of these countries is also experiencing a steep rise in the number of cases. Several of these countries are also showing a gradual rise of HIV infections in pregnant

women, a pattern consistent with blood donors. In these countries STD appears to enhance the transmission of HIV infection as well as a co-factor for sexual risk. Besides the widely varying patterns of infection between countries in the region, there are also very complex patterns emerging within countries and over time. With the rapid development that is occurring in many of the countries of this region, it appears likely that the potential for HIV infection to spread rapidly is worrisome, with the greatest number of new infections in the world arising from Asia and the Pacific over the next decade.

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Editorial note: This article reflects the complex epidemiology of HIV infection in the Western Pacific region documenting the different patterns of spread and potential control strategies. While comprehensive to the Pacific-rim countries, Australia and New Zealand, there is minimal mention of

the small Pacific Island nations. While one of the figures notes the 38 cases from the small island nations, there is little mention of main modes of transmission and control options in the body of the text. One understands that the meagre number of cases compared to the other countries and the paucity of information may be the reason for this omission, however, as a Pacific Islander, one cannot help but feel disappointed that once again another article with Pacific in its title, has little to discuss related to the Pacific Island nations. These are small islands but important in our own way.

Inter-relationship between gender relations and the HIV/AIDS epidemic: some possible considerations for policies and programmes

Jacques du Guerny and Elisabeth Sjoberg.
AIDS, 1993; 7: 1027-1034

Heterosexual intercourse accounts for over 90% of the newly acquired adult HIV infections. Thus there are as many newly infected women as men in many developing countries. The lower cultural and socioeconomic status of women has enabled the widespread heterosexual transmission of this disease. A gender perspective is vital to the design of the control programmes and policies for overcoming the pandemic that threatens to shred the economic and social fabric of many societies. Strategies aimed at raising the status of women, particularly through empowerment are crucial. The reasons why women may not be able to protect themselves from HIV infection are listed and dis-

cussed as direct outcomes of her lower status. In many countries women are also left with the provision of care at home for the AIDS patients. The term "triple jeopardy" is coined to illustrate the dangers women are expected to face as individual, mothers and carers. Strengthening policies and programmes through women's groups and home care must be addressed very carefully to prevent women falling into the "gender trap" of providing voluntary work and worsening their own economic dependency. The article is unclear whether the development of preventative measures that can be controlled by women will be able to reduce the spread of infection given the present situation in many countries but it does have the advantage of offering greater freedom to women. The empowerment of individual women through social support groups should have a greater effect than a technological solution. The article poses that all short and long term goals should incorporate the gender dimension by including strategies aimed at raising the status of women through empowerment and redistribution of the caring role between the sexes and different actors. The article states that looking at women and AIDS from a health perspective is not enough, that a gender analysis of the socio-economic and cultural causes and effects of the epidemic is vital to its control.

Editorial note: This stimulating and thought provoking article should be read by all programme managers, policy makers and individuals interested in controlling the pandemic to provide another important perspective of this health and social condition. Indeed, many of the issues related to HIV infection are complex and must be and explored from all perspectives as the complexity of gender relations and the HIV pandemic cannot be overstated. The programmes that aim to enhance the role of women in HIV control should not stop socio-cultural and economic advancement of women. It is therefore vital that this perspective is included in all programmes in the Pacific and greater analysis of the gender-HIV interrelationship, its causes and effects be undertaken.

Diagnosis of Chlamydia trachomatis genitourinary infection in women by ligase chain reaction assay of urine

Helen Lee, Max Chernesky, Julius Schacter, *et al.*
Lancet, 1995; 345: 213-216

This article reports the use of the ligase chain reaction (LCR) testing of the first void urine samples for the diagnosis

of chlamydia infection of the genital tract in women. The LCR is an invitro nucleic acid amplification technique for selected DNA. The study compared the LCR technique with endocervical swab cultures from four regions of the United States and Canada. 1937 swabs and specimen were analyzed. LCR on first void urine samples detected 93.8% compared with 65% detected by endocervical swab cultures. The high specificity and predictive value properties of this test were noted. The great advantage of the urine testing is that it is easy to collect but the major disadvantage is that disorders that are usually diagnosed through pelvic examination may be missed. Programmes may more readily embrace urine testing as a means for screening chlamydia infections as it is less expensive and more acceptable to the general population of women. The potential of LCR for chlamydia screening in women thus appears favorable.

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Editorial note: Recent technologies are providing

some interesting screening and diagnostic options in the field of STD. While there have been a number of noninvasive techniques developed for the recognition of chlamydia infection, this test appears to offer some interesting advantages. However, as clinical trials must be undertaken in clinical practice, problems may occur in collection of the urine and the reading of the assays. If costs are minimal, this may be a realistic option for more widespread chlamydia control. This method may contribute to understanding and quantifying chlamydia infection in the Pacific. Laboratories in the Pacific should look into using this, now.

Human papillomavirus testing in primary cervical screening

J. Cuzick, A. Szarewski, G. Terry, *et al.*
Lancet, 1995; 345: 1533-1536

A study assessing the human papillomavirus (HPV) testing for types 16, 18, and 33 was undertaken for 2001 women undergoing routine cervical smear testing between 1992 and 1994 in London. Eleven percent of the women had some degree of dyskaryosis and/or a high concentration of HPV and were referred for colposcopy and biopsy as necessary. Four percent had high grade disease (CIN2/3). HPV testing detected 61 cases of high-grade disease and had a sensitivity of 75% and positive predictive value of 42%. The most commonly detected HPV was type 16. Comparisons of the cytology grades and the HPV positivity for CIN1 or less and CIN2/3 were made for the various types. The prevalence of the various types of HPV in a community will determine which types will be used for

testing. The authors believe that HPV testing may be a "useful adjunct to routine cytology in young women". Further work is still ongoing in older women. The test appears relatively inexpensive and appears to have a potential role in reducing the incidence and mortality of cancer of the cervix. The article states that by adding HPV testing to cytology and increase in the detection rates of high grade CIN may be attained.

Editorial note: The possibilities of improving the detection of cervical dyskaryosis and cancer through HPV testing is an exciting possibility. Its relative usefulness will depend on whether its detection has a significant impact on mortality from cervical cancer. Other even more exciting possibilities for screening is the serological detection and antibodies to HPV using the PCR techniques. In countries where PAP smears are expensive and difficult to undertake easily, the serological tests may be a more feasible and acceptable option, if there is a high degree of validity and reliability with the techniques used. Clearly, further studies are necessary to clarify the relevance of HPV testing. If successful, such techniques may be an option for areas with minimally trained personnel and for more remote populations.

Health practices, problems and needs in a population of Micronesian adolescents

PA Mayer and KA Bauman.
Journal of Adolescent Health Care, 1986; 7(5): 338-341

Saipan, one of many islands of the Pacific Trust Territory, depends on the United States for its medical care. The limited resources on the island have resulted in little medical attention for adolescents. This study surveyed 519 Saipan adolescents to determine their health practices, problems, and needs. Although these teenagers rarely saw physicians, they commonly reported health problems such as headaches, abdominal pain, and dental cavities. In the psychosocial arena, their problems involved parents, girlfriends/boyfriends, school, and suicidal thoughts. The health topics found to be of most interest included sex education, jobs, suicide prevention, drugs, and birth control. The most popular methods for learning about these subjects were books, movies, films, and school classes. There were high reported incidence of drug and alcohol problems among boys, and thoughts about suicide in all respondents. (Authors' abstract).

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Editorial note: Like Dr Durands' paper in this issue of Pacific Health Dialogue, the study addressed the needs of an important target group. More of this kind of study need to be done in all Pacific islands. There would be methodological challenges but we must know more about the future of the Pacific islands. For Saipan this and Dr Durand's paper provide a cohesive baseline for action in the Commonwealth of the Northern Mariana Islands.

The very old of Palau: health and mental state

G.D. Jensen and Anthony H. Polloi.
Age-Ageing, 1988; 17(4): 220-226

In this epidemiological study of physical and mental health of very old Palauans, all residents of Palau over 90 years of age were interviewed in their places of residence. All 31 subjects lived with relatives or a spouse in widely scattered small villages on three main islands, but the majority were in Koror, the largest population centre. The proportion of the total population over 90 years of age was approximately that in the US: 0.2% versus 0.3%. However, there was a large number of centenarians, 1/2000. The prevalence of dementia as determined by clinical assessment was high: 25% mild and 42% moderate or severe. This prevalence was lower (44%) as determined by the Global Deterioration Scale. Physical illness and functional mental illness were infrequent low but most subjects had at least one chronic illness, the most common being arthritis. Most chewed betel nut. Few used alcohol or smoked. An adaptation of the Wechsler logical memory test and the Global Deterioration Scale appeared to be useful in assessing cognitive function in this non-western culture. (Authors' abstract)

Editorial note: This is an interesting case series. It would have been strengthened if a case-control approach was used to start addressing the questions: Why did these 31 subjects live beyond 90 years? A retrospective review of sib-

lings who have died may be helpful. Perhaps a study sample starting from a younger age would increase the study size. We, however, must not take from the usefulness of this cross-sectional study for planning services for the very old.

Non-governmental organisation and community responses to HIV/AIDS in Asia and the Pacific

Werastit Sittirai.

AIDS, 1994; 8(suppl 2): S199-S206

This article is an overview of the historical and current development of non-governmental and community based organisations' responses to the HIV/AIDS epidemic throughout the Asia and Pacific region. The importance of the NGO and community involvement in the shaping of strategies is highlighted. The NGO are classified into four types: indigenous NGO established by those outside the community; indigenous community-based NGO originating from the community; organisations of people living with AIDS; and foreign NGO. It appears that the NGO have generally established strong contact with the disadvantaged communities that are most vulnerable. Networks of community based organisations exist within the region permitting sharing of information, coordination of programmes and technical assistance. Strengths of the NGO include their effectiveness in reaching the key target populations, flexibility in procedures, and multidisciplinary approach. In some countries another strength discussed is the involvement of members from academic institutions who tend to provide strong technical support. Weaknesses discussed in the article included a lack of institutional structure and management capacity, dearth of human resources and governmental support, and the lack of long term funding. The respective roles of government, NGO and multilateral organisations in behavioural prevention, social and economic development interventions, counselling, care and social services and advocacy on human rights were discussed.

Editorial note: For members of the health and social development communities, this article is informative of what is currently occurring in the HIV/AIDS field with regards community development in the Asia/Pacific region. Numerous examples of NGO throughout the region are cited to support the discussion of characteristics, roles and strengths. It is also interesting to note that there is at least a loose network of NGOs that is functional and maybe a media for exchange of innovative ideas and information.

AIDS in the Pacific

Katsunori Osuga, Clifford Chang.

AIDS, 1994; 8(suppl 2): S111-S116

This article documents in greater detail the descriptive epidemiology of HIV/AIDS in the 21 countries of the Pacific region. Data collected from official reports made to the WHO and South Pacific Commission are presented in the form of a narrative supported by tables documenting the number of HIV positive and AIDS cases, the predominant transmission categories for each of the main island groups and the HIV screening of donated blood. Thirteen Pacific Island countries had reported HIV infections by December 1993. Although HIV surveillance is limited, some countries have undertaken screening of donated blood and routine screening of antenatal women as well as people undergoing medical screening. The lack of confidentiality in these

“ In some countries the legal testing of certain groups without consent is employed. It is clear that involuntary testing weakens control of the epidemic. ”

small countries has hindered voluntary screening. Low prioritization for STD control as well as the lack of adequate medical facilities for diagnosis and treatment is cited as a possible reason for rapid spread of HIV infection in the Pa-

cific. An overview of the relevant risk factors especially sexual behaviour, sex work, injecting drug use, travel and blood supply was cited with examples from various countries. Government strategy/policy was also discussed in terms of national and regional programmes, funding, and legal aspect. A brief overview of NGO/community-based organisations was also made.

Editorial note: The review article of the HIV infection in the Pacific is a must for all Pacific island health professionals, sociologists and other persons interested in the HIV/AIDS epidemic. Not only is it well written and informative with regards to governmental strategy but it gives an epidemiological perspective of the condition. It is clear that there have been significant activities and considerable respond to the epidemic within the region, but the factors that enabled its introduction and dissemination remain. Because STD are common, barriers to health education are significant, and the status of women is still poor, the potential for increased infection remain a major issue within the region.

Social policy, human rights and HIV/AIDS in Asia and the Pacific

Michael Tan, Tim Brown.

AIDS, 1994; 8(suppl 2): S207-S2013

HIV-related human rights in the Pacific is explored in this article. HIV testing issues such as individual's right to refuse and informed consent are discussed. Examples of appropriate applications of human rights include the Thai Business Coalition against AIDS. Legislated mandatory testing such as those employed for foreign nationals and for people in special categories have been utilised in several countries

unsuccessfully as they provide a false sense of security. In some countries the legal testing of certain groups without consent is employed. It is clear that involuntary testing weakens control of the epidemic. Because the initial control procedures allowed for the utilization of scare tactics for the health education campaigns, HIV infected persons are highly stigmatized against in most Pacific and Asian countries. With prostitution being illegal in the majority of the countries, it has been difficult to successfully undertake measures that prevent transmission of the virus in the sex industry. Many countries have tried to eliminate the oldest profession but to control the epidemic the authorities should try to work more closely with the commercial sex workers rather than destroy them. Similarly changing the practices of injecting drug users and homosexuals has also proved difficult throughout the region. Compounding the problem even further, the low status of women in most of the countries has enabled heterosexual transmission to fuel this explosive epidemic.

Editorial note: Until the HIV/AIDS epidemic, individual human rights issues were rarely explored in the health setting. It has been a slow painful struggle for human rights activists as most governments take their own stances on issues such as mandatory testing, confidentiality of clients, informed consent and equal rights of women. With no other disease have these issues more polarised communities, families and countries. This article cites such examples in the Asia and Pacific.

Risk factors for HIV transmission in Asia and the Pacific

Tim Brown, Brian Mulhall, Werasit Sitititai.
AIDS, 1994; 8(suppl 2): S173-S182

The HIV/AIDS epidemic in the Asia/Pacific is likened to a forest fire where the combustibles are the risk factors and the spark is the introduction of HIV infection into one or more populations with high levels of behavioural risk. Relevant risk factors are considered as population-based or societal. The article states that the population-based factors are types of risk behaviour practised, frequency of risk behaviour, choice of partners, co-infection with other STD, use of condoms and level of HIV/AIDS knowledge. Societal risk factors include societies' vulnerability such as poverty, cultural and linguistic diversity, levels of migration, rates of economic expansion, the status of women and rapid urbanisation. Numerous examples of heterosexual and male homosexual risk behaviours are discussed throughout the region. Examples throughout the region of injecting drug

use, blood transfusions, medical injections and traditional practices are also cited, Vulnerable populations and the high incidence of other STD are highlighted. It appears that in the Pacific the term "higher risk" should replace the term "high risk". There is a clear need for more behavioural studies in the region so that policymakers can better understand the problem and control the epidemic.

Editorial note: Like the other articles in this series, the Asia/Pacific region is viewed comprehensively as the authors of the article attempt to include the diverse complexity of risk factor patterns. Such widely varying patterns of transmission are difficult to discuss in a single article but the authors are to be commended for the great number of examples cited and their colourful analogy of the fire. This article highlights the need for behavioural studies in order to assist policy makers to prevent the fire. The involvement of regional academic institutions may enable more efficient, effective and appropriate behavioural studies to be undertaken within the region.

Governments of Asia and the Pacific responding to the HIV/AIDS pandemic

Daniel Tarantola, Jonathan Mann, Mechai Viravaida, et al.
AIDS, 1994; 8(suppl 2): S183-S198.

Like other countries throughout the world, the initial response to the HIV/AIDS pandemic in the Asia/Pacific region was limited, short-sighted and naive. National AIDS programmes emerged slowly and denial with reluctance to confront HIV/AIDS characterised most governments of the region. The creation of the Global Programme on AIDS provided global leadership and coordination assisting governments into taking greater responsibility for the development of control programmes. Initially the programmes were established and concentrated in the Ministry of Health. Because of the relatively different responses within the region, four broadly defined patterns describe the first decade's governmental responses. These include early partnership and pragmatism, denial to commitment, high vulnerability and widening gap, and insularity among small island nations. By the end of 1994, all countries of the region had developed HIV/AIDS prevention programmes. Numerous innovative tables are presented which reflect the individual country's responses from programming and financing to transmission modes.

Editorial note: This article reflects the quality of the other articles in the series—well researched and supported by current statistics as well as informative of the development of the government responses. This article gives a historical perspective of the mistakes and the strengths of various programmes throughout the region. For the epidemic to be controlled, multidisciplinary and total governmental support is essential. Significant control will only occur in the countries where there is a healthy attitude to the pandemic at all levels of the government and community. To become familiar with what is occurring in other countries is essential and will assist the authorities to develop better overall responses to this global pandemic.

“The positive samples in Solomons are unexpected and may require further investigation to fully understand the patterns, if any, of occurrence of this infection in this country.”

and French Polynesia were negative for these antibodies. However in the Solomons, sixteen of the 1326 samples (1.2%) were positive and in Nauru twenty four of the 4045 (0.6%) were positive.

Editorial note: The low prevalence of HTLV-1 infection in the region is noted through this study. It would be important to be able to determine the validity (sensitivity and specificity) of the tests so as to be truly comfortable with the noted prevalences. Other studies have shown slightly differ-

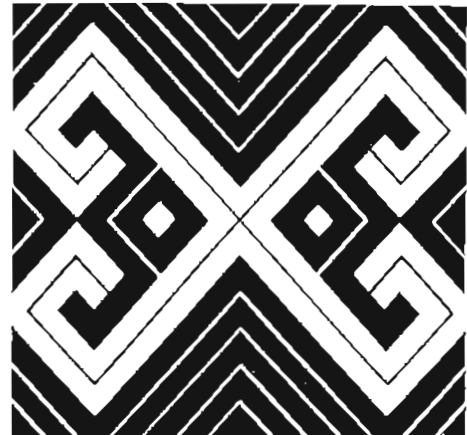
ent rates and this may be due to different standards for cut-off points for positive results. The positive samples in Solomons are unexpected and may require further investigation to fully understand the patterns, if any, of occurrence of this infection in this country. □

HTLV-1 infection in selected populations in Australia and the Western Pacific region

Suellen Nicholson, Theodora Egandis, Mary Dimitrakakis, et al.

Medical Journal of Australia, 1992; 156: 878-879

A prevalence survey of HTLV-1 infection was undertaken through the analysis of blood samples from Australia and the Western Pacific by measuring the presence of anti-HTLV-1 antibody by the enzyme linked immunosorbent assay technique with confirmation by the Western blot method and/or radioimmunoprecipitation methods. There was no evidence of HTLV infection in the 9548 samples blood donors and only one of 200 haemophiliacs and one of 200 homosexuals tested positive in Australia. In the Western Pacific region, Vanuatu, Kiribati, American Samoa, Cook Islands, New Caledonia, Federated States of Micronesia, Fiji



“As the AIDS epidemic in our region is in its early stages, the opportunity exists to limit the spread and the damage of HIV infection substantially. We must prepare for the future in order to avoid the consequences of complacency and inaction, our greatest enemies in the fight against AIDS.”

Dr S.T.Han, Regional Director, WHO, Western Pacific Region