

HIV and AIDS

Situation in Mauritius

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HIV/AIDS situation in Mauritius

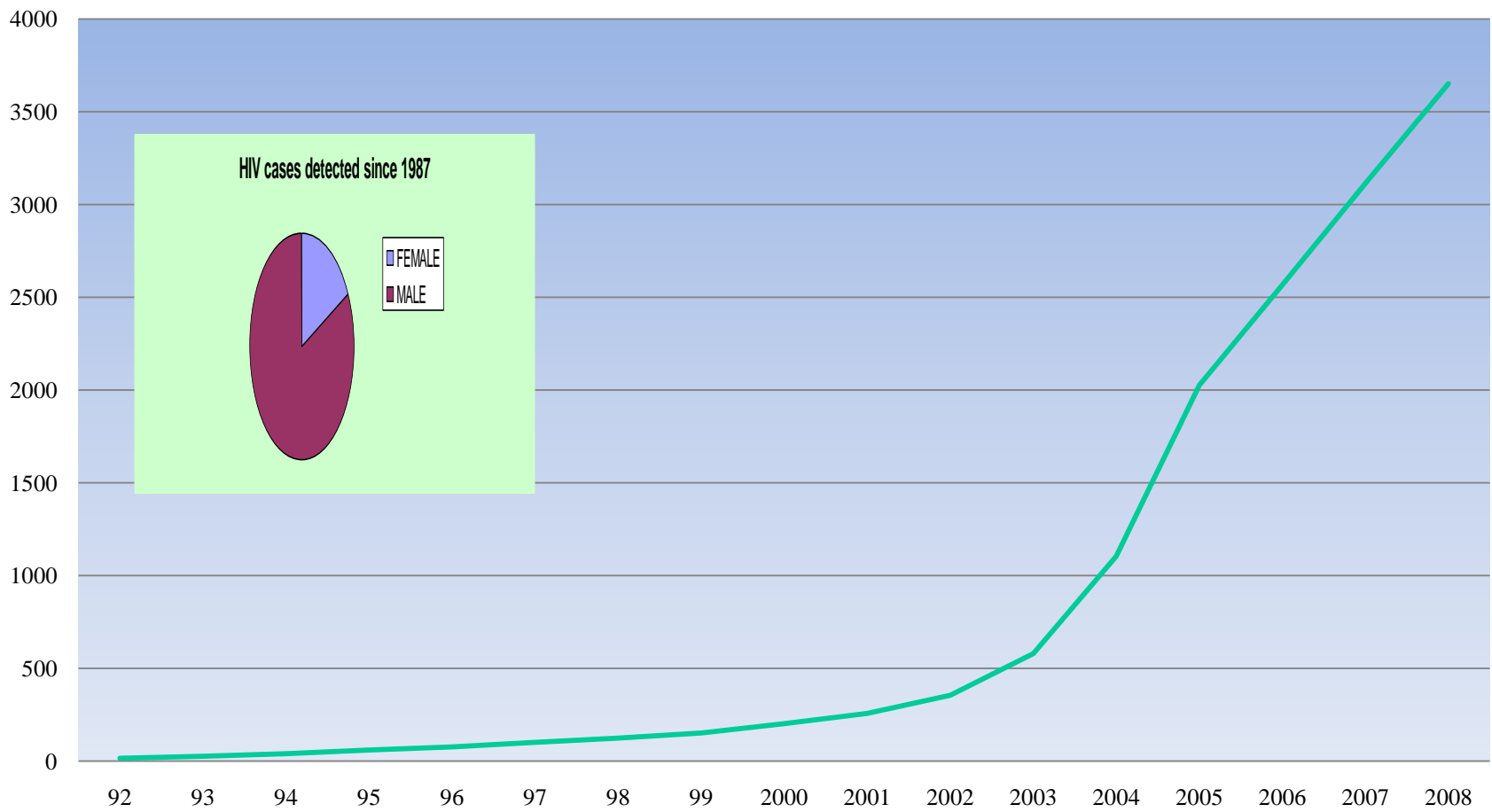
- **HIV Prevalence rate**

- in the 15-49 yr old population in general: **0.97%**
(C/Int. 0.6% – 1.96% equivalent to around
6800 people (New estimate 27th May 2010))
- equivalent to around **7000** people
- among Injecting Drug Users: **47.4%**
- among pregnant women: **0.42%** in 2009

From 1987 to end of December 2009

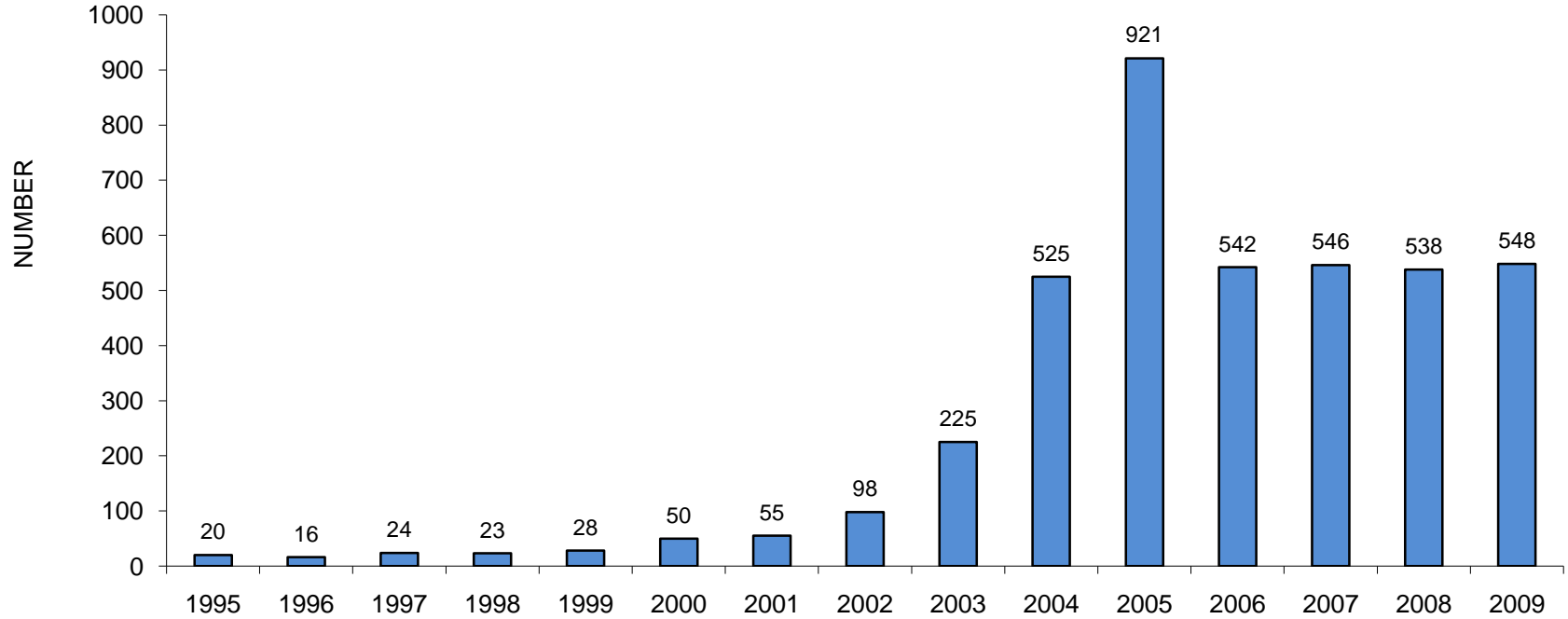
- Detected cases of HIV/AIDS: with 4219 Mauritians (3429 males and 790 females).
- Sex ratio male to female is 4:1
- Deaths due to HIV/AIDS reported : 240 among Mauritians (236 adults and 4 children).
- 21 children (11 boys and 10 girls) of age 1 to 14 years: 4 died (1M & 3 F), 7 on ART *
- Roughly an average of 543 new infections yearly

Nombre Cumulatif de Nouveaux Cas de VIH Détectés

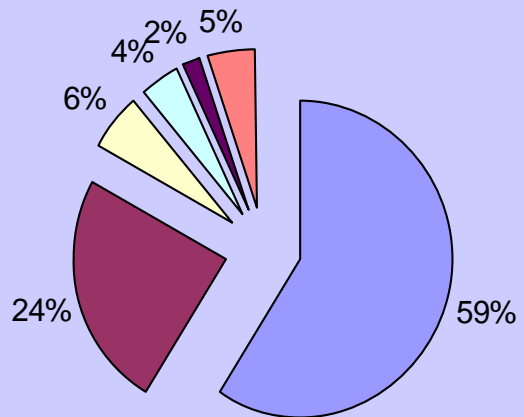


Detected cases

YEARLY HIV/AIDS CASES REGISTERED AMONG MAURITIANS
1995 - 2009

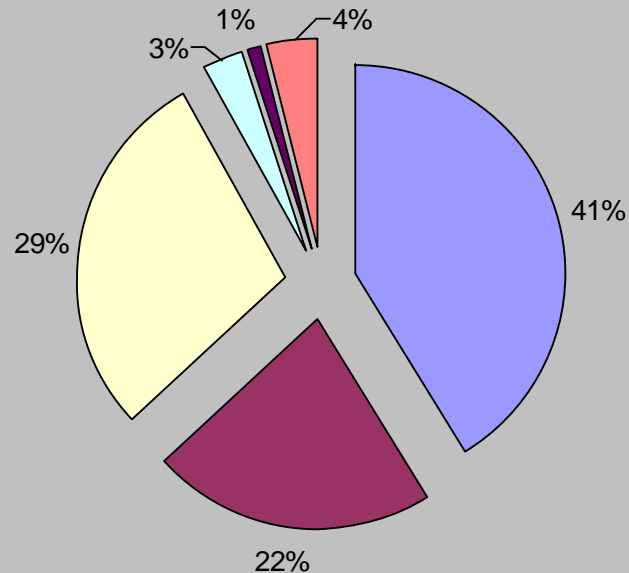


Modes of transmission among new cases in 2002



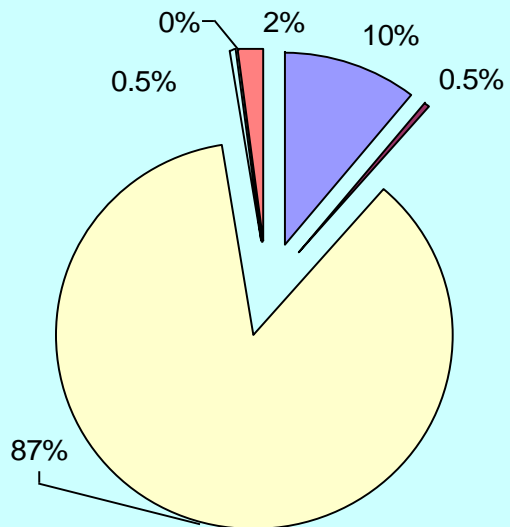
■ Hetero ■ Hetero/IDU ■ IDU ■ Homo/Bisexual ■ MTCT ■ Unknown

Modes of transmission among new cases in 2003



■ Hetero ■ Hetero/IDU ■ IDU ■ Homo/Bisexual ■ MTCT ■ Unknown

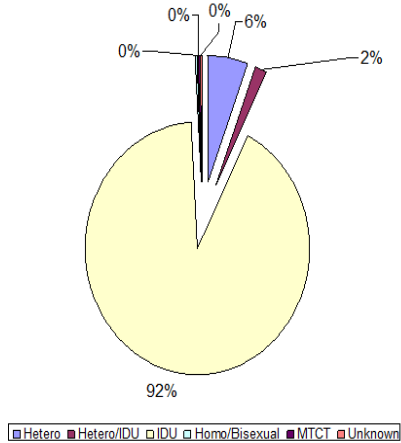
Modes of transmission among new cases in 2004



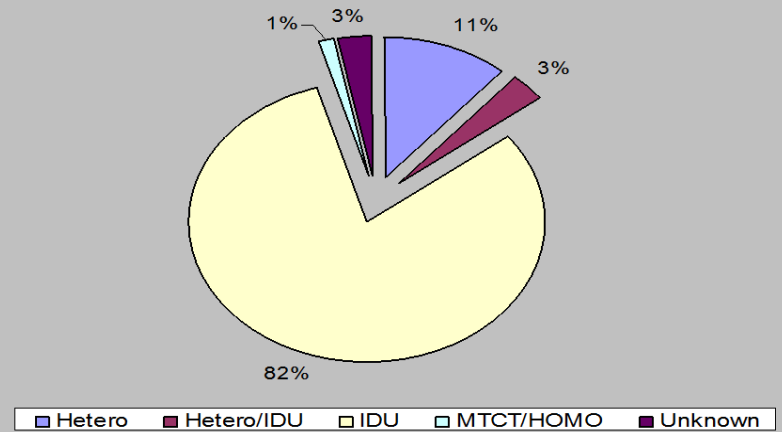
■ Hetero ■ Hetero/IDU ■ IDU ■ Homo/Bisexual ■ MTCT ■ Unknown

>75% IDUs share needles and syringes among friends or by "professional" injectors

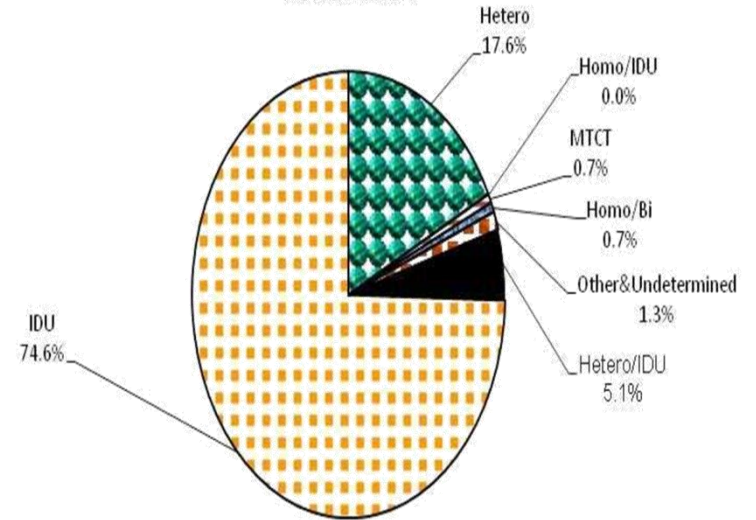
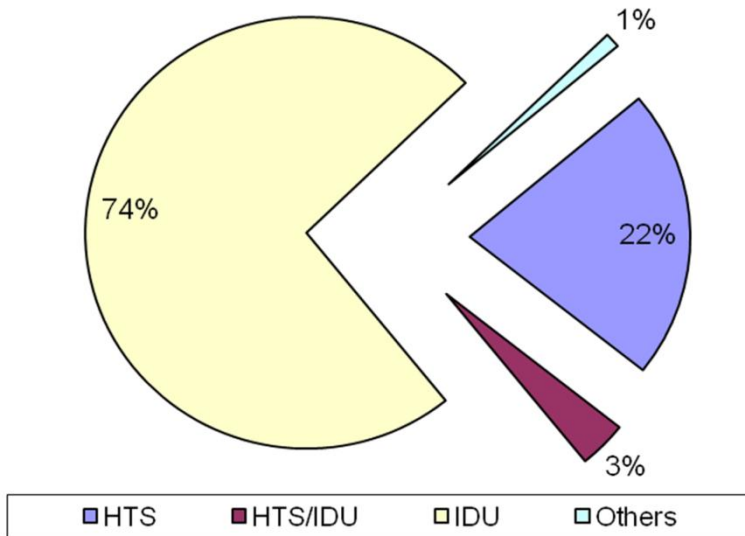
Modes of transmission among new cases in 2005



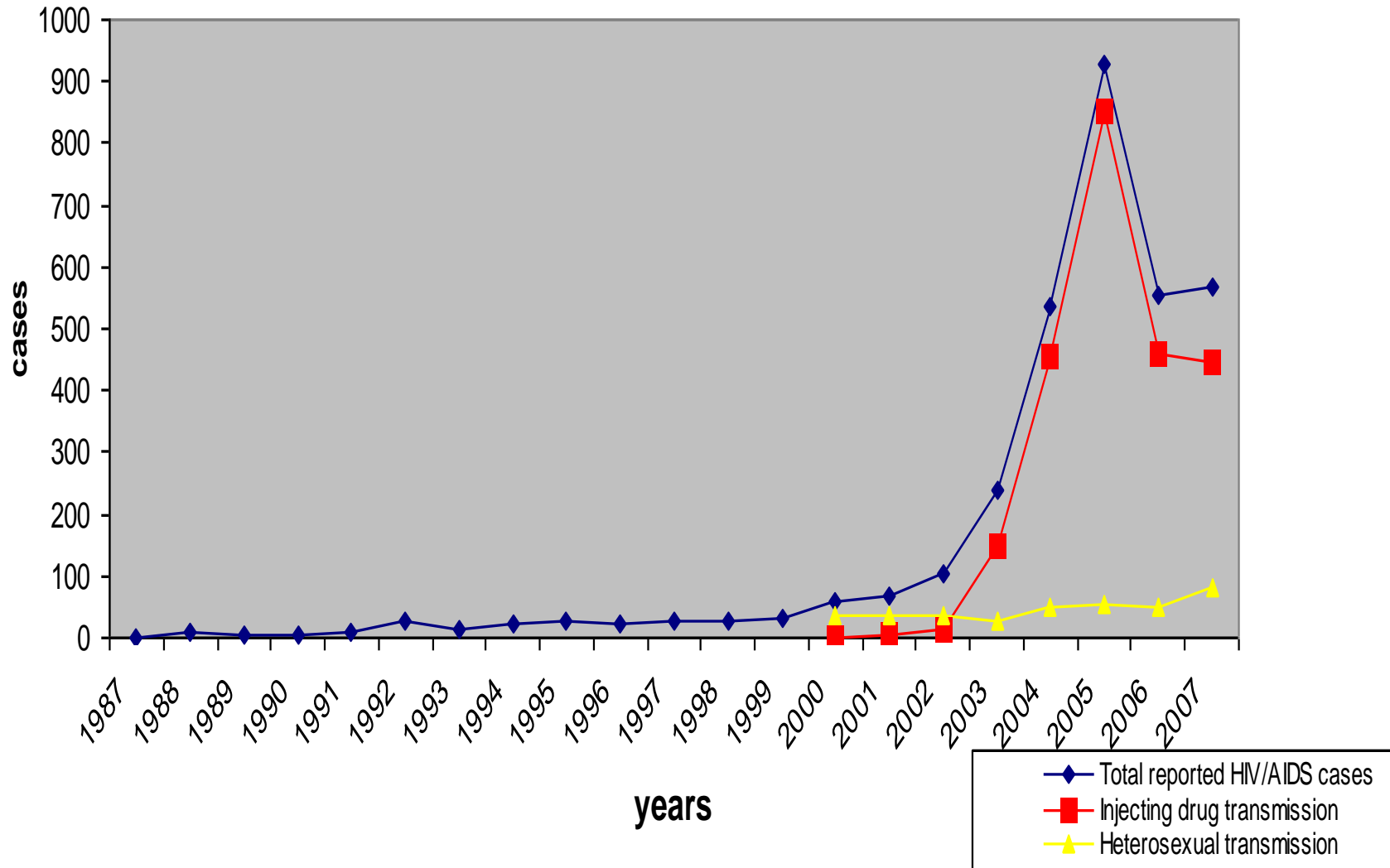
Modes of transmission among new cases in 2006



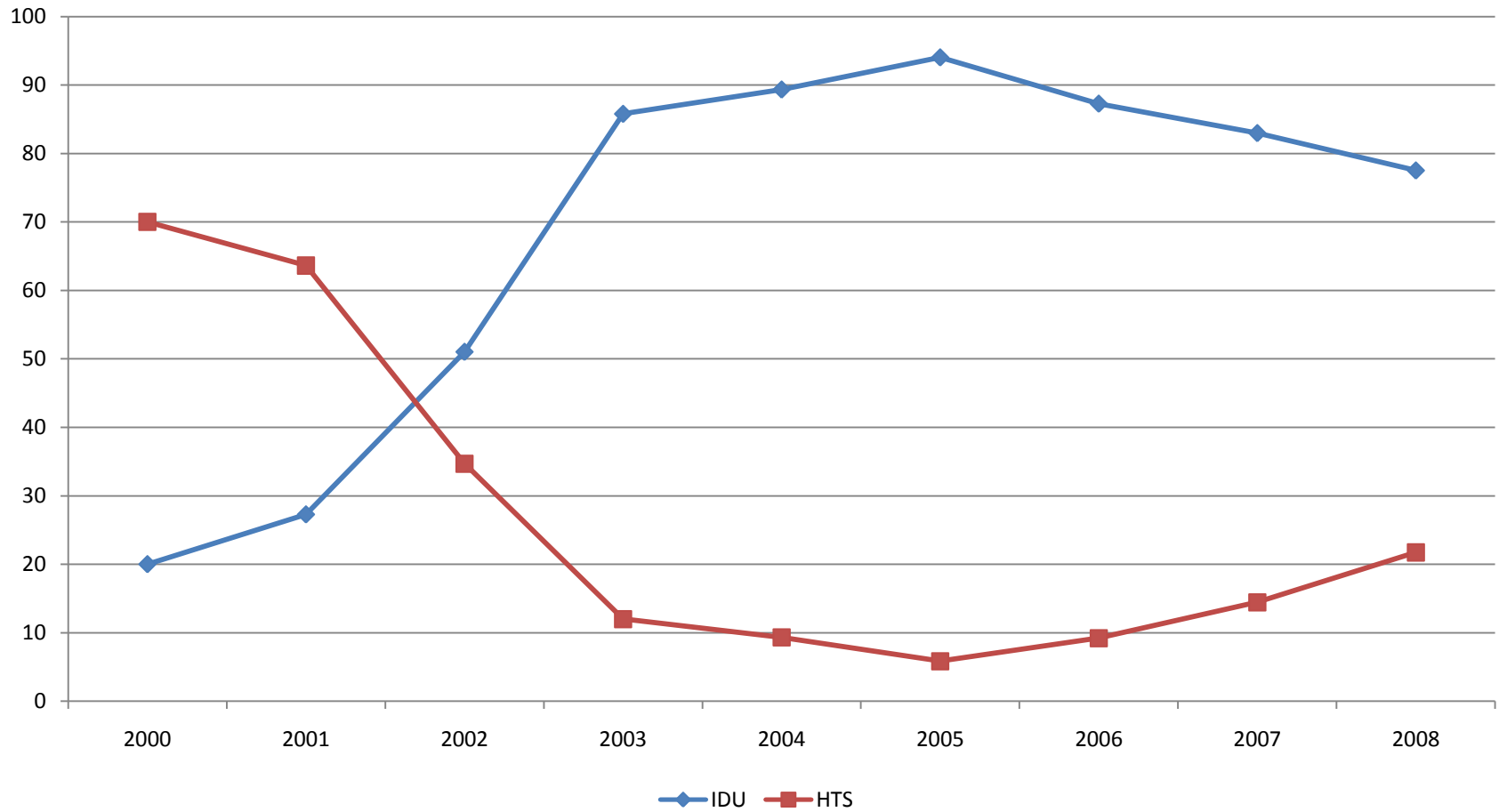
ALL HIV/AIDS CASES REGISTERED AMONG MAURITIANS, FROM OCTOBER 1987 TO END OF MARCH 2010 BY MODE OF TRANSMISSION



Evolution of HIV epidemic in Mauritius: 1987-2007



Evolution de l'épidémie selon les modes de Transmission



Ratio Homme:Femme parmi les cas détectés

Year	Male	Female	Ratio M:F
2000	32	18	1.7
2001	34	21	1.6
2002	59	39	1.5
2003	167	58	2.8
2004	464	61	7.6
2005	815	106	7.6
2006	455	87	5.2
2007	452	94	4.8
2008	402	136	2.9
2009	436	112	3.9

Représentation selon l'âge

Groupe d'âge (ans)	Taux
15 - 24	18.6 %
25 - 39	56%
15 - 39	74.6%
12 - 19	1.7%

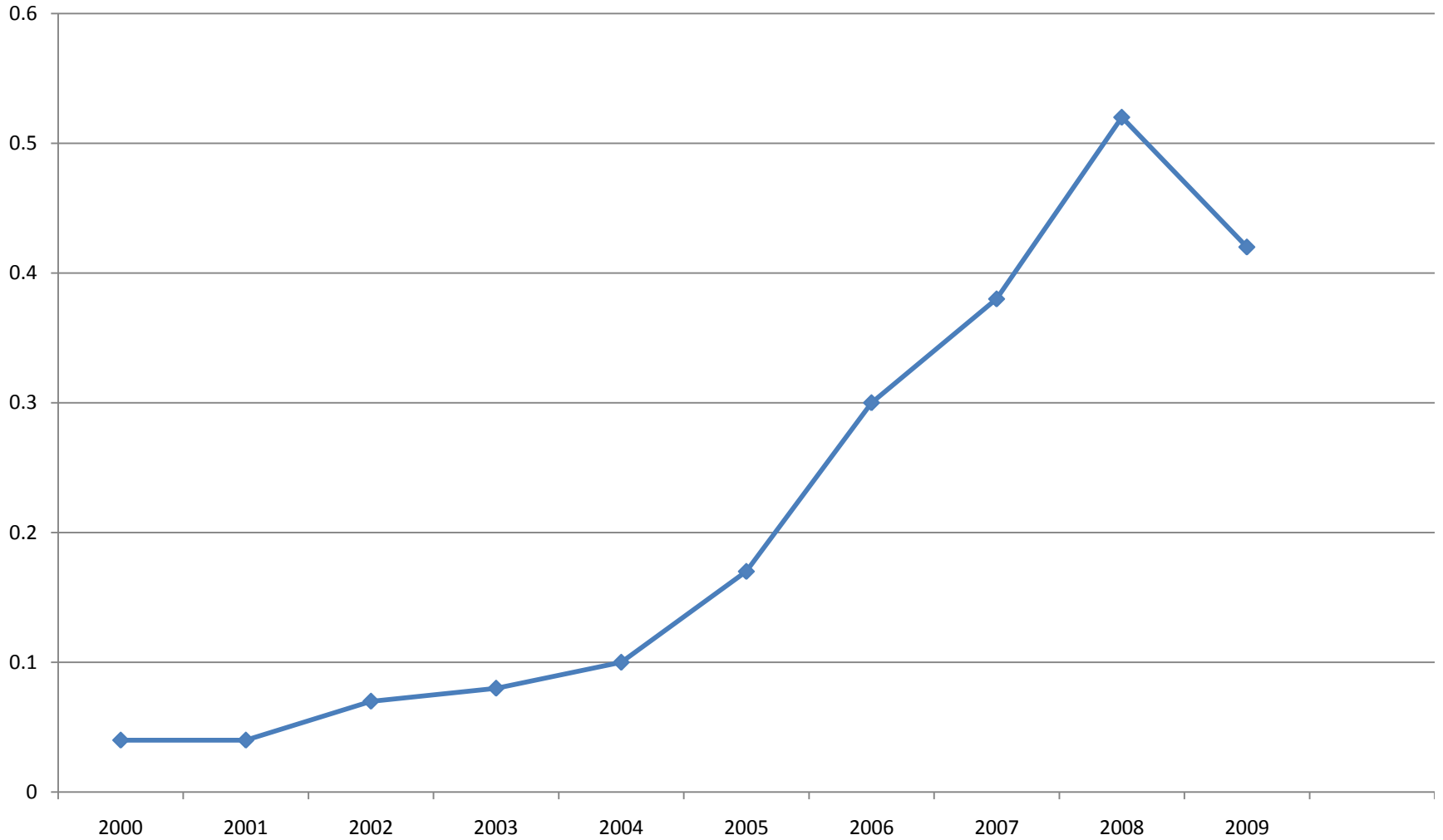
Young aged 12-19 Years

MODE of INFECTION	Female	Male	Total
Sexual	32	3	35
Sexual + IDU	6	1	7
IDU	11	18	29
	49	22	71

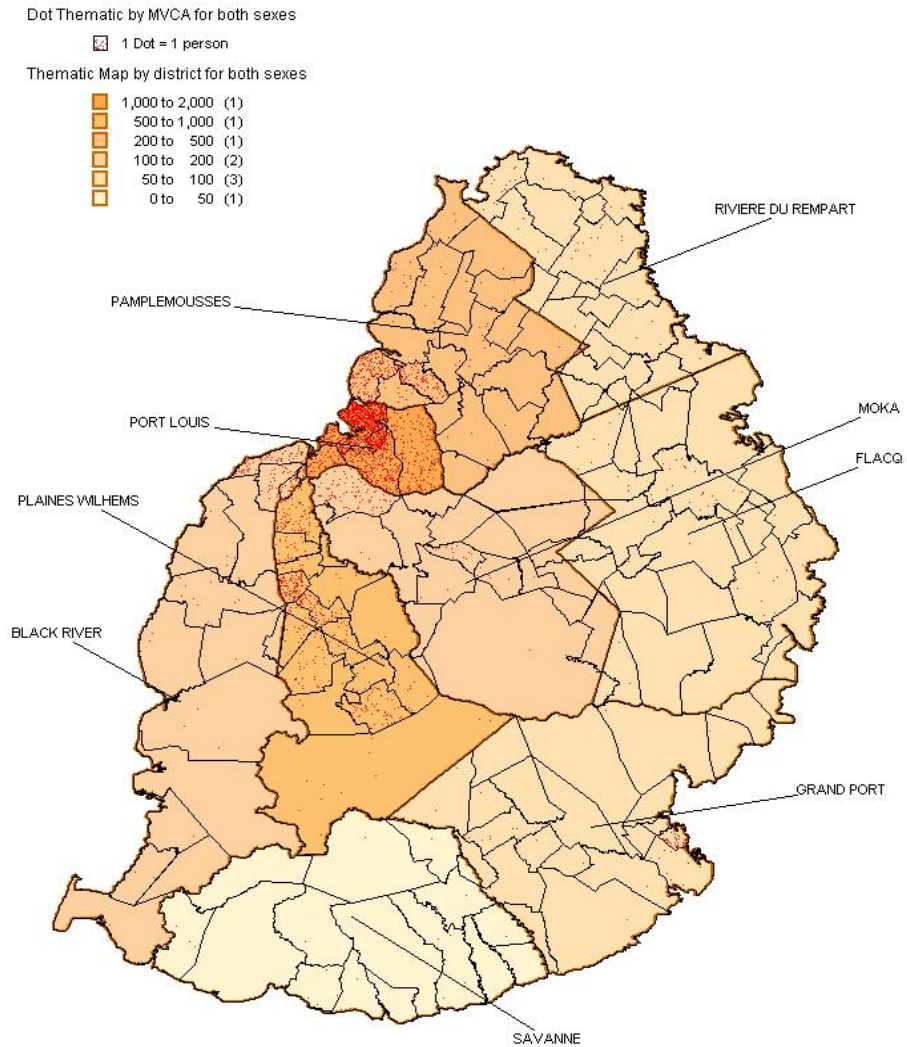
Occupation among young aged 12-19 years

OCCUPATION	Female	Male	Total
Manual Workers	0	13	13
Sex Workers	8	0	8
Housewives	24	0	24
Not identified	17	9	26
Total	49	22	71

Prevalence (%) of pregnant women



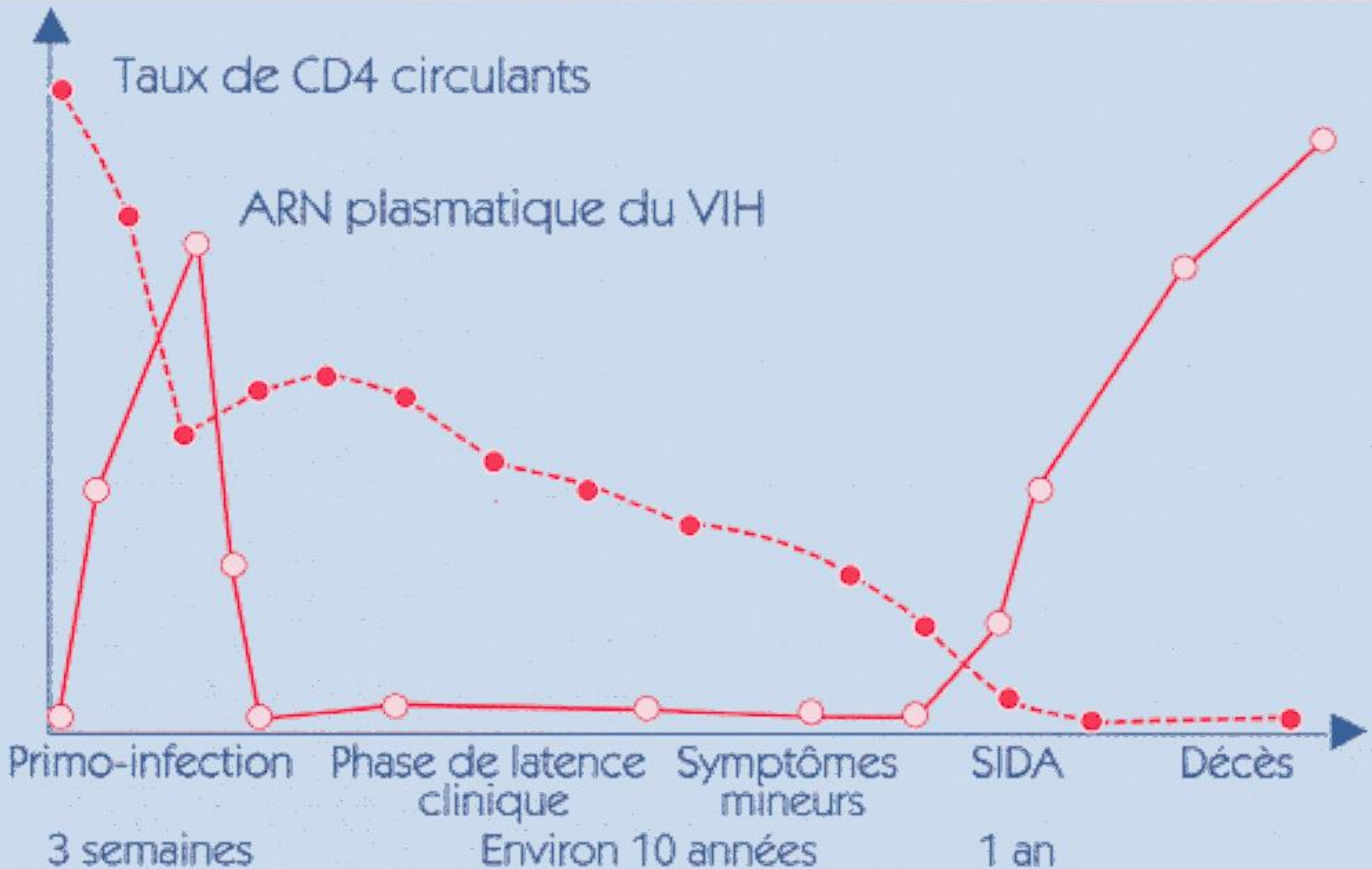
Mapping of HIV cases in Mauritius



Sources : AIDS Unit, MOH & QL, 2008

Evolution de l'infection VIH dans le temps

Séropositif asymptomatique et SIDA



Measures taken

Measures

- 1987: Screening of Blood donation & Prevention Campaigns
- Dec 1999: Opening of a Day Care Centre dispensing: VCT, PMTCT, Care & support.
- **April 2002:** ART is being provided free of user costs :
As at Dec 2009: **652 persons are on ART.**
- **Annually,** drugs to the tune of about **Rs. 10 m – Rs 15m** are procured for the treatment of HIV patients.
- 2010: RS 23m TGF
- **Transport facilities** (bus fare) are being given to all patients attending the Day Care Centre

Treatment, Care and support Issues

- Only about 50% of those detected come from follow-up (2386/4219)
- Poor adherence to ART treatment (study initiated for more objective data)
- Viral load recently introduced – better follow up
- Cases of resistance appearing: High cost of ART
- **Poor psychosocial support still:** psychologist in partnership
- Decentralisation of services – Candos, Volcy Pougnet

HIV Testing

- The VCT services have been decentralized and are being provided in all regional hospitals **since 2005 and in private clinics since 2006.**
- **As from February 2009,**
 - decentralization of HIV testing and Counselling extended to all Area Health Centres and peripheral Hospitals.
 - Mobile screening services in the Mobile Clinic include a component of HIV and AIDS.
- **No. of VCTs carried out: 2008-1813; Jan-Dec 2009 – 2462 +71 (AHC)**
- **No. of tests carried out in mobile clinics: 456**

Issues on VCT/PITC

- In spite of decentralisation, VCT still low
 - 5 regional hospitals
 - 26 Area Health Centres
- Of estimated 7000 PLWHA, only 4219 detected
- 10% still diagnosed at AIDS stage
- Confidentiality and Stigma & Discrimination issues
- Paradox: VCT as a routine chronic disease test and confidentiality

2006

- Harm reduction strategies:
 - Needle -Syringe Exchange Programme
 - Methadone Substitution Therapy
 - HIV & AIDS Act

Needle -Syringe Exchange Programme

November 2006:	Introduction of the Needle Exchange Programme (NEP) by NGOs with the support of the Ministry.
December 2006	Enactment of HIV and AIDS Act
May 2007	Financial support to NGOs(allowance to social worker + material) to carry out NEP
May 2008	Two mobile caravans have been made available and staff of the Ministry carries out the NEP
As at April 2010	<ul style="list-style-type: none">•NGO : around 700 clients on 8 sites•MOH: covering 37 sites and around 5300 clients reached
At present	Almost all regions of the island are being covered.

HIV and AIDS Act

The only infection/disease which has a specific Law

Objectives:

1. To provide measures for control and prevention of propagation of HIV and AIDS: Testing Services & NEP
2. To safeguard the human rights of persons infected/affected with HIV

Testing

1. **Voluntary testing or PITC: 3 Cs**
 - ✓ No HIV test to be done without consent of the person concerned
 - ✓ Consent, Counselling, Confidentiality
 - ✓ Testing for Minors
2. **Testing without consent: Incapacity**
3. **Prohibited testing: Employment, promotion**
(Except for Immigration & Citizenship)
4. **Mandatory testing: Blood and Organ donation**

Confidentiality

- No person shall disclose any information concerning results of an HIV test to any person except:
 - with the consent of that person or legal administrator
 - M.O/N.O who is directly involved in Rx, Care, counseling of the person where the status of HIV/AIDS is clinically relevant
 - on court order
 - for epidemiological study approved by the PS

HUMAN RIGHTS

- HIV +ve people should be guaranteed equal rights
- Clause 6 – Employment
- Clause 3 - HIV +ve people should not to be considered as a disability
- Clause 12 – Care and Treatment:
Ensures no discrimination in delivery of health care. M.O, N.O, Dentist, HCW to provide care and treatment irrespective of a person unwillingness to be tested
- Clause 18[3]- Sanctions

Penalties

- Clause 18[3]-

Prescribes penalties to **those who treat any person or his relative unfairly**, unjustly with hatred or ridicule or contempt on account of being infected or **perceived** to be infected will be subject to penalties

fine-----Rs25000-100000

Imprisonment - 6mnths-5years

Your contact with HIV infected people

- Students Infected with HIV????
- Risky behaviours:
 - Through unsafe sex: Among students, with sex-workers
 - Through Drug Use: (Alcohol, Tobacco, Hashish) leading to unsafe behaviour
- Transmission to « Innocent » child
 - During pregnancy

Attitudes

- To make students aware of the different risky behaviours and precautions that need to be taken – Prioritize on Abstinence or delayed debut.
- To adopt non-stigmatising & non-discriminating attitudes.
- First Aid & Universal Precaution: wash, clean any wound & to obtain medical advice for any conflicting situations

Thank you