# THE UNITED REPUBLIC OF TANZANIA

# **MINISTRY OF HEALTH**

# Tanzania Mainland



# National AIDS Control Programme

HIV/AIDS/STI Surveillance Report

January - December 2001

**Report Number 16** 

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#### **Abbreviations**

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Clinics

CDC U.S. Centers for Disease Control and Prevention

DBS Dried blood spot filter paper cards

ELISA Enzyme Linked Immunosorbent Assay

EPTB Extra pulmonary tuberculosis
GDS Genital Discharge Syndrome

GUD Genital Ulcer Disease

HIV Human Immunodeficiency Virus

IDC Infectious Diseases Clinic

MOH Ministry of Health

MUCHS Muhimbili University College of Health Sciences

NACP National AIDS Control Programme

NIMR National Institute for Medical Research

PYAR Person-years at risk
QA Quality Assurance

RPR Rapid Plasma Reagin

STD Sexually Transmitted Disease
STI Sexually Transmitted Infection

UNAIDS Joint United Nations Programme on AIDS
UNDP United Nations Development Programme
VDRL Venereal Disease Research Laboratory

WHO World Health Organisation

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# Distribution of the report

This report is distributed for use by all sectors, individuals and agencies concerned with prevention of HIV/AIDS/STD in Tanzania

The following are already on the Programme's mailing list for regular distribution:

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#### **EXECUTIVE SUMMARY**

This report is a summary of the magnitude and trend of HIV/AIDS/STIs in Mainland Tanzania for the annual year January to December 2001.

A total of 14,112 AIDS cases were reported to the NACP from the 20 regions during the year 2001. This resulted into a cumulative total of 144,498 cases since 1983 when the first cases were reported in the country. Estimating that only 1 in 5 AIDS cases is reported, a total of 71,000 cases are estimated to have occurred in year 2001 alone and a cumulative total of 722,490 AIDS cases since the beginning of the epidemic in the Tanzania. Most cases fall within the age group 20-49 years with highest number of reported cases in the age group 25-34 and 30-39 for females and males respectively. This pattern may change with greater coverage in voluntary counseling and testing (VCT) coupled with the use of antiretroviral therapy. This underscores the need to establish more VCT facilities and strengthen their utilization, coupled with strategies aimed at increasing access to antiretroviral therapy.

The main mode of transmission remained heterosexual, accounting for 78% of all cases, mother to child transmission ranking second at 5% and for the remaining cases the modes of transmission were not stated. Of all cases diagnosed during the year 2001, 48% were married, while 32% were single individuals. The marital status of the remaining cases were; divorced (6%), separated (5%) and cohabiting (2%). In about 7% of cases, the marital status was not stated. The region with the highest case rate was Mbeya -156/100,000 followed by Dar es Salaam at 112/100,000 and Ruvuma at 84/100,000 population. The region with the lowest case rate was Kigoma at 6.8/100,000 population.

Surveillance of HIV infection among Antenatal Clinic Attendees while assessing behaviour among youths 15 - 24 in the catchment areas of the respective clinics was adopted this year. It is intended to progressively extend this approach to cover the whole country. Starting this year, the ANC data together with behavioural surveillance data are presented in a separate report.

A total of 152,096 persons donated blood during the year 2001, of these 123,749 were males (81.4%) and 28,182 were females (18.5%). In 165 individuals sex was not specified. Over 99% of individuals who donated blood were relatives of patients.

The overall prevalence of HIV infection among blood donors during 2001 was 11.01% (95% CI=10.8-11.2). This is an increase of 1.1% when compared with the year 2000 prevalence (9.9% in 2000 vs 11.01% in 2001 p=0.0001). As in the previous years, females had a significantly higher prevalence as compared to males. Prevalence among females was 13.7% (95% CI=13.3-14.1) and that among males was 10.4 (95% CI=10.2-10.5) p=0.00001. When these sex specific estimates are compared to those of the year 2000, males show a significant increase in prevalence from 9.2% in the year 2000 to 10.4% in the year 2001 p=0.0001. Prevalence among females remained almost the same at 13.3% for the year 2000 compared to 13.7% during the year 2001, p=0.1.

When using the prevalence among blood donors to estimate the year 2001 burden of HIV infection in Tanzania, the following estimates are realized. A total of 2,229,770

individuals (918,113 males and 1,311,657 females) aged 15 years and above were living with HIV in Tanzania during the year 2001. Of these, 1,867,561 (770,468 males and 1,097,093 females) were aged between 15-49 years. When these estimates are compared to those of the year 2000, there is a 3% increase in the number of people living with HIV infection among individuals aged 15 years and above.

Sexually transmitted infections (STIs) are a marker of sexual networking and give a clue to the extent of unprotected sex in a community. STIs also facilitate sexual transmission of HIV infection. During the year 2001, a total of 211,291 STI episodes were reported, of these 90,058 were Genital discharge syndromes, 46,365 were genital ulcer diseases, 43,855 were Pelvic inflammatory diseases, and other syndromes constituted the rest 31,013. Compared to the previous two years – 149,222 for 2000, and 39,385 for 1999, there has been an increase in the number of reported episodes during the year 2001.

In conclusion, more people continue to be infected by HIV as indicated by continued unprotected sex in the community. The situation persists and warrants for concerted innovative multsectoral efforts to combat the disease.

#### 1.0 SURVEILLANCE OF AIDS CASES

#### **Methods**

AIDS cases diagnosed by hospitals in the country are reported to the National AIDS Control Programme (NACP). Reporting is done using forms distributed to all hospitals through the regional medical officers. Information collected include name of reporting hospital, socio-demographic characteristics of the diagnosed case including district of usual residence, case definition criteria used to make the diagnosis, possible source of infection and whether or not an HIV test was done. Hospitals return dully-filled forms to the RMO monthly, for subsequent transmission to the NACP on a quarterly basis.

#### **Distribution of AIDS cases**

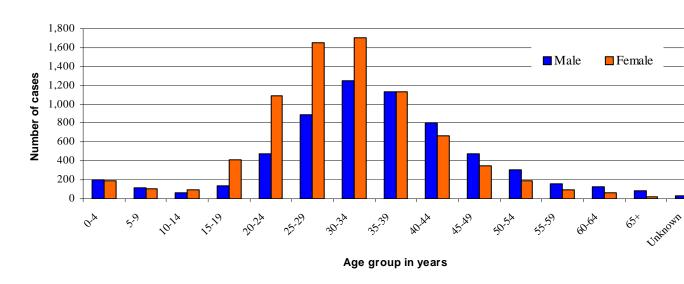
Between 1<sup>st</sup> January and 31<sup>st</sup> December 2001, a total of 14,112 cases were reported to the NACP from the 20 regions of Tanzania Mainland. This resulted into a cumulative total of 144,498 cases since 1983 when the first AIDS cases were diagnosed in Tanzania. Table 1 and Figure 1 show the age and sex distribution of the reported AIDS cases for the year 2001. As in previous years, most cases fall within the age group 20-49 years with highest number of reported cases in the age group 25-34 and 30-39 for females and males respectively. As inferred in previous reports, this pattern suggests that most individuals acquire infection during late adolescence, assuming a median incubation period of around ten years. In previous reports, it was speculated that this pattern may change with greater coverage in voluntary counseling and testing (VCT) coupled with the use of antiretroviral therapy. This underscores the need to establish more VCT facilities and strengthen their utilization, and also continue with initiatives intended to enhance antiretroviral access and proper case management.

Figure 2 shows the age and sex specific cumulative case rates from 1987-2001. The figure, as in the previous year, shows that males generally have a higher case rate than females particularly for the age group 30 years and above.

Table 1: Distribution of Reported AIDS cases by age and sex, Tanzania 2001

Age	Male	<u> </u>	Fema		Unkn	own	To	tal
group	N	, %	N	%	N	%	N	%
0 – 4	198	3.2	186	2.4	4	10.0	388	2.7
5 – 9	116	1.9	101	1.3	6	15.0	223	1.6
10 - 14	66	1.1	91	1.2	0	0.0	157	1.1
15 - 19	139	2.2	418	5.4	1	2.5	558	4.0
20 - 24	479	7.7	1095	14.0	8	20.0	1582	11.2
25 - 29	894	14.3	1656	21.2	2	5.0	2552	18.1
30 - 34	1247	19.9	1710	21.9	6	15.0	2963	21.0
35 - 39	1131	18.1	1135	14.5	4	10.0	2270	16.1
40 - 44	809	12.9	662	8.5	3	7.5	1474	10.4
45 - 49	479	7.7	346	4.4	2	5.0	827	5.9
50 - 54	306	4.9	191	2.4	4	10.0	501	3.6
55 - 59	157	2.5	91	1.2	0	0.0	248	1.8
60 - 64	123	2.0	59	8.0	0	0.0	182	1.3
65+	85	1.4	22	0.3	0	0.0	107	8.0
Unknown	32	0.5	48	0.6	0	0.0	80	0.6
Total	6261	100.0	7811	100.0	40	100.0	14112	100.0

Figure 1: Age and sex distribution of the reported AIDS cases, Tanzania, January - December 2001



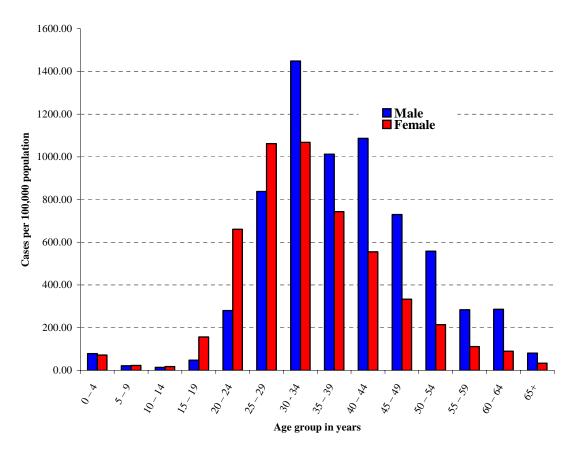


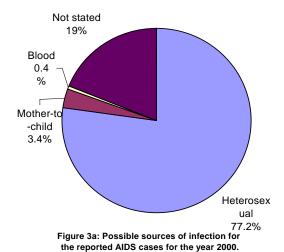
Figure 2: Age and Sex Specific Cumulative case rate for the period 1987 - 2001

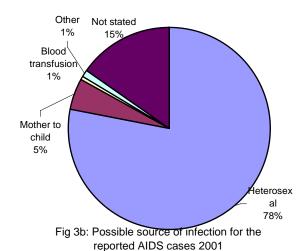
Table 2: Age and sex specific case rate of cumulative AIDS cases, Tanzania 1987-2001

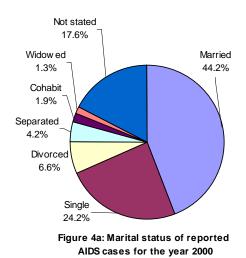
Age		MA	LE			FEM	IALE				TO	ΓAL	
	Cases	%	Population Year 2001 estimates	Case rate*	Cases	%	Population Year 2001 estimates		Jnknown sex cases	Cases	%	Population Year 2001 estimates	Case rate
0 - 4	2472	4.3%	3196812	77.3	2210	3.7%	3137824	70.4	63	4,745	4.0%	6334636	74.9
5 - 9	550	1.0%	2519861	21.8	579	1.0%	2468961	23.5	37	1,166	1.0%	4988822	23.4
10 - 14	279	0.5%	1892827	14.7	370	0.6%	1915824	19.3	2	651	0.5%	3808651	17.1
15 - 19	916	1.6%	1863329	49.2	2903	4.9%	1858719	156.2	10	3,829	3.2%	3722048	102.9
20 - 24	4467	7.7%	1579391	282.8	10360	17.3%	1577446	656.8	34	14,861	12.4%	3156838	470.8
25 - 29	10398	18.0%	1247223	833.7	14083	23.5%	1333886	1055.8	59	24,540	20.5%	2581109	950.8
30 - 34	12072	20.9%	831773	1451.4	11456	19.1%	1068254	1072.4	67	23,595	19.7%	1900028	1241.8
35 - 39	9183	15.9%	803155	1143.4	7188	12.0%	960793	748.1	46	16,417	13.7%	1763948	930.7
40 - 44	6199	10.7%	576976	1074.4	3631	6.1%	652778	556.2	24	9,854	8.2%	1229754	801.3
45 - 49	3682	6.4%	506501	726.9	1872	3.1%	556107	336.6	26	5,580	4.7%	1062608	525.1
50 - 54	1958	3.4%	351260	557.4	916	1.5%	411379	222.7	9	2,883	2.4%	762639	378.0
55 - 59	949	1.6%	327284	290.0	411	0.7%	344207	119.4	4	1,364	1.1%	671492	203.1
60 - 64	564	1.0%	248598	226.9	226	0.4%	300514	75.2	4	794	0.7%	549112	144.6
65+	396	0.7%	492522	80.4	170	0.3%	510060	33.3	4	570	0.5%	1002582	56.9
Unknown	3622	6.3%			3477	5.8%			1,645	8,744	7.3%		
Total	57,707	100	16,437,513	351.1	59,852	100	17,096,752	350.1	2,034	119,593	100	33,534,266	356.6

Case rate =cases/100,000 population

Marital status and possible sources of infection for the reported AIDS cases during the year 2001 were analysed. These findings are presented in the following pie charts. As for the year 2000, the predominant mode of HIV transmission has remained heterosexual constituting up to 78% of all infections during 2001. This proportion is similar to that of year 2000, which was 77%. Mother to child transmission constituted 5% and blood transfusion 1%. In about 15% of the cases, the mode of acquisition of infection was not stated. Figures 3a and 3b illustrate these findings. Regarding marital status of the reported AIDS cases, there was a slight increase in the proportions of both single and married individuals when the 2000 data was compared to that of the year 2001, see figure 4a and figure 4b for further details.







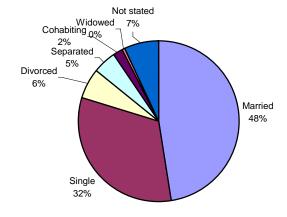


Fig 4b: Marital status for the reported AIDS cases for the year 2001

Tables 3a, b and c show the cumulative number of cases and case rate by region for the past 19 years (1983-2001). The total population by region for the year 2001 has been projected from the 1988 population census adjusted for growth rate of 2.8% <sup>1</sup>. The distribution of AIDS cases by region is based on where the diagnosis was made and does not necessarily reflect the place of usual residence of the diagnosed case. The NACP estimates that only 1 out of 5 AIDS cases are reported due to underutilization of health services, under-diagnosis, under-reporting and delays in reporting. Despite these limitations however, the data is believed to reflect the trend of AIDS cases in the country. According to the 2001 data, the region with the highest cumulative case rate was Mbeya followed by Dar es Salaam and Ruvuma in that descending order. The region with the lowest case rate was Kigoma. In contrast to the observed regional distribution of reported AIDS cases, regions showing the highest seroprevalence among blood donors were Kagera (22.0%), Dar es Salaam (18.8%), Iringa (18.7%) and Arusha (17.8%).

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<sup>&</sup>lt;sup>1</sup> National Bureau of Statistics, 1988 Census

Table 3(a): Cumulative AIDS cases by regions, Tanzania 1983 – 1992.

Region					YE	EARS				
	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Arusha	0	0	0	10	47	217	433	647	1,117	1,637
Coast	0	0	1	4	79	224	465	938	1,676	2,215
Dar es Salaam	0	0	51	471	1,470	3,093	5,209	7,246	8,834	9,259
Dodoma	0	0	0	7	47	105	262	310	536	762
Iringa	0	0	1	3	68	305	374	728	2,281	3,334
Kagera	3	106	322	847	1,666	2,143	2,576	3,472	4,742	5,813
Kigoma	0	0	0	3	50	109	244	607	930	1,556
Kilimanjaro	0	1	8	36	207	455	571	966	2,060	3,707
Lindi	0	0	0	1	10	46	113	484	842	1,211
Mara	0	0	0	3	30	99	141	280	639	980
Mbeya	0	0	0	16	208	751	1,077	3,890	6,924	9,890
Morogoro	0	0	0	11	88	254	364	637	2,398	3,598
Mtwara	0	0	1	5	26	90	199	479	1,361	1,968
Mwanza	0	0	15	54	171	448	667	1,303	3,041	4,207
Rukwa	0	0	0	1	5	98	94	140	261	496
Ruvuma	0	0	0	20	46	81	210	571	1,197	1,807
Shinyanga	0	0	0	8	31	144	238	583	1,278	496
Singida	0	0	0	6	74	197	284	456	763	1,807
Tabora	0	2	5	6	59	232	525	927	1,400	1,972
Tanga	0	0	0	13	80	210	210	838	1,914	2,636
Unspecified	-	-	-	-	-	-	-	1	1	1
TANZANIA	3	109	404	1,525	4,462	9,301	14,256	25,503	44,195	59,352

Table 3(b): Cumulative AIDS Cases by region, Tanzania 1993 – 2001.

Region					YEARS	5			
_	1993	1994	1995	1996	1997	1998	1999	2000	2001
Arusha	2,185	2,368	2,615	2,787	3,244	3,567	3,948	4,196	4,688
Coast	2,740	3,023	3,268	3,559	3,796	4,266	4,375	5,348	5,580
Dar es Salaam	10,406	11,050	11,302	12,983	13,899	14,517	14,643	16,053	18,627
Dodoma	1,028	1,294	1,608	1,938	2,517	2,641	2,748	2,941	3,170
Iringa	4,462	4,674	4,785	4,883	5,008	5,031	5,076	5,179	5,298
Kagera	6,646	7,064	7,223	7,426	7,671	7,881	8,310	8,529	8,976
Kigoma	1,920	2,070	2,257	2,280	2,426	2,481	2,613	2,732	2,815
Kilimanjaro	4,699	5,119	5,513	5,991	6,618	7,375	7,766	8,088	9,097
Lindi	1,691	1,966	2,173	2,480	2,712	3,074	3,559	4,155	4,710
Mara	1,304	1,393	1,486	1,486	1,486	1,515	1,634	2,021	2,229
Mbeya	11,439	12,214	12,371	14,685	16,835	19,949	23,688	26,952	30,320
Morogoro	4,328	4,575	4,903	5,189	5,438	5,534	5,863	6,388	6,820
Mtwara	2,090	2,201	2,267	2,444	2,569	2,843	3,000	3,262	3,638
Mwanza	5,349	5,731	5,974	6,365	7,006	7,384	7,884	8,338	8,752
Rukwa	715	777	801	882	1,227	1,359	1,621	1,997	2,382
Ruvuma	2,480	2,847	3,087	3,345	3,752	4,260	4,760	5,406	6,381
Shinyanga	2,624	3,062	3,361	3,824	4,217	4,515	4,861	5,440	6,310
Singida	1,472	1,688	1,908	2,135	2,167	2,262	2,329	2,396	2,692
Tabora	2,786	3,075	3,428	3,805	4,278	4,733	5,199	5,946	6,349
Tanga	3,207	3,475	3,793	4,062	4,278	4,632	4,792	4,975	5,620
Unspecified	1	2	44	44	44	44	44	44	44
TOTAL	73,572	79,668	84,167	92,593	101,188	109,863	118,713	130,386	144,498

Table 3(c): AIDS case rates by regions, Tanzania 1999 - 2001.

REGION	Cases for 1999	Case rate for 1999	Cases for 2000	Case rate for 2000	Cases for 2001	Case rate for 2001	Population year 2001
					102		
Arusha	381	19.4	248	12.2	492	23.6	2084659
Coast	109	13.6	973	117.4	232	27.2	852030
Dar es Salaam	126	5.8	1,410	63.1	2,574	112.1	2296464
Dodoma	107	6.7	193	11.7	229	13.5	1694296
Iringa	45	2.8	103	6.2	119	7.0	1704009
Kagera	429	23.7	219	11.7	447	23.3	1919860
Kigoma	132	11.5	119	10.1	83	6.8	1211958
Kilimanjaro	391	20.4	322	16.3	1,009	49.7	2028807
Lindi	485	60.1	596	71.6	555	64.9	855693
Mara	119	9.0	387	28.6	208	14.9	1393437
Mbeya	3,739	183.7	3264	155.6	3,368	156.1	2157028
Morogoro	329	19.9	525	30.7	432	24.6	1756001
Mtwara	157	14.9	262	24.1	376	33.7	1115340
Mwanza	500	20.2	454	17.8	414	15.8	2624608
Rukwa	262	24.8	376	34.5	385	34.3	1121179
Ruvuma	500	45.5	646	57.0	975	83.7	1165390
Shinyanga	346	14.4	579	23.4	870	34.2	2544284
Singida	67	6.5	67	6.3	296	27.0	1096181
Tabora	466	34.7	747	54.0	403	28.3	1421782
Tanga	160	9.7	183	10.7	645	36.9	1750042
TOTAL	8,850	28.6	13,673	36.6	16,113	43.0	32795049

#### 2.0 SURVEILLANCE OF HIV INFECTION

#### 2.1 SURVEILLANCE POPULATION I: ANTENATAL CLINIC ATTENDEES

#### Introduction

Sentinel surveillance of HIV infection utilizing antenatal clinic attendees was established in 1990 when 24 sites were established in 11 out of the 20 regions of Tanzania mainland. This was implemented until 1999, when the NACP undertook a comprehensive review resulting in revised and improved methods. HIV and syphilis surveillance was strengthened by three core activities that were implemented sequentially. A multidisciplinary team examined strengths and weaknesses of the existing surveillance system in June 2000. This effort resulted in the development of the document entitled "Guidelines for Monitoring and Evaluation During Mid-Term Plan III, 2000-2002." These guidelines describe principles used in HIV/AIDS and syphilis surveillance, discuss behavioural surveillance approach for monitoring trends in sexual behaviours among youth, and introduce various criteria for monitoring and evaluating prevention programmes. Using these guidelines, the NACP revised the protocol for ANC surveillance. Consequently, new methods have been introduced, including dried blood spot (DBS) filter paper cards technology, standardization of HIV test approaches and quality assurance. A three-month data collection period has also been adopted.

Between January to April, 2002, a new round of sero-surveillance for HIV and syphilis was conducted at 24 ANC sites located in six regions of the country namely: Dar es Salaam, Dodoma, Kagera, Kilimanjaro, Mbeya and Mtwara. ANC clinics in these regions were selected to represent urban, semi-urban, roadside, rural and where applicable, border clinics.

In addition to sero-surveillance, the NACP conducted behavioral surveillance surveys (BSS) to track trends in HIV/AIDS-related knowledge, attitudes, and behaviours among youth aged 15-24 residing in communities surrounding ANC surveillance sites. Over time, this complementary behavioural information will provide trend data that will help identify behaviour indicators and evaluate interventions and monitor change in HIV/STD risk behaviours.

#### Prevalence of HIV among ANC and Youth Behaviour

Results of the 2001 - 2002 surveillance are presented in a separate report "Surveillance of HIV and syphilis prevalence and Youth behaviour from ANC communities, 2001 - 2002". Data that were collected by the "old" surveillance system, however, will be maintained in this report to serve as reference data for trends in HIV prevalence among antenatal clinic attendees.

Table 4: Prevalence of HIV infection among antenatal clinic enrollees, Tanzania 1992 -2000

Tanzama 1992										
	1992	1993	1994	1995	1996	1997	1998	1999	2000	95% C.I
Dar es Salaam										
Kasorobo – Temeke		15.3		7.3				15.3	14.3	10.5-19.1
Kigamboni – Temeke								14.1	10.1	7.4-13.6
** Sinza - Kinondoni								18.1		
Iringa										
Mafinga (roadside)	25.0							20.9	16.8	13.8-20.1
Ipogoro (Peri-Urban)							• • •		32.1	24.9-40.1
Iringa Reg Hospital							24.9	40.1	4.6	1.5-12.1
Mwanza										
Igekemaja									4.2	1.1-12.7
Kiseso									10.8	6.9-16.4
Welama-songa									5.0	1.6-12.8
Igoma									13.8	10.8-13.6
Makongoro						40.			16.4	13.6-19.7
Mbeya Region (All sites)	15.4	15.9	20.3	18.6	17.4	18.2	15.4	16.8	18.6	16.9-20.4
Mbeya rural	11.1	12.1	20.4	14.2	14.5	15.6	12.3	13.7	15.6	12.6-19.0
Isoko (Rural)					7.2	8.1	10.2	19.1	13.5	9.2-19.2
Itete (Rural)					5.6	14.8	11.8	11.6	23.3	16.3-32.1
Mwambani (Rural)					16.0	13.7	14.5	11.0	13.0	8.8-18.6
Chimala (Roadside)					17.0	15.9	12.5	12.1	15.2	10.9-21.4
Mbeya Urban	19.3	17.7	19.8	20.7	18.5	19.6	17.3	18.0	20.4	17.8-23.2
Kiwanja-Mpaka (U)					17.0	22.5	20.5	23.0	23.3	18.7-28.6
Meta (Urban)					14.6	17.9	12.5	13.5	17.0	13.1-21.9
Ruanda (Urban)					24.0	18.1	18.8	17.5	20.7	16.3-25.8
Kyela (border)					25.9	25.0	24.0	29.5	21.6	16.2-28.1
Mbozi					17.0	24.0			19.0	13.9-25.3
Morogoro										
Morogoro Reg.Hosp										
(Urban)								18.4		
Turiani DDH (Rural)								9.8		
Rukwa (All sites)			26.5	17.4						
Namanyere (Rural)	11.3	8.33	19.0	11.2		11.2				
Sumbawanga	12.0	23.3	31.3	22.2		21.0				
Ruvuma	۰			1.1.0		44.0				
Songea (Urban)	9.7	16.1	15.7	14,2		11.0				
Namtumbo (Rural)	3.5	6.7	3.2	5.6		4.0				
Kilimanjaro	- 1				0.4	100	20.0	10.0		12020
Umbwe (Moshi Rural)	6.4				9.1	10.0	20.0	19.2	16.6	13.0-20.8
Kagera		161			10.5			7.0	10.5	0.0.17.0
Bukoba Urban		16.1			13.7			7.0	12.5	9.0-17.0
Tanga									2.7	1066
Mlalo									2.7	1.0-6.6
Korogwe									9.3	6.1-13.6
Makorora									11.1	7.8-15.6
Maramba									6.0	3.5-9.9

Table 5: Age specific prevalence of HIV infection among antenatal clinic attendees, Tanzania 1990-2000

	Age group	1990		1991		1992		1993		1994		1995		1996		1997		1998		1999		2000	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Mbeya	14 - 24	298	17.1	473	17.3	838	19.9	804	18.8	327	20.5	385	20.5	359	17.8	350	18.9	374	17.6	349	16.3	494	18.4
Urban	25 - 34	243	16.0	240	14.6	465	14.2	454	18.3	236	20.8	253	21.7	211	19.9	187	23.5	232	17.2	225	22.2	358	24.3
	35 - 49	41	12.2	41	7.3	68	13.2	67	6.0	39	7.7	42	16.7	29	17.2	35	5.7	17	11.8	26	3.8	47	10.6
	Total	582	16.3	754	15.9	1371	17.7	1325	18.0	602	19.8	680	20.7	599	18.5	572	19.6	623	17.3	600	18.0	899	20.4
Mbeya	14 - 24	169	9.5	337	11.3	532	8.8	608	9.7	294	15.6	367	13.6	214	13.6	274	10.6	296	12.8	286	14.3	291	11.7
Rural	25 - 34	120	12.5	172	11.6	331	11.5	303	9.6	186	16.7	175	21.7	152	8.6	140	15	179	12.3	166	13.9	178	23.6
	35 - 49	38	5.3	34	0.0	57	12.3	59	6.8	42	21.4	32	3.1	27	11.1	27	0.0	42	9.5		10.8	51	9.8
	Total	327	10.1	543	10.7	911	10	970	9.5	522	16.5	574	15.5	393	11.5	441	11.3	517	12.4	517	13.7	520	15.6
Mbeya	14 - 24	122	17.2	139	19.4	455	11.9	474	13.5	227	27.8	242	14	239	16.7	223	19.7	247	10.9	229	10.9	208	12.5
Roadside	25 - 34	93	16.1	92	9.8	239	11.3	242	12.4	110	29.1	134	11.9	131	21.4	130	22.3	124	16.9	146	14.4	172	23.8
	35 - 49	18	16.7	20	5.0	49	4.1	57		25	20	27	3.7	30	6.7	21	23.8		3.9		16.7	20	
	Total	223	16.7	251	14.7	743	11.2	773	13.3	362	27.6	403	12.7	400	17.5	374	20.9	399	12.3	399	12.5	400	17.3
Mbeya	14 - 24	77	23.4	25	36	169	20.1	205	30.7	117	20.5	132	36.4	135	26.7	143	24.5	149	22.8	141	27.0	134	20.2
Boarder	25 - 34	57	26.3	17	29.4	80	36.3	125	28.8	44	22.7	49	30.6	50	26	49	28.6	45	28.9	56	35.7	59	25.4
	35 - 49	6.0	33.3	2.0	50	26	26.9	22	13.6	5.0	40	11	27.3	8.0		8.0	12.5	6.0	16.7	3.0	33.3	6	16.7
	Total	140	25.0	44	34.1	275	25.5	352	29	166	21.7	192	34.4	193	25.9	200	25.0	200	24.0	200	29.5	199	21.6
Bukoba	14 - 24	665	21.8					1560	16.1					1696	9.4					261	6.9	262	11.1
Urban	25 - 34	518	25.1					1022	20.6					997	19.2					26	7.7	26	26.9
	35 - 49	109	18.4					234	10.7					200	13								
	Total	1292	22.2					2816	16.1					2893	13.7					287	7.0	288	12.5
Umbwe	14 – 24															90	4.4	131	19.8	94	19.1	172	17.4
	25 – 34															75	16		20		19.8	159	
Moshi Rura																11	9.1	44	18.2		17.4	37	
	Total															176	9.7	301	19.9		19.2	368	16.6

#### 2.2 SURVEILLANCE POPULATION II: BLOOD DONORS

#### Methods

Screening of blood donors for HIV infection was initiated in the country in 1987. This service which was originally limited to regional and referral hospitals only, was extended to cover all health care facilities providing blood transfusion services so as to ensure provision of safe blood. Screening is done by using either simple/rapid tests in peripheral hospitals or the ELISA testing strategy in regional, referral and some missionary hospitals. Test results are filled in blood donor HIV register forms made available to the health care facilities from the Ministry of Health through the regional medical offices. Dully filled forms are returned to the NACP for processing.

#### **Prevalence of HIV infection**

A total of 152,103 persons donated blood during the year 2001, individuals aged less than 15 years were excluded from the analysis resulting into a total of 152,096 persons as the subsequent denominator. Males formed the majority of donors constituting up to 81.4%, while females constituted 18.5%. In 0.1% of individuals the sex was not stated.

The overall prevalence of HIV infection among blood donors during 2001 was 11.01% (95% CI=10.8-11.2). This is an increase of 1.1% when compared with the year 2000 prevalence (9.9% in 2000 vs 11.01% in 2001 p=0.0001).

As in the previous years, prevalence varied by sex, females having a significantly higher prevalence as compared to males. Prevalence among females was 13.7% (95% CI=13.3-14.1) and that among males was 10.4 (95% CI=10.2-10.5) p=0.00001. When these sex specific estimates are compared to those of the year 2000, males show a significant increase in prevalence from 9.2% in the year 2000 to 10.4% in the year 2001 p=0.0001. Prevalence among females remained almost the same at 13.3% for the year 2000 compared to 13.7% during the year 2001 p=0.1.

When using the prevalence among blood donors to estimate the year 2001 burden of HIV infection in Tanzania, the following estimates are realized. A total of 2,229,770 individuals (918,113 males and 1,311,657 females) aged 15 years and above were living with HIV in Tanzania during the year 2001. Of these, 1,867,561 (770,468 males and 1,097,093 females) were aged between 15-49 years. When these estimates are compared to those of the year 2000, there is a 3% increase in the number of people living with HIV infection who are in the age group 15 years and above.

Ninety nine percent of donors were relatives of patients while the remaining 1% were institutional or paid blood donors. The donor category was not stated in 3 persons donating blood. Due to the huge category of relative donors, prevalence among these was almost similar to the overall prevalence among all donors i.e. 11.04%. Prevalence among paid donors was 5.9% (N=369) while that among institutional donors was 8.6% (N=928). Differences between these categories of donors were statistically significant (p=0.005). Institutional donors include individuals from places like schools, colleges, factories etc.

HIV infection prevalence as observed among female blood donors is higher than that observed among antenatal clinic attendees or even from population based surveys indicating that individuals donating blood for their sick relatives (who are the majority of the donors) are at a higher risk of HIV infection than the rest of the population even after their prevalence

estimates are age adjusted. This is conceivable as for example, a spouse donating blood to his/her partner who is seropositive is also likely to be seropositive.

To evaluate whether there have been any changes in the prevalence of HIV infection in various age groups among males and females, the blood donor data was broken down by age and sex.

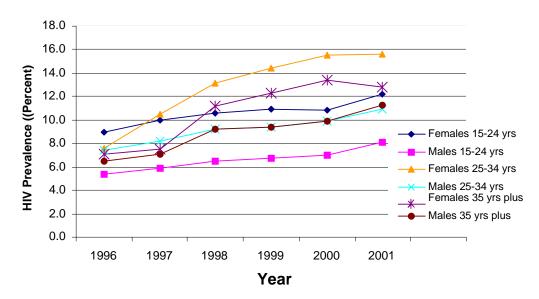


Figure 5: Age and sex specific prevalence trends among blood donors, 1996-2001

All age groups in both sexes exhibited an upward trend compared to the year 2000 except females aged 25-34 years and those aged 35 years and above. In these two age groups, prevalence seemed to level off among females aged 25-34 years and had a tendency of decreasing among females aged 35 years and above. Its worth noting that females aged 15-24 years who up to 2000 seem to have a prevalence which had leveled off, had an increase in prevalence during the year 2001. In general females aged 25-34 years continued to be at the highest risk of infection while males aged 15-24 years continued to be at the lowest risk of infection. These observations are summarized in Figure 5.

Table: 6 Prevalence of HIV infection among blood donors by region and district, Tanzania 1999-2001

Region	Yea	ır 1999	Year 20	00	Year 2	
District	Total	%	Total	%	Total	%
	donors	prevalence	donors	prevalence	donors	prevalence
Arusha	3030	22.0	7223	13.8	6827	17.8
Arumeru	-	-	-	-	72	
Arusha municipality	_	-	1372	9.1	1825	
Babati	2095	30.4	4132	19.1	2428	
Hanang	-	-	-	_	223	
Kiteto			64	10.9	266	11.7
Mbulu	809	3.6	1503	3.7	1892	7.5
Monduli	112	0.0	152	11.8	119	10.1
Coast	3510	8.9	3160	12.5	3240	10.4
Bagamoyo	320	5.9	463	7.8	236	
Kibaha	1730	10.6	664	11.9	1147	
Kisarawe	112	9.8	452	19.0	281	
Mafia	256	8.2	249	8.0	292	
Rufiji	1092	7.1	1318	13.1	1284	
· ·						
DSM	694	33.1	1739	8.6	1956	
Ilala	428	45.1	1005	9.7	1351	
Kinondoni	162	12.4	658	5.5	153	
Temeke	-	-	-	-	452	25.9
Dodoma	2269	5.1	3001	3.9	8984	7.9
Dodoma municipality	1364	4.8	1129	5.6	4249	
Kondoa	-	-	797	4.9	1122	
Kongwa	_	_	-	-	441	
Mpwapwa	905	5.4	1075	1.5	3172	
	4258	1.4.7	2393	14.6	5104	18.7
Iringa Iringa municipality	2643	14.7 14.3	1008	14.0	3104	
Ludewa	280	22.1	415	15.2	534	
Mafinga		-	413		96	
Mufindi	297	8.1	301	8.9	62	
Njombe	1038	15.7	669	16.6	1355	
Nombe		13.7			1333	
Kagera	4572	17.7	3827	19.5	5753	
Biharamulo	428	19.6	413	8.5	350	
Bukoba	1615	20.7	650	12.2	1577	
Karagwe	638	20.8	998	19.5	1183	
Muleba	1159	15.5	1472	24.6	1843	
Ngara	732	10.4	294	25.8	800	25.4
Kigoma	6860	6.4	6772	3.8	7412	4.9
Kasulu	4935	6.8	3503	3.5	3918	
Kibondo	752	4.5	530	6.2	543	
Kigoma	1173	5.7	2739	3.8	2951	
_	5010		4435	67		
Kilimanjaro	5218	4.8		6.7	4823	
Hai Mashi	3233	5.4	416 2221	10.1	310 2948	
Moshi Mwanga	3233 277	3.4 3.6	115	6.4 7.0	2948 162	
Rombo	305	2.9	222	3.3	302	
Same	1369	4.2	1461	5.5 6.8	302 1101	
Lindi	7083	3.4	5092	4.2	6046	
Kilwa	879	5.6	478	3.1	656	
Lindi	2788	5.1	2175	4.5	2159	
Liwale	986	1.3	931	3.6	837	3.9

## ... Table 6 Continues

Region		r 1999	Year 20		Year 2	
District	Total	%	Total	%	Total	%
NT 1'	donors	prevalence	donors	prevalence	donors	prevalence
Nachingwea	2430	1.6	1508	4.4	2394	3.3
Mara	5151	9.2	10676	9.4	9277	9.0
Bunda	262	9.9	2416	10.7	2495	9.0
Musoma	2835	8.0	4230	7.6	4670	7.5
Serengeti	988	6.3	1335	2.9	1042	2.1
Tarime	1066	14.7	2695	14.3	1070	22.2
Mbeya	6691	15.2	7338	17.0	10618	16.4
Chunya	865	17.8	868	19.9	1938	20.0
Ileje	218	13.8	211	11.9	190	11.6
Kyela	750	13.6	1110	16.4	1671	15.7
Mbarali	1470	18.3	1683	25.4	1868	20.3
Mbeya	1254	16.3	1153	18.3	1390	13.3
Mbozi	635	16.4	566	11.1	934	11.7
Rungwe	1499	10.5	1747	9.6	2627	15.1
Morogoro	12389	11.3	7606	16.6	12755	17.2
Kilombero	2697	18.1	1671	35.3	3334	34.6
Kilosa	4435	11.7	1309	6.9	3581	8.7
Morogoro	4440	8.2	4072	12.1	4964	13.5
Ulanga	805	3.7	540	15.4	876	6.4
Mtwara	3030	7.8	8665	8.2	5767	7.5
Mtwara urban	739	4.5	139	7.2	1994	4.6
Masasi	2291	8.9	3725	10.1	2955	9.8
Mtwara rural	2271	-	3182	7.2	2733	7.0
Newala	_	_	1619	5.7	818	6.2
	10272	7.0				
Mwanza	10373	7.0	9858	7.6	12526	8.0
Geita	832	8.8	1173	7	1942	6.2
Kwimba	1977	4.9	1171	4.4	1293	7.8
Magu	1436	9.5	1243	12.6	1539	13.0
Misungwi	372	3.2	444	5.6	491	6.3
Mwanza	2561	5.8	2377	8.2	3061	7.6
Sengerema	2518	7.5	2868	6.5	3406	7.2
Ukerewe	677	10.6	558	10.0	772	10.0
Rukwa	-	-	3277	11.8	531	10.7
Mpanda	-	-	565	12.2	341	8.8
Nkasi	-	-	652	15.6		
Sumbawanga	-	-	2045	10.6	190	14.2
Ruvuma	8301	9.8	9813	10.2	12187	11.2
Mbinga	3502	7.5	3618	9.4	3646	11.4
Songea	3460	13.8	4605	12.4	5678	14.3
Tunduru	1339	5.3	1590	6.0	2863	4.8
Shinyanga	8654	8.2	9332	9.4	12316	8.4
Bariadi	2676	4.2	1580	4.8	2569	6.2
Kahama	2534	10.2	2344	9.6	3754	8.6
Maswa	690	9.3	908	9.0	1239	10.1
Meatu	426	10.3	307	10.1	569	12.0
Shinyanga	2328	9.9	4185	11.1	4185	8.6
Singida	4187	8.1	5326	8.0	6785	11.8
Iramba Viambai	181	5.5	1095	12	710	5.2
Kiomboi	- 077	- 7 1	1074	7 4	14	7.1
Manyoni	877	7.1	1864	7.4	2024	8.3
Singida urban	3129	8.6	2367	6.8	3557	13.0
Singida rural	-	-	_	-	480	27.5
Tabora	11335	7.1	9084	7.2	9628	7.6

Region	Yea	r 1999	Year 20	00	Year 2	001
District	Total	%	Total	%	Total	%
	donors	prevalence	donors	prevalence	donors	prevalence
Igunga	4120	7.0	2359	7.6	2427	8.2
Nzega	1812	6.4	1604	5.4	3156	5.7
Sikonge	892	5.7	875	5.0	1043	6.7
Tabora	2918	7.8	2445	7.8	1487	8.1
Urambo	1593	7.7	1801	8.8	1515	10.8
Tanga	10967	8.3	9749	8.8	9583	8.6
Handeni	1531	9.7	1296	5.3	1937	3.5
Korogwe	1945	9.0	1034	6.1	795	6.8
Lushoto	450	22.2	811	13.2	537	11.0
Muheza	2667	8.1	1712	10.2	2463	9.1
Pangani	621	5.5	1169	5.7	509	4.7
Tanga	3753	6.3	3727	10.1	3342	11.7

Most regions had either a stable or an increasing trend in the prevalence of HIV infection when data for the year 2001 was compared to that of year 2000, Kagera region continued to have the highest prevalence of HIV infection among blood donors at 22.0%. Other regions with high prevalence (above the overall prevalence of 11%) included, Dar es Salaam (18.8%), Arusha (17.8%), Morogoro (17.2%) and Mbeya (16.4%). Regions with the lowest prevalence included: Lindi 3.8%, Kigoma 4.9%, and Kilimanjaro 5.9%. This information is given in greater detail in Table 6.

Prevalence by district fluctuated during the three years 1999-2001 thus showing no specific pattern in the trend of infection. However five districts showed an unusually high prevalence during the year 2001, these include: Kilombero 34.6%, Babati 33.9%, Muleba 33.7%, Kinondoni 33.3%, and Singida rural 27.5%. All except Kilombero had an increase in the magnitude of HIV infection. Fluctuation in prevalence of HIV infection among blood donors may be a result of use of different tests for HIV detection with different performance characteristics, the changing composition of donors depending on the site in question, characteristics of persons being screened (eg. false positivity when using Capillus rapid tests in Karagwe was once attributed to cross-reactivity with bovine antigen presumed to be present in the Karagwe population).

Table 7: Prevalence of HIV infection among male blood donors by region, Tanzania 1992 - 2001

Region	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Arusha	2.6	2.6	2.7	6.1	3.0	2.8	4.2	21.3	13.4	17.2
Coast	4.1	5.9	6.6	5.5	9.4	8.2	7.7	7.5	10.1	8.0
Dodoma	2.8	1.7	0.0	0.0	4.9	7.9	4.9	5.0	3.7	7.8
DSM	8.5	-	-	4.9	17.2	19.8	12.5	23.8	8.3	18.2
Iringa	11.1	13.2	7.7	13.0	14.2	14.2	14.8	14.7	13.7	17.9
Kagera	10.9	5.8	7.9	10.8	8.0	8.6	14.8	17.3	19.5	22.3
Kigoma	1.9	7.0	3.4	4.9	5.6	2.8	3.8	6.3	3.9	4.8
Kilimanjaro	2.4	3.4	1.5	10.7	4.1	4.1	4.8	4.7	6.2	5.8
Lindi	3.7	2.5	-	3.0	3.7	3.0	3.3	3.3	3.9	3.2
Mara	6.9	5.0	3.7	5.8	7.6	8.0	7.6	8.6	8.7	7.8
Mbeya	15.1	0.0	-	9.0	11.1	12.6	13.0	13.6	15.4	14.4
Morogoro	4.6	5.7	-	-	4.1	5.5	7.4	10.3	15.2	16.2
Mtwara	5.2	9.5	15.2	10.1	9.7	4.5	8.0	7.0	7.3	7.2
Mwanza	5.1	4.0	2.9	12.5	7.6	9.5	6.9	6.2	7.2	7.7
Rukwa	6.7	-	-	-	8.0	7.9	-	-	11.5	11.0
Ruvuma	6.2	7.3	2.0	3.3	8.1	7.7	7.4	9.8	9.5	10.3
Shinyanga	6.1	6.4	14.7	11.7	8.5	8.5	8.0	7.7	9.0	8.0
Singida	2.7	2.8	0.0	-	5.6	3.6	6.2	7.7	7.5	11.6
Tabora	2.8	4.4	2.5	6.2	3.2	6.1	5.9	6.8	6.8	7.3
Tanga	7.1	4.4	-	10.4	5.5	8.0	7.3	7.9	8.7	8.6
Total	5.3	5.9	6.9	7.8	6.8	7.6	8.5	8.7	9.2	10.4

To investigate whether sex specific HIV prevalence among blood donors varied by region, prevalence of HIV infection among males and female was analyzed by region. Table 7 shows the findings among males. High prevalence was noted in six regions namely: Kagera 22.3%, Dar es Salaam 18.2% among males, Iringa 17.9%, Arusha 17.2%, Morogoro 16.2% and Mbeya 14.4%. Regions with the lowest prevalence among males were Lindi (3.2%) and Kigoma (4.8%). Prevalence by region among females was highest in Dar es Salaam at 31.4% followed by Morogoro at 22.3% and Iringa at 21.4%. The lowest prevalence was observed in Lindi (6.7%), Kilimanjaro (6.9%), Tanga (8.6%) and Tabora (8.9%), Table 8. Generally the prevalence among females did not vary much from that of the year 2000 although it remained higher than that among males.

Table 8: Prevalence of HIV infection among female blood donors by region, Tanzania 1992 - 2001

Region	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Arusha	2.2	3.9	-	15.6	4.4	6.0	7.6	25.2	15.1	20.4
Coast	5.0	10.2	11.8	9.2	-	8.0	13.1	15.8	25.1	21.2
Dodoma	4.8	-	-	0.0	-	9.2	6.2	6.7	5.3	8.7
DSM	7.7	-	-	6.7	-	40.6	32.1	55.0	14.9	31.4
Iringa	8.1	17.6	20.0	7.8	12.4	16.4	15.1	14.4	20.8	21.4
Kagera	11.0	8.6	8.3	14.3	7.4	11.3	14.3	19.0	19.5	20.5
Kigoma	4.1	5.8	5.1	0.0	6.1	2.6	2.6	6.6	3.6	5.1
Kilimanjaro	2.2	1.8	2.9	0.0	5.9	8.1	8.1	6.6	11.4	6.9
Lindi	2.3	1.9	-	1.6	3.6	4.9	5.2	4.3	5.8	6.7
Mara	8.2	2.9	10.0	9.4	10.1	13.1	7.7	10.2	10.7	11.1
Mbeya	20.3	-	-	11.4	13.8	14.4	15.1	19.3	20.9	21.0
Morogoro	5.7	10.8	-	-	6.0	9.1	8.8	16.0	24.2	22.3
Mtwara	10.5	5.7	0.0	5.6	10.5	-	23	21.3	25.2	14.9
Mwanza	5.7	8.0	5.0	0.0	8.5	11.8	9.5	10.6	9.5	9.3
Rukwa	0.0	-	-	-	8.8	-	-	-	16.0	8.8
Ruvuma	6.4	6.7	2.1	6.1	10.5	12.7	12.2	11.8	12.7	14.1
Shinyanga	10.0	21.6	33.3	0.0	14.9	14.9	14.6	12.9	13.6	11.8
Singida	4.5	4.6	0.0	-	5.8	5.2	7.0	9.4	10.4	12.1
Tabora	2.7	5.8	0.0	12.9	3.2	7.7	9.5	8.8	9.3	8.9
Tanga	7.0	5.9	-	20.8	7.0	13.6	11.9	14.0	11.2	8.6
Total	5.9	6.2	4.8	9.4	8.2	11.6	11.8	12.6	13.3%	13.7

Since prevalence in the 15-24 years age group approximates new infections, blood donor data was analysed by age for each region. Generally prevalence was lowest in the age group 15-24 years in almost all regions. Comparing year 2001 prevalence with that of the past two years, Iringa, Kagera, Kilimanjaro, Mbeya, Morogoro, Rukwa, Singida and Tanga showed an increasing trend in this age group. Grouping prevalence estimates from this age group into five and ten percent categories revealed the following:

- ♦ Eight regions had prevalence above 10%, these included Arusha, Dar es Salaam, Iringa, Kagera, Mbeya, Morogoro, Rukwa and Ruvuma.
- ♦ Nine regions had prevalence estimates ranging from 5 9%, these include Coast region, Dodoma, Mara, Mtwara, Mwanza, Shinyanga, Singida, Tabora and Tanga,
- ♦ Three regions had prevalence estimates ranging from 0-4% in the 15-24 year age group, these include: Kigoma, Kilimanjaro and Lindi

The distribution of regions in these categories did not change much in comparison to the previous year. Further information is presented in Maps 1 and 2, and table 9.

### Region specific Prevalence of HIV infection among blood donors aged 15-24 years, Tanzania 2000 and 2001

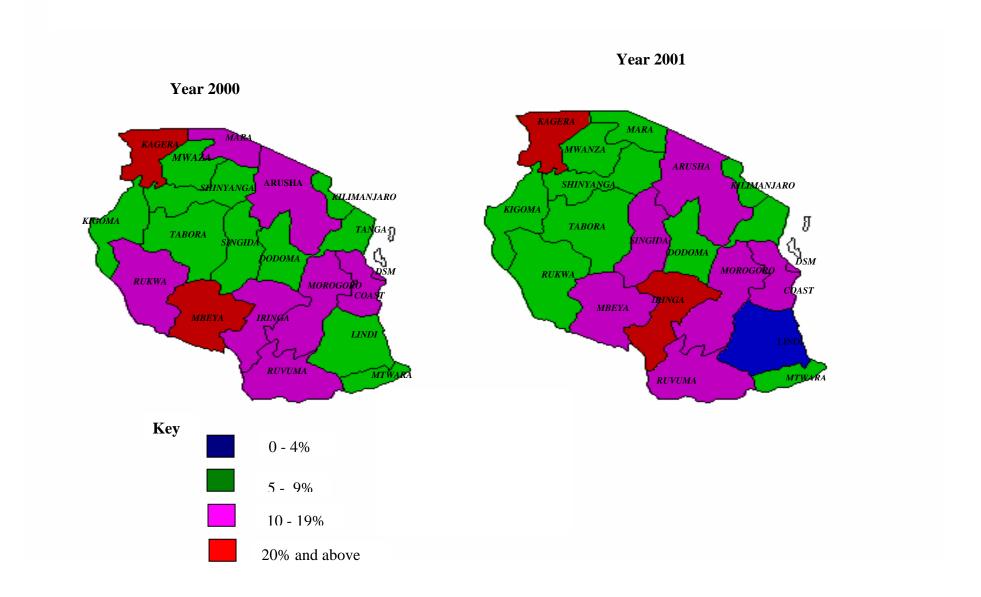


Table 9: Age specific HIV prevalence among blood donors by region, Tanzania 1999-2001

Region	Year		Year		Year	
Age group	Total donors	% prevalence	Total donors	% prevalence	Total donors	% prevalence
Arusha	3030	22.0	7223	13.8	6827	17.8
15 -24	853	20.5	1834	11.3	1659	15.2
25 - 34	1288	23.8	3365	14.7	3178	18.3
35+	889	20.7	2024	14.3	1990	19.2
Coast	3510	8.9	3160	12.5	3240	10.4
15 -24	941	7.8	606	8.2	829	7.2
25 - 34	1477	10.0	1305	13.1	1343	11.4
35+	1092	8.5	1249	13.1	1059	11.4
Dar es Salaam	694	33.1				
15 -24	129	29.5	1739 264	8.6 6.4	1956 472	18.8 14.8
25 - 34	267	29.5 37.5	460	10.2	987	18.7
25 - 54 35+	298	31.0	1015	8.4	495	22.4
Dodoma 15 -24	2269 522	5.1 4.0	3001 642	3.9 2.0	8984 2026	7.9 6.6
15 - 24 25 - 34	960	5.8	1275	4.3	3856	8.2
35+	787	4.8	1084	6.4	3083	8.4
Iringa	4258	14.7	2393	14.6	5104	18.7
15 -24	1207	13.2	687	11.4	1324	15.9
25 - 34	1809	17.1	1003	16.8	2170	21.3
35+	1242	12.7	703	14.6	1608	17.4
Kagera	4572	17.7	3827	19.5	5753	22.0
15 -24	1435	12.1	1045	15.1	1601	18.2
25 - 34	1926	19.4	1694	21.2	2542	21.7
35+	1211	21.6	1088	21.1	1583	26.5
Kigoma	6860	6.4	6772	3.8	7412	4.9
15 -24	1537	4.8	1346	2.1	1811	3.9
25 - 34	2964	6.4	2959	4.3	3093	5.6
35+	2359	7.4	2467	4.3	2494	4.7
Kilimanjaro	5218	4.8	4435	6.8	4823	5.9
15 -24	1438	2.8	1189	3.8	1266	4.2
25 - 34	2374	5.2	1938	7.4	2103	6.1
35+	1406	6.3	1308	8.6	1448	6.8
Lindi	7083	3.4	5092	4.2	6046	3.8
15 -24	1905	3.0	1208	1.2	1484	2.1
25 - 34	3110	3.2	2088	4.4	2657	3.8
35+	2068	4.3	1796	5.4	1841	4.3
Mara	5151	9.2	10676	9.4	9277	9.0
15 -24	1870	7.9	3274	6.6	2928	7.8
25 - 34	2028	11.4	4261	10.8	4002	9.6
35+	1253	7.5	3141	10.3	2308	9.3
Mbeya	6691	15.2	7338	17.0	10618	16.4
15 -24	1922	10.8	2102	12.2	3118	12.7
25 - 34	2767	18.5	3051	20.1	4359	19.0
35+	2002	15.0	2185	17.3	3105	16.3
Morogoro	12389	11.3	7606	16.6	12755	17.2
15 -24	2980	10.2	1676	16.6	2881	16.7
25 - 34	5602	11.2	3430	16.2	5675	17.3
35+	3807	12.4	2500	17.0	4068	16.9

# ... Table 9 continues

Region	Year	1999	Year	2000	Year	2001
Age group	Total	%	Total	%	Total	%
	donors	prevalence	donors	prevalence	donors	prevalence
Mtwara	3030	7.8	8665	8.2	5767	7.5
15 -24	752	6.8	2084	7.0	1460	6.0
25 - 34	1409	8.4	3827	8.8	2589	7.4
35+	869	7.8	2754	8.2	1706	8.8
Mwanza	10273	7.0	9858	7.6	12515	8.0
15 -24	3081	5.6	2627	5.4	3783	5.6
25 - 34	4190	8.3	4059	8.5	5068	9.3
35+	3102	6.8	3172	8.4	3643	8.8
Rukwa			3277	11.8	531	10.7
15 -24			968	7.8	134	10.4
25 - 34			1321	14.5	215	9.8
35+			988	12.3	182	12.1
Ruvuma	8301	9.8	9813	10.2	12187	11.2
15 -24	2240	10.0	2688	8.4	3391	10.5
25 - 34	3689	10.6	4277	10.8	5342	11.5
35+	2372	8.3	2848	11.1	3327	11.5
Shinyanga	8654	8.2	9332	9.4	12305	8.4
15 -24	2167	6.6	2170	7.5	2759	6.4
25 - 34	3987	8.6	4217	10.0	5950	9.1
35+	2500	8.7	2945	10.0	3568	8.8
Singida	4187	8.1	5326	8.0	6785	11.8
15 -24	947	5.7	1195	7.7	1462	9.5
25 - 34	1868	8.9	2266	8.4	3049	12.7
35+	1372	8.7	1865	7.9	2241	12.1
Tabora	11335	7.1	9084	7.2	9628	7.6
15 -24	2877	5.3	2187	4.8	2464	6.0
25 - 34	5121	7.6	4084	7.4	4369	8.3
35+	3337	7.9	2813	8.4	2795	8.0
Tanga	10967	8.3	9749	8.8	9583	7.2
15 -24	2747	6.2	2383	8.7	2374	8.7
25 - 34	5122	8.6	4540	9.0	4436	9.5
35+	3098	9.8	2826	8.5	2745	7.1

# 3.0 SURVEILLANCE OF COMMON SEXUALLY TRANSMITTED INFECTIONS

#### 3.1 SYPHILIS SURVEILLANCE AMONG ANTENATAL CLINIC ATTENDEES

Surveillance of syphilis among ANC attendees is undertaken together with the HIV sero-surveillance. Methods for surveillance of HIV/AIDS and syphilis were revised and improved and data were collected for the duration of three months from January to April 2002. Results are presented in a separate report. However, syphilis prevalence data that were collected previously are maintained in this section to serve as reference material.

Screening for syphilis is recommended as part of routine antenatal care in Tanzania. During the year 2000 a total of 1974 women attending antenatal clinics for the first time for a particular pregnancy, were screened for syphilis infection. The prevalence of syphilis ranged from 0.0% to 44.1% compared with 0.4% to 17.3% in 1999 (table 10). A decreasing trend in the prevalence of syphilis is observed in various clinics (table 10) though an alarmingly high prevalence was noted in Arusha region particularly in Katesh and Monduli districts. However, irregularities in the screening and testing procedures as explanations to these high rates cannot be entirely excluded. More observations, research and intensification of quality control during surveillance are required.

Table 10: Prevalence of Syphilis infection among pregnant women, Tanzania 1990 - 2000

Table 10: Prevale											
Region	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Kagera Bukoba		2.7	3.6							6.2	4.1
Mwanza											
Mwanza Urban		7.0	8.7	6.5		7.9					
Mkula (Magu)			10.4	10.5		11.0					
Mbeya											
Mbeya Rural			13.3					2.2	9.7	7.0	6.1
Chimala	4.4		10.0		14.0	8.5	2.5	6.3	8.0	7.5	7.5
Isoko	7.5	7.3	22.0		5.5	0.7	2.7	0.0	8.8	7.5	5.0
Itete			8.0		10.1	7.4	0.0	2.0	4.7	9.7	5.8
Mwambani	6.6		8.0		17.5	11.0	10.5	3.5	14.5	8.0	6.5
Kyela		4.8	17.9		7.5	1.0	4.1	0.0	5.0	1.5	5.5
Mbozi					8.0	6.2	2.5	1.5	9.0	8.0	6.5
Mbeya Urban	9.1	8.6				7.3	6.8	0.8	4.8	4.0	5.5
Kiwanjampaka		26.6	10.0		13.5			0.5	3.5	6.5	5.7
Mwanjelwa		20.0	14.0		10.6			0.0			-
Meta		11.9	5.0		13.0			2.0	6.5	3.0	4.4
Dar es Salaam											
Temeke Distr.Hos	sp.		4.1								
Mwananyamala			1.6								
Aga Khan Hosp	_		13.6								
Kasorobo – Teme	ke								32.6		
Kigamboni									14.2		
Sinza									12.1		
Coast			400								
Coast			10.8								
Bagamoyo			12.0								
Kisarawe			6.8								
Kibaha			11.2								
Kilimanjaro		1.7	2.6	0.0		1.1	0.7	4.0	0.0	0.4	0.0
Umbwe		1.7	3.6	0.9		1.1	0.7	4.8	0.0	0.4	0.0
Iringa		10.0	21.7	20.2		1.2				17.2	
Mafinga		19.9	21.7	28.3		1.2				17.3	
Mtwara		4.2	8.3			0.0					
Nanguruwe Ndanda			0.3			0.0		15.0			
Mara								13.0			
Nyasho		1.2	7.0	3.9		5.0					
Kibara		1.2	7.0	3.9		3.0					11.5
Bunda											7.1
Rukwa			16.8								7.1
Namanyere			18.0								0.0
Sumbawanga			15.7								7.2
Ruvuma			13.7								7.2
Madaba		51.9	3.6				12.0	2.5			
Songea		51.7	3.3			4.0	2.1	4.0		12.1	0.0
Namtumbo			7.1			1.7	4.9	5.4		14.0	0.0
Shinyanga				5.1							
Morogoro											
Urban										17.3	
Turiani										0.4	
Arusha											19.4
Babati											5.1
Ketish											44.1
Meru											4.0
Monduli											36.0
Mkoaranga											6.7

#### 3.2 SURVEILLANCE OF OTHER STI

#### Introduction

Sexually transmitted infections (STI) are a marker of sexual networking and give a clue to the extent of unprotected sex in a community. STI also facilitate sexual transmission of HIV infection. STI are a major public health problem which cause not only health related consequences, but also social and economic sequelae. In addition, they facilitate sexual transmission of HIV infection. Therefore control of STIs has been recognized as one of the major strategies in the control and prevention of HIV infection. However, implementation in many clinics in hampered by frequent lack of laboratory facilities to confirm diagnosis. Comprehensive STIs care is now expanded to 14 regions, including Mara, Mwanza, Shinyanga, Dodoma, Iringa, Morogoro, Arusha, Tanga, Lindi, Kigoma, Mbeya, Dar es Salaam, Rukwa and Mtwara.

#### **Methods**

Care providers' record information on new episodes of STI syndromes, re-treatment, contact tracing and demographic characteristics of clients including type and location of health facilities on the forms that are designed and distributed by NACP. Duly filled forms are returned to NACP through respective District and Regional Medical Officers.

#### **Results**

During the year 2001, a total of 211,291 STI episodes were reported, of these 90,058 were Genital discharge syndromes, 46,365 were genital ulcer diseases, 43,855 were Pelvic inflammatory diseases and other syndromes constituted the rest 31,013. Compared to the numbers reported during the previous two years – 149,222 for 2000, and 39,385 for 1999, there has been an increase in the number of reported STI episodes during the year 2001.

Regions reporting the highest number of episodes include Dar es Salaam, Dodoma, Mbeya, Morogoro and Shinyanga in decreasing order. The least number of episodes were reported from Tabora, Mtwara, Kagera, Kilimanajaro and Singida. Despite the fact that STD episodes among females may be asymptomatic, over 60% of the reported episodes was among females. The most affected age group was that of 20-29 years, age group 30 years and above coming next. Details regarding this information are shown in tables 11,12 and 13. The observed increasing number of reported STI episodes may be due to either improved recording and reporting or unprotected sex practices in the general population.

 $Table\ 11:\ Distribution\ of\ syphilis\ cases\ (VDRL/RPR\ sero-reactivity)\ diagnosed\ in\ STI\ clinics\ by\ regions,\ age\ groups\ and\ sex,\ Tanzania\ Jan\ -\ December\ 2001$ 

Region		VDR	RL/RPR positi	ve	Total
	Sex	<20	20-29	30+	
Arusha	Male	14	22	26	62
	Female	34	54	53	141
Coast	Male	0	1	1	2
	Female	40	118	52	210
DSM	Male	374	1059	1773	3206
	Female	575	2062	3060	5697
Dodoma	Male	127	1050	898	2075
	Female	301	2073	1571	3945
Iringa	Male	0	15	19	34
_	Female	29	95	58	182
Kagera	Male	0	3	6	9
	Female	0	28	21	49
Kigoma	Male	6	41	62	109
-	Female	17	81	52	150
Kilimanjaro	Male	1	2	9	12
·	Female	8	17	18	43
Lindi	Male	3	23	32	58
	Female	39	126	82	247
Mara	Male	43	66	63	172
	Female	73	141	122	336
Mbeya	Male	132	500	523	1155
	Female	530	1360	575	2465
Morogoro	Male	61	211	259	531
_	Female	426	1094	811	2331
Mtwara	Male	1	0	2	3
	Female	4	4	2	10
Mwanza	Male	6	37	10	53
	Female	188	591	227	1006
Shinyanga	Male	26	88	152	266
	Female	179	564	309	1052
Singida	Male	4	10	22	36
_	Female	7	27	18	52
Tabora	Male	0	0	0	0
	Female	2	5	1	8
Tanga	Male	14	38	46	98
Č	Female	17	102	90	209
Total		3241	11589	10972	25802

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Table 12: Distribution of reported new STI episodes by regions, syndromes, age groups and sex, Tanzania Jan – Dec. 2001

Region	Sex	GDS						UD		PID				OTHERS			
	Age. Grp	<20	20-29	30+	Total	<20	20-29	30+	Total	<20	20-29	30+	Total	<20	20-29	30+	Total
Arusha	Male	48	88	149	285	16	59	73	148					27	36	47	110
	Female	81	157	249	487	29	106	109	244	55	130	209	394	49	105	78	232
Coast	Male	23	87	108	218	11	38	62	111					6	13	16	35
	Female	88	227	131	446	32	82	42	156	37	108	89	234	14	54	35	103
DSM	Male	2145	6031	3230	11406	1805	2789	2355	6949					1888	1890	1046	4824
	Female	4262	7367	4606	16235	2069	2537	2506	7112	2750	4436	3802	10988	2081	2045	2856	6982
Dodoma	Male	1018	2723	2793	6534	387	1444	1324	3155					542	972	894	2408
	Female	983	3180	2845	7008	549	1616	1457	3622	1306	3458	3300	8064	700	961	1847	3508
Iringa	Male	17	41	86	144	8	28	60	96					19	44	42	105
	Female	64	166	99	329	21	55	34	110	20	145	90	255	46	75	32	153
Kagera	Male	20	132	155	307	10	50	64	124					6	48	74	128
	Female	57	270	156	483	33	83	56	172	3	37	39	79	10	56	28	94
Kigoma	Male	99	618	670	1387	20	159	268	447					256	174	186	616
	Female	346	1214	942	2502	54	244	192	490	103	619	529	1251	187	217	174	578
Kilimanjaro	Male	9	79	101	189	0	8	3	11					17	10	11	38
	Female	93	347	194	634	1	8	9	18	88	260	160	508	32	29	20	81
Lindi	Male	122	378	416	916	38	193	246	477					62	141	227	430
	Female	144	339	225	708	78	199	135	412	162	570	486	1218	67	109	102	278
Mara	Male	71	185	157	413	67	162	181	410					54	70	69	193
	Female	111	239	235	585	118	233	215	566	29	127	178	334	46	83	93	222
Mbeya	Male	739	3178	3248	7165	691	3314	3785	7790					345	586	618	1549
	Female	1652	4611	2303	8566	1152	3237	1881	6270	744	3156	2702	6602	559	879	449	1887
Morogoro	Male	207	851	838	1896	84	353	420	857					105	203	209	517
	Female	526	1598	897	3021	216	637	317	1170	344	1106	954	2404	130	210	173	513
Mtwara	Male	9	41	28	78	8	9	10	27					0	1	0	1
	Female	19	66	44	129	9	24	17	50	9	12	6	27	0	0	0	0
Mwanza	Male	101	359	371	831	56	183	192	431					42	65	44	151
	Female	446	1540	1171	3157	85	269	218	572	230	898	822	1950	120	272	282	674
Ruvuma	Male	33	4	3	40	0	2	8	10					0	0	0	0
	Female	11	9	10	30	2	6	2	10	1	4	1	6	1	1	1	3
Shinyanga	Male	186	1165	1519	2870	144	486	748	1378					157	219	364	740
	Female	593	1822	1058	3473	277	588	425	1290	375	1670	1584	3629	199	296	239	734
Singida	Male	18	41	46	105	5	11	19	35					20	42	38	100
	Female	14	77	64	155	3	19	14	36	59	240	343	642	28	35	39	102
Tabora	Male	0	17	6	23	0	5	5	10					0	2	2	4
	Female	4	22	9	35	4	6	2	12	0	11	14	25	1	3	4	8
Tanga	Male	355	1049	1332	2736	128	254	375	757					334	394	591	1319
-	Female	768	2106	1658	4532	172	357	301	830	796	2135	2314	5245	396	601	596	1593
Total																	
		15,482	42,424	32,152	90,058	8,382	19,853	18,130	46,365	7,111	19,122	17,622	43,855	8,546	10,941	11,526	31,013

Table13: Distribution of reported new STI episodes by region, sex and syndromes, Tanzania Jan – Dec. 2001

		GDS	GUD	PID	OTHERS	Totals	RE-	CONTAC
							TREATED	TS
Arusha	Male	285	148		110	543	48	218
	Female	487	244	394	232	1357	84	414
Coast	Male	218	111		35	364	8	126
	Female	446	156	234	103	939	41	74
DSM	Male	11,406	6,949		4824	23179	18650	16005
	Female	16,235	7,112	10988	6982	41317	29662	28700
Dodoma	Male	6,534	3,155		2408	12097	1556	7747
	Female	7,008	3,622	8064	3508	22202	2026	8278
Iringa	Male	144	96		105	345	36	131
	Female	329	110	255	153	847	57	62
Kagera	Male	307	124		128	559	39	102
-	Female	483	172	79	94	828	64	313
Kigoma	Male	1,387	447		616	2450	324	865
	Female	2,502	490	1251	578	4821	592	2044
Kilimanjaro	Male	189	11		38	238	7	179
	Female	634	18	508	81	1241	35	52
Lindi	Male	916	477		430	1823	154	301
	Female	708	412	1218	278	2616	220	393
Mara	Male	413	410		193	1016	181	277
	Female	585	566	334	222	1707	268	560
Mbeya	Male	7,165	7,790		1549	16504	2240	3791
	Female	8,566	6,270	6602	1887	23325	5279	6928
Morogoro	Male	1,896	857		517	3270	393	1562
	Female	3,021	1,170	2404	513	7108	891	1163
Mtwara	Male	78	27		1	106	8	6
	Female	129	50	27	0	206	9	7
Mwanza	Male	831	431		151	1413	267	1551
	Female	3,157	572	1950	674	6353	633	670
Ruvuma	Male	40	10		0	50	2	1
	Female	30	10	6	3	49	3	2
Shinyanga	Male	2,870	1,378		740	4988	718	2332
	Female	3,473	1,290	3629	734	9126	1267	3775
Singida	Male	105	35		100	240	5	112
	Female	155	36	642	102	935	1	287
Tabora	Male	23	10		4	37	0	0
	Female	35	12	25	8	80	0	0
Tanga	Male	2,736	757		1319	4812	440	1524
	Female	4,532	830	5245	1593	12200	507	2754
Total		90,058	46,365	43,855	31,013	211,291	66,715	93,306

## 4.0 MONITORING OF VOLUNTARY COUNSELLING AND HIV TESTING SERVICES

Voluntary counseling and testing services continued in the country during the year 2001. Information regarding these services was available from 19 regions. A total of 11,501 new clients were seen at these centers during 2001, out of these, 65% consented to be tested. Acceptance of the test ranged from 29% in Dodoma to 92% in Dar es Salaam. There was a tendency for regions with high prevalence of HIV infection to accept the test as compared to those with medium to low prevalence.

Prevalence of HIV infection was high in this population ranging from 51% in Arusha to 89% in Dar es Salaam indicating that high risk individuals are interested to know their serostatus as opposed to the low risk ones who do not seem to utilise these services.

Assessing acceptability of taking the test (defined here as the proportion of individuals visiting the VCT centres who eventually take the test), Dar es Salaam, Kigoma, Morogoro and Rukwa had higher proportions over the 5 year period of 1997 to 2001 compared to other regions. Regions having low acceptability include Arusha, Dodoma, Tabora and Shinyanga. This pattern however, is likely to change as VCT services continue being expanded both in terms of coverage and utilization through intensive IEC activities

Table 14: Voluntary Counselling and HIV Testing Services by region, Tanzania 1997 - 2001

Region		1997			1998			1999			2000			2001	
	New	Clients	HIV	New	Client	HIV	New	Client	HIV	New	Client	HIV	New	Client	HIV
	clients	tested	<b>Positive</b>	Clients	tested	positive	clients	tested	<b>Positive</b>	clients	tested	<b>Positiv</b>	clients	tested	Positive
			(%)			(%)			(%)			e(%)			(%)
Arusha	162	72	47.2	187	98	65.3	457	100	76.0	34	20	30.0	717	272	51
Coast	100	57	73.7	162	84	75.0	310	119	63.0	317	40	80.0	821	416	81
Dodoma	151	51	74.5	120	51	76.5	-	-	0				310	91	71
Dar es Salaam	880	642	80.5	643	685	75.0	119	1109	86.6	3042	1799	58.8	3240	2989	89
Iringa	186	122	76.2	335	198	69.7	568	356	73.6	857	412	61.9	1010	617	73
Kagera	20	16	62.5	38	32	21.9	-	-	0				516	260	61
Kigoma	130	40	57.5	35	27	25.9	76	33	72.7	227	170	59.4	468	332	62
Kilimanjaro	114	82	63.4	149	98	54.1	-	-	0				461	301	64.4
Lindi	75	56	26.8	112	58	56.9	-	-	0	153	71	56.3	301	214	54.9
Mara	48	17	88.2	149	28	96.4	-	-	0	478	310	53.9	724	432	57.6
Morogoro	43	36	77.8	108	34	88.2	115	89	65.2	85	11	72.7	291	136	73
Mtwara	38	23	30.4	141	71	85.9	191	70	72.9	152			192	91	81
Mwanza	508	134	65.7	499	463	62.4	429	682	64.5	788	412	62.1	928	592	73
Rukwa	104	40	87.5	113	46	67.4	17	13	38.5	92	32	59.4	103	74	63
Ruvuma	75	23	73.9	153	34	70.6	157	20	90.0	76	17	88.2	132	101	89
Singida	244	78	71.8	164	127	63.0	15	9	66.7				344	179	74
Shinyanga	281	196	69.4	218	114	50.9	-	-	0	155			381	156	68
Tanga	138	71	71.8	233	157	70.1	58	41	65.9	83	44	70.5	159	71	72
Tabora	168	142	46.5	61	174	33.9	36	0	0				403	149	56
TOTAL	3465	1898	69.7	3620	2579	65.6	94	41	75.8	238	44	59.5	11501	7473	

#### 5.0 HIGHLIGHTS OF RESEARCH ACTIVITIES IN TANZANIA

#### Introduction

This section tries to summarize some research activities that were conducted in Tanzania. Publications that are included in this section were selected from a long list of research publication in the area of HIV/AIDS and STIs basing on their direct implications to the ongoing HIV/AIDS/STI interventions in Tanzania.

5.1 Treatment Outcome of Urethral Discharge Syndrome in the Male in Dar es Salaam, Tanzania. Chalamilla G, Mbwana J, Mhalu F, Lyamuya E, Swai A, Sandstorm E.

## **Objective:**

To evaluate the efficacy of the current national protocol for treatment of urethral discharge syndrome at a primary health care clinic for sexually transmitted infections (STIs) in Dar es Salaam.

**Results:** Analysis showed presence of intracellular diplococci suggestive of gonorrhoea in 149/198 (73.3%0, *T. vaginalis* in 5/182 (2.7%) and one patient had both intracellular diplococci and *T. vaginalis*. Out of the 224 recruited, 202 (90.2%) reported back for follow up after a week. Of these, 107 were on kanamycin plus doxycyclne regimen and 95 belonged to the sparfloxacin and doxycycline regimen. Among those treated with kanamycin and doxycycline, 102 (95.3%) were cured or had improved and 5 (4.7%) were not cured. All 95 treated with spafloxacin and doxycycline were cured.

#### **Conclusion:**

The findings indicate that the majority of male patients presenting with urethral discharge at the study clinic have evidence of gonococcal infection. The study has documented a high efficacy of the current national protocol for treatment of urethral discharge syndrome, comprising of kanamycin or sparfloxacin in combination with doxycycline.

#### **Recommendation:**

It is recommended to conduct regular evaluation of the National protocol for treatment of STIs in order to monitor its efficacy.

5.2 Patterns of Sexually Transmitted Infections (STIs) in Youths and Adolescents in Dar es Salaam, Tanzania. Chalamilla G, Mbwana J, Mhalu FS, Mmari E, Swai A, Sandstrorm E.

#### **Objective:**

To determine the patterns of STIs in youths attending a youth and adolescent health clinic at the city centre Dar es Salaam, Tanzania.

#### **Results:**

Of the 199 youths enrolled into the study, 98 (49.2%) and 101 (50.8%) were males and females, respectively. The majority, 154/199 (77%) were in the age group of 20-24 years and most of them 152/199 (76.4%) were single. The most common

presentation in both males and females was genital discharge 158/199 (79.4%). *Neisseria gonorrhoeae* was isolated in 16/199 of all the youths, more frequently among male youths 14/98 (14.2%) as compared to female youths 2/101 (1.9%).

Chlamydia infection was equally found in males 5/89 (5.1%) and females 5/101 (5.4%), Candida and T. vaginalis infections were more prevalent in females, 27/101 (26.7%), 10/101 (9.9%) as compared to males 3/98 (3.1%), 2/98 (2%), respectively.

Overall, 16% youths had HIV infections, 11.2% in males and 20.8% in females, suggesting that females had twice the risk of HIV infection compared to males.

#### **Conclusion:**

The pattern of STIs among youths has demonstrated high prevalence of treatable STIs. HIV is also a major problem among the youths.

#### **Recommendation:**

STIs including HIV are common among youths, therefore provision of special STI services to young age groups should be high on the agenda of STI programme planners and policy makers.

5.3 Antimicrobial Susceptibilities of recent (1997–2000) N. gonorrhoea strains in Dar es Salaam, Tanzania. Implication of current treatment guidelines J. Mbwana, F. Mhalu, C. Moshiro, E. Sandstrom.

## **Objective:**

To determine the antimicrobial susceptibilities of recent *N. gonorrhoeae* isolates in Dar es Salaam.

## **Results:**

Of the 291 recent *N.gonorrhoeae* strains obtained, 220 (75.6%) were tested. Of the strains tested, 119/220 (54%) were penicillinase producing *N. gonorrheoeae* (PPNG). Resistance to penicillin and to cotrimoxazole remained stable at 62.2% and 17.2% respectively during the three years period. High resistance to doxycycline continued to be maintained and reached 100% during 2000. Ninety five percent, 97.7%, and 99.5% of the tested isolates were fully susceptible to ceftriaxone, ciprofloxacin and spectinomycin, respectively while 0.5%, 0% and 0% of the isolates were fully resistant to ceftriaxone, ciprofloxacin and spectinomycin, respectively. Susceptibility to kanamycin showed 59.5%, 31.6% and 8.6% were fully susceptible, moderately susceptible and fully resistant to the drug respectively. There was no statistically significant difference in the susceptibility patterns among the PPNG and non-PPNG isolates to the other tested antibiotics.

#### **Conclusion:**

There is high resistance of *N.gonorrhoeae* to penicillin, doxycycline and contrimoxazole in Dar es Salaam. The majority of *N.gonorrhoeae* isolates in the study were highly susceptible to ceftriaxone, ciprofloxacin and spectinomycin. Kanamycin demonstrated a moderate full susceptibility.

#### **Recommendation:**

Treatment regimens for *N. gonorrhoeae* in Dar es Salaam should be based on the use of ceftriaxone, ciprofloxacin and spectinomycin.

There is a need for close monitoring of efficacy of these drugs countrywide.

5.4 The accuracy of alternative confirmatory strategy for detection of antibodies to HIV-I: Experience from a regional laboratory in Kagera, Tanzania. W. Urassa, Karina Godoy, Japhet Killewo, Gideon Kwesigabo, Audax Mbakileki, Fred Mhalu, Gunnel Biberfeld.

## **Objectives:**

To evaluate an alternative HIV antibody testing strategy which involves consecutive testing of sera by two different enzyme–linked immunosorbent assays (ELISA).

#### **Results:**

A total of 1558 sera were tested, of which 204 (13.1%) were HIV-1 antibody – positive confirmed by WB analysis, 1353 were HIV antibody negative. All 204 samples which were initially reactive on both ELISAs were positive on the WB assay (sensitivity =100%). Enzygnost anti-HIV1/2 ELISA gave three and one false positive reactions on initial and repeat testing, respectively. The specificity was 99.8% (1330/1353) on initial testing and 99.9% 1352/1353 after repeat testing initially reactive samples. Wellcozyme HIV-1 recombinant ELISA showed 31 and seven false positive reactions on initial and repeat testing, respectively, giving a specificity of 97.7% (1322/1353) on initial testing and 99.5% (1346/1353) after repeat testing. None of the 120 randomly selected sera which were negative on both ELISAs showed a positive WB pattern. Thus the sensitivity and specificity were both 100% for a testing strategy involving initial screening of sera by the Enzygnost ELISA followed by testing of reactive sera by the Wellcozyme ELISA and retesting of discordant samples.

#### **Conclusion:**

This field evaluation of an HIV antibody testing strategy involving the use of recombinant antigen-based sandwich ELISA (Enzygnost) followed by a recombinant antigen-based competitive ELISA (Wellcozyme) showed that it had a sensitivity and specificity of 100%.

#### **Recommendations:**

This strategy is recommended for use in the diagnosis of HIV infection in centres which use ELISA test in Tanzania.

There is a need for evaluating other types of ELISA tests for anti HIV antibody detection in order to develop other alternative confirmatory strategies for detection of HIV infection.

5.5 Evaluation of an alternative confirmatory strategy for the diagnosis of HIV infection in DSM Tanzania based on simple rapid assay: Willy Urassa, Shahab Nozohoor, Sufi Jaffer, Kulthum Karama, Fred Mhalu, Gunnel Biberfeld.

## **Objective:**

To evaluate the performance of three simple/rapid HIV antibody assays in order to formulate an alternative confirmatory strategy for the diagnosis of HIV infection in Dar es Salaam, Tanzania.

#### **Results:**

All assays had a sensitivity of 100%. The initial specificity of the assays were 98.7, 98.2 and 97.9% for Capillus, Serocard and Determine, respectively. In an alternative confirmatory strategy the use of Capillus followed by Serocard or Determine gave a specificity of 99.9 and 99.8%, respectively. Serocard followed by Determine gave a specificity of 99.3%. A testing strategy with 100% specificity could be achieved by the sequential use of all three simple/rapid assays or by repeat testing by Capillus followed by Serocard.

#### **Recommendation:**

There is a need to conduct a wider evaluation of the several simple/rapid assays available on the market in order to develop suitable strategies for HIV diagnosis, surveillance and donor blood screening.

5.6 Efficacy of three short-course regimens of zidovudine and lamivudine in preventing early and late transmission of HIV-1 from mother to child in Tanzania, South Africa, and Uganda (Petra study): a randomised, double-blind, placebo-controlled trial. *The Petra Trial group* 

## **Objective:**

To determine the efficacy of three short course regimens of zidovudine and lamivudine in the prevention of mother-to-child transmission of HIV in African setting.

### **Results:**

All together 1797 HIV-1-infected women were recruited. However, analysis was done on 1457 pregnant women who were randomised to the four intervention groups. Week 6 HIV-1 transmission rates were 5.7% for group A, 8.9% for group B, 14.2% for group C, and 15.3% for the placebo group. For the combined endpoint of HIV-1 infection and infant mortality at week 6, rates were 7.0%, 11.6%, 17.5% and 18.1%, respectively, 1081 (74%) of the women analysed initiated breastfeeding. Based on an interval-censored survival analysis, HIV-1 infection rates at month 18 were 15%, 18%, 20% and 22%, respectively.

#### **Conclusion:**

A short course regimen of combined zidovudine and lamivudine given prepartum, during labour and postpartum is effective in reducing mother-to child HIV transmission of HIV in Africa. This benefit is diminished after 18 months in a breast feeding population.

#### **Recommendation:**

It is imperative to explore various interventions for the prevention of HIV transmission through breastfeeding to complement the impact of antiretroviral drugs in reducing mother-to-child HIV transmission.

5.7 Randomised Trial of Vitamin Supplements in Relation to Vertical Transmission of HIV – 1 in Tanzania. Wafaie W. Fawzi, Gernard Msamanga, David Hunter, Ernest Urassa, Boris Renjifo, David Mwakagile, Ellen Ertzmark, Jenny Coley, Miriam Garland, Saidi Kapiga, Gretchen Antelman, Max Essex and Donna Spiegelman.

## **Objective:**

To examine the effects of supplements of Vitamin A and/or multivitamin (excluding Vitamin A) on progression of HIV- 1 disease and on vertical transmission of infection among pregnant women infected with HIV –1 in Dar es Salaam, Tanzania.

#### **Results:**

Of babies in the multivitamin arm, 38 (10.1%) were HIV-positive at birth compared with 24 (6.6%) in the no-multivitamin arm. Of babies born to mothers in the vitamin A arm, 38 (10.0%) were HIV-positive at birth compared with 24 (6.7%) in the no-vitamin A arm. Neither multivitamins nor vitamin A had an effect on HIV status at 6 weeks among those who were HIV-negative at birth. Similarly, neither supplement was associated with being either HIV-infected or dead at birth. A beneficial effect of multivitamins on birth weight was limited to babies who were HIV-negative at birth; babies in the multivitamin arm weighed +94g more compared with those in the no-multivitamin arm. Among babies who were HIV-positive at birth, the corresponding difference was 13g.

#### **Conclusions:**

Vitamin A and multivitamins did not affect the risk of vertical transmission of HIV in utero nor during the intrapartum and early breastfeeding periods. Multivitamins resulted in a significant improvement in birth weight of babies who were HIV-negative at birth but had no effect among those who were HIV-positive. The effect of vitamin supplements on HIV transmission through breastfeeding and on clinical progression of HIV disease is yet to be ascertained.

#### **Recommendation:**

Affordable interventions to reduce vertical transmission in developing countries are urgently needed. In light of protective effects of multivitamins in this population on fetal loss, low birth weight and severe prematurity, as well as CD4 cell counts and haemoglobin levels; It is recommended to provide this regimen to all HIV-positive pregnant women. However, the effect of vitamin supplements on HIV transmission through breast feeding, on clinical progression of HIV disease and on pregnancy outcomes among HIV-negative women is yet to be ascertained.

5.8 HIV Counselling and Testing of Pregnant Women in Sub-Saharan Africa: Experiences from a Study on Prevention of Mother - To - Child HIV-1 Transmission in Dar es Salaam, Tanzania. Kilewo C, Massawe A, Lyamuya E, Semali I, Kalokola F, Urassa E, Giattas M, Temu F, Karlsson K, Mhalu F, Biberfeld G.

## **Objective:**

To determine the acceptability of HIV counselling and testing and participation in a mother-to-child HIV-1 transmission intervention study using antiretrovirals in Dar es Salaam, Tanzania.

#### **Results:**

HIV counselling was offered to a total of 10,010 pregnant women from June 1996 to May 1998, of whom 76.4% (7,647/10,010) agreed to be tested. The prevalence of HIV-1 infection was 13.7% (1,050/7,647). Overall, 68.1% (5,205/7,647) returned for their results. Of the HIV-1 seropositives, 27.4% (288/1,050) agreed to participate in the PETRA trial after fulfilling the eligibility criteria. Only 16.7% (48/288) of the enrolled women disclosed their positive HIV serostatus to their sexual partners. The main reasons for not disclosing the HIV serostatus were fear of stigma and divorce. Sixty percent (29/48) of the informed sex partners agreed to be HIV tested and 69% (20/29) were HIV seropositive.

#### **Conclusion:**

This information is useful in planning intervention programmes for prevention of mother to child HIV-1 transmission and it shows that improvements are required in counselling.

#### **Recommendation:**

Experiences from the Dar es Salaam PETRA site have demonstrated the need for intensive counselling in intervention programmes for prevention of MTCT of HIV-1 in order to increase the acceptability of HIV-testing and participation in intervention programmes. Efforts should be made to involve sexual partners as early as possible in the counselling process.

5.9 Is Care and Support Associated with Prevention Behaviour among People with HIV? J. M. MacNeil, F. Mberesero, G. Kilonzo.

#### **Objective:**

To assess if care and support play a critical role in assisting people who are HIV positive to understand the need for prevention and to protect others.

#### **Result:**

Over the six-month period, significant risk reduction occurred among both groups, with most of the behaviour change occurring during the first three months, e.g. 86 respondents (56%) reported condom use at last intercourse at 3 months compared with

24 (16%) at baseline. Extra care and support did not lead to increased risk reduction among the experimental group.

#### **Conclusion:**

These results suggest that learning one is seropositive can lead to significant risk reduction, at least in the short term. Enhanced care and support during the first six months after learning one was positive did not have a significant impact on behaviour change. Yet the study population as a whole decreased their risk behaviour. It is likely that the post-test counselling all participants had received, coupled with condom promotion and accessibility, contributed to this behavour change.

#### **Recommendation:**

Disclosure of serostatus to sexual partner involvement in PMTCT and issues of reproductive choice, particularly for HIV positive women, remain areas where enhanced care and support in the form of ongoing counselling could play a more critical role.

5.10 Cost-effectiveness of voluntary HIV-1 counselling and testing in reducing sexual transmission of HIV-1 in Kenya and Tanzania. Michael Sweat, Steven Gregorich, Gloria Sangiwa, Colin Furlonge, Donald Balmer, Claudes Kamenga, Olga Grinstead, Thomas Coates.

## **Objective:**

To assess the impact, cost and cost-effectiveness of HIV-1 VCT in less-developed country settings.

### **Results:**

HIV-1 VCT was estimated to avert 1104 HIV-1 infections in Kenya and 895 in Tanzania during the subsequent year. The cost per HIV-1 infection averted was US\$249 and \$346, respectively, and the cost per DALY saved was \$12.77 and \$17.78. the intervention was most cost-effective for HIV-1 infected people and those who received VCT as a couple.

## **Conclusion:**

HIV-1 VCT is highly cost-effective in urban East African settings. Cost-effectiveness of VCT is improved significantly when VCT is targeted to populations with high HIV-1 prevalence and couples.

#### **Recommendation:**

Since it is cost-effective, VCT services should be made more accessible to people in HIV endemic areas and emphasis should be placed on couple involvement.

# 6.0 RECENT PUBLICATIONS AVAILABLE AT NACP LIBRARY

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- 14. **Hoelscher** M, Kim B, Maboko L, Mhalu F, Von Sonnenburg F, Birx DL, McCutchan FE. High proportion of unrelated HIV-I inter subtype recombinants in the Mbeya region of southwest Tanzania.
- 15. Kilewo C, Massawe A, Lyamuya E, Semali I, Kalokola F, Urassa E, Giattas M, Temu F et al. HIV counselling and testing of pregnant women in sub- Saharan Africa: experiences from a study on prevention of mother to child HIV-1 transmission in Dar es Salaam, Tanzania. J acquir Immune Defic Syndr, 2001; 28 (5): 458-62.
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**APPENDIX**Reported AIDS cases by regions and hospitals, Tanzania 2000 - 2001

Region	Hospital	Cases2000	Percent	Cases2001	Percent
Arusha	Arumeru			38	7.7
	Babati	32	12.9	19	3.9
	Dareda			23	4.7
	Karatu			14	2.8
	Kibaya	18		1	0.2
	Mbulu	6	2.42	10	2.0
	Meru			13	2.6
	Monduli	12	4.84	43	8.7
	Oldeang	14	5.65	41	8.3
	Selian	53	21.37	92	18.7
	Uhai	49	19.76	159	32.3
	Not stated	64	25.81	39	7.9
	Total	248	100	492	100.0
Coast	Bagamoyo	9	0.92	0	0.0
	Kibaha	28	2.88	0	0.0
	Kisame	11	1.13	0	0.0
	Kisarawe	11	1.13	11	4.7
	Mafia	30	3.08	9	3.9
	Mkuranga	18		0	0.0
	Utete	52		59	25.4
	Not stated	814		153	65.9
	Total	973		232	100.0
Dodoma	Dodoma	770		121	52.8
Dodoma	Kondoa	44	22.8	34	14.8
	Kongwa	39		3	1.3
	Mpwapwa	110		0	0.0
	Not stated			71	31.0
	Total	193	100	229	100.0
Dsm	Temeke	494		973	37.8
Dom	Ilala	694		713	0.0
	TMS	60			0.0
	Sunni	17			0.0
	St. Benard	26			0.0
	Aga Khan	50			0.0
	Dr. Khan	41			0.0
	Tumaini	28			0.0
		20	1.99	1601	
	Other	1.417	100	1601	62.2
	Total	1410	100	2574	100.0
Iringa	Ikonda			51	42.9
	Iringa Mafinga			39	32.8
	Mafinga Mtibwa			3 2	2.5
	Mfindi			4	1.7 3.4
	MITHUI			4	3.4

Region	Hospital	Cases2000	Percent	Cases2001	Percent
	Not stated	103	100	20	16.8
	Total	103	100	119	100.0
Kagera	Bukoba	216	98.63	50	11.2
	Isingiro			3	0.7
	Nyakainga			10	2.2
	Rubya			33	7.4
	Not stated	3		351	78.5
	Total	219	100	447	100.0
Kigoma	Babtisst			19	22.9
	Kabanga	29		10	12.0
	Kasulu	16	13.45	17	20.5
	Kibondo	20	16.81	31	37.3
	Maweni	15	12.61		0.0
	Not stated	39	32.77	6	7.2
	Total	119	100	83	100.0
Kilimanjaro	Hai			79	7.8
	Huruma	160		164	16.3
	Kibongoto	41	12.73	301	29.8
	Kibosho			98	9.7
	Kilema			92	9.1
	Marangu			14	1.4
	Mawenzi	3	0.93	30	3.0
	Mwanga	18	5.59		0.0
	Same	36	11.18	108	10.7
	THC			7	0.7
	TPC			22	2.2
	Usangi	43	13.35		0.0
	Not stated	21		94	9.3
	Total	322		1009	100.0
Lindi	Kinyonga	12		31	5.6
	Ligula		_,,,	6	1.1
	Liwale	131	21.98	98	17.7
	Mnero	15	2.52	45	8.1
	Nyangao	303	50.84	229	41.3
	Ruangwa	6			0.0
	Sokoine	79		77	13.9
	Notstated	50		69	12.4
	Total	596		555	100.0
Mara	Kamnyonge	1			0.0
	Kibara	13			0.0
	Mugumu	4			0.0
	Musoma	164		27	13.0
	Tarime	104		94	45.2
	Not stated	199		5	2.4
		199	31.42		
	Shirati			82	39.4

Region	Hospital	Cases2000	Percent	Cases2001	Percent
	Total	387	100	208	100.0
Mbeya	Chimala	47	1.44		0
	Chunya	5	0.15		0
	Igawilo	3	0.09		0
	Mbeya Referal	2235	68.47		0
	Hosp.				
	Ileje			14	0.4
	Vwawa	137		971	28.8
	Isoko	15	0.46		0
	Mwambani			265	7.9
	Itete			468	13.9
	Igongwe			851	25.3
	Tukuyu	172	5.27	168	5
	Mbozi	415	12.71	371	11
	Kyela	235	7.2	227	6.7
	Not stated		•	33	1
	Total	3264	100	3,368	100
Morogoro	Berega	13		73	16.9
	Kilombero	42		6	1.4
	Kilosa	3	0.57	10	2.3
	Lugala	13	2.48		0.0
	Mahenge	4	0.76	3	0.7
	MHC	53	10.1	10	2.3
	Mikumi	31	5.9	36	8.3
	Mtibwa	15	2.86	4	0.9
	Turiani	343	65.33	250	57.9
	Not stated	8	1.52	34	7.9
	KSCO			6	1.4
	Total	525	100	432	100.0
Mtwara	Ligula	106	40.46	48	12.8
	Mkomaindo	33	12.6	17	4.5
	Ndanda	58	22.14	181	48.1
	Newala	43	16.41	12	3.2
	Masasi			16	4.3
	Nyangao			50	13.3
	Not stated	22	8.4	52	13.8
	Total	262	100	376	100.0
Mwanza	Geita	170	37.44	147	35.5
	Kwimba	24	5.29	13	3.1
	Magu	4	0.88	52	12.6
	Misungwi	19	4.19	13	3.1
	Mkula	15	3.3	26	6.3
	Nansio	37	8.15	29	7.0
	Sekoutoure	111	24.45	47	11.4

Region	Hospital	Cases2000	Percent	Cases2001	Percent
	Sumve	27	5.95	0	0.0
	Not stated	47	10.35	87	21.0
	Total	454	100	414	100.0
Rukwa	Mpanda	129		191	49.6
	Sumbawanga	188		137	35.6
	Not stated	59	15.69	57	14.8
	Total	376	100	385	100.0
Ruvuma	Litembo	111	17.2	113	11.6
	Liuli	83	12.0	106	10.9
	Mbesa	83	12.8	116	11.9
	Mbinga	3	0.5	46	4.7
	Peramiho	290	44.9	424	43.5
	Songea	46	7.1	122	12.5
	Tunduru	4	0.6	2	0.2
	Not stated	26	4.0	46	4.7
	Total	646	100	975	100.0
Shinyanga	Bariadi	77	13.3	37	4.3
	Bukombe			9	1.0
	Kahama	6	1.04		0.0
	Kolandoto			2	0.2
	Maswa	4	0.69	7	0.8
	Mwadui	14	2.42	31	3.6
	Shinyanga	170	29.36	608	69.9
	Ushirombo	11	1.9		0.0
	Not stated	297	51.3	176	20.2
	Total	579	100	870	100.0
Singida	Iramba	31	46.27		0.0
	Makiungu	36	53.73	111	37.5
	Manyoni			64	21.6
	Singida			59	19.9
	Kimboi			23	7.8
	Kondoa			2	0.7
	St. Gaspa			11	3.7
	Kilimatinde			13	4.4
	Not stated			13	4.4
	Total	67	100	296	100.0
Tabora	Igunga	373	49.93	52	12.9
	Kitete	92		49	12.2
	Ndala	63		63	15.6
	Nkinga	27		45	11.2
	Nkula	14			0.0
	Nzega	72		53	13.2
	Sikonge	15		137	34.0
	$\omega$				

Region	Hospital	Cases2000	Percent	Cases2001	Percent
	Notstated	41	5.49	4	1.0
	Total	747	100	403	100.0
Tanga	Bombo			118	18.3
_	Bumbuli	23	12.57		0.0
	Handeni			57	8.8
	Lushoto	28	15.3	20	3.1
	Mhezaa DDH			167	25.9
	Korogwe			197	30.5
	Pangani	128	69.95	86	13.3
	Not stated	4	2.19		0.0
	Total	183	100	645	100.0
<b>Grand Tota</b>	l	11,673	ı	14,112	