

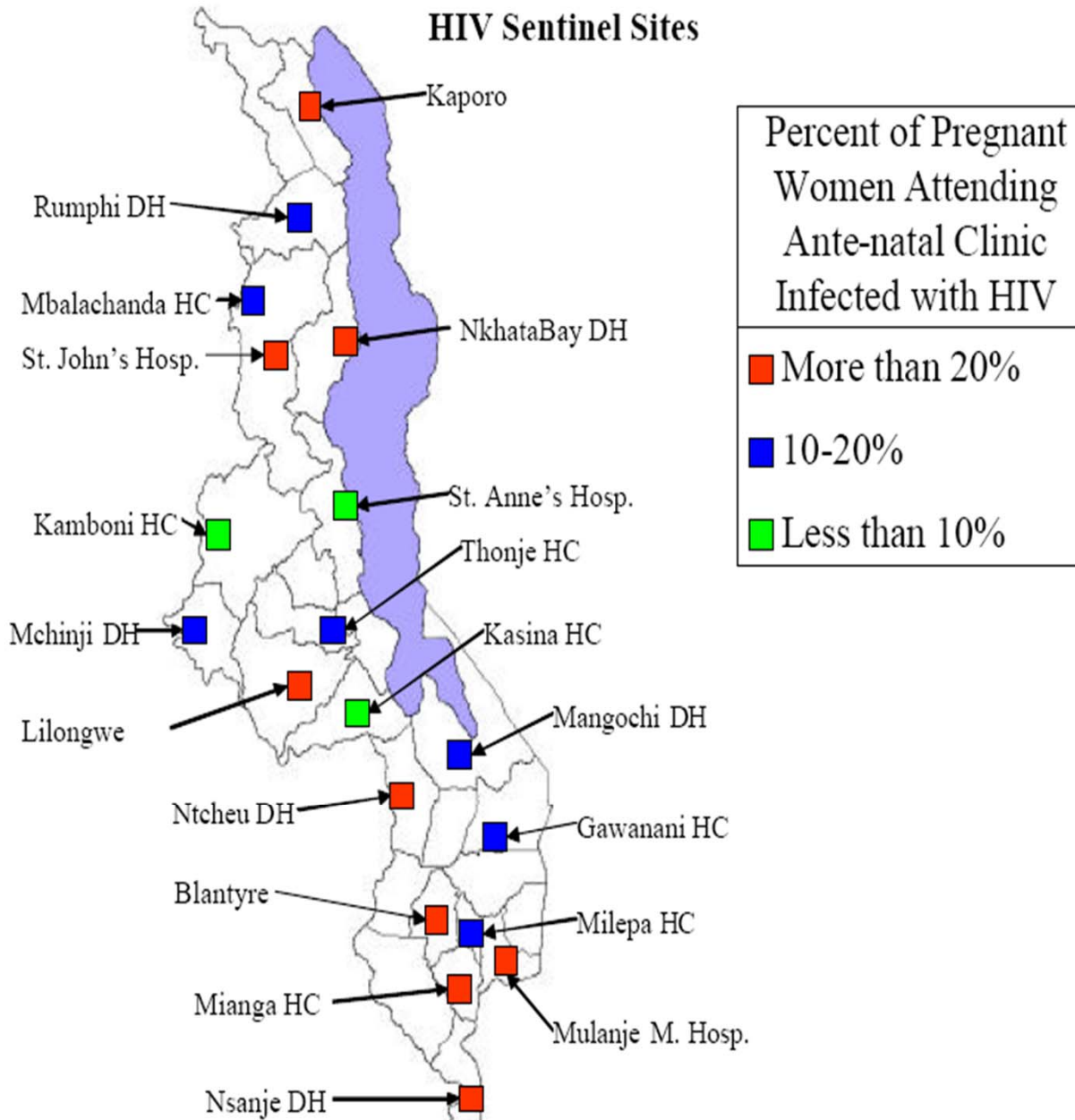
HIV/AIDS in Malawi

Johnstone J Kumwenda (FRCP-UK)
Senior Lecturer, College of Medicine,
University of Malawi

The HIV epidemic in Malawi

Indicator	Value
National adult (15-49) prevalence	12 - 17%
Number of infected adults (15-49)	610,000 – 880,000
Urban adult prevalence	19 - 28%
Number of infected urban adults	190,000 – 280,000
Rural adult prevalence	10 - 15%
Number of infected rural adults	420,000 – 600,00
Number of infected children	60,000 – 80,000
Number infected over age 50	30,000 – 50,000
Total HIV+ population	700,000 – 1,000,000

HIV Sentinel Sites



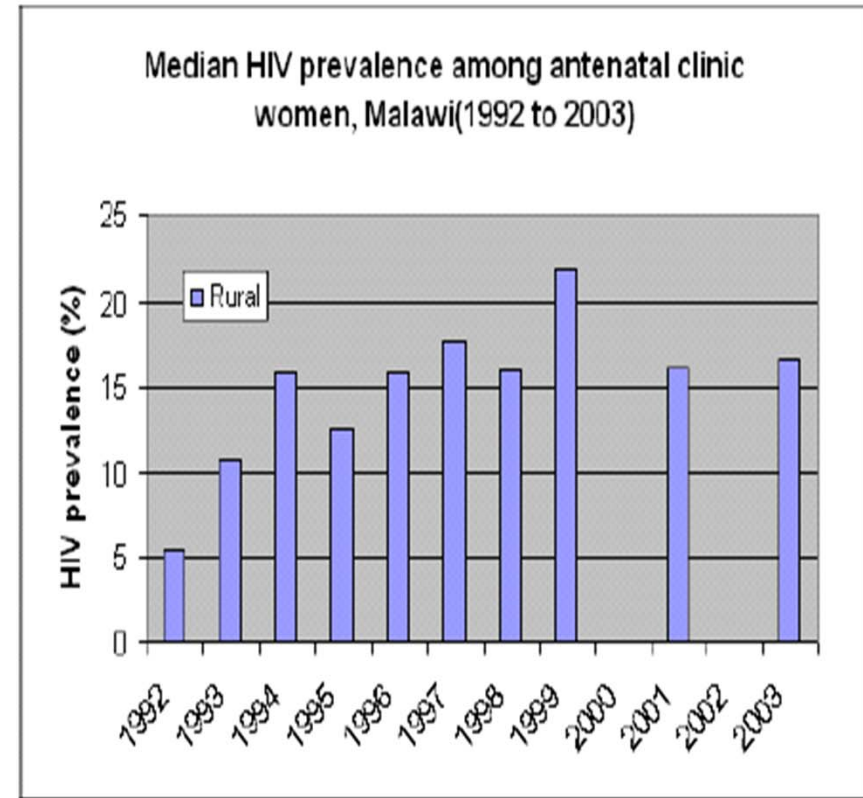
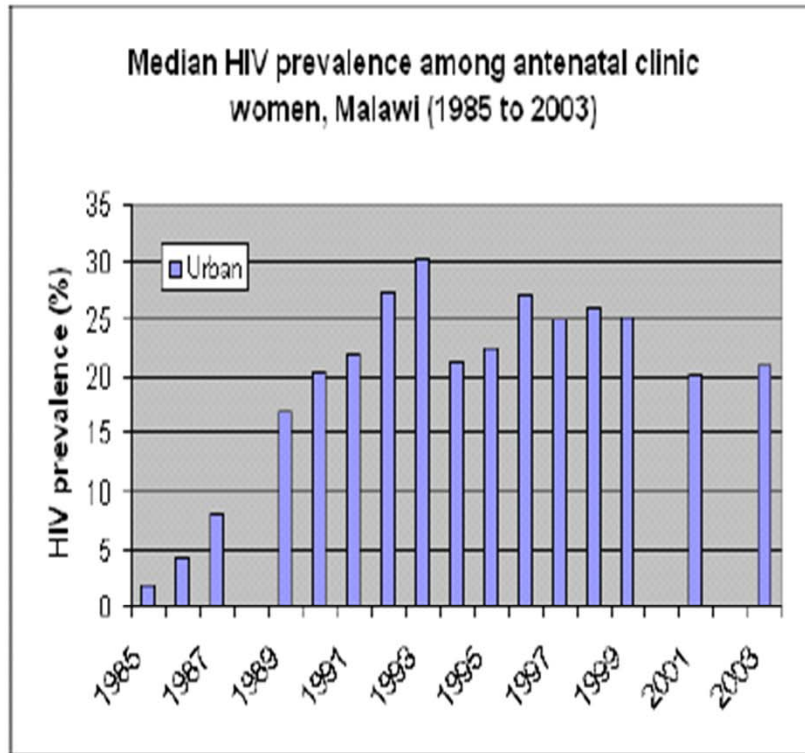
Modes of HIV transmission in Malawi

- 90% Heterosexual transmission
- 9-10% mother to child
- MSM
- Injecting drug use (recent INCB warning)
- Occupational injury
- Blood and other blood product transfusion
- others

Vulnerable groups

- Those in the 15-24 years of age
 - 50% of all new infections are in this age group
 - Women and girls
 - 58% of infected are women in Sub-Saharan Africa
 - Sex workers
 - 70% of all sex workers HIV positive in Malawi
 - The Southern region and urban areas
 - Prevalence in Southern region twice as north and central
 - Children born of HIV infected mothers
 - Account for 10% of all infections
- Orphans and HIV/AIDS vulnerable children

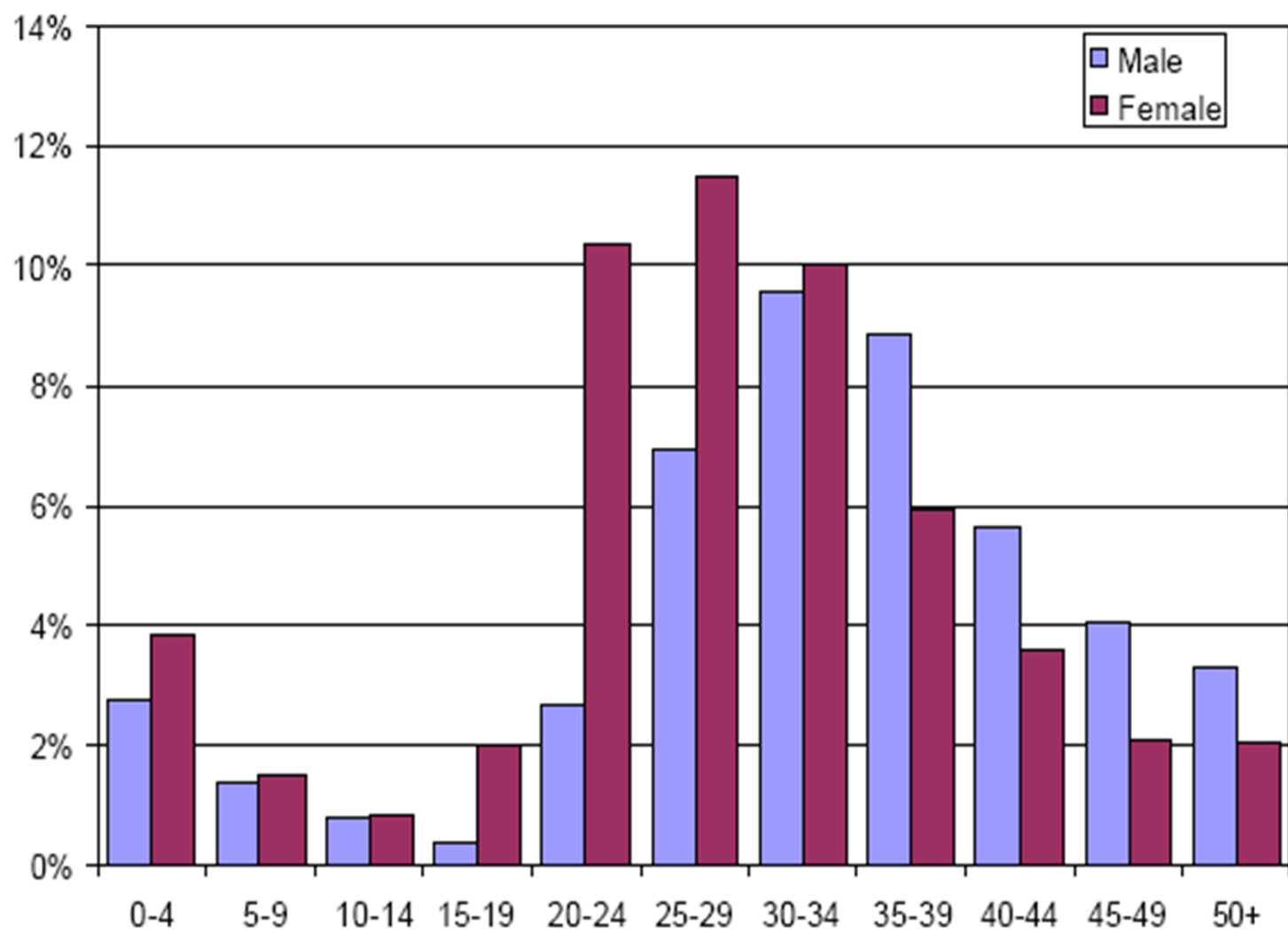
Comparison of rural and urban HIV rates in Malawi



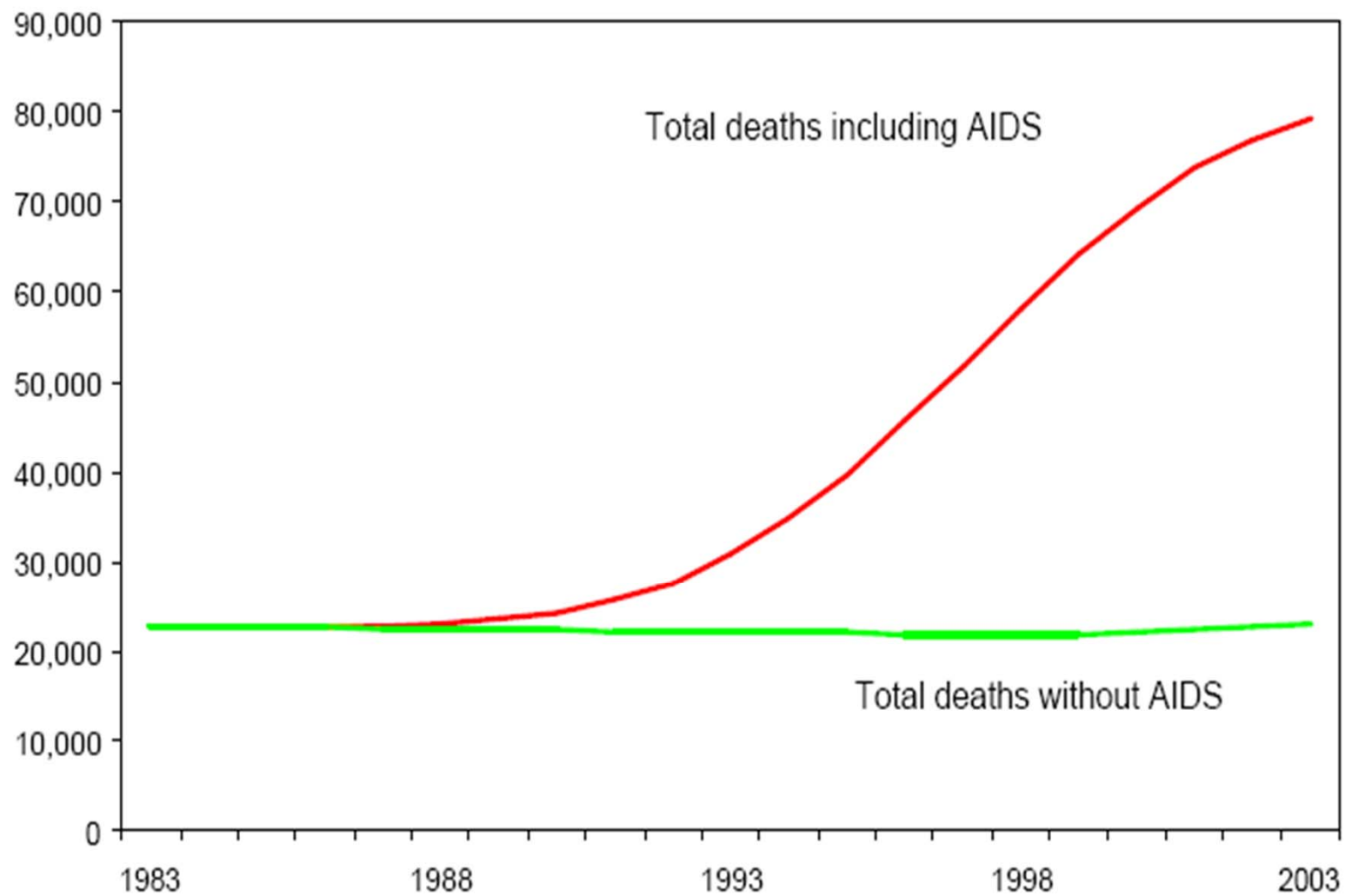
Median prevalence and ranges are shown in areas with more than one sentinel site.

Incidence rates have remained around 4% per annum

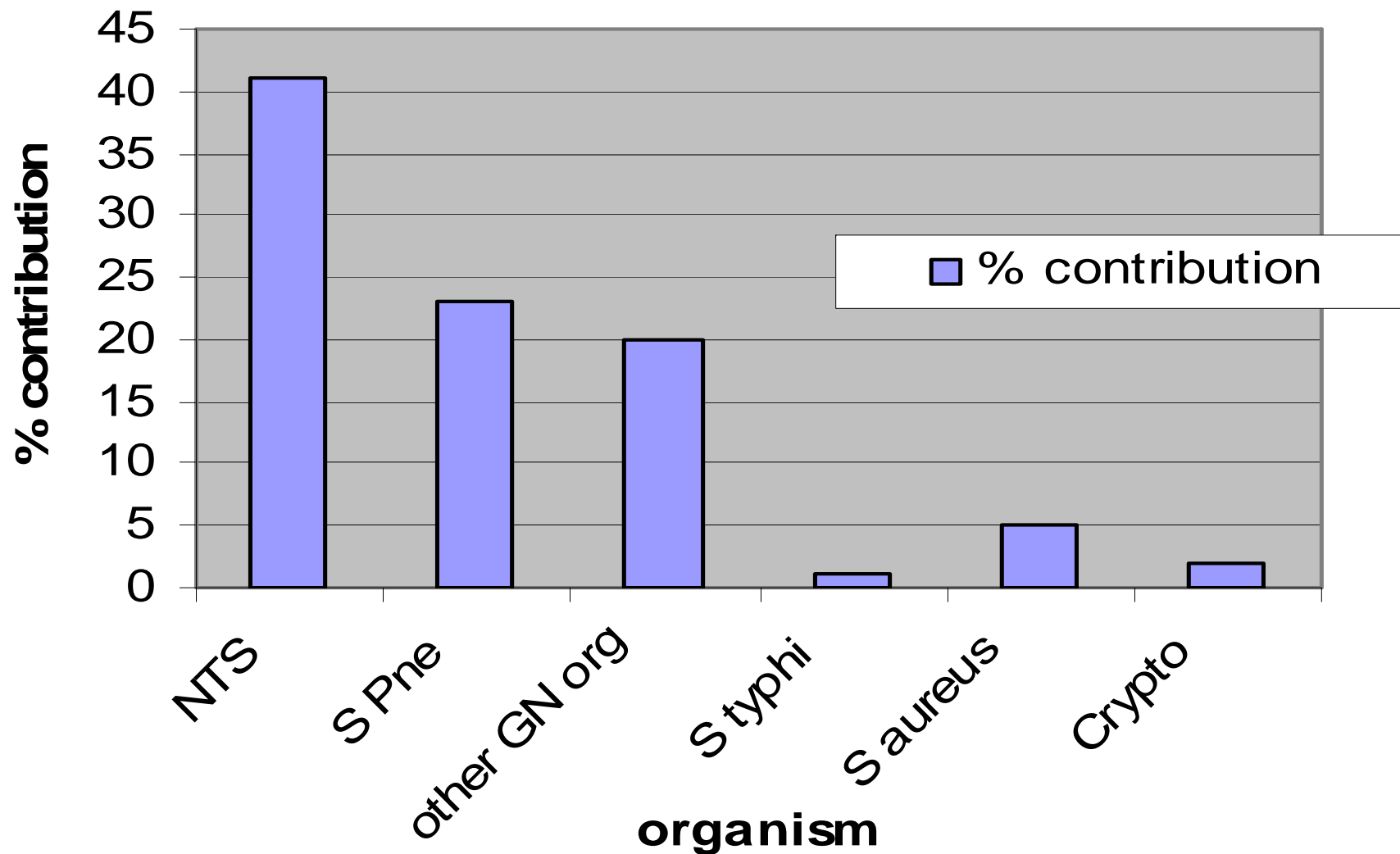
Age and Sex Distribution of Reported AIDS Cases



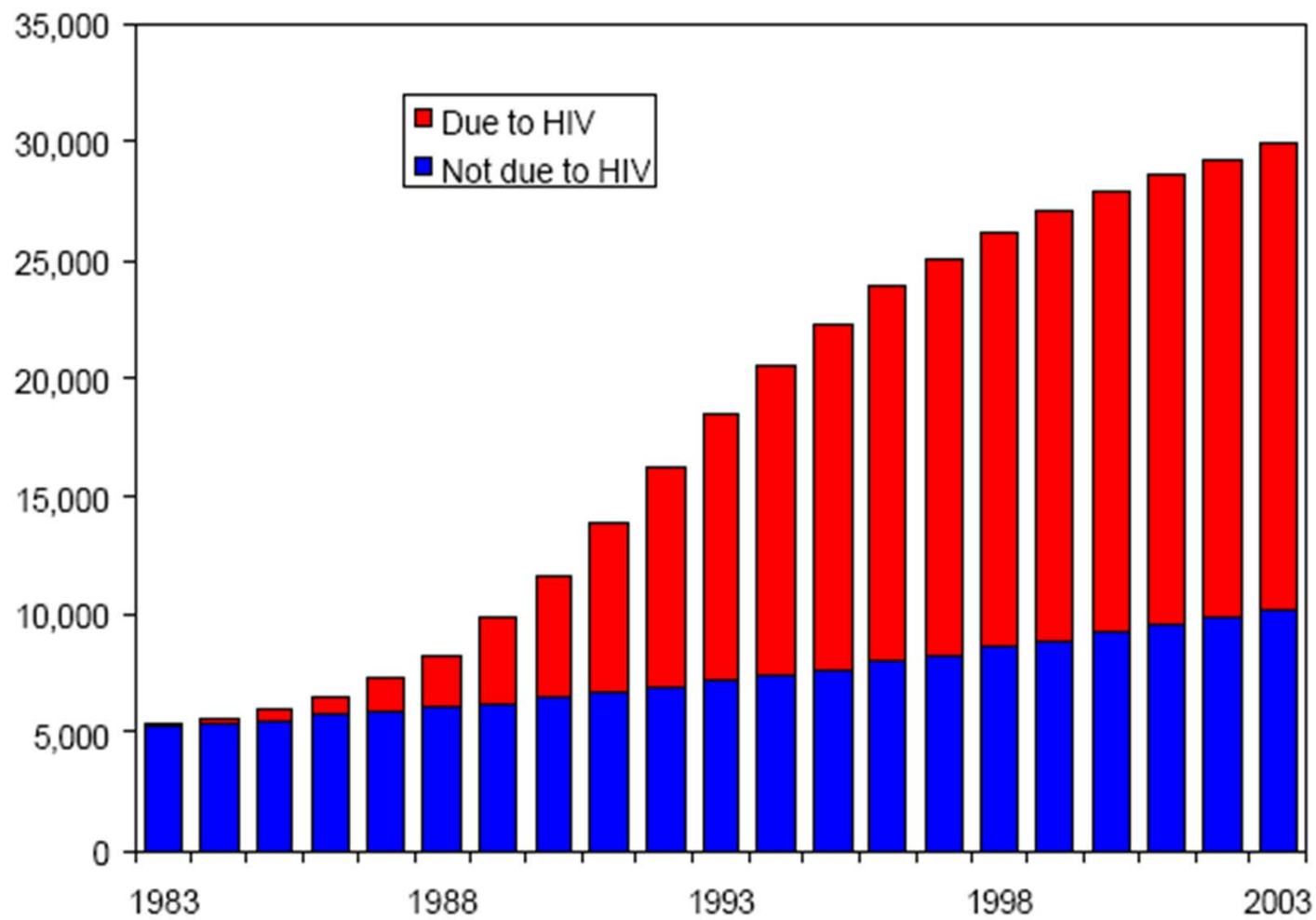
Annual Number of Deaths to Adults 15-49



Prevalence of common pathogens causing bacteremia in Blantyre Malawi



Number of Tuberculosis Cases



PCP in adults

- PCP common initial presentation of AIDS defining illness
- True prevalence difficult to assess because of diagnostic difficulties
- Every month 30 patients admitted to hospital with presumptive diagnosis of PCP

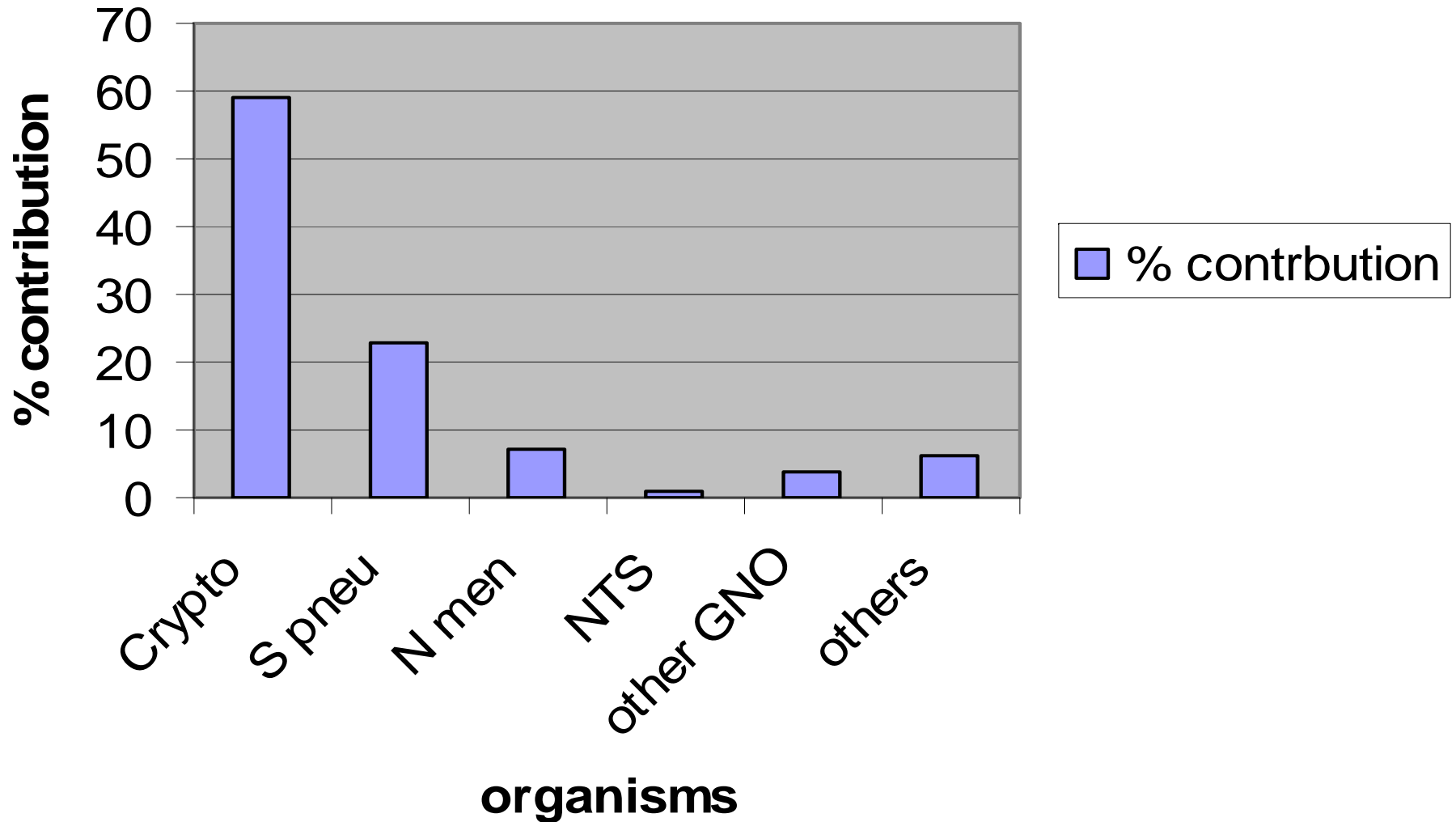
HIV related malignancies in adults

- 4% of admissions in 2003 were primarily due to KS
- Cervical carcinoma the leading cause of cancer deaths in women in Malawi, surpassing breast cancer
- Non Hodgkin's lymphoma seen but diagnosis is hampered by availability of consistent pathological services

HIV related CNS infections

- Cryptococcal meningitis: common
- Pneumococcal meningitis: common
- TB (meningitis, brain abscess, tuberculomata: may be common
- Toxoplasmosis: rare
- CMV & PML: unable to make a diagnosis

prevalence of organisms isolated from adult CSF at QECH-Blantyre Malawi



HIV neurological complications

- Distal sensory peripheral neuropathy: common, data being collected
- Stroke in 3% of medical admissions
- ADC, transverse myelitis & GBS syndrome: seen but true extent unknown

Other HIV related neurological problems

- PCNS lymphoma: not able to make diagnosis most of the time
- Drug related Peripheral neuropathy especially d4T, INH

Health infrastructure in Malawi

- Per capita health spending =USD 11
- 4 tier health structure (health centre to central hospital)
- Overburdened and understaffed system: vacancies up to 60% in most cadres of health staff
- Administrative and managerial incompetence
- Infrastructure deficiencies: difficult to do even the basics of patient care

ART delivery

- Money from global fund
- 1st line Regimen: fixed dose combination of d4T, 3TC & NVP
- Target 80000 patients to be treated
- By end of May 19000 on treatment
- Those in need 180000
- Waiting list up to 6 months

Thank you for your attention