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AIDS IN MALAWI
AN ANNOTATED
BIBLIOGRAPHY



Report Series: No. 1

USAID Contract No. 823-0238-C-00-4058-00, Support to AIDS
and Family Health (STAFH) Project 612-0238

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AIDS IN MALAWI:
AN ANNOTATED BIBLIOGRAPHY

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INTRODUCTION

Today the world is faced with a fatal disease of epidemic proportion - AIDS. There is as yet no vaccine to protect ourselves against HIV and no effective treatment for the illness once it develops. As well as scientific and medical problems, the HIV/AIDS pandemic has increasingly emerged as a global threat to health with long-term social and economic consequences. In contrast to many public health problems which selectively affect the very young or the old, AIDS affects the most vital segment of the population, 20-49 year olds, in terms of economic and social development of a country.

In the absence of a vaccine or cure for AIDS, there is today a worldwide consensus that the fight against AIDS requires the spread of correct, relevant and timely information to individuals, families, communities and the nation upon which to base a change of sexual attitudes, beliefs and practices and to dispel stigma, ignorance, false conceptions, and guide people to adopt self-protective behavior. The first AIDS case in Malawi was reported in 1985 at Kamuzu Central Hospital. To coordinate all AIDS activities in the country, the Malawi Government established the National AIDS Control Programme. Since then, the government and many other organizations have developed informational and educational materials about AIDS: books, reports, posters, pamphlets, cartoon strips, etc., for mutual exchange of information. This bibliography contains the most relevant documents currently available in Malawi concerning HIV/AIDS. It is hoped that the publication of this bibliography will improve the flow of HIV/AIDS information, promote mutual exploitation of resources, and avoid costly duplication of AIDS research in Malawi. It is a comprehensive guide to health and social workers and will facilitate the acquisition of AIDS literature (location of cited items are given together with author's address). This is an indispensable reference tool for medical researchers, planners, policy-makers, doctors, nurses and other medical staff concerned with the HIV/AIDS pandemic in Malawi. The literature abstracted in this bibliography focuses primarily on how HIV/AIDS is and is not transmitted, counselling, HIV/AIDS prevention, high-risk behavior, use of condoms and misconceptions.

The bibliographic entries have been listed alphabetically by author, preceded by a Master File Number (001-121).

The bibliography contains two types of entry: periodical articles and books. Periodical entries give the conventional bibliographic information. Book entries give author, author's address, title, place, publisher, date, pagination, descriptors, abstract and location of the document in Malawi. Two indexes, author and subject, are placed at the end of the bibliography. In an attempt to maintain continuity and to keep the bibliography up to date, supplemental bibliographies will be issued twice a year, July and December, respectively.

LIST OF ABBREVIATIONS

ACTIONAID	Action Aid
COM	College of Medicine
CSR	Centre for Social Research
DREA	Department of Research and Environmental Affairs
EC	European Community AIDS Programme
KCN	Kamuzu College of Nursing
LSHS	Lilongwe School of Health Sciences
MOH	Ministry of Health
MOWCACS	Ministry of Women and Children Affairs and Community Services
NACP	National AIDS Control Programme
PH	Project Hope
QECH	Queen Elizabeth Central Hospital
USAID	United States Agency for International Development

THE BIBLIOGRAPHY

001 Becon, B.

Blantyre Adventist Hospital
P.O. Box 51
Blantyre

Human Immunodeficiency Virus Related Deaths at Adventist Hospital.

In: *Malawi Medical Journal*, Vol. 7 No. 2, 1991
pp. 74-75. Ill., Tables

AIDS/HIV-Related Deaths/Malawi

* Hospital records for all patients who died during a 21 month period at Blantyre Adventist Hospital, Blantyre, were reviewed to determine the cause of death. Sixty deaths were recorded. 22 patients with clinically suspected HIV disease were tested for HIV antibodies and 17 (81%) were positive and one result was lost. Six of the 17 HIV positive patients, were children less than 28 months of age, and ten were adults aged 16 to 50. A number of other patients who died had clinical findings suggestive of HIV infection, but were not tested. The study indicates that HIV infection is a major cause of premature death at this hospital.

Location: MOH

002 Biggar, R.J.; * Chiphangwi, J.D.; Miotti, P.

* *College of Medicine*
P/Bag 360
Blantyre

Intervention to reduce perinatal transmission of Human Immunodeficiency Virus (HIV) and other infections

Blantyre: College of Medicine, 1993

HIV/Perinatal Infection/Malawi

* The study's aim was to determine if cleansing the birth canal and infant might reduce the transmission of HIV and other infections from infected mothers to newborn as well as reduce postpartum infections in the mother.

Location: MOH

003 Broadhead, R.L. and J.M.P. Moor-house (Eds)

Policy and Management Issues Associated with AIDS. HIV Infection

Blantyre: Medical Association of Malawi, 1992
129p. Ref. Tables

Government Policy/AIDS Management HIV Infection/Malawi

* Presents the proceedings of the 9th Congress of the Confederation of African Medical Associations and Societies held in Blantyre from 9 -12 March, 1992 in conjunction with the Medical Association of Malawi. The proceedings aim to reflect the very high quality of discussions of the Congress. The focus of the deliberations were on health education, counselling, management and cultural aspects of AIDS and HIV infection.

Location: QECH

004 Brown, J.

Evaluation of the impact of the Protector Condom Campaign in Malawi

SOMARC Occasional Paper No. 19, May, 1994
11p. Ref. Tables

AIDS Prevention/Condom Campaign/Family Planning/Malawi

* Objectives of the communications campaign were to build general awareness of condoms and Protector brand in particular, improve attitudes about condoms, encourage acceptance of condom use within marriage, improve perception of product attributes and encourage users to obtain condoms through private sector outlets.

Location: CSR

005 Carr, C et al

Technical Analysis of HIV/AIDS situation in Malawi

1992
vi+138p., Ill.

HIV/AIDS Situation/Malawi

* This assessment of HIV/AIDS and Sexually Transmitted Diseases (STD) situation in Malawi and design for prevention strategies was undertaken for USAID/Malawi as a resource in the design of their new population and AIDS prevention programme (the STAFH Project).

Location: USAID

006 Cheesbrough, J.S.

*Dept. of Medicine
Q.E.C.H.
P.O. Box 95
Blantyre*

The Acquired Immunodeficiency Syndrome and related diseases

In: *Medical Quarterly*, vol. 3 No.1 1986
pp. 19-23

AIDS/AIDS Related Diseases/Malawi

* The article is designed primarily to assist in case recognition. Guidelines on appropriate infection control measures and counselling patients are also given.

Location: MOH

007 Cheesbrough, J.S

*Dept of Medicine
Q.E.C.H.
P.O. Box 95
Blantyre*

Acquired Immunodeficiency Syndrome in Malawi

In: *Medical Quarterly*, vol. 3 No. 1, 1986
pp.5 - 13, Ref.

AIDS/Malawi

* The first recognized AIDS case in Malawi presented in February, 1985 and a further 12 cases were recognized that year. Since then the number of AIDS cases has increased alarmingly. This paper summarises experience with HTLV III related diseases seen at Kamuzu Central Hospital, Lilongwe and Queen Elizabeth Central Hospital, Blantyre during 1985.

Location: MOH

008 Cheesbrough, J.S.; Liomba, M.G.; Sutoriza, F.F. Molyneux, M.E.

*Dept of Medicine
Q.E.C.H.
P.O. Box 95
Blantyre*

Histiocytic medullary reculosis associated with positive human immunodeficiency virus HIV-1 serology in two African patients.

AIDS/Histiocytosis/Malignant/HIV/Malawi

Location: MOH

009 Chilowa, W.R; Dallabetta, G.A; Wangel, A.

*University of Malawi
Centre for Social Research
P.O. Box 278
Zomba*

Women and AIDS: traditional initiation ceremonies and education of adolescent girls about STD: HIV.

Zomba: CSR, 1991

AIDS/Women/Initiation Ceremonies/Adolescent Girls/Malawi

* The objective of the study was to explore whether information regarding STD: HIV prevention can be effectively communicated to young women in rural Malawi through Nankungwi in the traditional educational setting.

Location: MOH

010 Chimtengo, S.

*EC AIDS Programme
P.O. Box 30622
Lilongwe*

Report on Bar Girls Peer Education on AIDS.

Lilongwe: EC., 1995
ii + 12p., Tables

Bar Girls/Peer Education/AIDS/Malawi

* As part of the monitoring process, the author conducted interviews among the bar girls themselves to assess their contribution towards AIDS control. This report is based on the data collected from 15 districts of Malawi, namely Mangochi, Machinga, Zomba, Thyolo, Salima, Lilongwe, Dowa, Ntchisi, Kasungu, Mchinji, Mzimba, Nkhata Bay, Karonga, Rumphu and Chitipa. The exercise was meant to give a clear picture of the status of peer education intervention and provide baseline information for future monitoring activities.

Location: EC

011 Chipangwi, J.D.; Keller, M.; Wirima, J.; Ndovi, E.; Taylor, E.; Taylor, E. Saah, A.; Polk, B.F.

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

Prevalence for HIV infection in pregnant women in Malawi.

HIV/AIDS/Tuberculosis/Malawi/Zambia

Location: MOH

012 Chiphangwi, J.; Liomba, G.; Wtaba, H.M.; Schmidt, N.; Deinhardt, F.; Eberle, J.;
Frosner, G. Gurtler, L.; Zoulek, G.

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

Human immunodeficiency virus infection is prevalent in Malawi.

Malawi/AIDS/HIV

* The human immunodeficiency virus has been spreading from Central Africa to surrounding countries. A recent study of prostitutes in Nairobi demonstrated the presence of the virus in Kenya. A recently conducted serological survey of southern Malawi confirms the presence of HIV virus in Eastern Africa. In March 1986, sera from prostitutes, male prisoners in a hospital ward, hospital staff, pregnant women, and persons with symptoms suggesting AIDS were gathered and examined for antibodies to HIV by ELISA testing and western blot analysis. There was a high incidence of HIV infection among Malawi prostitutes, with 77 of 167 (46%) testing positive. There were also high rates of infection among male hospital staff and male prisoners hospitalized with other diseases. Of 25 nurses and pregnant women tested, none showed signs of HIV infection, indicating that the prevalence of HIV infection among the general Malawi population is small or absent.

Location: MOH

013 Chiphangwi, J.; Liomba, N.G.; Miotti, P.G.; Dallabetta, G. Saah, A.

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

Serial sero-prevalence studies and estimates of HIV-1 antibody in pregnant women in Malawi

Malawi/Pregnancy/AIDS/HIV

Location: MOH

014 Chiphangwi John; Dallabetta, G. Miotti, P. Liomba; G. Wangel, A.M. Saah, A

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

Cervical Squamous Intraepithelial Lesions (CSIL) and HIV-1 Infection in Malawian Women.

HIV-1 Infection/Malawian Women/Malawi

* To assess the association between CSIL and HIV-1 infection in Malawian women with heterosexually acquired HIV-1 infection. 159 post-partum women, 95 seronegative (SN) and 54 seropositive (SP) followed in a longitudinal infant transmission study of HIV-1 were given a questionnaire and had a physical examination including an STD screen and a PAP smear. Blood samples were obtained for measurement of T-cell subsets using monoclonal antibodies and flow cytometry. 12 of 64 (19%) SP women had CSIL, compared with 7 of 95 (7%) SN women (odds ratio - 2.90, $P < 0.05$). This other STD, socioeconomic status, multiple partners in the last 3 years and age in a logistic progression model. However, in SP women there was no correlation between risk of CSIL and level of immunosuppression as measured by CD4 count.

Location: DREA

015 Chiphangwi J; Keller M; Wirima J; Ndovi E; Taylor E; Sash A; Polk B.F.

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

Prevalence of HIV-1 infection in pregnant women in Malawi

HIV-1 Infection/Pregnancy/HIV-1 Prevalence/Malawi

* To estimate the prevalence of human immunodeficiency virus (HIV)-1 in pregnant women in Malawi, a serosurvey of consecutive pregnant women in Lilongwe and Blantyre was carried out in May 1985 and again in April 1987. Additional serosurveys in selected populations were conducted in late 1987 to facilitate estimation of the period prevalence. The serologic screening utilized both the Genetic System Seroprevalence of HIV-1 infection was 4/200 (2%) in 1985 and 7/85 survey of 399 pregnant women conducted in late 1987 revealed an HIV-1 prevalent and increasing in Central Africa. More intensive attention is needed to identify the predominant mode of transmission and prevent further dissemination of the virus.

Location: MOH

018 Chirwa, L.

Action Aid
P.O. Box 31124
Lilongwe

AIDS epidemic in Malawi: shaking cultural foundations

In: *NETWORK*, 13(4):31-32, 1993

AIDS Epidemic/Cultural Foundations/Malawi

* Many young men and women in Malawi are infected with HIV and dying from AIDS. The head of the Malawi AIDS Control Program estimates that as many as 10% of all adults in the country may be infected with HIV, with the rate being higher in urban areas. While more than 90% of the population is now aware of the existence of AIDS and its dangers, changes in behavior have not taken place and HIV continues to spread. Early campaigns attempted to generate condom use through peer educators among bar girls, truck drivers, and STD patients. Many men state, however, that they prefer to have sex without condoms because it is more exciting. Others cite alcohol consumption, ignorance of the dangers of HIV infection, and/or a fear of suggesting mistrust in a partner as reasons for not using condoms. Many women also find it difficult to negotiate condom use among reluctant men. Making condoms readily accessible and giving them a positive image may help increase their rate of use; the opposition of some religious groups must be thwarted and the distribution system needs to be improved to realize these ends. Condoms are provided to Malawi free of charge by the US Agency for International Development. Supplies are then either distributed free through health centres and bars or sold in shops. The failure of free condoms to be readily available in rural areas where 90% of the population resides, however, poses concern. Finally, training programs, counseling, anonymous HIV testing centres, and peer educators are among some of the interventions being made against AIDS in Malawi.

Location: COM

017 Chirwa, I.; Kamowa, O.; Mariel, C.

*Action Aid
P.O. Box 31124
Lilongwe*

National AIDS Song Contest: Suggested Messages for Songs on AIDS.

Lilongwe: ACTIONAID

AIDS Songs/AIDS Messages/Malawi

* This song book was launched at a Workshop on Developing Song on AIDS held at Lunzu Community Centre, 7-8 November, 1994

Location: PH

018 Chiwaya, W.B.; Hofs, M.A.G.; L'Herminez, R.

*Mangochi District Hospital
P.O. Box 42
Mangochi*

AIDS in Mangochi District

In: *Malawi Medical Journal*, vol.7 No.2, 1991.
pp. 77-78. Ill., Tables

AIDS/Mangochi District/Malawi

* The AIDS epidemic has not left the rural districts of Malawi untouched. This report presents the experience of symptomatic HIV infection at Mangochi District Hospital during the period December 1986 to March 1989. During this period patients presenting with a clinical illness meeting WHO criteria for clinical diagnosis of AIDS were tested for HIV antibodies by ELISA technique. There were 344 cases of clinical illness associated with an HIV-positive serum. The results of this study indicate that AIDS is a significant problem in Mangochi District.

Location: MOH

019 Chiwoza R. B.

*University of Malawi
College of Medicine
P/Bag 360
Blantyre*

AIDS-Related beliefs, attitudes and intentions among secondary school students in Malawi.

Blantyre: College of Medicine, 1992

AIDS/Beliefs/Students/Malawi

* To investigate factors influencing intention of Malawian Secondary School students to engage in low-risk AIDS-related behaviours based on the Theory of Reasoned Action. 297 students completed a questionnaire which was developed based on the Theory of Reasoned Action. Only 191 completed the questionnaire adequately for subsequent analysis. The sample consisted of 79 females and 112 males. City schools constituted 43% of sample while semi-urban school accounted for 57%. The study results indicate that the subjects intentions to engage in low risk sexual behavior was slightly high. The direct measure of intention to use condoms showed no differences in intention between sexes, both had a mean score of 4.97. However the city sample showed a higher intention to use condoms as compared to the semi-urban sample.

Location: DREA/COM/NACP

Report of Field Evaluation in Malawi of Simple/Rapid Assays for HIV-1 Antibody:
HIV check Immunocomb Statistical Analysis of Assay Results.

HIV Antibody/Statistical Analysis/Assay Results/Malawi

* The objectives of the study were to evaluate the simple/rapid assays as screening tests for HIV-1 antibody in several laboratories with different epidemiological backgrounds by comparison with the conventional assays currently used (two enzyme-linked immunosorbent assays, Wellcozyme and Dupont; and Biorad Western Blot (BW); assess their appropriateness for use in modestly equipped laboratories, especially in the developing world by investigating their apparent sensitivity and specificity, and the reproducibility achieved when specimens were repeat-tested with the same assay. There were 1832 specimens tested in the evaluation. Specimens which had been tested by both simple/rapid assays, and had Dupont ELISA results in the range considered interpretable, and for which ELISA-positive results were followed by Western Blotting were analysed. All specimens initially reactive or equivocal, and some specimens unreactive, by the rapid assays (HIV check. Immunogen) were retested using the same assay. To simplify the analysis equivocal results were regarded as positive. Of the 1832 specimens, 816 had not been tested by Dupont ELISA and a further 110 had ELISA results in the range that had been decided was uninterpretable. There were 274 specimens that were ELISA-positive but had not Western Blotted; these were excluded from analysis. Six specimens indeterminate by the standard algorithm were excluded from analysis. Of the 626 specimens included, 33 were positive and 593 negative by the standard algorithm. Specimens which had been tested by both simple/rapid assays and Dupont ELISA, and which had ELISA results in the range considered interpretable, were included in the analysis - a total of 906 specimens (316 were ELISA-positive and 590 ELISA negative). The 256 specimens tested by the two simple/rapid assays and Western Blot were included in the analysis (102 were WB-positive, 56 WB-negative, 98 WB-indeterminate). To simplify the analysis equivocal results in the simple/rapid assays were regarded as positive. Western Blot 'indeterminate' banding patterns (with some bands present but not those required to fulfil the WHO criterion for scoring WB positive) were regarded as negative.

Location: CSR

021 Cullen T.

*Montfort Missionaries
P.O. Box 280
Balaka*

AIDS: a Christian response

Balaka: Montfort Missionaries, 1991

Malawi/AIDS/Christianity

* This book has been written primarily to meet the needs of pastoral and medical workers in Malawi who want a more Christian approach in how to deal with the AIDS problem in their parish communities and hospitals; and stresses the spiritual, psychological and cultural aspects of the AIDS problem.

Location: CSR

022 Cullinan, T.; Cullinan, H.; Namondwe, C.; Makhambera, M.; Chilowa, W.; Burnham, G.; Herlitzer-Allen, D.; Graham, N.; Porter, R.; Katz, J.; Flynn, C.; Bergin, A.

*University of Malawi
College of Medicine
P/B 360, Chichiri
Blantyre*

Reaching adolescents through traditional communication channels for the prevention of HIV/AIDS/STD in Malawi

Blantyre: College of Medicine, 1992

Adolescents/Traditional Communication/HIV/AIDS/Malawi

* This project proposed to develop ways of communicating about AIDS and sexually transmitted diseases to Malawian adolescents through traditional methods of education still existing in much of society.

Location: MOH

023 Dallabetta, G.A.

*Johns Hopkins University
Baltimore
USA*

HIV infection in Malawian women and their children: progress report

Lilongwe: Ministry of Health, 1991

AIDS/HIV Infection/Malawian Women/Children/Malawi

Location: MOH

024 Dallabetta, G.A.; Odaka, N.; Hoover, D.; Chipangwi, J.; Liomba, G.; Miotti, P.; Saah, A.

*Johns Hopkins University
Baltimore
USA*

High Socio-economic status is a Risk Factor for HIV-1 Infection but not for Sexually Transmitted Diseases (STD) in Malawi women.

Socio-economic Status HIV-1 Infection. STDs Malawian Women

* Aim of the study was to examine the relationship between STD and HIV-1 infection in urban pregnant women in Malawi. 5376 pregnant women presenting for prenatal care to a large urban hospital in Malawi were interviewed about demographic, medical and sexual history had a physical/pelvic examination and were tested for syphilis and HIV-1 antibodies. 1220 (22.7%) women were HIV-1 seropositive. Multiple sexual partners and husband's reported partners were positively associated with both HIV-1 infection and current STD. The strongest predictors of HIV-1 infection were HSES (husband's education > 8 years) and any current STD. 56% of HIV-1 positive and 33% of HIV-1 negative women were of high HSES, and 64% of HIV-1 positive and 38% of HIV-1 negative women had a current STD. Logistic regression analyses of risk factors for HIV-1 infection and current STD indicated that HSES was a strong risk factor for HIV-1 infection ($p < .001$) but a weak protective factor for STD ($0 < 0.5$). The relationships between HSES and HIV-1 infection and HSES and STD persisted after controlling for multiple sexual partners and husbands' reported partners. HSES is a strong risk factor for HIV-1 infection but protective for STD. Assuming HSES women have greater access to STD therapy, this suggests that reduction in high risk sexual activity involving multiple partners, and not STD control alone, is essential for HIV-1 infection control.

Location: MOH

025 Delay, P.

*National AIDS Control Programme
Ministry of Health
P.O. Box 30377
Lilongwe 3*

AIDS in Malawi

In: *Malawi Medical Journal*, vol. 6 No.1, 1990
AIDS/Malawi
pp. 2-4, Tables

AIDS/Malawi

* Since the first case of Acquired Immunodeficiency Syndrome (AIDS) was diagnosed in Malawi at Kamuzu Central Hospital in April 1985, the number of newly diagnosed AIDS cases has been steadily increasing. AIDS is now recognized as an extremely serious health problem for the country. In this paper the author presents the epidemiology of AIDS in Malawi. As of November, 1989, 7160 cases of AIDS have been reported in Malawi which meet the defined criteria for diagnosis. The figure shows the age and sex of AIDS cases diagnosed in Malawi from January to November, 1989.

Location: MOH

026 Dilorio, C.K.; Strickland, O.L.; Mkandawire, R.M.; Banda, E.E.

*University of Malawi
Kamuzu College of Nursing
P.O. Box 415
Blantyre*

Nursing assessment of AIDS related practices in Malawi

Blantyre: KCN

Nursing Assessment/AIDS/Malawi

Location: KCN

027 Dupree, J.D; Mkwinda, E.M.; Kasilani, J.A

AIDSCOM
Washington, DC, USA

A generation free of AIDS: developing AIDS educational materials for public and private schools of Malawi.

Washington: AIDSCOM, 1990

AIDS/Educational Materials/Schools/Malawi

* The principal objective of this study was to produce AIDS educational materials for public and private schools of Malawi. Focus group discussions were conducted among school-age boys and girls, parents and teachers, to define more clearly the target audiences. Multi-sectoral collaboration to develop curriculum and additional visual materials for the schools involved ministries of Health, Education, community Services, Unicef, WHO/GPA, private schools of Malawi and AIDSCOM/USA. Research and materials development was done by teachers, health educators, school administrators, health personnel, religious leaders, artists and writers. After formative focus group research and materials development, mock presentations of a curriculum unit were made (and videotaped in some cases) to each of the focus group, following which feedback/suggestions were incorporated into revisions. A Teacher's Guide and Student Handbook were drafted for each level of Malawi's public and private schools. The materials were pretested and revised. Multi-sectoral efforts involving collaboration among public and private sectors can be successful in developing appropriate and acceptable materials for educating young people about AIDS prevention.

Location: MOH

AIDS in Africa: a killer rages on

AIDS/Malawi/Africa

* This article is the first of a 4 part series on the acquired immunodeficiency syndrome (AIDS) in Africa. Since the 1980's AIDS in Africa has been spreading through heterosexual transmission at a faster rate than expected because of the prevalence of long-neglected venereal diseases that have facilitated the transmission of the AIDS virus. It is perceived as a devastating social and economic problem because those affected are professionals and breadwinners in their early 20's and 30's. It is estimated that more than 5 million people are infected, with some cities worse off such as Lusaka, Zambia and Kampala, Uganda where more than 20% of adults are infected as compared to Nairobi, Kenya where prevalence is 5% or Abidjan, the Ivory Coast where it is 10%. Rates among pregnant women in Blantyre, Malawi increased from 2% in 1984 to 22% in 1990; in Kigali, Rwanda it is 30% and in Lusaka, Zambia it went from 11% in 1987 to 22% in 1990. These rates among pregnant women serve as the best indicators of adult infections and help predict the % of infected babies with AIDS. West Africa has 2 AIDS viruses: HIV-1 (as in the rest of Africa) and HIV-2 specific to West Africa and discovered in 1986, but in existence since the 1960's. AIDS is the leading cause of adult deaths in Abidjan where 7% of adults carry HIV-1 and 3% carry the HIV-2 virus. The real crisis from AIDS is being felt in the "strain" for hospital beds, medication and health personnel, especially physicians, as well as in the family structure itself. Among the 10 countries in Central and Eastern Africa, from 6-11% of those under 15 (3-6 million children) will lose 1 or both parents to AIDS in the 1990s. The AIDS crisis in Africa will take its greatest toll among the scarce professional class.

Location: DREA/COM

Preventing HIV transmission in "priority" countries.

AIDS Transmission/AIDS Prevention/Malawi/Africa

* A recent \$168 million 5-year cooperative agreement funded by the US Agency for International Development combines elements of its earlier AIDSTECH and AIDSCOM projects under the AIDS Control and Prevention Project (AIDSCAP). Instead of working to effect broad-scale behavior change toward the prevention of HIV transmission, AIDSCAP strategically targets location for condom distribution, behavior change messages, and the treatment of sexually transmitted diseases. In Lagos and the states of Cross River and Jigawa where the AIDS epidemic is firmly established, for example, AIDSCAP is intervening to increase condom demand and accessibility; alter sexual behaviours which carry a high risk for HIV transmissions; and reduce the prevalence of STDs which enhance the transmission of HIV. The project began in fall of 1991 and has expanded to include Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Senegal, Brazil, Haiti, Jamaica, India, and Thailand; limited assistance is also provided to 7 other African countries, 4 Latin America countries, and 1 in Asia. 4 additional countries are in the final stages of negotiations to be included in the project. The USAID mission in the host country and the government must invite AIDSCAP involvement in order for the country to attain priority status. Countries are selected based on the HIV prevalence rate, population, size and distribution, level of commitment to HIV prevention/control, capacity to respond to the AIDSCAP plan of action, level of other donor support, the USAID mission's development priorities, and the Mission's commitment of substantial funds from its own budget. Once involved, AIDSCAP is mandated to implement interventions through in-country agencies.

Location: DREA

030 Forsythe, S.

*AIDSTECH/Family Health
International
USA*

The Economic Impact of HIV and AIDS in Malawi
- AIDSTECH/FHI, 1992

38p., Ref., Tables

Economic Impact/HIV/AIDS/Malawi

* This assessment of potential economic impact that AIDS may inflict upon the economy and the governmental expenditures of Malawi was undertaken for USAID/Malawi to use as a resource in the design of their new population and AIDS prevention programme.

Location: USAID

031 Foster, P.G. and Semu, L.L.

*University of Hull
Hull HU6 7RX
United Kingdom*

AIDS, the local community and traditional health practitioners in Malawi.

Lilongwe: MOH, 1992

AIDS/Local Community/Traditional Healers/Malawi

* The broad objective is the examination of AIDS awareness in the local community, especially attitudes formation in the context of beliefs concerning medical care.

Location: MOH

032 Gompertz, S.; Harrison, C.

HIV infection in Malawi

Malawi/HIV/AIDS

Location: DREA

033 Goodridge, G. et al

Malawi Implementation Plan: AIDSCAP/STAFH Contribution to the National AIDS Control Programme - Draft, March, 1993.

76p.

Financial Contribution/Implementation Plan: AIDS/Malawi

* A report of AIDSCAP site visit team which was invited by USAID/Malawi at the request of the National AIDS Control Programme of Malawi, to develop a technical strategy for a new, bilateral 6-year AIDS prevention project which the USAID Mission was developing with the Malawi Government.

Location: USAID

034 Helitzer-Allea, D.; * Makhambera, M.

* *St. Marys' Secondary School*
P.O. Box 149
Zomba

How can we help Adolescent Girls avoid HIV infection?

In: *NETWORK*, 1993 May, 13(4):7

Adolescent Girls/HIV Infection/Malawi

* 90% of Malawi's 9 million inhabitants live in rural areas. Although tradition dictates that young females abstain from engaging in sexual relations until being initiated by a traditional adviser following the initial onset on menses, many preinitiation and premenstrual girls break tradition and say that they receive school fees and gifts in exchange for sex. While these village girls may know that AIDS can kill, most think that they are not at risk. Knowledge, attitude, and behavior were assessed by live-in researchers in a sample of 258 girls aged 10-18 in 2 villages over the period 1991-92. Focus groups were held, initiations attended and observed, and interviews conducted with girls, mothers, grandmothers, and village leaders. 300 female adolescents were then surveyed in 10 other villages. 70% of the girls had sex before either initiation or menstruation with the average age at first intercourse of 13.6 years. 80% of the girls had heard of AIDS and 14% thought they had a good or moderate chance of contracting it, yet they expressed a far higher perceived risk of contracting sexually transmitted diseases. These benefits were obtained from radio, church, and word-of-mouth messages that AIDS is transmitted by easy partners, bar girls, and truck drivers, and from someone who looks very ill from AIDS. 55% said they are often forced to have sex; 66% have accepted money or gifts for sex; and 75% would like help in learning how to convince a boy to use a condom. Grandmothers and other elders tell girls about menstruation, hygiene, and illness, while sex education comes largely from peers. Study results suggest that disseminating messages through existing communication channels of grandmothers, other elder women, and peers could help correct false perceptions in villages as well as counseling on their use. It is suggested that a group of interventions could be tested which would build upon the work of the national AIDS program.

Location: COM

035 Helitzer-Allen, D; * Chilowa, W.R. et al

* *University of Malawi*
Centre for Social Research
P.O. Box 278
Zomba

An investigation of community-based communication networks of adolescent girls in rural Malawi for HIV/STD/AIDS prevention messages.

Baltimore: Johns Hopkins University, 1993

AIDS Messages/AIDS Prevention/Health Education/Adolescent Girls/Rural Malawi

Location: MOH

23

*National Family Welfare Council of Malawi
P/Bag 308
Lilongwe*

Rapid population growth and poverty generation in Malawi

Population Growth/HIV Prevalence/Poverty Generation/Malawi

* This paper examines the causes of population growth in Malawi, and the population impact on land, food security, nutrition, income, employment, health and education. The total fertility rate in Malawi was 7.6 in 1987, and the annual growth rate is 3.3% with a crude birth rate of 53.6‰ and a death rate of 20.9‰. Population projections for 2000 estimate an increase to 12 million. The population is unevenly distributed with 50% living in the South on 33% of the land and with 39% of the arable land. In the north, 11% of the population resides on 29% of the land and 20% of the arable land. 45% of the land is unsuitable for agriculture. Childbearing begins early. HIV prevalence is 10%. 50% of the population lives in poverty, either as poor or core poor among smallholders (60%), estate workers (50%), and urban dwellers (9%). Poverty is due to limited employment opportunities, low productivity of the land, labor, low levels of human capital, limited access to land, little estate support, and rapid population growth. 1.3 million were smallholder households in 1989. The landholdings are provided. Based on projections for 2000, the smallholder will have a reduced land holding from 1.09 hectare to 0.84 due to population pressure. This will mean a rise in landless persons; those with small holding of 0.19 hectares are effectively landless. Food supply will follow a similar pattern, unless there is a shift to more productive hybrid maize, and/or increases in use of fertilizers and irrigation. Poverty alleviation can also be accomplished with rapid increases in income and job opportunities. 500,000 jobs need to be found over a 7-year period for the subsistence sector. If there was a 12% increase in land by 1997, and households of 5 were given 1 hectare, 900,000 smallholder householders would still be below the poverty line and 3.9 million would have access to < 1 hectare. Expenditure on education and health have already declined between 1977 and 1990. Enrollment of girls has increased but dropouts and repeaters are at a high level. Shortage of classrooms and materials are prevalent and libraries are rare. Health utilization is high. Malaria and malnutrition are the major causes of child mortality. Further analysis is needed of the dynamics of poverty.

Location: MOH

037 Hubley, J.

AIDS Education in Malawi

Lilongwe: EC., 1993
11p. Photos

AIDS Education/Malawi

* This European Community funded AIDS project was undertaken in order to promote risk-reducing behavior and maintain low risk behavior among bar girls in Malawi, long distance lorry drivers, STD patients in Malawi and to raise awareness, and promote risk reducing behavior among the general public.

Location: EC

038 Joe, E.E.

*WHO Family Health, IEEC
Ministry of Health
P.O. Box 30377
Lilongwe 3*

Information, Education and Communication Workshop for Health Educators and Media Personnel in the Control and Prevention of AIDS in Malawi

Lilongwe: MOH, 1987
23p., Ill., Ref.

Health Education/Medical Personnel/AIDS Prevention/Malawi

* Report of the above workshop held at the Capital Hotel from 30 November to 4 December, 1987. Discusses health promotion and planning as two dynamic concepts and processes which need to be clarified.

Location: MOH

039 Kalilani, J.A.

*National AIDS Control Programme,
P.O. Box 30377
Lilongwe 3*

Symposium on AIDS related issues for the National AIDS Committee members (1989
: Lilongwe)

Lilongwe: MOH, 1989

AIDS Symposium/AIDS Committee/Lilongwe/Malawi

* A quick survey to detect the presence of the AIDS virus among blood donors,
bargirls and antenatal mothers.

Location: MOH

040 Kalilani, J.A

*National AIDS Control Programme
P.O. Box 30377
Lilongwe 3*

Epidemiology of AIDS in Malawi

Lilongwe: MOH, 1989
13p., Ill.

AIDS/Epidemiology/Malawi

* Gives a summary of results of studies performed by the Ministry of Health in
Collaboration with other investigators that contain information on HIV infection.

Location: MOH

041 Kelly, P.; Burnham, G.; Radford, C.

*Malamulo Hospital
P.O. Box 51
Blantyre*

HIV seropositivity and tuberculosis in a rural Malawi Hospital.

HIV Seropositivity/Tuberculosis/Rural Malawi

* This study was undertaken to determine the extent to which human immunodeficiency virus relate to admissions for Tuberculosis (TB) in a rural population of Southern Malawi. The notes and chest X-rays of TB patients admitted to Malamulo hospital in 1983 and 1984, before the recognition of acquire immune deficiency syndrome (AIDS) in Malawi, were compared with those of patients admitted in 1987 and 1988. The study found a 160 percent increase in TB admissions between the 2 periods. Extrapulmonary TB, especially pleural TB, was much commoner in 1987-1988 and occurred in a younger age group. HIV seroreactivity was measured in a third group of 152 tuberculosis patients admitted during 1988-1989. HIV seropositivity was found in 52 percent of all tuberculosis admissions and in 75 percent of those with extrapulmonary disease. There was no difference in clinical response to TB therapy between the HIV seropositive patients and those who were seronegative. Extrapulmonary TB should be considered in all HIV seropositive patients, especially in areas where the prevalence of TB is high. Health personnel involved in TB programmes where HIV and TB infections are prevalent should plan for a large increase in the TB case load secondary to the HIV pandemic.

Location: MOH

042 Kempen, A. Van; Lugt, P. van der; Ponninghaus, J.M.

*Ministry of Health
Karonga District Hospital
P/B 30
Karonga*

A study to investigate the possible role of immunotherapy with *Mycobacterium vaccae* in the treatment of tuberculosis in Karonga District (Northern Malawi)

Karonga, MOH, 1992

Immunotherapy/Mycobacterium Vaccine/Tuberculosis/Karonga/Malawi

* This project was intended to investigate whether immunotherapy with *M. vaccae* (in addition to anti-tuberculosis treatment according to current National Guidelines) reduces mortality rates of HIV negative and HIV positive tuberculosis patients.

Location: DREA

043 Kishindo, P

*University of Malawi
Chancellor College
P.O. Box 280
Zomba*

Condom Use: Rapid Assessment Study: Draft Report

Zomba: Chancellor College
15p.

Condom Use/Assessment Study/Malawi

* This study was intended to examine issues of condom acceptability, preferred access, barriers to use at the individual and couple level, opportunities for greater acceptance and misconceptions about efficacy. Focus group approach was adopted for information gathering. A total of 19 focus groups were selected, made up of bargirls/prostitutes, long distance drivers, etc. The study was conducted in Zomba, Lilongwe, Mangochi and Blantyre.

Location: USAID

044 Kristiansen, J.K.

*Ministry of Health
Kamuzu Central Hospital
P.O. Box 149
Lilongwe*

The prevalence of symptomatic sexually transmitted diseases and human immunodeficiency virus infection in outpatients in Lilongwe, Malawi.

HIV Prevalence/STD/Lilongwe/Malawi

* In June 1989 a pilot study on the prevalence of STDs was performed at Kamuzu Central Hospital, Lilongwe, Malawi. Among unselected out-patients an STD prevalence of 4.4 percent was found. The patients were predominantly males (82.7 percent) the age was predominantly 20-35 years. The distribution of the diagnoses was dominated by a relatively large proportion of "ulcer diseases" (syphilis, chancroid and lymphogranuloma venereum) making up 67 percent of the patients. Almost two thirds of the patients were HIV-positive (62.4 percent). No significant difference was found in HIV-infection prevalence patients with gonorrhoea. It is concluded that a plan for the management of STDs is urgently needed as it is of paramount importance to combat STDs in order to prevent the spread of HIV-infection.

Location: MOH

045 L'Herminez, R.H.; Hofs, M.A.G.; Chiwaya, W.N.

Mangochi District Hospital
P.O. Box 42
Mangochi

AIDS in Mangochi District: Clinical Presentation

In: *Malawi Medical Journal*, vol. 8 No. 3, 1992
pp. 113-117. Ill., Ref. tables

AIDS/Mangochi District/Malawi

* This prospective study describes the clinical features and some epidemiological characteristics of 971 AIDS patients seen in Mangochi District Hospital between 1986 and June 1990. The incidence of new AIDS cases doubled yearly resulting in 120 new cases per 100,000 population in 1990. The seroprevalence of the total population in Mangochi is estimated to be between 5% and 12%. The seroprevalence among blood donors increased to 30.7% by 1990. The sex and age distributions and the clinical presentations of adults and paediatric AIDS are similar to studies from other African countries and are compatible with a predominantly heterosexual transmission. The important relationship of AIDS with extra-pulmonary TB was noted and marasmus emerged as the most important presentation in paediatric AIDS.

Location: MOH

048 L'Herminez, R.H.; Hofa, M.A.G.; Chiways, W.B.

*Mangochi District Hospital
P.O. Box 42
Mangochi*

Mortality and Geographical Distribution of AIDS Patients in Mangochi: An indication of the Impact on Mangochi Hospital

In: *Malawi Medical Journal*, vol.9 No.2

Mortality Distribution/AIDS Patients/Mangochi/Malawi

* In an attempt to determine a possible impact of the AIDS epidemic on Mangochi hospital, basic information such as drug use, admission days and date and place of death of 971 AIDS patients presenting at Mangochi Hospital between 1986 - 1990 was progressively studied. 50% of the AIDS patients were traced and 60% of these had died (average survival time of 146 days for adults and 83 days for children). According to this study, AIDS has become the most frequent admission diagnosis among adults and the most common cause of death in the hospital within 4 years. With an average stay of 18.7 days, AIDS patients are not only responsible for an increase in occupancy rates but also for an important increase in essential drug costs. Finally, the study shows that, despite the rural characteristics of the district, AIDS/HIV infection is strongly related in urban and rural settings to a high economic activity.

Location: KCN/COM

047 Liner, Elisa; * Mc Auliffe, E.; Chilowa, W.

** University of Malawi
Centre for Social Research
P.O. Box 278
Zomba*

The practice of exchanging sex for subsistence among urban women in Malawi: Implications for AIDS prevention.

Zomba: Centre for Social Research, 1993

Urban Women/AIDS Prevention/Sex Workers/Malawi

* The specific objectives of the study (1) to describe and understand the nature of relationships in which sexual exchange occurs (2) Assess the level of risk of HIV infection in women who exchange sex for subsistence by ascertaining whether, and how frequently these women practice safe sex measures in their relationships (3) Determine the economic, cultural, social, psychological and physical determinants of the practice of exchanging sex for subsistence (4) Design, implement and evaluate, using a randomised control design, an intervention based on the outcome of the formative research aimed at reducing high risk behaviours in a segment of this population.

Location: MOH

048 Liomba, N.G; Chimmers, B.A.R.

*Ministry of Health
National AIDS Control Programme
P.O.Box 30377
Lilongwe 3*

Field evaluation of simple non-ELISA, ELISA and supplementary combined assays for the detection of HIV-1 and HIV-2 antibody.

Lilongwe: MOH

HIV-1/HIV-2/Evaluation/Malawi

Location: MOH

049 Liomba, G.; Miotti, P.; Chipangwi, J.; Nawrocki, P.; Dallabetta, G.; Hoover, D.;
Odaka, N.; Saah, A.;

*Ministry of Health
National AIDS Control Programme
P.O.Box 30377
Lilongwe 3*

Post Partum T Lymphocyte Changes in HIV-1 Seropositive (SP) and Seronegative (SN) Malawian Women

Lilongwe: MOH

HIV-1 Seropositivity/Malawian Women/Malawi

* To compare T-helper (CD4) and T-suppressor (CD8) lymphocyte measurements on late pregnancy and post-partum SP and SN women. Blood samples were obtained from 149 third trimester (3T) women attending a large urban hospital in Malawi for prenatal care and from 215 post-partum (PP) (6 weeks to 6 months) mothers enrolled in a longitudinal HIV-1 transmission study. T-cell percents and logarithmically transformed counts were compared by two-sample t-tests. Means (geometric means for count) and p-values for equality of 3T and PP measurement in SP and SN groups are: A significant rise in CD4 count and drop in CD8 % from 3T to PP was noted in SN women. Whether these changes reflect suppression of immune function or artefact (e.g. changes in blood volume) is unknown. It is likely that HIV-1 is acquired longer than was the SP-3T group, which would obscure post-partum rises in CD4 and drops in CD8. These results underscore potential problems with interpreting lymphocyte measures of HIV-1 infection in pregnant women.

Location: MOH

050 Lucas, S; Penninghaus, J; De-wind, C; Serwadda, D; Odida, M; Allen, S.

*University College and Middlesex School of Medicine
London*

Histopathology: its role in the management of HIV disease in Africa.

London: University College and Middlesex School of Medicine, 1994

Histopathology/HIV Diseases/HIV Management/Malawi

* To assess the usefulness of histopathology in African AIDS given that local pathology facilities and expertise are poorly provided. The study was undertaken in Gambia, Malawi, Rwanda, Uganda, Zaire, Zambia and Zimbabwe. Reviews of major organ biopsy material were collected from greater than 250 HIV-infected patients and of autopsy material from greater than 80 Ugandan patients. Research implications of diagnoses alongside the management usefulness of histopathology were considered. Skin biopsy has not indicated aetiology or therapy for maculopapular rash. Surveys for early leprosy in Malawi have shown no clinic-pathological differences between HIV+ve and HIV-ve patients. Small and large intestinal biopsies for diarrhoea show significant parasitism (up to 50% of patients have coccidiosis) but only isosporiasis may be treated and faecal parasitology is more sensitive. Biopsy and autopsy lung pathology has emphasized the importance of tuberculosis (TB) and Kaposi's sarcoma (KS), and the frequency of pneumocystosis (5.3% of adult HIV+ve autopsies in Uganda). Lymph node biopsies useful in the diagnoses of treatable TB versus KS and lymphomas.

Location: MOH

Pericardial Effusion in Blantyre, Malawi: Part I A Practical Approach to the Management of Pericardial Effusion in an Area of high HIV Prevalence

Pericardial Effusion/HIV Prevalence/Blantyre/Malawi

* The aim of the study was to determine the incidence of cases, and the main causes, of pericardial effusion in patients admitted to the medical wards of Queen Elizabeth Central Hospital, Blantyre, to investigate the possible association of the main causes of pericardial effusion with HIV infection; to describe the natural history of pericardial effusion in Blantyre, to evaluate a standard protocol appropriate for the management of patients with pericardial effusion in QECH and finally to evaluate the benefits of adjuvant steroid therapy of tuberculous pericardial effusion in relation to HIV status. The study was undertaken in Blantyre, Lilongwe and Liverpool. Two patients per week, who were present at Queen Elizabeth Central Hospital with pericardial effusion, were studied. A total of 50 patients were studied over 6 months. Patients with pericardial effusion were assigned a unique identifying study number. Initial patient evaluation with a standard history and physical examination and the following investigations: blood tests for full blood count (FBC), erythrocyte sedimentation rate (ESR) and serum urea and electrolytes (U and E), Mantoux test, electrocardiography (ECG), Chest X-ray (C.X.R.), and echocardiography. Patients were counselled for HIV. Data was recorded using a standardised form. Patients underwent diagnostic and to relieve cardiac tamponade, therapeutic pericardiocentesis. Pericardial fluid was submitted for investigation.

Location: DREA

052 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Preventing AIDS in Malawi: a policy maker's information booklet

Lilongwe: MOH
16p. Ref., III.

AIDS Prevention/Government Policy/Information Sources/Malawi

* The booklet focuses on the anticipated trends in the AIDS epidemic and the potential impact of various interventions on the disease in order to provide information on the disease in order to provide information useful to policy makers responsible for designing, implementing and evaluating AIDS prevention programmes. It provides data that can be used to call for appropriate policy support and resource allocation for national efforts to contain the AIDS epidemic.

Location: MOWCACS/ACTIONAID

053 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Malawi HIV Treatment Guidelines for Adults and Children

Lilongwe: Malawi Government, 1991

HIV Treatment/Treatment Guidelines/Children/Adults/Malawi

* The Guidelines are intended to help the health care provider recognize the patient with symptomatic HIV infection, as an aid to clinical management.

Location: MOH

054 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

AIDS Education Guide for Non-Health Workers

Lilongwe: MOH, 1989
26p.

AIDS Education/Non-Health Workers/Malawi

* This is a question and answer education booklet designed to provide basic knowledge on HIV/AIDS for non-Medical Personnel

Location: MOH/NACP

055 Malawi Government

*Ministry of Health.
National AIDS Control Programme
P.O. Box 30377
Lilongwe 3*

A five year medium term plan for the prevention and control of AIDS in Malawi (1989-1993)

Lilongwe: Ministry of Health

AIDS/HIV/Malawi

* This document describes the Government of Malawi's Medium Term Plan (MTP) for HIV/AIDS control and forms the basis of requests to donors for assistance. The MTP follows the Short Term Plan and bridging plan which have already been implemented with financial and technical assistance from the World Health Organization.

Location: MOH

056 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Training Course in Surveillance, Epidemiology and Prevention of HIV/AIDS

Lilongwe: MOH, 1991
38p., Tables

AIDS Prevention/HIV/Surveillance/Epidemiology/Malawi

* This self-teaching training module is designed for use by health workers in the field, who will be involved in surveillance on a day to day basis. The module consists of sections containing factual and historical information.

Location: NACP

057 Malawi Government

*Ministry of Health
Malawi AIDS Control Program
P.O. Box 30377
Lilongwe 3*

AIDS education reference manual for health workers. Revised edition

- Lilongwe: Ministry of Health.

HIV/Health Education/Malawi

* This education guide is designed to provide knowledge on HIV infection/AIDS for health workers because there is no present cure for AIDS and the only way to prevent spreading the disease is through health education.

Location: MOH

058 Malawi Government

*Ministry of Health
National AIDS Control Programme
P.O. Box 30377
Lilongwe 3*

Principal Secretaries' meeting: An update on the AIDS problem in Malawi and the Malawi Government efforts to fight the new disease.

Lilongwe: Ministry of Health, 1988.

AIDS/HIV/Malawi

* A description of the strategies formulated in order to prevent the spread of HIV infection in Malawi and unify efforts at all levels.

Location: MOH

059 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Progress Report: HIV infection in Malawian Women and their Children

Lilongwe: MOH, 1991
Tables

HIV Infection/Women/Children/Malawi

* Report of an on-going research on HIV infection in Malawian women and their children. Provides findings of the study on epidemiology and cross-sectional serosurvey. In this study HIV-1 seroprevalence was found to be 23%. It recruited a total of 6607 prenatal women, of these women STDs were present in 44%.

Location: MOH

060 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

A report of Three Regional Leaders Workshops on Prevention and Control of HIV infection/AIDS, Blantyre, Lilongwe and Mzuzu.

Lilongwe: MOH, 1988 56p., Photos

HIV Prevention/AIDS Control/Workshops/Malawi

* The three regional leader's workshops were planned to achieve both broad and specific objectives. Some of these objectives were to provide training to a core of national leaders in the three regions of Malawi about the HIV infection problem and the Government of Malawi's response to it, to expose the participants to the principles of transmission, prevention and control strategies of HIV infection, etc.

Location: MOH

061 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Report of a one-day seminar on 'Women and AIDS' for CCAM National and Regional Steering Committee Members.

Lilongwe: MOH, 1991 51p.

Women/AIDS/Seminar/Malawi

* Report of a one-day seminar for CCAM held on 17 January, 1991 at Kwacha Conference Centre. Aim of the Conference was to create awareness that AIDS is a serious and urgent national problem, particularly as it affects women and children, to highlight problems met in the fight against AIDS and outline help/support needed, and to identify the role that women can play in the fight against AIDS.

Location: MOH

062 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

AIDS and the workplace training manual

Lilongwe: MOH, 1992
84p., III

AIDS/Training Manual/Malawi

* The goals of the training of trainers (TOT) for HIV/AIDS education in the workplace workshop was to establish a sustained STD prevention/education programme in the work place, including HIV/AIDS.

Location: NACP

063 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

AIDS Education for Schools: Students' Handbook

Lilongwe: MOH., 1992
28p. Photos

AIDS Education/Handbook/Malawi

* The purpose of the handbook is to help prepare youth in Malawi, who will soon be playing major leadership roles, to understand the social and economic impact of AIDS. In this series there are AIDS Education for Secondary Schools; Book 2, AIDS Education for Colleges: Teacher's Guide; AIDS Education for Primary Schools: Teacher's Guide for Standards 5-8; Pupils Handbook for Standard 7-8 and Teachers' Guide for Standards 1-4.

Location: USAID

064 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Report on Inter-country workshop on Health Promotion for the Prevention and Control of HIV/AIDS.

Lilongwe: MOH., 1990
25p.

Health Promotion/AIDS Control/AIDS Prevention/Malawi

* From June 11-15, 1990 a World Health Organisation (WHO) workshop on Health Promotion for the prevention and control of HIV infection and AIDS was convened at Capital Hotel, Lilongwe, Malawi. Some of the objectives of the workshop were to exchange experiences in the field of health promotion for the prevention and control of HIV/AIDS infection, to review and discuss health promotion materials that have been developed in support of prevention and control efforts, to develop more specific strategies for implementing health promotion activities, etc.

Location: NACP

065 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Home Based Care: Training Manual

Lilongwe: NACP

Home-Based Care/Training Manual/Malawi

* The aim of this manual is to provide general information about AIDS and the impact this disease has on the country as a whole.

Location: NACP

066 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Counselling Guidelines and Policies for HIV/AIDS

Lilongwe: NACP, 1992
iii + 21p.

Counselling Guidelines/Counselling Policy/HIV/AIDS/Malawi

* These Guidelines provide an outline of the different needs for counselling that exist for the epidemic of AIDS and how counselling can be provided. Describes a framework for the organization of counselling services in Malawi. The guidelines are intended for all those involved in the organization and implementation of programmes and for those who are training counsellors.

Location: NACP/ACTIONAID

067 Malawi Government

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Cumulative Quarterly Report January - June, 1992

Lilongwe: NACP., 1992

Reports/AIDS/Malawi

* This quarterly report is a cumulative report covering the period January to March 1992 and April to June, 1992. It is based on objectives, strategies and activities as specified in the AIDS Control Programme Reprogramming Document 1992 - 1993 which represents Phase 3 of HIV/AIDS control activities.

Location: NACP

068 Matewera, G.G

*Meharry Medical College
Dept of Family and Preventive Medicine
Nashville, Tennessee 37208
USA*

Assessment of culture specific AIDS educational needs.

Tennessee: Meharry Medical College, 1992

Culture/AIDS Education/Educational Needs/Malawi

Location: MOH

*University of Malawi
Centre for Social Research
P.O. Box 278
Zomba*

Youth and AIDS: Baseline Survey, Lilongwe and Blantyre Districts.

Zomba: Centre for Social Research, 1994

Baseline Survey/AIDS/Youth/Malawi

* The survey was conducted to assess the current knowledge, attitudes, practices and behaviours of youth in the two pilot districts for UNICEF project, in relation to AIDS and other STDs. The primary objective of the UNICEF project will be to educate and provide information to youth, both in and out-of-school, through the use of all available channels of communication in order to empower them to understand the extent of AIDS problem in Malawi, to recognize their level of personal risk and to appropriate behavior change. The study was conducted in Lilongwe and Blantyre. The population of interest was mainly the youth in these two districts, both in and out-of-school. For the First Phase of the study, a sample size of 500 youth was selected from each of the two districts. 48 single-sexed focus group discussions were conducted. Twenty-eight groups were conducted in Blantyre district and twenty groups in Lilongwe district. In phase two, 1000 people were interviewed. The study utilized both quantitative and qualitative methodologies. Phase One (the qualitative phase), consisted of 48 single-sexed focus group discussions using a discussion guide. The FGDs each involved 6 to 10 participants. The discussions were facilitated by a research assistant and recorded by a second research assistant and were approximately of 90 to 120 minutes duration. Phase Two (the quantitative phase), consisted of 1000 structured individual interviews conducted with the use of 78-item questionnaire. The results of this study show some evidence that age at first sexual experience is decreasing, with a higher percentage of the younger age group than the older age group, indicating that first sexual experience took place at less than 15 years of age. The results also show that youth are not confining themselves to one sexual partner. Almost half of the sexually active youth reported having used condoms. Findings from FGDs indicate that hospitals and school/teachers were the most frequently mentioned sources of AIDS information for primary and secondary school youth, while hospital and radio were the most frequently mentioned sources for out-of-school youth. The results from both FGDs and individual interviews indicate that the best communication channels for educating the youth about AIDS are radio and hospital/health personnel. The study further indicates that discussions of sex and sexuality is still perceived as taboo by many youth. The majority of youth indicate friends as their primary source of information on sex and that parents and teachers are not much involved in sex education. Given this situation, the study concludes that child-to-child, face-to-face communication as a method of education is likely to meet with considerably more success than adult-to-child approach.

Location: CSR

45

070 Medical Association of Malawi

*C/O Ministry of Health
P.O. Box 30377
Lilongwe 3*

Policy and Management Issues Associated with AIDS/HIV infection.

—: Medical Association of Malawi, 1992
129p.

AIDS Policy/Management Issues/AIDS/HIV Infection/Congress Proceedings/Malawi

* The Confederation of African Medical Associations and Societies in collaboration with the Medical Association of Malawi has prepared the proceedings of the conference on 'Policy and Management issues in HIV/AIDS Infection'. The proceedings aim to reflect the very high quality of the discussions of this 9th Congress of the Confederation of African Medical Association and Societies.

Location: NACP/QECH

071 Miotti, P.G.; Dallabetta, G.; Lionisa, G.; Saah, A.J.; Chipangwi, J

*Ministry of Health
Queen Elizabeth Central Hospital
P.O. Box 95
Blantyre*

Factors associated with HIV-1 infection and estimation of new infection in pregnant women in Central Africa.

Blantyre: MOH

HIV Infection/Pregnancy/Central Africa/Malawi

* The major goals of this study were to measure the current prevalence and estimate the annual incidence of HIV-1 infection in young pregnant women from urban Malawi and to identify factors that were significantly associated with HIV-1 infection. The study was conducted in two urban centres of Malawi, Blantyre/Lilongwe. 461 consecutive pregnant women from two urban centres of Malawi were studied when they presented for prenatal care. Based on previous sero-prevalence in similar unselected populations, the estimated annual incidence of HIV seroconversion in urban pregnant women ranged from 3 to 4% per annum between 1987 and 1989. Variables that were studied included history of STDs, history of blood transfusion, trimester at presentation, parity, history of premature births, spontaneous abortion, stillbirths, neonatal deaths and the number of living and dead children. In logistic regression analysis, HIV infection remained the only significant variable that was correlated with spontaneous abortion. The overall sero-prevalence of HIV infection in these two populations of pregnant women in early 1989 was 18.6% at QECH and 16.4% at KCH. At the QECH the HIV-1 sero-prevalence was 2% (4/200) in mid-1985, 8% (7/85) in mid-1987 and 18.6% in early 1989. At the KCH the HIV-1 sero-prevalence was 8% (15/184) in mid 1987 and 16.4% in early 1989. This study shows that the point estimate for HIV-1 sero-incidence in pregnant women, which was about 3-4% per annum in the period 1985-87, is currently approximately 10% per annum in an urban centre in Southern Malawi. This study demonstrates a significant association between syphilis and HIV infection in urban sexually active women. The results confirm that other STDs particularly those associated with genital ulcers, are often present in individuals infected with HIV-1.

Location: CSR/MOH

072 Miotti, P.G.; Dallabetta, G.; Ndovi, E. Liomba, G.; Saah, A.J.; Chipangwi, J.

*Ministry of Health
Queen Elizabeth Central Hospital
P.O. Box 95
Blantyre*

HIV-1 and pregnant women: associated factors, prevalence, estimate of incidence and role in fatal wastage in Central Africa.

Blantyre, MOH

HIV-1/Fetal Wastage/Central Africa/Malawi

* The major goals of this study were to measure the current prevalence and estimate the annual incidence of HIV-1 infection in young pregnant women from urban Malawi, to identify factors that were associated with HIV-1 infection, and to examine adverse pregnancy presented for prenatal care. The overall seroprevalence for HIV-1 infection in these urban populations was 17.6% (81 of 461) during early 1989. Based on previous seroprevalence in similar unselected pregnant women, the estimated annual incidence of HIV-1 seroconversion in urban pregnant women ranged from 3-4% annum between 1985-1987 and from 7-13% between 1987-1989. HIV-1 infection was significantly associated with reactive syphilis serology. Reported history of sexually transmitted disease was also correlated with HIV-1 infection but was not statistically significant. Other variables, such as history of transfusion, history of tuberculosis, parity, or occupation were not associated with HIV-1 infection. History of spontaneous abortion was significantly associated with reactive syphilis serology, HIV-1 infection, and history of sexually transmitted disease. In logistic regression analysis, HIV-1 infection remained the only significant variable that was correlated with spontaneous abortion. This study suggests that HIV-1 infection may play a role in fetal wastage.

Location: MOH

073 Mphande, J.P.; Mtika, M.D.G.; Biogg, J.R.; Biogg, S.g.; Phiri, K.

*Ministry of Health
Nkhotakota District Hospital
P.O. Box 50
Nkhotakota*

Acceptability of the female condom among commercial sex workers, their clients and couples in the Nkhotakota and Salima District of Malawi, Africa.

Lilongwe: MOH, 1992

Female Condom/Commercial Sex/Nkhotakota/Salima/Malawi

*This study examined the acceptability of the WPC-333 female condom among couples, as well as female commercial sex workers and their clients in the districts of Salima and Nkhotakota. Acceptability issues include general reaction of both men and women to the female condom, ease of use, perceived problems, device breakage and change in acceptability over time.

Location: MOH

074 Mvundula, N.

*SOMARC
P.O. Box 30308
Lilongwe 3*

Protector Condom Awareness Trucking Study

Lilongwe: Somarc, 1993

Protector Condoms/Trucking Study/Malawi

* The study was undertaken to measure condom awareness, attitudes and usage among target audience (men, 18-44 in C and D Socio-economic groups); and to assess Protector Condom brand awareness and image levels among target audience.

Location: MOH

075 Mwale, T.

Control and prevention of AIDS: nurses responsibility

Nursing/AIDS/HIV Syndrome/HIV/Malawi

* A call for nurses to incorporate education on the control and prevention of AIDS in primary health care activities and other programmes.

Location: MOH

076 National AIDS Control Programme

P.O. Box 30377

Lilongwe 3

AIDS Education Reference Manual for Health Workers.

Lilongwe: MOH, 1989

56p., Ref.

AIDS Education/Reference Manual/Health Workers Malawi

* The reference manual provides information for health workers to enable them to discuss medical aspects of HIV infection/AIDS, explain the purpose of surveillance and reporting of AIDS cases, identify appropriate infection control precautions to minimise risk of HIV transmission in health care settings, explain psychological aspects of HIV infection/AIDS, discuss the importance of effective communication, counselling and interviewing and finally, discuss the importance of effective strategies for enhancing AIDS education for persons at risk.

Location: MOH

077 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Analysis of Screening Centres Data Reported AIDS Cases - Annual Report 1992

Lilongwe: AIDS Control Programme, 1992
Ill., Maps

Screening Centres/Data/AIDS Cases/Reports/Malawi

* An Annual Report by AIDS Control Programme for the year 1992. Contains information on age and sex distribution of AIDS cases, distribution of AIDS cases by occupation, AIDS cases by district of origin, marital status of AIDS cases, distribution of AIDS specific signs among AIDS cases, type of test performed, etc.

Location: USAID

078 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

A Five Year Medium Term Plan for the prevention and control of AIDS in Malawi (1989-1993).

Lilongwe: NACP., 1988
ii+127p., Ref. Ill, Tables

Workplan/AIDS Prevention/AIDS Control/Malawi

* Describes the Government of Malawi's Medium Term Plan for HIV/AIDS Control and forms the basis of requests to donors for assistance. This Medium Term Plan follows the Short Term Plan and a bridging plan which have already been implemented.

Location: USAID/NACP

079 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Annual Report, 1993

Lilongwe: NACP, 1993
12p. Ill., Maps

Annual Reports/AIDS/Malawi

* This 1993 Annual Report of the National AIDS Control Programme marks the last phase of the first five-year Medium Term Plan (MTP) for the control and prevention of HIV/AIDS in Malawi. During this period four major objectives were developed for the programme. These were: to prevent further spread of the Human Immunodeficiency Virus (HIV); to reduce the Impact of HIV infection and AIDS on individuals, families and society; to reduce the morbidity and mortality associated with HIV infection and finally to obtain regular information on status of the epidemic and to monitor the efficacy of various control interventions.

Location: MOH

080 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Targeted Information, Education and Communication Intervention for Traditional Healers in Malawi

Lilongwe: NACP., 1993
9p., Map, Photo

Traditional Healers/Information/AIDS Education/Communication/Malawi

* The intervention training was conducted in order to introduce the peer education concept among the traditional healers so as to induce changes in sexual behavior, to increase awareness about HIV/AIDS and STD prevention among traditional healers and to encourage them to share their knowledge with colleagues, clients and communities, to promote safe medical practices among the traditional healers, as an HIV/AIDS preventive strategy and finally to promote greater communication and cooperation between Traditional Healers and the health sector.

Location: EC

081 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Situation Report, 1993

Lilongwe: AIDS Control Programme, 1993
67p.

AIDS/Reports/Malawi

* The report briefly provides the objectives of the AIDS Control Programme, review of workplan, major achievements/constraints, information, communication and education, among other activities of the programme.

Location: USAID

53

082 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

A Guide to use of AIDS Information, Education and Communication Materials

Lilongwe: NACP, 1992
iv + 8p.

AIDS Information/AIDS Education/Communication Materials/Malawi

This teaching guide to the use of information, education and communication materials was developed to examine the use of existing IEC materials so as to facilitate AIDS education. It is intended to be used by a cross-section of individuals involved in AIDS education.

Location: EC AIDS Programme

083 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Briefing of District Health Staff Health Surveillance Assistants and Health Assistants on Peer Group Education Activities

Lilongwe: MOH, 1992
13p.

Peergroup Education/AIDS/HIV/Malawi

* The main objectives of the briefing was to bring awareness to the health staff about the AIDS control programme on prevention of sexual transmission of STD/AIDS for targeted groups in Malawi, to inform them what peer education entails and what peergroup leaders are, and to enlist the health staff to initiate and become active supervisors for the peergroup leaders activities in their respective locations.

Location: EC

084 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

HIV/AIDS Counselling Training Manual

Lilongwe: NACP., 1992
iv + 85p

HIV/AIDS/Training Manual/Counselling/Malawi

* The manual was produced in order to improve the counselling services of the AIDS Control Programme, by training District Health Officers, Clinical Officers and Registered Nurses. The module provides basic information on HIV and AIDS, basic insights on counselling skills and techniques.

Location: MOH/NACP/ACTIONAID/LSHS/MOH

085 National AIDS Control Programme

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Reprogramming Document, 1993

Lilongwe: AIDS Control Programme, 1993
19p., Ill.

AIDS/Reprogramming Document/Malawi

* This is the fourth reprogramming document produced by the AIDS Control Programme which essentially represents a re-programming of the 1993 component of the previous reprogramming document. Its development follows the third Annual Review which ran from September 21 to October, 1992. Recommendations from that review have been reflected in this Reprogramming Document. The period covered by this document is January to December 1993 and ends the last phase of the present Medium Term Plan.

Location: USAID

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

Review Report

Lilongwe: NACP., 1990
27p.

Review Report/AIDS/Malawi

* The review was conducted by a team of national and international staff, from 19-29 March, 1990. The review concentrated on management and finance, information, education and communication, clinical management and counselling, epidemiology, surveillance, laboratory and blood transfusion.

Location: MOH

087 Nelson, K.

*Johns Hopkins School of Hygiene and Public Health
Baltimore, Maryland
USA*

Hepatitis B Vaccination of Infants: Immune Response in HIV Endemic Areas.

Maryland: Johns Hopkins School of Hygiene and Public Health, 1989

Hepatitis B/Vaccination/HIV/Infants/Malawi

* The primary objective of this research was to study the influence of maternal HIV infection on an infant's immune response to Hepatitis B vaccine and to determine whether infant infection with HIV affects the immune response. Approximately 100 - 200 infants born to HIV infected mothers and 100 - 200 infants born to mothers who were not infected with HIV were enrolled in the study. The mothers were recruited from within the study of perinatal HIV infection in Blantyre, Malawi. The study enrolled up to 200 infants born to mothers with HIV and another 200 infants born to mothers who were not infected by HIV. All infants enrolled in the study were given the standard recommended pediatric dose of HBV vaccine at birth, with additional doses at approximately one and six months. Serologic testing for HBV markers and/or titrating of the antibody response was performed at 0, 1, 6, 12 and 18 months. Assessment of HIV infection, and monitoring of other potential influences on the immune responses, including malnutrition and concurrent infection, was carried out.

Location: DREA

Africa in the plague years.

Malawi/Africa/AIDS

* In an 11-nation area of Eastern Central Africa (Zambia, Zaire, Burundi, Rwanda, Uganda, Tanzania, Kenya, Angola, the Congo, Zimbabwe, and Malawi) 50,000 people have died of AIDS since the disease was first diagnosed in Africa in the late 1970s. 5 million Africans carry the virus, and as many as 1.5 million people will die from existing infection. In Africa AIDS is not confined to a few high-risk groups; it is spread primarily by heterosexual intercourse and passed in utero to the fetus. In Kinshasa, Zaire, 1/7 hospital babies are infected, and in Bujumbura, Burundi, 1/10 of adults is a carrier. Africa tries to play down the extent of the epidemic, and Africans resent the suggestion that AIDS originated in Africa, even though it has been identified in blood samples from Kinshasa dating back in 1959 and Uganda suffered an outbreak of Kaposi's sarcoma in the early 1960s. Burundi refused to allow a study on AIDS to be published, although 9.9 of the residents in its capital city carry the virus. Zaire, where 8% of all pregnant women have AIDS antibodies, has yet to report a single case of AIDS to the World Health Organisation. Fighting AIDS in Africa is difficult; the population is too varied, and African culture encourages multiple sex partners. Africa has neither the facilities nor the money to mount a campaign against AIDS. A single AIDS screening test costs \$5; the total per capita health expenditure in Africa comes to a total of \$1.75.

Location: COM

Socio-economic impact of AIDS on food production in East Africa

Socio-economic Impact/AIDS/Food Production/East Africa

* Aim of the study was to analyse the impact of AIDS-related mortality on household labour supply and on food and non-food production. The study was done in three countries namely Malawi, Tanzania and Rwanda. First, countries were selected for case studies, using 3 criteria: availability and quality of data on farm household labour use; current existence of seasonal labour bottlenecks in agriculture; potentially high rural HIV incidence. Secondly, farm labour use models were developed and projections were made of HIV/AIDS by gender and age cohort using WHO's EPIMOD. The potential impact of AIDS on household labour supply and food production was assessed. By the year 2000 up to 25% of farm households could be affected depending on the country or region. Some farming systems are particularly sensitive to labour shortages and certain labour intensive crops, like tobacco and cotton, may decline with a consequent reduction in foreign exchange earnings. Farm incomes and food consumption levels will be negatively affected. Female-headed households are particularly vulnerable.

Location: MOH

090 Ntaba H.M., Liomba G.M.; Schmidt H.J.; Schonhals C.; Gurtler L.; Deinhardt F.

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

HIV-1 prevalence in hospital patients and pregnant women in Malawi.

Lilongwe: MOH

HIV-1/HIV Prevalence/Pregnancy/Malawi

* There is a need for more accurate data regarding the incidence and prevalence of human immunodeficiency virus (HIV) in Malawi. Toward this end, 820 serum samples were collected from adults in urban and rural areas of the country. Sera were also obtained from 96 pregnant women from 4 towns in central and southern Malawi in 1986 and from 290 pregnant women in 8 towns in 1987. All sera were tested for antibodies to HIV by the ELISA test and positive findings were confirmed by Western blot. Seroprevalence was as follows in the 3 groups: 1987 adult sample 16%; 1986 sample of pregnant women, 4.2%; positive for HIV infection tended to be from urban areas. All pregnant women who were seropositive in the 1986 sample were from the same town, and 15 of the 19 seropositive women in the 1987 sample were from the main towns in the survey. These findings suggest that HIV infection is widespread in Malawi, especially in the urban areas.

Location: MOH/NACP

091 Nyangulu, D.S.

*Ministry of Health
P.O. Box 30377
Lilongwe*

Tuberculosis and HIV infection

Lilongwe: MOH.

In: *Malawi Medical Journal*, vol. 6 No. 1 1990, pp. 7-8, Ref.

Tuberculosis/AIDS/HIV/Malawi

* Infection with TB in Malawi continues to rise with about 9000 TB patients notified in 1989. It has been shown that immunodepression promotes the progression of latent TB infection to clinical disease. Widespread HIV infection would be expected to alter the dynamics of TB in the population and is being observed with the increase in TB patients mainly the young, sexually active age group where both HIV and TB infection prevalence are high.

Location: MOH

092 Nyangulu, D.S.; Harries, A.D.; Wirima, J.J.; Maher, D.; Parry, C.M.; Salaniponi, F.M.L.; Liomba, N.G.; Chitsulu, L.; Stypblo, K.; O'Brien, R.

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

A study to improve the diagnosis and treatment of tuberculosis in Malawi

Lilongwe: MOH, 1992

HIV/Tuberculosis/Malawi

* The objectives of study are (i) to evaluate the efficacy and cost-effectiveness of miniature radiography in screening tuberculosis suspects for pulmonary tuberculosis, and (ii) to evaluate the effectiveness of unsupervised, ambulatory chemotherapy in the treatment of HIV-positive and HIV-negative patients with tuberculosis

Location: MOH

093 Nyangulu, D.S.

*Ministry of Health
P.O. Box 30377
Lilongwe 3*

The point of view of a high prevalence country: Malawi.

In: *Malawi Medical Journal*, vol. 6 No.1, 1990
pp. 7-8, Ref.

Tuberculosis/AIDS/Malawi

*The Malawi National Tuberculosis (TB) Control Programme switched its main means of controlling TB from the standard regime to a short course chemotherapy (intensive phase = 2 months in the hospital for new cases and 3 months for retreatment cases) in 1984. It introduced the new treatment into 3 districts and TB patients throughout the country were on the short course therapy 2.5 years later. The program had created demonstration centers countrywide to demonstrate the new regimen's effectiveness. The program obtained its data from the District TB Register. It monitored smear positive cases using bacteriology, evaluated their situation every 3 months using cohort analysis, and followed them 15-18 months after initial therapy even though they had completed treatment. The program separated TB patients into new smear positive, smear negative, relapses, and extrapulmonary TB cases. Cure rates prior to 1984 ranged from 50% to 55% but from 86% to 87% for new smear positive patients in 1984-89 and from 89% to 91% for relapsed cases. Since cure rates of retreatment cases basically matched those of new cases, program managers assumed that acquired resistance to rifampicin and isoniazid tended not to occur. Failure rate for retreatment was only 3%. HIV entered the population of Malawi around the mid-1980s resulting in increased TB incidence which hampered TB control efforts. HIV-infected TB patients did respond to treatment as well as those not infected with TB, however. Since HIV incidence was growing and health workers must use syringes and needles to administer streptomycin, it was the most difficult drug because sterilizing syringes and needles and injecting streptomycin required such time. About 66% of all TB cases in Malawi were smear negative and extrapulmonary cases. They received 15 mg ethambutol/kg/body weight/day orally on an ambulatory basis.

Location: MOH

094 Nyangulu, D.S.; Harries, A.D.

*Ministry of Health
National TB Programme
P.O. Box 30377
Lilongwe*

An evaluation of efficacy of unsupervised ambulatory therapy of smear negative tuberculosis and assessment of HIV-related mortality in TB patients, Malawi

Lilongwe: MOH, 1993

Ambulatory Therapy/Tuberculosis/HIV Mortality/Malawi

*The objection of the research study are to compare the efficacy and efficiency of unsupervised ambulatory treatment of smear negative and pleural tuberculosis in HIV-seropositive and seronegative patients with the standard regimen. This will include evaluation of programme indicators, including treatment completion, mortality and default rates, as well as recurrence rates over a period of 20 months following completion of therapy. Based on sample calculations, 650 patients will need to be recruited in Blantyre for evaluation of the ambulatory regimen and 650 patients in Zomba for the standard regimen. Inclusion and exclusion criteria for patient enrollment will be strictly defined. Patients will be assessed during treatment, and following treatment completion will be seen at 4 months intervals for a 20 months period. At these visits two sputum specimen will be collected for smear and culture with recurrence based on positive culture for mycobacterium tuberculosis. Appropriate investigations including at least 3 sputum smears and cultures will be done. The two treatment group will be compared with respect to outcomes and recurrence rates after documented cure will be analysed by life table methods.

Location: MOH

095 Nyirenda, D.M.C.; Jere, D.R

*Malawi Institute of Education
P.O. Box 50
Domasi*

Draft Evaluation Report for the AIDS Materials

Domasi: MIE

Evaluation Report/AIDS Material/Malawi

* The objectives of the study was to determine the suitability of the material at each level of education and their learnability. Specifically, the objectives of the study were to determine the level of the language and its use, determine appropriateness of the context, presentation and to compare correspondence between the Teacher's Guide and Pupils book. AIDS material were developed for all levels of education. Consequently the sample schools presented all levels of education: primary, secondary and tertiary education. The sample also showed a regional representation where possible single sex and mixed sex schools were represented in order to determine the learnability and the suitability of the materials according to sex. The collection of data was done through a semi-structured validated questionnaires which were used as an interview guide. This was administered to teachers. These were an observation schedule. This enabled to collect data during the classroom interactions.

Location:MOH

HIV reactive children in Kamuzu Central Hospital

In: *Malawi Medical Journal*, 1990

AIDS/Pediatrics/AIDS/Malawi

* Information available on HIV ELISA reactive children seen in the medical paediatric department of Kamuzu Central Hospital, Lilongwe during the years 1986 to 1988 is reviewed. Numbers of new HIV reactive patients decreased unexpectedly in later 1988, which is encouraging, but further study is needed, with special reference to age pattern and history of previous blood transfusion. Serum was collected and sent for HIV testing. From 1986 July, KCH laboratory undertook HIV ELISA test. Tests were done on children with a wide variety of presentation on suspicion of HIV infection. Case notes of HIV reactive paediatric in-patients were found and checked in detail when children were still available. Data studied included age, sex, admission weight, presenting complaints, findings of lymphadenopathy, rash, thrush, cough, diarrhoea, fever in the first 24 hrs of admission, HIV status of parents, blood transmission prior to testing, white cell count and differential, and tine test PPD result. The main finding was that a poor outcome in HIV reactive children was found to correlate with low weight on admission, diarrhoea and correlated negatively with finding malaria parasites in blood film.

Location: MOH

097 Penninghaus, J.M; and Mwanjasi, L.J.

Lepra Evaluation Project
P.O. Box 46
Chilumba

An Investigation into a possible association between HIV infection and clinical tuberculosis in Karonga District.

Chilumba: Lepra Evaluation Project

HIV Infection/Clinical Tuberculosis/Karonga/Malawi

*The study was conducted in Karonga District, Northern Malawi. The objective of the study was to see whether there is any association between HIV seropositivity and tuberculosis incidence and relapses. Newly found tuberculosis patients and relapses were examined and treated for tuberculosis. The control cases were: age and sex matched individuals from the same villages/Km²/township. Controls for relapses: Age and sex matched individuals who have completed a course of anti-tuberculosis treatment.

Location: MOH

098 Ponninghaus, J.M., P.E.M. Fine, L.J. Mwanjasi, S.M. Oxborrow

Lepra Evaluation Project
P.O. Box 46
Chilumba

An Investigation into the possibility of preventing the spread of HIV infection among Primary School Teachers in Karonga District, Northern Malawi by Liberal Distribution of Condoms and genital ulcer disease control.

Chilumba, LEP, 1989

Primary Teachers/HIV Infection/Genital Ulcer/Disease Control/Karonga/Malawi

* Briefly the objectives of this study were to see whether the transmission of the HIV virus could be stopped by (a) supplying people liberally with condoms and (b) genital ulcer disease control. The study was conducted in Karonga District, northern Malawi. 600 Primary School Teachers and their spouses and 200 Agricultural Assistants, Veterinary Assistants, Credit Controllers, Field Assistants, etc in Karonga were recruited for the study. On admission into the study participants were interviewed. The following information was recorded: name, occupation, address, year of birth, sex, marital status, number of spouses and children, previous use of condoms, history of urethral discharge and history of genital ulcers within the past six months. The district was split into 30 areas with about 4 to 5 schools in each area and adjacent agriculture and veterinary stations. Participants were visited every three months and given health education. They were encouraged to use condoms for extramarital sex. Discussions covered the mode of transmission of HIV infection, signs and symptoms of STDs and AIDs in general.

Location: DREA

099 Penninghaus, J.M; Mwanjasi, L.J

*LEPRA Evaluation Project
Karonga Prevention Trial
P.O Box 46
Chilumba*

Pilot survey to determine the minimum level of multifaceted intervention to halt HIV transmission at village level in Karonga District, northern Malawi.

Chilumba; Lepra Evaluation Project, 1992

*Pilot Survey/BCG Vaccination/Leprosy/Tuberculosis/HIV Transmission/
Karonga/Malawi*

*The purpose of the project was to see whether HIV transmission can be halted using multifaceted approaches at village level and in Karonga town. An important part of the investigation would be to determine the cost of intervention and to what extent villagers (local residents) could be mobilized to form self-help groups or work as peer health educators.

Location: MOH

100 Penninghaus, J.M.; Fine, P.E.; Sterne, J.A.; Wilson, R.J.; Msosa, E.; Gruer, P.J.;
Jenkins, P.A.; Lucas, S.B.; Liomba, N.G. Bliss, L.

Leprosy Evaluation Project
P.O. Box 46
Chilumba

Efficacy of BCG Vaccine Against Leprosy and Tuberculosis in Northern Malawi

BCG Vaccine/Leprosy/Tuberculosis/HIV/Malawi

* In 1974, mass vaccination campaigns introduced the BCG (bacillus Calmetter-Guerin) vaccine to the population of Karonga District in Northern Malawi. They used the BCG Glaxo, freeze dried vaccine. Between 1985-1989, researchers involved in the longitudinal study of the epidemiology of leprosy and tuberculosis (TB) called the LEPRO Evaluation Project conducted a house to house survey to ascertain the leprosy and TB cases which arose in the population after the 1st survey (1979-1984) and only included those who obviously had or did not have a typical BCG scar. 414 new cases of clinical leprosy arose and they detected 79% (327) of these new cases during the 2nd survey. Oral BCG protective efficacy against leprosy is around 50%. It was especially effective against multibacillary leprosy (84% compared to 51% for paucibacillary leprosy). 180 new cases of TB occurred and researchers detected 79.4% (143) of these since 1985. BCG provided no protection against TB. In conclusion, the BCG Glaxo, freeze dried vaccine provided much more protection against leprosy than TB. Nevertheless health workers should continue to provide BCG vaccinations in northern Malawi to protect against leprosy, especially multibacillary.

Location: MOH

101 Preble, E.

Impact of HIV/AIDS on African children

HIV Impact/AIDS/African Children/Malawi

* Preble's study looks at HIV/AIDS impact on child health due to predominance of heterosexual transmission in Central and East Africa, including Malawi. The author estimates that by the year 2000 between a quarter to a half million children will die of AIDS in the 10 countries surveyed alone.

Location: MOH

102 Reeve, P.A.

HIV infection in patients admitted to a general hospital in Malawi

HIV Infection. Malawi

* This study presents data revealing the patterns of disease of medical inpatients of Zomba General Hospital during 1986-1988 who were positive for Human Immunodeficiency Virus (HIV) antibody. In total 352 inpatients were diagnosed as having illnesses related to HIV infection. The average age of the male subjects was 31.4 years with a range of 17-66. The female subjects averaged 24.1 years with a range of 15-39. Tests for HIV antibody were performed only if immune deficiency was suspected using the World Health Organisation's definition of a clinical case of Acquired Immunodeficiency Syndrome. 2 or more of the following major signs and 1 or more minor signs in the absence of other causes were required: unexplained major signs, specific diagnosis and conditions, for example, a typical Kaposi's sarcoma, and cases of tuberculosis. Tuberculosis was the commonest infection related to HIV, accounting for 115 admissions, followed by "Slim disease" and Kaposi sarcoma. Appreciable weight loss, chronic cough and prolonged fever, respectively, were the most common signs evidenced. The average number of patients positive for HIV antibody rose from 2 per month to over 10% of all patients with medical admissions had illnesses related to HIV. The magnitude of the AIDS epidemic in Malawi is considered to be seriously underestimated, and the spread of HIV is inevitable. Limitations of the World Health Organisation's guidelines are discussed, particularly as regards testing of patients with tuberculosis.

Location: MOH

103 Robert, J.B.; * Chiphangwi, J.D; Miotti, P.G.

* *University of Malawi*
College of Medicine
P/Bag 360
Blantyre

Intervention to reduce perinatal transmission of Human Immunodeficiency Virus (HIV) and other infections

Blantyre: COM, 1993

Perinatal Transmission/HIV/Malawi

* To determine if cleansing the birth canal and infant might reduce the transmission of HIV and other infections from infected mother to the newborn as well as reduce postpartum infections in the mother.

Location: MOH/COM

104 Schoub, B.D; Lyons, S.F.; McGillivray, G.M.; Smith, A.N.; Johnson, S.; Fisher, E.L.

Absence of HIV infection in prostitutes and women attending sexually-transmitted disease clinics in South Africa.

STDs/Prostitutes/Women/HIV Infection/Malawi/South Africa

* To assess the extent of HIV infection in the Black South African population. HIV status and STD serologies were tested in a group of 56 prostitutes and 240 clients of a STD clinic. Sera were tested by ELISA (Elavia, Pasteur Institute) and indirect immunofluorescence. There was only 1 serum positive for HIV, by both assays, a Malawian migrant women in the STD group. STD serologies were highly positive in both groups: 95% and 92% positive for Chlamydia, 2% and 4% positive for HBsAg, 41% and 37% positive for total HBsAg or anti-HBs, and 25% positive for syphilis (STD group, only) in the prostitute and STD groups, respectively.

Location: DREA

105 Semba, R.D.; Miotti, P.G.; Chipangwi, J.D.; Liomba, G.; Yang, L.; Sazh, A.J.;
Dallabetta, G.A.; Hoover, D.R.

*Johns Hopkins University
P.O. Box 1131
Blantyre*

Infant Mortality and Maternal Vitamin A Deficiency During Human
Immunodeficiency Virus Infection.

Infant Mortality/Vitamin A Deficiency/HIV Infection/Malawi

Location: DREA

106 Semba, R.D.; Chipangwi, J.

*Johns Hopkins University
P.O. Box 1131
Blantyre*

Vitamin A supplementation for HIV-infected children

Blantyre: Johns Hopkins University, 1992

HIV Infection/Children/Malawi

* The overall goal of this project is to evaluate whether vitamin A will have benefit for HIV-infected children. The specific aims will be met through a randomized, double-masked, placebo-controlled clinical trial.

Location: DREA

7/1

Leprosy Evaluation Project
P.O. Box 46
Chilumba

Setting up HIV Serology for the Karonga Leprosy Vaccine Trial in Malawi

Chilumba: LEP, 1988

HIV Serology/Leprosy Vaccine/Malawi

* There were 114 Malawians involved in this survey. Given HIV infection is known to be endemic in the vaccine trial population (Karonga), interpretation of the data obtained from the trial would be compromised in the absence of information in HIV infection and its implications for leprosy infection and its implications for leprosy incidence and vaccine effect. For this reason, a case control study of leprosy and HIV infection, in the context of the vaccine trial, was begun in 1988. The study entailed the comparison of HIV status between leprosy patients and control groups matched for age, sex and area of residence. First, literature on HIV tests employed in countries in Central, East and Southern Africa, were reviewed. A variety of tests had been found. In Malawi, the larger hospitals in the south had used "Welcome" test alone. However, smaller hospital generally have had access only to the "Serodia" particle agglutination test. For this project both these and other tests were used, for "Abbott Kits." Using the multi-test protocol, 1455 sera were tested between January and September 1988 at the project laboratory in Chilumba, Malawi. Ninety-five percent of samples screened gave unequivocal results on initial testing: 14% positive and 11% negative. The remaining 5% of samples required repeat or additional test. A major problem in the early testing was due to samples which gave values over the cut off in the Organon ELISA but were negative by other tests. These sera gave OD values between 1 and 2 times the amount of values, falling between negative (text OD/cut off OD < 1) and multi-text confirmed positive in which the test OD/cut off OD ratios ranged; for the first 100 samples tested, from 2.3 to 16. In the majority of cases a second Organon testing (either at Chilumba or in London) gave a negative result, but the occasional sample showed a persistent weak reaction. This problem was at last associated with batch variation in Organon kits. Western Blotting (Biorad Blot) in London of 15 samples which had shown weak positive reactions by Organon revealed 4 with weak positive Western blot profiles.

Location: DREA

108 Singogo, P.P.

*EC AIDS Programme
P.O. Box 30622
Lilongwe*

Follow-up Report on Truck Drivers' Activities Towards AIDS Control in Malawi

Lilongwe: EC AIDS Programme, 1995
ii + 16p., Tables, Ill., Ref.

Truck Drivers/AIDS Education/Malawi

* As part of the monitoring process to assess the peer group leaders among truck drivers contribution towards AIDS Control, the author conducted interviews among the truck drivers. An unstructured interview guide was used to solicit information on specific topics including peer group education activities, supervision, observable behavior changes, condom use and STD. 32 peer group leaders were visited. Of these, only 19 were interviewed.

Location: EC

109 Singogo, P.P.; Chintengo, S.

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Report on Traditional Healers Activities Towards AIDS Control in Malawi

Lilongwe: EC AIDS Project, 1994
18p., Tables

Traditional Healers/AIDS Control/Malawi

* As part of monitoring, a process evaluation was done. Interviews were conducted among traditional healers to assess their contribution towards AIDS Control. For the purpose of this project three districts were selected from each of the three regions of Malawi, namely Nkhosakota, Salima, Mchinji, Mulanje, Nsanje, Mangochi, Karonga, Rumphu and Mzimba. 55 trained traditional healers were interviewed.

Location: EC

110 Siwale, S.

W.H.O.
P.O. Box 30390
Lilongwe 3

Resource Mobilization Meeting for the Medium Term Plan for AIDS Prevention and Control in Malawi

Lilongwe: W.H.O., 1989 20p.

Resource Mobilization/Government Plans/AIDS Prevention/Malawi

* Report of the Resource Mobilization meeting in support of the Medium Term Plan for AIDS Prevention and Control in Malawi, held at the Capital Hotel, Lilongwe, from 29th to 30th June, 1989. The meeting discussed United Nations' and other agencies' financial and technical participation in and support of the Medium Term Plan for AIDS Prevention and Control in Malawi.

Location: USAID

111 Sleip, Y.

St. Lukes Hospital
P.O. Box 21
Malosa

AIDS Counselling at St. Lukes Hospital

Malosa: St. Lukes Hospital, 1993

AIDS Counselling/Malawi

* The purpose of the study was to explore the experience and needs of HIV/AIDS patients within a family and community context within the catchment area of St. Lukes Hospital in order to better accommodate the needs of the patient; explore and describe an approach to counselling at St. Lukes Hospital that would facilitate needs and strengths of the HIV/AIDS patient, explore the HIV positive individual's experience of illness, the experience of family members of an HIV reactive individuals, determine the attitude of the community in terms of having HIV positive individuals living in the village and to determine the viewpoint of counsellors in terms of counselling HIV reactive individuals.

Location: MOH

112 Steketee, R.W.; Wirima, J.J.

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P/B 360
Blantyre

HIV-1 infection impairs a pregnant woman's acquired ability to limit plasmodium falciparum infection.

Blantyre: College of Medicine
26p. Ill., Tables, Ref.

HIV-1/Malaria/Pregnancy/Malawi

* The study examined the association between HIV-1 and *P. falciparum* in pregnant women enrolled in a malaria chloroquine chemoprophylaxis study in rural Malawi. Pregnant women (n=2946) were enrolled at first antenatal clinic visit (mean 5.6 month of pregnancy). Serum collected during pregnancy was tested for antibodies to HIV-1 by enzyme immunoassay with Western blot confirmation. Parasitemia was detected in 46% of 2,946 women at enrollment and 19.1% at delivery. HIV-1 seroprevalence was 5.5%

Location: MOH

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75

GACPAT and GACELISA as Diagnostic tests for HIV antibodies in urine.

Diagnostic Tests/HIV Antibodies/Urine/Malawi

* Patients with TB, leprosy, skin diseases including syphilis and fungal infection were selected as controls during a case control study of HIV and leprosy. The study was conducted in Karonga. To examine the reproducibility and validity of GACPAT (Ig G antibody-capture particle Adherence Test), which will be useful for surveys of HIV infection, either as an adjunct to serum-based assays for individuals for whom a urine sample but not a serum sample is available, and also to check for specificity and sensitivity of the two tests. Collected 336 paired urine and serum samples from subjects in Karonga from the specified population. Serum results were compared with those from GACPAT and GACELISA on corresponding urine samples. 25.6% of the serum sample were HIV positive. The results using GACELISA on urine were slightly better than GACPAT. However, the cost of large scale GACELISA HIV-1+2 test based on the commercial available kit (Wellcome Diagnostics) is considerably higher than that of GACPAT, which seems more suitable for large scale studies with limited budget.

Location: MOH

BEST AVAILABLE COPY

Impact of HIV infection on the tuberculosis problem

HIV Infection/Tuberculosis/Malawi

* Worldwide elimination of tuberculosis, which was near to becoming a reality, is seriously threatened by the HIV epidemic, particularly in Africa. In countries with high prevalence of both HIV and TB, new smear-positive, smear-negative and extra-pulmonary TB cases are increasing. Estimates of the prevalence of HIV are unavailable, although they can be guessed from the reported prevalence of AIDS and the approximate ratio of HIV infections to AIDS of 25. The prevalence of TB has fallen about 10-14% yearly or 50% every 5-7 years in developed countries. For example in the Netherlands, TB prevalence is 0.4% in people <20 and 12% in those >50. The low prevalence of TB in young adults in developed countries suggests that HIV will have virtually no influence on the elimination of TB in these countries. In developing countries, however, annual decrease in TB has been very low, about 1-2% during the last 4 decades. The prevalence of TB in young adults is similar to that found by WHO surveys in the 1950s, <5%. It is possible that the absolute number of TB cases will increase as AIDS becomes a problem. Most of the new cases will originate from reactivation of latent infections in AIDS cases, but some will be new active infections. Such an increase in cases has already been seen in Tanzania and Malawi, in 1988. 43% more smear-positive cases were reported in Malawi, due to HIV infection and to influx of Mozambican refugees. The current level and the risk of TB infection and its trend are the factors controlling the epidemiology of TB and HIV in future.

Location: DREA

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115 Taha, E.T.; Canner, J.K.; Chipangwi, J.D.; Dallabetta, G.A.; Mtimavalye, L.A.R.;
Miotti, P.G.

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Condom Use Among HIV Infected and Uninfected Women in Malawi.

Blantyre: College of Medicine

Condom Use/HIV Infection/Women/Malawi

* This study was conducted to compare reported condom use in two populations of urban women in Malawi who were surveyed four years apart, to analyze the trend of condom use in prospectively followed female population, and to evaluate the reliability of self-reporting of condom use and sexual activity using laboratory diagnosis of incident STDs. The study population consisted of women attending the antenatal clinic of Queen Elizabeth Central Hospital (QECH) in Blantyre. The sample consisted of 6603 pregnant women. All women presenting to the antenatal clinic over a period of 12 months in 1989 and a 5 month period in 1993 were screened for HIV-1 antibodies. HIV seropositive and seronegative women from both periods were subsequently enrolled in prospective studies. A subset of the population screened in 1989 was followed prospectively for 24 months and studied for reported condom use and sexual activity. After enrolment, women and their children were seen at the study clinic every six months. At enrolment a structured questionnaire was administered to collect information on demographic, medical and obstetric history. At each visit women were asked specific questions about knowledge and use of condoms and sexual activity after delivery and a physical examination was conducted on mother and child. The physical assessment of the mother included a pelvic examination and collection of specimens to test for STDs. Routinely, serum was tested for syphilis, and cervical swabs and vaginal wet mounts were examined for gonorrhoea and trichomoniasis, respectively. 6603 pregnant women were screened for HIV between October 1989 and October 1990. Of these women, 1378 (678 HIV seropositive and 687 seronegative) were enrolled and at delivery in the first follow-up study. 2103 pregnant women were screened for HIV.

Location: MOH

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National AIDS Control Programme
P.O. Box 30377
Lilongwe

A Multicentre Field Evaluation of HIV-1 and HIV-2 Combined Antibody Assays

Lilongwe: NACP

Antibody Assays/Field Evaluation/HIV-1/HIV-2/Malawi

* The study was undertaken to determine the sensitivity, specificity, and predictive values of several simple/rapid and ELISA HIV-1/2 Combination assays in Cote D'Ivoire, Malawi, Senegal and Thailand; to compare the results of two HIV-1/2 supplemental assays with HIV-1 and HIV-2 Western Blots. Five simple/rapid HIV-1/2 assays and 8 ELISAs were evaluated with a common protocol. Each country used 3 of the 5 simple/rapid assays and at least 3 of the 8 ELISAS. Over 4,000 samples were tested (600 to 1900 from each country). All rapid tests were performed in peripheral laboratories, while ELISA and supplemental assays were performed in the reference centres. Screening test results were compared against HIV-1 Western Blot (WB) (Diagnostic Biotechnology), and an HIV-2 WB (Law Blot II, Pasteur). Results by the WB were considered as definitive for HIV-1, HIV-2, or dual reactors. The criteria for positivity were reactivity to at least 2 ENV antigens (WHO criteria). Only samples that were repeatedly reactive by at least one test were further characterized by the Western Blots. In addition to the WB, four supplemental tests were used (Innolia 1 and 2, and Pepti-Lav 1 and 2). Global results (combined for HIV-1 and HIV-2) by each of these tests were compared with the global results of the WB. Indeterminate WB results were excluded from the analysis. Similarly, reactive samples were not included (Unless only one WB was performed and it was positive). In all but four cases, ELISAs had equal or higher sensitivities than the rapid/simple assays within each country. The specificities of the rapid/simple assays were slightly higher than the ELISAs. For all countries, most of the rapid/simple assays and the ELISAs had sensitivities greater than 98%, except in Senegal where there were 80-95%. In almost all cases, the positive predictive values (PPV) were greater for the rapid tests than for the ELISAs, while the negative predictive values (NPV) were slightly higher for the ELISAs. None of the rapid/simple assays or the ELISAs had perfect test indices in any of the countries. Comparisons of results using the four supplemental assays to the WB indicated concordance between 92-99%, with most of the discrepancies being negative vs indeterminate reactions.

Location: NACP/CSR

117 Tembo, K.C.

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The Polytechnic
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Chichiri, Blantyre 3*

Evaluation of Source of messages on AIDS by College Students

Blantyre: Polytechnic, 1991

In: *Malawi Medical Journal*, vol. 7 No. 3, 1993
pp. 117-118., Ref., Tables

AIDS Messages/Information Source/Students/Malawi

* A survey to evaluate the source of messages on AIDS by the Malawi Polytechnic students was conducted at the Polytechnic, Blantyre in June, 1990. The purpose of the survey was to assess the degree of credibility and trustworthiness of eight selected sources of communication on AIDS as perceived by students. These sources were medical doctors, nurses, radio, newspapers, posters, friends, priests and traditional healers. All male and female students who were resident in the hostels were included in the survey.

Location: MOH

The consequences of HIV/AIDS in Eastern Africa on mothers, children, and orphans

HIV/AIDS/Orphans/Mothers/Malawi/Eastern Africa

* The consequences of adult female mortality from HIV is examined among 5 cities in Eastern Africa between 1987 and 1992. The probability of mortality among a cohort of pregnant women, tested for HIV-1 seroprevalence between 1986 and 1987, is considered to a conservative estimate. Estimates are derived from life tables. The cities were selected because of the quality of maternal seroprevalence studies, the range of maternal seroprevalence, and geographic differences. The cities involved were Maputo, Mozambique, with seroprevalence among the pregnant women of 0.4%; Dar es Salaam, Tanzania, with 3.6% seroprevalence; Lilongwe and Blantyre, Malawi with 9.5% seroprevalence; Bujumbura, Burundi, with 16.3% seroprevalence, and Kampala, Uganda, with 24.1% seroprevalence. The estimates of HIV-attributed mortality of mothers by the time their children reached their 5th birthday were calculated on the basis of these seroprevalence rates and the assumption that 23% would die of HIV/AIDS by this time. These estimates show, for instance, HIV-attributed mortality to be 21/1000 in 1992 in Lilongwe and Blantyre, and 53/1000 in Kampala. A comparison of mortality among women in total, who are not HIV-infected, showed HIV-attributed mortality to increase mortality in 1992 by 2% in Maputo and by 162% in Kampala. The number of children orphaned was also estimated in these locations and compared to the number of children orphaned due to total mortality from all other causes. The estimates account for a proportion of children who also would die of HIV infection before their 5th birthday. Orphanhood increased by 46% in 1992 in Lilongwe and Blantyre and by 124% in Kampala. In general, the conclusion is that orphanhood is approximately doubled in Bujumbura and Kampala. Even areas with low orphanhood will experience an increase in orphanhood.

Location: MOH

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Report of the Southern African NGOs Conference on AIDS

75p.

AIDS Conference/Southern Africa/NGOs/Malawi

* Representatives of NGOs from ten countries in Southern African region met for three days to discuss a number of issues related to HIV and AIDS in the region. During the course of the conference, each country, including Malawi, presented a country paper which is included in this report.

Location: NACP

120 Wirima, J.J and Harris, A.

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Blantyre*

Severe Stevens-Johnson Syndrome during Anti-Tuberculosis Chemotherapy in HIV-Seropositive Africans.

Anti-Tuberculosis Chemotherapy/HIV Seropositivity/Africans/Malawi

* The results of this study show that hypersensitivity reactions during antituberculosis chemotherapy are more common in women than in men, and usually occur in the second to fourth week of treatment. There were striking and unusual features in the cases studied of frequent and severe reaction. However, there was no such reactions in sputum-positive tuberculosis patients who were treated with daily streptomycin, rifampicin, isoniazid and pyrazinamide for the first two months of treatment according to Malawi's national tuberculosis policy. The study did not manage to find out why patients who were HIV seropositive reacted so severely. A large portion of such patients developed a rash with leucopaenia and may become severely ill during treatment with trimethoprim-sulphamethoxazole.

Location: COM

121 Wynendaale, B.; Bomba, W.; M'manga, W.; Bhart, S.; * Fransen, L.

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Impact of Counselling on Safer Sex in STD patients in Malawi

Lilongwe: EC AIDS Project, 1992
4p., Ref., Tables

Counselling/Safer Sex/STD Patients/Malawi

* Against a background of massive evidence about the facilitating role of STDs in HIV transmission whereby the risk of infection can be fifty times higher and the established fact that over 90% of HIV transmission occurs through sexual contact, it became clear that all efforts to prevent the spread of HIV in Malawi would be vain without the provision of adequate STD prevention. The objective of this study was to determine the effect of counselling on incidence of STD's and on risk reduction behavior towards AIDS/HIV transmission of STD patients in Malawi.

Location: EC

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