

INCIDENCE OF AIDS IN QUETTA AND SUBURBS

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A generalised fear of Human Immune Deficiency Syndrome (HIV) infection was created by media ad over the world including Baluchistan, Pakistan. This fear was sometimes more grave as compared to Hepatitis B virus infection which is commoner in this part of Pakistan. There were some reported cases of Acquired Immune Deficiency Syndrome (AIDS) as well in Kech, (Makuran) area. We have studied 2,466 individuals in Quetta and suburbs to determine the incidence of AIDS.

INTRODUCTION

From the last decade two new terms became familiar throughout Baluchistan, heroin and AIDS. Heroin has become very common and is now almost a companion of our daily lives. AIDS, although not yet recognised here in Baluchistan, has certainly established itself as one of the deadliest diseases of all times. One of the reasons may be the lack of a centre for screening such diseases in Baluchistan. The disease has not only struck the human race but has generated anxiety and terror in the minds of humanity throughout the world. The first cases of AIDS were recognised in 1981.'

In other parts of Pakistan, a little work has been started, especially in Karachi and Lahore to establish its prevalence there.² but in this part of the country no work has been done on AIDS yet. It is known that there are some close pockets in the province notorious for homosexuality, a major factor for transmittance of HIV.⁴ Another predisposing factor has been a high influx of Afghan refugees to Baluchistan during the last seventeen years. It is not well known that what was the effect of this exodus on Afghanistan itself, but it is an established fact that the drugs and its abusers were a lot in the refugee population in Baluchistan. It is also known that the drugs and AIDS have a deadly link⁵. Along with Afghan refugees there came a bulk of persons representing various agencies from Europe, USA, Gulf and SAARC countries where this disease is prevalent. A continuous vigilance against the disease is most essential. Patients receiving multiple transfusions have been thought to have a risk for AIDS if the blood is contaminated.^{6,7} Hemophilia patients are at increased risk for developing AIDS^{8,9}

MATERIALS AND METHODS

This study was conducted in Quetta, the capital of Baluchistan, Pakistan. The total number of subjects included in this study was 2,466. The number of individuals included from different subgroups was as follows:

1. General populations:	1500
2. Homosexuals:	20
3. Blood donors:	360
4. Hemophiliacs:	16
5. Parenteral drug abusers:	20
6. Expatriates visitors:	150
7. Afghan refugees:	400
Total	2,466

The serum samples were analysed for HIV antibodies by using Elisa Kits in the department of Chemical Pathology, Bolan Medical College, Quetta. Prostitution has been banned legally, so no prostitutes were included in the study. Professional donors from various private clinics and volunteer donors registered in different private blood transfusion associations were interviewed and examined for Ivmadenopathy or skin lesions and their blood samples were taken for HIV antibody detection. Homosexuals were also included in the study.

RESULTS

Table-1 gives the number and percentage of each group of subjects included in the study, while table-2 gives prevalence of HIV antibodies.

TABLE-1: POPULATION SAMPLES FOR HIV ANTIBODY TESTING.

S. NO	GROUP	NO	%
1.	General populations	1500*	60.83
2.	Homosexuals	20	00.81
3.	Blood donors	360	14.60
4.	Haemophiliacs	16	00.65
5.	Parenteral drug abuser	20	00.81
6.	Expatriates/ visitors	150	06.08
7.	Afghan refugees	400	16.22
TOTAL		2,466	100

* Every third patient in Medical OPD.

DISCUSSION

Quetta being a hill station is frequently visited by foreigners especially from U.S.A. and European countries coming for meetings, as tourists and in connection with business. The epidemiological

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observation of AIDS is primarily a disease occurring in specific risk groups as suggested by Gerostoft⁹.

Table 2: -Prevalence of HIV Antibodies

S. NO	GROUP	NO	NO. OF POSITIVE
1.	General populations	1500*	00.00
2.	Homosexuals	20	00.00
3.	Blood donors	360	00.00
4.	Hemophiliacs	16	00.00
5.	Parenteral drug abuser	20	00.00
6.	Expatriates/ visitors	150	00.00
7.	Afghan refugees	400	00.00
T O T A L		2,466	00.00

The general population subjects consisted of patients of both sexes and all age groups, irrespective to the socioeconomic status. Donors are considered to be a high risk for transmission of HIV if they have AIDS or asymptomatic carrier stage i.e. HIV anti body positive.

Hemophilia patients are at an increased risk for developing AIDS and transmission occurs via blood⁸.

The people coming from areas of high incidence of AIDS play an important role in dissemination of disease in AIDS free zone like Baluchistan. This group comprises those Pakistanis, who are settled in USA and Europe and come to their homeland for temporary visits. Tourists visiting these countries for short period of time may expose themselves to risk of acquiring infection and were also included in this group.

All subjects included in this study were negative for HIV antibodies. We already have some reported positive cases in the province that were expatriates from Gulf region. It may be presumed that the population is presently free from AIDS. The limitations of the study do not permit a decisive conclusion. Further study would be required on large sample size particularly in high-risk groups for AIDS. As far as the location of this study is concerned it basically concentrates in Quetta and its suburbs. This study should be continued for at least one or two years, so that a conclusion of increase or decrease of incidence could be obtained.

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