

# Overview of human immunodeficiency infection in Thailand : a concise review of status and epidemiology

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## ABSTRACT

HIV infection was discovered in Thailand in September 1984. Until the end of 1987 statistics of reported cases which is a requirement by Public Health Regulation were still only 221 cases. AIDS and ARC accounted for 9 and 26 cases respectively. The rapid epidemic spread among IVDUs in 1988 brought the figure at the end of the year up to 5,296 cases, most of which were seropositive cases without any clinical manifestation. Up to the end of September 1990, the reported case statistics stood at 22,533 cases. AIDS and ARC still numbered only 64 and 196 cases. Female cases constitute only 18.8%. The age group with highest frequency for the male was 25-29 years and 15-19 years for the female. Wage labourers were the largest group by occupation, 35.4%. Prison inmates and prostitutes followed in at 15.2 and 12.6% respectively. These cases were reported from all provinces in the country. Information and statistics from HIV Infection Registry, Sentinel Survey, a biennial surveys of risk groups conducted by the Epidemiology Division, Ministry of Public Health, monitoring studies of other health service institutions and other internal reports revealed that HIV infection was most likely introduced into the country a few years early to 1984. The infection at that time appeared more prevailed among homosexual males than others. In 1988 and 1989, the epidemiologic pattern was dominated by rapid spread among high risk groups particularly IVDUs and prostitutes. Infection in general population was very much evident also through reports of seropositive cases among male and female clients attending STD clinics, pregnant mothers from ANC and new born infants. HIV seropositive prevalences among particular groups of IVDUs and prostitutes were mostly between 40-60%. Provinces in the upper part of the northern region seemed to be more severely affected than other parts of the country. The central area and eastern sea board of the central region and the lower part of the southern region were another areas of prevailing infection. Severely affected provinces were in general large urban center with good economy, communication and transportation. Tourist centers were all included in these areas of prevailing infection.

**Key words :** HIV infection, AIDS, ARC, HIV transmission, Intravenous drug use, Risk group

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