

2006 Update



EPIDEMIOLOGICAL FACT SHEETS
ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

Malaysia

December 2006



HIV/AIDS estimates

The estimates and data provided in the following tables relate to 2005 unless stated otherwise. These estimates have been produced and compiled by UNAIDS/WHO. They have been shared with national AIDS programmes for review and comments, but are not necessarily the official estimates used by national governments. In order to calculate regional totals, older data or regional models were used to produce minimum estimates for these countries. The estimates are given in rounded numbers. However, unrounded numbers were used in the calculation of rates and regional totals, so there may be minor discrepancies between the regional/global totals and the sum of the country figures. The new estimates in this report are presented together with ranges, called 'plausibility bounds'. These bounds reflect the certainty associated with each of the estimates. The wider the bounds, the greater the uncertainty surrounding an estimate. The extent of uncertainty depends mainly on the type of epidemic, and the quality, coverage and consistency of a country's surveillance system. The general methodology and tools used to produce the country-specific estimates in the table have been described in a series of papers in *Sexually Transmitted Infections* 2006, 82 (Suppl x). The estimates produced by UNAIDS/WHO are based on methods and on parameters that are informed by advice given by the UNAIDS Reference Group on HIV/AIDS Estimates, Modelling and Projections.

Estimated number of adults and children living with HIV/AIDS, end of 2003 and 2005

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS.

	2003	2005
Adults (15+) and children	57 000	69 000
Low estimate	27 000	33 000
High estimate	180 000	220 000
Adults (15+)	56 000	67 000
Low estimate	27 000	32 000
High estimate	180 000	220 000
Children (0-14)	N/A	N/A
Low estimate	N/A	N/A
High estimate	N/A	N/A
Adult rate (15-49) (%)	0.4	0.5
Low estimate	0.2	0.2
High estimate	1.3	1.5
Women (15+)	14 000	17 000
Low estimate	5800	7300
High estimate	45 000	57 000

Source: 2006 Report on the global AIDS epidemic

Estimates 2005	Men	Women
Prevalence among 15-24 year olds	N/A	N/A
Low estimate		
High estimate		

Source: 2006 Report on the global AIDS epidemic

HIV prevalence among young people

	2000	2001	2002	2003	2004	2005
Prevalence among 15-24 year olds						
Prevalence among 15-24 pregnant women						

Source: 2006 Report on the global AIDS epidemic

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS:

	2003	2005
Adults and children	1900	4000
Low estimate	990	2100
High estimate	3400	7200

Source: 2006 Report on the global AIDS epidemic

Estimated number of orphans due to AIDS

Nb: only for generalized epidemics

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 17 at the end of 2005:

Estimated number of orphans	2003	2005
Current living orphans	N/A	8189
Low estimate	N/A	5459
High estimate	N/A	16 378

Source: 2006 Report on the global AIDS epidemic

	2003	2005
Maternal orphans		
Low estimate		
High estimate		
Paternal orphans		
Low estimate		
High estimate		
Dual orphans		
Low estimate		
High estimate		

Source:

	Year	Total
Education ratio		
External support for OVC		

Source:

The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, is the coordination and implementation mechanism for UNAIDS and WHO to compile and improve the quality of data needed for informed decision-making and planning at national, regional and global levels. The primary objective of the working group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the working group collaborates closely with WHO Regional Offices, national AIDS programmes and a number of national and international institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional, and global levels. The Epidemiological Fact Sheets are one of the products of this close collaboration across the globe.

Within this framework, the Fact Sheets collate the most recent country specific data on HIV/AIDS prevalence and incidence, together with information on behaviour (e.g.; casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed upon indicators was not available for many countries in 2005. However these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The fact Sheets may also be instrumental in identifying potential partners when planning and implementing surveillance systems.

The Fact Sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the Working Group would like to encourage all programme managers as well as national and international experts to communicate additional information to them whenever such information becomes available. The Working Group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

Assessment of the epidemiological situation 2006

The present HIV/AIDS surveillance system in Malaysia is based on reporting of infections/cases and HIV testing of women attending antenatal clinics, blood donors, STI patients and tuberculosis inpatients as part routine HIV screening activities.

2. By the end of 2005, the cumulative number of HIV infections reported to the Ministry of Health was 70,559 cases, of which 10,663 were AIDS cases. Most of the AIDS cases (90.4%) and HIV-infected persons (92.6%) were males. During 2005, the majority of reported AIDS cases (49.3%) and HIV-infected persons (66.0%) contracted their infection through injecting drug use. However, the proportion of reported HIV infections transmitted through homo/bisexual and heterosexual contacts increased from 7.4% in 1995 to 25.6% in 2005. HIV prevalence in antenatal mothers and blood donors is less than 0.1%. In 2005, among 358,622 antenatal women were tested, only 0.04% or 154 were found to be HIV-positive. Among 418,118 blood donors tested in 2005, only 0.03% or 124 were positive, predominantly in males. HIV prevalence rates among FSW and STI patients in selected urban areas are beginning to exceed 5%. In 2000, STI surveys showed that about 30.8% of sex workers had syphilis seropositivity. The first round of the national Behavioral Surveillance Surveys has been conducted during 2003-2004. Preliminary results showed a high frequency of sharing injecting equipments among IDUs (71.5%). The number of current HIV infections has been estimated to be 71,750 at the end of 2005. The population size of injecting drug users was estimated using multiplier method at 117,955 (range: 104,486 – 135,506). The other higher behaviour groups and the representativeness of surveys needs to be reassessed

Basic indicators

For consistency reasons the data in the table below are taken from official UN publications.

DEMOGRAPHIC DATA	YEAR	ESTIMATE	SOURCE
Total population (thousands)	2005	25 347	UN Population Division
Population aged 15-49 (thousands)	2005	13 318	UN Population Division
Female population aged 15-24 (thousands)	2005	2237	UN Population Division
Annual population growth rate (%)	1995-2004	2	UN Population Division
% of population in urban areas	2005	65.1	UN Population Division
Crude birth rate (births per 1000 pop.)	2005	21.6	UN Population Division
Crude death rate (deaths per 1000 pop.)	2005	4.6	UN Population Division
Maternal mortality rate (per 100 000 live births)	2000	41	World Health Report 2006, WHO
Life expectancy at birth (years)	2004	72	World Health Report 2006, WHO
Total fertility rate (per woman)	2004	2.8	World Health Report 2006, WHO
Infant mortality rate (per 1000 live births)	2004	10	UNICEF / WHO
Under 5 mortality rate (per 1000 live births)	2004	12	World Health Report 2006, WHO

SOCIO-ECONOMIC DATA	YEAR	ESTIMATE	SOURCE
Gross national income, ppp, per capita (Int.\$)	2004	9630	World Bank
Per capita total expenditure on health (Int.\$)	2003	374	WHO
UN Human Development Index (ranking)	2005	61	UNDP Human Development Report 2005
General government expenditure on health as % of total expenditure on health	2003	58.2	WHO
Adult literacy rate (%)	2000-2004	88.7	UNESCO
Male literacy rate (%)	2000-2004	92	UNESCO
Female literacy rate (%)	2000-2004	85.4	UNESCO
Net primary school enrolment ratio, male (%)	1998-2004	93	World Bank
Net primary school enrolment ratio, female (%)	1998-2004	93	World Bank
Human Poverty Index (ranking)	2005	16	UNDP Human Development Report 2005

	2001	2002	2003	2004	2005
National funds spent by governments on HIV/AIDS from domestic sources (US\$)					

Source:

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HIV prevalence in different populations

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV database maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences are compiled. To provide a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study from which the medians were calculated are printed at the end of this fact sheet. The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and - where applicable - other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

HIV sentinel surveillance prevalence

Group	Area		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
Pregnant women	Major urban areas	N-Sites									1	1	1	1	1	1			
		Minimum									0	0	0	0	0	0			
		Median									0	0	0	0	0	0			
		Maximum									0	0	0	0	0	0			
	Outside major urban areas	N-Sites					14	13	14								13		
		Minimum					0	0	0								0		
		Median					0	0	0.1								0.1		
		Maximum					0.6	1.5	0.7								0.3		
Sex workers	Major urban areas	N-Sites							1										
		Minimum							6.3										
		Median							6.3										
		Maximum							6.3										
	Outside major urban areas	N-Sites	1	2	1	1				6									
		Minimum	0.4	1.2	2	7.5				0									
		Median	0.4	1.3	2	7.5				2									
		Maximum	0.4	1.4	2	7.5				10.2									
Injecting drug users	Major urban areas	N-Sites							1										
		Minimum							16.8										
		Median							16.8										
		Maximum							16.8										
	Outside major urban areas	N-Sites	1	3	2	1				7		1							
		Minimum	5	6	10	16.6				0.1		18							
		Median	5	6.9	19.8	16.6				10.3		18							
		Maximum	5	11.1	29.5	16.6				23		18							
STI patients	Major urban areas	N-Sites	1						1										
		Minimum	0						4.2										
		Median	0						4.2										
		Maximum	0						4.2										
	Outside major urban areas	N-Sites					3	3	8										
		Minimum					0.6	0	0.1										

Group	Area		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
STI patients	Outside major urban areas	Median					1.9	0.8	4.3										
		Maximum					2	1.1	14.1										
Men having sex with men	Major urban areas	N-Sites							1										
		Minimum							6										
		Median							6										
		Maximum							6										
	Outside major urban areas	N-Sites								3									
		Minimum								4.4									
		Median								7.1									
		Maximum								8.2									
Tuberculosis patients		N-Sites						2	1										
		Minimum						0	0										
		Median						1.7	0										
		Maximum						3.4	0										

Maps & charts

Mapping the geographical distribution of HIV prevalence among different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well in explaining differences in levels of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the WHO Public Health Mapping and GIS Team, Communicable Diseases, is producing maps showing the location and HIV prevalence in relation to population density, major urban areas and communication routes. For generalized epidemics, these maps show the location of prevalence of antenatal surveillance sites. Trends in antenatal sentinel surveillance for higher prevalence countries, or in prevalence among selected populations for countries with concentrated epidemics, are a new addition. These are presented for those countries where sufficient data exist.

MAP IS NOT AVAILABLE FOR THIS COUNTRY.

Reported HIV/AIDS cases

Reported AIDS cases

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases are aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections. Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of Anti-Retroviral Therapy (ART).

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
Males	16	58	70	64	98	218	327	538	818	1114	1071	1188	1068	939	1002	1044	9640
Females	0	2	3	7	7	15	20	30	57	86	97	114	125	137	146	177	1023
Total	16	60	73	71	105	233	347	568	875	1200	1168	1302	1193	1076	1148	1221	10 663

Reported HIV cases

A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage (including severe or stage 4 clinical disease) confirmed by laboratory criteria according to country definitions and requirements.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
Males	4406	3727	4327	4312	4625	5472	6349	6083	5731	5383	65 345
Females	191	197	297	380	481	466	629	673	696	737	5214
Total	1597	3924	4624	4692	5107	5938	6978	6756	6427	6120	70 559

Source:

Note: In some instances, the number in the total column is not the sum of the individual years due to differing reporting, estimation processes or available data.

Sexually transmitted infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STIs are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STIs facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Thus, detection and treatment of individuals with STIs is an important part of an HIV control strategy. In summary, if the incidence/prevalence of STIs is high in a country, then there is the possibility of high rates of sexual transmission of HIV. Monitoring trends in STIs provides valuable insight into the likelihood of the importance of sexual transmission of HIV within a country, and is part of second generation surveillance. These trends also assist in assessing the impact of behavioural interventions, such as delaying sexual debut, reducing the number of sex partners and promoting condom use. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Identifying people with STIs allows for not only the benefit of treating the STI, but for prevention education, HIV testing, identifying HIV-infected persons in need of care, and partner notification for STIs or HIV infection. Consequently, monitoring different components of STI prevention and control can also provide information on HIV prevention and control activities within a country.

STI syndromatic reporting

Genital discharge

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males								229	202	256	202

Source:

Genital ulcers

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total								125	87	44	63

Source:

STI etiological reporting

Chlamydia

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total											

Source:

Gonorrhoea

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total	2157	1772	1393	1307	2232	1336	1294	964	824	766	537

Source:

Syphilis

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total											

Source:

Herpes simplex

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total											

Source:

Syphilis prevalence, women

Percent of blood samples taken from pregnant women aged 15-49 that test positive for syphilis - positive reaginic and treponema test-during routine screening at selected antenatal clinics.

Syphilis prevalence, ANC women

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total											

Prevalence of curable STIs among specific populations

Prevalence of curable STIs among female sex workers

	Year	Area	Rate	Range
Chlamydia				
	2000-2001	Urban/Rural	6.3	

Source: Ministry of Health Malaysia. WHO Regional Office for the Western Pacific. Consensus Report on STI, HIV and AIDS Epidemiology 2001.

	Year	Area	Rate	Range
Gonorrhoea				
	2000-2001	Urban/Rural	2.4	

Source: Ministry of Health Malaysia. WHO Regional Office for the Western Pacific. Consensus Report on STI, HIV and AIDS Epidemiology 2001.

	Year	Area	Rate	Range
Syphilis				
	1997-1999	Urban/Rural	16.7	
	2000-2001	Urban/Rural	38.2	

Source: Ministry of Health Malaysia. WHO Regional Office for the Western Pacific. Consensus Report on STI, HIV and AIDS Epidemiology 2001.

	Year	Area	Rate	Range
Trichomoniasis				
	2000-2001	Urban/Rural	1	

Source: Ministry of Health Malaysia. WHO Regional Office for the Western Pacific. Consensus Report on STI, HIV and AIDS Epidemiology 2001.

Prevalence of curable STIs among other specific populations

Specific populations according to the epidemic pattern of the country

	Year	Area	Rate	Range
Chlamydia				
<i>Source:</i>				

	Year	Area	Rate	Range
Gonorrhoea				
<i>Source:</i>				

	Year	Area	Rate	Range
Syphilis				
<i>Source:</i>				

	Year	Area	Rate	Range
Trichomoniasis				
<i>Source:</i>				

Health service and care indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS - related issues.

Access to health care			
Indicators	Year	Estimate	Source
% of population with access to health services - total			
% of population with access to health services - urban			
% of population with access to health services - rural			
Contraceptive prevalence rate (%)		N/A	UNPOP
Percentage of contraceptive users using condoms			
% of births attended by skilled health personnel	2002	97	UNICEF
% of 1-yr-old children fully immunized - DPT	2004	99	WHO/UNICEF
% of 1-yr-old children fully immunized - Measles	2004	95	WHO/UNICEF
% of ANC clinics where HIV testing is available			

Estimated number of adults (15+) in need of treatment

Total number of adults needing antiretroviral therapy

	2003	2005
Both sexes	7100	11 000
Low estimate	3700	5500
High estimate	12 000	18 000

Source: WHO and UNAIDS, March 2006

Estimated number of people receiving antiretroviral therapy

Total number of people receiving antiretroviral therapy at end of each year

	2003	2005
Males		
Females		
Both sexes	1000	2500

Source: Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.

Coverage	2003	2005
Both sexes	18%	31%

Source: WHO and UNAIDS, March 2006

Comments: See also the paediatrics estimates section on the next page, as the ART need among children should also be taken into account for estimating ART coverage.

Services providing antiretroviral therapy

Reported number of sites that are providing antiretroviral therapy

	2003	2005
Public		
Private		
Total		N/A

Source: (total 2005) Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.

Comments:

Paediatrics estimates, 2005

	Total	Source
Children living with HIV		
Low estimate		
High estimate		
Children in need of ART	N/A	
Low estimate	N/A	
High estimate	N/A	<i>WHO and UNAIDS, March 2006</i>
Children receiving ART		
Children in need of cotrimoxazole	N/A	
Low estimate	N/A	
High estimate	N/A	<i>WHO and UNAIDS, March 2006</i>
Children receiving cotrimoxazole		

Comments:

Coverage of HIV testing and counselling

Number of public, private and NGO sites providing testing and counselling services.

	Year	Area	Total number of sites
Public sector			
Private sector			
NGOs			
Total			

Source:

Number of people counselled and tested over time

Number of people who have been tested and counselled in the country.

	2003	2004	2005
Males			1 828 140
Females			928 688
Both sexes			2 756 829

Source: Consensus Meeting Malaysia 2006

Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, injecting drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of a standard set of indicators defined in the National Guide (Source: National AIDS Programmes, A Guide to Monitoring and Evaluation, UNAIDS/00.17) and regular behavioural surveys in order to monitor trends in behaviours and to target interventions. The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behaviour and the promotion of safer sexual behaviour are at the core of AIDS programmes, particularly with young people who are not yet sexually active or are embarking on their sexual lives, and who are more amenable to behavioural change than adults. Finally, higher risk male-male sex reports on unprotected anal intercourse, the highest risk behaviour for HIV among men who have sex with men.

Knowledge of HIV prevention methods

Prevention indicator: Percentage of young people 15-24 who both correctly identify two ways of preventing the sexual transmission of HIV and who reject three misconceptions about HIV transmission.

	Total	Urban	Rural	Year
Males				
Females				

Source:

Reported condom use at last higher risk sex (young people 15-24)

Prevention indicator: Proportion of young people reporting the use of a condom during sex with a non-regular partner.

	Total	Urban	Rural	Year
Males				
Females				

Source:

Age-mixing in sexual partnerships among young women

The proportion of young women who have sex in the last 12 months with a partner who is 10 or more years older than themselves.

	Total	Urban	Rural	Year
Females				

Source:

Reported non regular sexual partnerships

Prevention indicator: Proportion of young people 15-24 having at least one sex partner other than a regular partner in the last 12 months.

Year	Males	Females

Source:

Ever used a condom

Percentage of people who ever used a condom.

	Age	Total	Urban	Rural	Year
Males					
Females					

Source:

Adolescent pregnancy

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

	Year	Percentage

Source:

Age at first sexual experience

Percentage of 15-19 year olds who have had sex before age 15.

	Year	Males	Females

Source:

Prevention indicators

Prevention of mother-to-child transmission (PMTCT) nationwide

Infection of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery of breastfeeding is called mother-to-child transmission (MTCT). An estimated 530 000 (410 000 - 660 000) children were newly infected in 2006, mainly through mother-to-child transmission. The vast majority of these infections are preventable, yet coverage levels are remarkably low in most resource-limited countries.

Prevention mother-to-child transmission

	Total	Year	Comment
Antenatal care coverage (%), 1997--2005*	74	2005	
Number of pregnant women counselled on PMTCT services	374 386	2005	
Estimated number of HIV-infected pregnant women	1400	2005	
Number of HIV-infected pregnant women who received ARVs for PMTCT	141	2005	
% of HIV-infected pregnant women who received ARVs for PMTCT	10	2005	

* Data refer to the most recent year available during the period specified.

Source: UNAIDS/Unicef/WHO. *Children and AIDS: A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.*

Prevention indicators among injecting drugs users

Availability of harm reduction services	Number of centers	Number of people attending services	Estimation of coverage	Year
Needle exchange programs				
Opioid substitute therapy				

Source:

	Estimated number of IDUs aged 15-65	IDU prevalence(%)	Year
Needle exchange programs			

Source:

Screening of blood transfusions nationwide

Blood safety programs aim to ensure that the majority of blood units are screened for HIV and other infectious agents. This indicator gives an idea of the overall percentage of blood units that have been screened to high enough standards that they can confidently be declared free of HIV.

	Percentage
Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines.	

Sources

Data presented in this Epidemiological Fact Sheet come from several sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.

- Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.
- 2006 Report on the global AIDS epidemic
- Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.
- Consensus Meeting Malaysia 2006
- Coverage Survey
- United Nations Population Division
- UNAIDS/Unicef/WHO. Children and AIDS: A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.
- UNDP Human Development Report 2005
- United Nations Educational, Scientific and Cultural Organization
- UNGASS CR
- UNICEF Global Database on Skilled Attendant at Delivery. The United Nations Children's Fund. (<http://www.childinfo.org/areas/deliverycare/countrydata.php>)
- UNICEF / WHO
- World Contraceptive Use 2005 database. Population Division, Department of Economic and Social Affairs, United Nations.
- UNPOP Dept. Of Economic and Social Affairs
- World Health Organization
- World Health Organization, 3 by 5
- WHO and UNAIDS, March 2006
- WHO/UNICEF estimates of national coverage for year 2004 (as of September 2005). (http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html)
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Annex: HIV surveillance prevalence by site

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005		
Pregnant women	Major urban areas	Kuala Lumpur													0				
		National									0	0	0	0	0				
	Outside major urban areas	Johor state					0.2	0	0.2							0			
		Kedah state					0	0.3	0							0			
		Kelantan state					0.6	0	0.6							0.1			
		Melaka state					0	0.6	0.4							0.1			
		Negeri Sembilan state					0.5	0.6	0.1							0			
		Pahang state					0		0							0.1			
		Penang state					0	0	0										
		Perak state					0	0	0							0.1			
		Perlis state					0	0	0.2							0.3			
		Pulau Pinang state														0.1			
		Sabah state					0.2	0	0.1							0			
		Sarawak state					0	0	0							0			
		Selangor state					0	0.3	0							0			
		Terengganu state					0.3	1.5	0.7							0.1			
		W. Persekutuan state					0	0	0										
		Sex workers	Major urban areas	Kuala Lumpur state						6.3									
				National															
Outside major urban areas	Kedah state								2.5										
	Not specified (1)		0.4	1.2	2	7.5													
	Not specified (2)			1.4															
	Penang state								3.1										
	Perak state								1.6										
	Sabah state								0.2										
	Sarawak state								0										
	Selangor state								10.2										
Injecting drug users	Major urban areas	Kuala Lumpur state						16.8											
		National																	
	Outside major urban areas	Kawang DRC		11.1															
		Kedah state							10.3										
		Kota Bharu			29.5														
		Not specified (1)	5	6.9	10	16.6					18								
		Not specified (2)																	
		Penang state							4.5										
		Perak state							11.1										
		Perlis state							16.1										

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005			
Injecting drug users	Outside major urban areas	Sabah state						0.1												
		Sarawak state							0.8											
		Selangor state							23											
		Sungai Petani DRC		6																
STI patients	Major urban areas	Kuala Lumpur	0																	
		Kuala Lumpur state							4.2											
	Outside major urban areas	Kedah state							5.1											
		Penang state					0.6	0	1											
		Perak state							7.1											
		Perlis state							14.1											
		Sabah state							0.2											
		Sarawak state					1.9	0.8	0.1											
		Selangor state							13.9											
		W. Persekutuan state					2	1.1	3.4											
		Men having sex with men	Major urban areas	Kuala Lumpur state						6										
				National																
			Outside major urban areas	Kedah state							8.2									
Penang state									4.4											
Selangor state									7.1											
Tuberculosis patients	Johor state						3.4	0												
	Sabah state						0													