

TO INVESTIGATE IF OTHER STIS CONTRIBUTE TO HIV TRANSMISSION

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Methods: We collected data from ten RTCs conducted in between 1990-2010, analysed these data and the study design. We use static model approach to analyse the data from these trials and assess these trials by reviewing their study designs to identify the limitation and strength of each trials.

Results: Only the first study of ten studies show statistical significant on the effect of other sexually transmitted infections (STIs) on HIV transmission. Results from the rest of nine studies showed very weak or no evidence the effect of STIs on HIV transmission. Mathematical model data suggested 64% reduction if STIs syndromic management were introduce at early phase of the epidemic, the delayed STIs management show only 5.5% HIV reduction in South Africa.

Studies analysis and limitation: Phase of HIV epidemic, study design and clinical equipoise collectively play major role in the outcome of these studies which cause masking of the true effect of STIs on HIV transmission on both by facilitating both infectiousness and susceptibility.

Conclusion: HIV continues to pose major health challenges. Trials in these studies have shown unsatisfactory results and create confusion between HIV scientific communities. The analysis of these trials has clearly demonstrated the flaws within the studies which resulted in masking the true magnitude of STIs on the transmission of HIV. However, the mathematical modelling studies and biological plausibility mechanism consistence indicated that presence of STIs mostly ulcerative such as syphilis and chancroid contribute to 40% of HIV transmission in SSA. Any efforts aiming to achieve effective HIV prevention without effective STIs management are most likely to be weakened. The lack of evidence in these RCTs should not conclude lack effectiveness.

Recommendation: STIs management including vaccination will enhance the effort of shrinking HIV epidemic.

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