

2<sup>nd</sup> International Conference on  
**Sexually Transmitted Diseases**

December 03-04, 2018 Toronto, Canada

**Posters**



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**SEXUALLY TRANSMITTED DISEASES**  
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**Poverty increased HIV and other**

**Ronald Kiyemba**  
Uganda Cycling Association, Uganda

In Uganda, research made in 2016 shows that 1.4 million people live with HIV and other related Urinary Tract Infection (UTI). 52,000 people are infected by this every year. 28,000 die of HIV/AIDS and other related illnesses. Research has shown that HIV is one of the important outcomes of poverty in Uganda having more than 35% of Ugandans living below poverty line of 1 US\$ daily. As a result of this, people especially women indulge into risky behavior such as commercial sex which can provide them with basic survival resources for themselves and their dependents. Commonest behaviors that have increased the spread of HIV and other sexually transmitted infections include, cultural poverty that results in forced teenage marriages by their parents for material gain, women do commercial sexual transaction to raise basic needs and most of them being widows left alone with children who need feeding, hospital bills etc. house helpers being seduced by their bosses, employers demanding for sex in exchange for jobs, institution bosses abusing young less privileged girls for sex in exchange for admissions and also teachers demanding for sex in exchange for marks, Muslim culture of polygamy which has increased the risk of multiple cross infections and much as information through health education and counseling about the risks has reached the poor, it sometimes seems irrelevant given the reality of their poor standards of living. Therefore, lack of incentive resources has made it difficult for the poor communities to adapt to the recommend behaviors.

**Biography**

Kiyemba Ronald is a Coach for Uganda Cycling National Teams. He has completed his degree in Sports Science. He is the President of Kitanda Care for HIV/AIDS and UTI infections control. His interests are the methods of reducing HIV/AIDS and other infectious diseases from the communities.

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**Initiating policy changes for the management of Sexually Transmitted Infections (STIs) by determining provider and patient barriers and facilitators to Expedited Partner Therapy (EPT) in Mississippi**

**Elizabeth Julyn Overstreet**  
Delta State University, USA

**Background & Aim:** Three research questions guided the assessment of Expedited Partner Therapy (EPT) use in the management of Sexually Transmitted Infections (STIs): What prevents providers and patients from participating in EPT? What would facilitate EPT use? Will research findings encourage supporting of legislation promoting EPT implementation? Chlamydia infections in Leflore County more than triple the national average, Gonorrhea infections are six times the national average. EPT is legally permissible in Mississippi, yet no legislation exists outlining EPT guidelines nor does the state offer legal protection to providers implementing EPT.

**Method:** Surveys were utilized to gather data. Sample consisted of 51 physicians/nurse practitioners and 100 patients. Statistical analyses conducted consisted of descriptive statistics including frequencies, percentages and means. No funding was obtained for the project.

**Result:** 63% (n=14) are more likely to offer EPT if professional licensure boards had position statements/guidelines regarding EPT. 68% (n=15) reported legal liability as a barrier. 95% (n=21) reported legal protection would increase implementation. Patients if offered, 60.9% (n=53) reported willingness to issue EPT to sex partners; 71.3% (n=62) reported believing their partner would accept EPT.

**Conclusion:** Patients are willing to participate in EPT and they believe their partners would accept. Providers also express willingness to offer EPT but need guidelines and position statements from licensure boards and professional organizations to do so.

**Biography**

Elizabeth Julyn Overstreet has completed her Bachelor of Science in Nursing from the University of Mississippi Medical Center, located in Jackson, MS, USA. She has completed her Master of Science in Nursing from Mississippi University for Women in Columbus, USA and also completed her Doctor of Nursing Practice (DNP) at Delta State University in Cleveland, USA. She serves as an Assistant Professor of Nursing at DSU, where she has been involved in both undergraduate and graduate programs of study.

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**Male and female condom and other physical barriers amongst adolescents and young people in Kaduna State, Nigeria**

**Haruna Aaron Sunday**<sup>1,2</sup>

<sup>1</sup>African Network of Adolescents and Young Persons Development, Nigeria

<sup>2</sup>Association of Positive Youth Living with HIV in Nigeria, Nigeria

Low use of condoms has created a heavy burden to mitigating the spread of new HIV infection among adolescent and young persons. HIV prevalence in Kaduna state is seen at 2.2 and at the North Central zone 5.4 in 2016. This study aim at assessing vulnerabilities that leads to low use of condoms and barriers that made it so. A study comprising of 115 young person's age 20-24 years (65 males and 50 females) of different ethnic background, was conducted in November 2016, in Kaduna South LGA of Kaduna state, North West Nigeria. A mixed method approach was employed involving using self-administered questionnaires and in-depth interview to elicit information on the use of condoms. Data were analyzed using descriptive statistic. 80% of males and 70% females, age 20-24 years were sexually active. High sexual risk was at 75% in the females and 40% in the males. Comprehensive knowledge of male and female condoms: Only 50% of males have seen a male condom and 18% of females have ever seen a female condom. Condom use among sexually active was only 20% of males have used condom in the last 3 month and only 4% females have use female condom in the last 3 months. Factors associated with findings were: Poor condom awareness, condom access not youth friendly, female condom not pleasurable and good in sight, size of condom not friendly to some males, religious belief, and fear of been stigmatized by partners. Male and female condoms are services we must provide to the young ones in order to reduce new spread of HIV infection, low access and use of condoms will create more burden rather than solution to health of our young ones. Therefore, efforts aimed at addressing the above factors will greatly impact on quality of HIV treatment, care and support.

**Biography**

Haruna Aaron Sunday has completed his Biology and Computer Science National Certificate of Education (NCE) from Federal College of Education Zaria, Kaduna State, Nigeria. He is the West Africa Board Representative for Africa Young Positive Network (AY+). He is also the Founder of African Network of Adolescents and Young Persons Development and Kaduna State Coordinator of Adolescents and Young Persons Living with HIV for Association of Positive Youth Living with HIV in Nigeria. He is also the Ambassador for the UNICEF Nigeria All in to end Adolescents AIDS.

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**Antibiotics for treating urogenital *Chlamydia trachomatis* infection in men and non-pregnant women**

**Carol Paez-Canro<sup>1</sup>, Jorge Andres Rubio-Romero<sup>1</sup>, Hernando G Gaitan<sup>1</sup>, Juan Pablo Alzate<sup>2</sup>, Lina M Gonzalez<sup>2</sup> and Anne Lethaby<sup>3</sup>**

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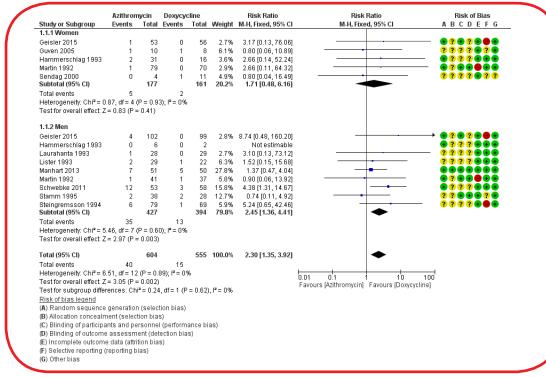
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**Background & Aim:** The genital infection caused by *Chlamydia trachomatis* (CT) is one of the most common Sexually Transmitted Diseases (STDs) globally. Different antibiotics regimens are recommended in Clinical Practice Guidelines (CPG) for CT urogenital infections. The study aims to assess the efficacy and safety of antibiotic treatment for *Chlamydia trachomatis* genital infection in men and non-pregnant women.

**Method:** We developed the electronic searches in (CENTRAL, MEDLINE, Embase and LILACS) and two trials registers. Selection criteria, we included randomized controlled trials of sexually-active non-pregnant women and men with genital CT infection. We estimated the pooled risk ratio.

**Result:** Our primary outcomes were microbiological failure and adverse events. We selected 14 studies. For Azithromycin vs. Doxycycline in women treated for CT, the effect on microbiological failure was uncertain (RR=1.71, 95%, CI 0.48 to 6.16). In men treated for CT, the risk of microbiological failure was probably higher with Azithromycin compared to Doxycycline (RR 2.45, 95% CI, 1.36 to 4.41). We found that Azithromycin probably has less adverse events in both genders compared to Doxycycline (RR 0.83, 95% CI, 0.73 to 0.95; I<sup>2</sup>=0%). For tetracyclines vs. Quinolones, the effect of Doxycycline compared to Ofloxacin on microbiological failure in women was not estimable and the effect of Doxycycline vs. Ofloxacin also in women on clinical failure was uncertain (RR 0.94, 95% CI 0.39 to 2.25). For men treated for CT the effect of Doxycycline compared to Ofloxacin at the same doses on microbiological failure was uncertain (RR 8.53, 95% CI 0.43 to 167.3).

**Conclusion:** Regimens with Azithromycin 1 gram single oral dose has probably less efficacy than doxycycline 100 mg twice a day for seven days in men in terms of microbiological failure. However, in men there might be little or no differences in terms of clinical failure.



**Figure 1.** Forest plot of comparison 1. Macrolides. Regimens with azithromycin: azithromycin 1 g-only dose vs doxycycline 100 mg twice a day for 7 days, outcome: 1.1 microbiological failure.

**Biography**

Juan Pablo Alzate is a Medical Doctor graduated from the National University of Colombia. He has completed his Master's degree in Clinical Epidemiology from the National University of Colombia. He is currently an Assistant Instructor in the Research Division.

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## Emotional and mental stability a tool to adolescent and young people living with HIV and AIDS adherence issues

**Benjamin Odey and Somefun Esther**  
APIN Public Health Initiative, Nigeria

Adolescent and young people (15-24 years) living with HIV not only deal with their physical health but also their emotional health, psychological stability, disclosure and stigma. Although some adolescent and young people living with HIV are able to surpass this, but when this challenge interjects with romantic relationship, self-stigma and discrimination, depression and anxiety, adherence and retention in care is threatened. In Lagos Nigeria as at 2017, 60% of adolescent and young people living with HIV in our network and support groups had decline in adherence and clinical appointment, which is a big threat to retention; all of which can be traced to emotional and mental instability, resulting from self-stigmatization, inability to disclose their status and poor negotiation skill in terms of sex, Stigma among same sex relationship. A four weeks peer education program with the aim of meeting emotional and mental wellbeing of Adolescents and Young People Living with HIV (AYPLHIV) accessing care in four ART centers in Lagos State Nigeria. The program extensively addressed optimum adherence strategies, negotiation skill in terms of sex and managing relationship and life skills, self-esteem, goal setting and adaptation strategies for disclosure. The participant was closely monitored for another three months to note any improvement in their viral load and retention in care and results achieved were amazing as improved adherence ranging from 65% to 75%, 60% disclosed status, 85% negotiated condom use with their partner consistently through the results were amazing but more could still be achieved. Adolescent and young people living with HIV are diverse with different issues at different ages, more like the different stages in life, Adherence for young people is a big issue so also is starting and retaining them on treatment; one way is to tackle this issue is to help them to fully understand how to go about their treatment and to better understand themselves as well as the Undetectable = Untransmittable would help them focus well on adhering to treatment of which will strengthen the realization of their abilities, coping with normal stresses of life, productive contribution to their community and adherence. Inclusion of Peer-to-peer mentors and young Emotional and Psycho-social experts in Adolescent and young people HIV response cannot be over emphasized. Furthermore, the Undetectable = Untransmittable concept should be promoted targeting adolescent and young people who are negative which would help in changing their perspective on stigmatization and discrimination so as to reduce pressure from discrimination from the environment on positive AYPLHIV.

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## Prevalence of bacterial vaginosis among sexually active women attending the CDC central clinic Tiko, south west region, Cameroon

**Akomoneh Elvis Achondou<sup>1,2</sup>, Foche Francis Fumoloh<sup>1,2</sup>, Aseneck Christian Aseneck<sup>1</sup>, Abong Ralph Awah<sup>1</sup> and Ajonina Marcelus Utokoro<sup>1</sup>**

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**Background:** Bacterial Vaginosis (BV) is a poly microbial, superficial vaginal infection involving a reduction in the amount of hydrogen peroxide-producing Lactobacillus and overgrowth of anaerobic bacteria. Common symptoms include increased fishy smelling vaginal discharge which is usually white or gray in color. Burning with urination may occur and itching is uncommon. Risk factors include douching, new or multiple sex partners, antibiotics and use of intrauterine device among others.

**Method:** This cross-sectional study assessed the prevalence of bacterial vaginosis among sexually active women aged 15-45 years. Vaginal swabs were obtained with the use of sterile swab sticks which were later smeared on clean glass slides and then Gram stained. The stained smears were observed for bacterial morphotypes with the X100 oil immersion objective and the Nugent scoring system was used to determine BV. Data were analyzed using the Statistical Package for Social Scientists (SPSS) version 17.0 and were considered significant at  $p \leq 0.05$ .

**Result:** A total of 100 women participated in the study with the overall prevalence of BV rated 38%. The prevalence of BV with respect to associated factors was also investigated and it was observed that BV was more prevalent in the age groups 20-25 (48.1%) and 25-29 (44.4%), those who had attained only primary education (60.5%), married women, (68.4%), pregnant women (71.0%), and women who practiced vaginal douching (97.4%). However, no statistical significant difference was observed in the prevalence between these parameters ( $P > 0.05$ ).

**Conclusion:** Conclusively, the prevalence of bacterial vaginosis in our study population is 38% and highest among women aged between 25 and 34 years, pregnant women, married women, less educated women and women who practiced poor vaginal hygiene.

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**Creating safe spaces for key populations to access HIV prevention, treatment and care services in a hostile environment: MARPs Network Limited freedom and diversity drop-in centers**

**Eva Baguma**

MARPs Network Limited, Uganda

**Statement of the Problem:** Key/Priority populations (KP/PPs) are groups of people who are most at risk of acquiring HIV or transmitting it. Many of these at risk groups can effectively be reached through the promotion of safer sexual behavior, early health-care seeking behavior, prevention and care activities. Our freedom and diversity drop-in centers provide secure, non-judgmental spaces where they can access health and social services and connect with the larger Key/Priority populations community networks, get HIV prevention, treatment and care services, share experiences or simply relax. Systemic homophobia and punitive laws, including the colonial Penal Code (1950) and annulled 2013-14 Anti-Homosexuality Bill, mean that key and priority populations particularly lesbian, gay, bisexual, transgender (LGBT) people and sex workers in Uganda face significant challenges to their human rights. Access to healthcare, economic opportunities and personal security are all impacted by widespread stigmatized attitudes towards key populations.

**Method:** A scorecard exercise methodology was utilized during participant observation, in- depth interviews and focus group discussions to do an assessment of availability and accessibility of sexually transmitted infection (STI) and HIV treatment and care services for key and priority populations at local health facilities in Kampala and Wakiso. A scorecard approach was utilized to analyze the interaction between the service users and the health center staff to understand this relationship.

**Findings:** The key population communities in this study were very active HIV service seekers but they encountered many gaps in continuity of care including stigma and discrimination and violence due to their sexual orientation at local health facilities. Although the drop-in centers are warm, safe and inclusive spaces, they are poorly stocked and unsustainable without the right partnerships and investment from the government and other AIDs implementing partners. As a result, many key populations leave the center with no treatment for their various needs and many without any referral to address other outstanding issues.

**Conclusion:** Key and priority populations want help however the health and social services are not always available or accessible to address their needs. Recommendations are made for drop in centers to be put in place that would help bring the services closer to them but also provide a safe friendly environment for accessing these services.

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## Infections sexually transmitted and HIV: Knowledge, attitudes and practices as risk factors of transmission in pregnant women patients at health center in Xai-Xai City, Mozambique

**Izaidino Jaime Muchanga**

Pedagogical University, Mozambique

**S**exually transmitted infections, including vaginal infections are among the most common public health problems worldwide. Female and male infertility, mother to child transmission, causing miscarriages or congenital disease and increased risk for Human Immunodeficiency Virus infection (HIV) are some of their consequences. In Sub-Saharan Africa countries, such as Mozambique, the prevalence of these infections is high, women being those who carry the higher burden. Thus, we developed this cross-sectional study with objective of characterizing some sexually transmitted infections, HIV infection, syphilis, trichomoniasis, bacterial vaginosis and candidiasis in pregnant women, verifying if their management was in accordance with guidelines and recommendations in the country and identifying associated risk factors. Samples were collected from 253 pregnant women attending Centro de Saúde de Maxixe. Vaginal samples were obtained and observed microscopically by wet mount and direct microscopic examination (*Trichomonas vaginalis*) and Gram stain (bacterial vaginosis and *Candida sp*). HIV antibody testing was performed with the tests determine HIV-1/2 and Uni-Gold™ and against, *T. pallidum* by RPR, SD BIOLINE Syphilis 3.0 and determine TP tests in plasma samples. In this study, 11.1% of the pregnant women were infected with HIV, 2.8% with active syphilis, 12.3% with bacterial vaginosis, 5.1% with *Trichomonas vaginalis* and 9.1% with yeast. Antibodies against *T. pallidum* were identified in 8, 3% of these women. In relation to HIV, 7, 5% of them were new cases. The highest prevalence of these infections was found in the age groups: 27-31 for HIV infection and *Trichomonas vaginalis* while 17-21 for *Treponema pallidum*, *Candida sp*. and bacterial vaginosis infections. Samples were taken from 253 pregnant women attending ante-natal outpatient consultation at the health center, who were informed about the nature of the study and submitted to a semi-structured interview after signing the free informed consent. In this study, the inconsistency on condoms use and the existence of multiple partners by the participants contributing for these infections transmission. Participants have shown that they had infections about these infections modes of transmission, as also which measures to use to prevent them. A significant number of women present with any symptom related to infections that were diagnosed to them, proving that the use of syndromic approach in vaginal discharge must be given some thought in relation to its value in this situation. The data obtained in this study shows that some gaps also exist in the prenatal care clinics of this center, from routine procedures that are not performed in accordance with Ministério da Saúde de Moçambique (MISAU) recommendations. The high prevalence of some STI found in this population, their risk behavior, together with the non-observance of some guidelines in the management of those infections by the health personal very worrying. The implementation of a teaching program on quality control, prevention and management of these infections by the health professional seems to us to be of utmost importance, so these can act in accordance with the present guidelines and transmit correct information to the pregnant women who attend prenatal care.

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## **ART effective treatment: Another twist in the fight against HIV in Uganda?**

**Lutaaya Dan**

Voiceless Orphan Taskforce, Uganda

Anti-Retroviral Therapy (ART) is a part of HIV treatment. ART treatment seems to give a great promise to improved quality of life among people living with HIV and increased life expectancy over the past 30 years. Recent studies have shown that proper use of ART rapidly suppresses the virus to undetectable amounts. This however doesn't mean that the patient is cured from the virus. This effectiveness of ART has however of late turned into a little danger to the efforts in the fight against HIV/AIDS. A number of clients responding well to ART completely have no signs of HIV; in fact, in most cases they look healthier than the HIV negative people and can easily convince anyone into unprotected sex. In addition, the suppression of the virus to undetectable amounts makes many discordant couples engage confidently in unsafe sex which may surely be risky in the end. The above is worsened by the fact that of late, pre-test counseling and post-test follow-ups have not been given much attention due to the huge workload usually found at healthy centers, only 1600 physicians for a population of 20 million people. If such situations are not checked early in time, the globe might see another face of HIV transmission risk. Attention now has to be put on the after implications of effective ART treatment to both the infected and non-infected community members. The fight shouldn't be left in the hands of the public to make their own conclusions and decisions. Professional mass communication messages and policies should target this situation.

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## Evaluation of the prevalence and risk factor of *Chlamydia trachomatis* infection among subjects in some Niger Delta communities, Nigeria

**Azuonwu Obioma, David-Suberu Gold E A and Wokem Gloria Ngozika**

Rivers State University, Nigeria

**Background & Aim:** *Chlamydia trichomatis* infection is one of the neglected sexually transmitted disease of mostly woman in sub-Saharan Africa and across the globe in general. Nevertheless, the development of signs and symptoms such as vagina discharge and genital pain is very rare among the infected subjects. Hence, the infected subjects may live with it for so long without being aware that they are carriers, thereby constituting a public health risk to the general public. The aim is to state that there is paucity of data with respect to the prevalence and associated risk factors of above infection in the region of study thus, it is therefore strongly believed that information generated would be helpful in prompt diagnosis and treatment of the disease in our remote communities, even as the associated risk factors that tend to promote the easy spread of the infection in our remote localities would be well appreciated.

**Method:** A total of 275 samples comprising of first void urine, endo-cervical swabs and urethral swabs were collected from 128 male and 147 female subjects after securing an oral consent form the subjects and ethical approval was also gotten from the ethical committee of Rivers State Hospital Management Board. The subjects were selected by random sampling technique. Screenings of the specimens were carried out using Chlamydia qualitative rapid test kit.

**Result:** The prevalence of *Chlamydia trachomatis* infections according to age was 1.82% for age 15-17 years, 1.8% for age 18-30 years and 2.18% for age 31-45 years. The overall prevalence was 16 (5.8%), the highest prevalence was observed among the age group of 31-45 years (2.18%). The prevalence of infections among the study subjects in relation to gender was 3.64% for female and 2.18% for males. The prevalence for marital status was highest among singles 4.36%. However, married and widowed subjects had the same prevalence of 0.73%. HIV subjects and multiple sex partners showed a strong associated risk factor, (OR) 5.143 and 4.471, respectively at 95% confidence interval.

**Conclusion:** It is therefore strongly recommended that, there is a need for prompt and regular diagnosis check-up and health education should also be provided to the people, so as to curb the spread of the infection in our communities, especially among the healthy carriers.

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**Prevalence and risk factors of HIV and syphilis among pregnant women in Ado local government, Ekiti state, south western Nigeria, 2017**

**Olusola H Ajayi<sup>1,2</sup>, Patrick Nguku<sup>1</sup>, Ike Oluwapo Ajayi<sup>2</sup> and Hannah Dada-Adegbola<sup>2</sup>**

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<sup>2</sup>University of Ibadan, Nigeria

**Background & Aim:** Sexually Transmitted Diseases (STDs) are epidemics and causes enormous health and economic consequences in developing countries. HIV, syphilis and other STDs are transmissible to the unborn babies and results in adverse pregnancy outcomes. This study aimed to determine the prevalence and risk factors of HIV and syphilis among pregnant women in Ado local government area.

**Method:** A cross-sectional study was conducted between March and May, 2017. 340 pregnant women attending ANC and maternity homes were enrolled. Data was collected using semi-structured interviewer administered questionnaire and blood samples from enrollees were screened for HIV and syphilis using Enzyme Linked Immunosorbent Assay. Descriptive, bivariate and multivariate analyses were done and level of significant set at 5%.

**Results:** Data analysis was carried out on 337 respondents. Mean age was 29.6 years, 108 (53%) were employed, 274 (81.3%) Christian and 251 (74.5%) had lived in Ado LGA for more than 2 years. Majority, 328 (97.3%) and 204 (60%) have heard of HIV/AIDS and syphilis, respectively. 11 (3.3%), 8 (2.4%) tested positive for HIV and syphilis, respectively. Both HIV and syphilis were found in 1 (0.3%) respondent. Predictors of HIV infection includes multiple sex partners in the last one-year (AOR 13.3, 95% CI. 2.6 - 69.8), giving or receiving money or goods in exchange for sex (AOR 5.5, 95% CI. 1.0-31.0). Predictors of syphilis infection were forced to have sex in the past 1 year (AOR 29.0, 95% CI. 3.4-244.1) and new sexual partner in the past 6 months (AOR 10.2, 95% CI. 1.5-68.1).

**Conclusion:** The prevalence of HIV (3.3%) and syphilis (2.4%) was high in this study population. The exposure of pregnant women to some risk factors underscores the need to intensify effort at providing health education to women of reproductive age on prevention of HIV, syphilis and other sexually transmitted diseases.

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## Contraception and prevalence of sexually transmitted diseases among adolescents and young adults in Uganda

**Peter Kisakye Kiwanuka**

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In Uganda young children under 16 years and adults between 20 to 28 years have sores or bumps on the genitals or in the oral or rectal area, painful or burning urination, discharge from the penis, unusual or odd-smelling vaginal discharge, unusual vaginal bleeding, pain during sex, sore, swollen lymph nodes, particularly in the groin but sometimes more widespread, lower abdominal pain aged. With children under 16 years have clear knowledge of sex and have played sexual intercourse with their counterparts. This early exposure to sexual behavior has resulted into high rate of sexually transmitted infections that has caused genital warts, genital herpes, syphilis, gonorrhea, trichomoniasis and HIV among adolescents and young adults in Uganda. Most vulnerable and risk groups include students, tax conductors, motorcyclists and street children. Through study research, it was discovered that most were infected by their mothers during child bath while others from person to person contact in blood, semen or vaginal and other bodily fluids. The majority of adolescents and young adults have a negative attitude towards the use of condoms for safer protected sex. Increased awareness, hospital visits for blood screening, condom use, proper use of contraceptives, increased sensitization are among recommendations Uganda can take as best interventions for sexually transmitted diseases.

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