

Type: Poster Presentation

Final Abstract Number: 62.012
 Session: Sexually Transmitted Diseases
 Date: Saturday, April 5, 2014
 Time: 12:45-14:15
 Room: Ballroom

HIV/AIDS and condom use among commercial sex workers in Ekiti State, Nigeria


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Background: This study investigated the prevalence of HIV/AIDS and the effective use of condom among commercial sex workers in Ekiti-State, Nigeria. The population consisted of all the commercial sex-workers in hotels and brothels in Ekiti-State. The representative sample consisted of 200 sex workers, selected from five Local Governments. The strata recognised age, sex, family background, seminar attendance, education and location of residence.

Methods & Materials: An instrument titled "HIV/AIDS and Condom Use Questionnaire" was used. The reliability coefficient of the instrument was estimated at 0.75 using Pearson Product Moment Correlation. Data collected were analysed using t-test and analysis of variance and tested at 0.05 level of significance.

Results: It is evident in the result that HIV/AIDS is prevalent among commercial sex workers in Ekiti-State. It was also inferred from the findings that there is no significant difference in the rate of condom use of commercial sex workers who have attended HIV/AIDS seminar and those who have not.

Conclusion: It is therefore concluded that HIV/AIDS is prevalent among commercial sex workers and their rate of condom use is low. Based on the findings, it was recommended that health workers should intensify efforts to organise seminars, conferences, workshop, and give information concerning the risk attached to unprotected sex. Government should also intensify efforts and ensure that sex workers have access to information, education and services on HIV/AIDS in order to extirpate their vulnerability. This research study will be of great importance to the entire commercial sex workers because it has unveiled the prevalence of HIV/AIDS among them and thereby will enhance their use of condom based on its importance in the prevention of the epidemics. It is crystal clear that this study will alleviate the contact of HIV/AIDS, because the prevalence of this epidemic among commercial sex workers was due to their attitude towards the use of condom, especially those that falls within the reproductive age. This study will also shift the attention of government and health workers to the needs of commercial sex workers particularly in the areas of health care.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1301>

Type: Poster Presentation

Final Abstract Number: 62.013
 Session: Sexually Transmitted Diseases
 Date: Saturday, April 5, 2014
 Time: 12:45-14:15
 Room: Ballroom

Clinical impact of usage of Luminex diagnostic panels for sexually transmitted infections (STIs)


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Background: Usage of molecular complex diagnostics has been shown to improve sensitivity of testing and to detect more co-infections. The aim of our study was to evaluate the improvement of diagnosis of STIs using complex diagnostics panels instead of the single tests ordered.

Methods & Materials: STI diagnostic panel (STI DP) detecting *N. gonorrhoeae* (NG), *C. trachomatis* (CT), *C. trachomatis* LGV (LGV), *T. vaginalis* (TV), *M. genitalium* (MG), *M. hominis* (MH), *U. urealyticum* (UU), *U. parvum* (UP) and genital ulcer diagnostic panel (GU DP) detecting Herpes simplex virus 1 (HSV1), and 2 (HSV2), *T. pallidum* (TP), *H. duckreyi* (HD), *C. trachomatis* LGV (LGV) were developed using Luminex xMAP technology. All samples sent in suspicion of STI were analyzed by STI DP (during 1 month) or in case of genital ulcer by GU DP (2 months) regardless which particular pathogen detection was ordered by physician.

Results: Totally 4985 STI and 336 GU samples from patients admitted to STI clinics were included. From these 253 (5%) and 16 (4.7%) were ordered for full STI DP and GU DP by physicians, and the rest for single pathogens/pathogen combinations. In case of STIs % investigations ordered by physicians from all samples were following: NG 49%, CT 91%, LGV 7%, TV 19%, MG 46%, MH 14%, UU 51%, UP 51% and in GU: HSV1 95%, HSV2 95%, HD 9%, TP 11%. Positive results from samples sent for particular pathogen testing and sent for some other pathogen(s) testing were following: NG 0.25/0.16%, CT 2.8/0.2% ($p < 0.001$), LGV 0/0%, TV 0.32/0.52%, MG 1.4/1.0%, MH 7.1/8.1%, UU 7.4/8.1%, UP 31.2/33.7%, HSV1 6.6/16.7%, HSV2 12.9/5.9%, HD 0/0%, TP 0/0%. In our settings, testing only pathogens ordered by physicians (instead of full panels) we lose 40% NG, 0.6% CT, 87.5% TV, 47.5% MG, 87.3% MH, 51% UU, 51% UP, 12.5% HSV1 and 2.4% of HSV2 which actually present in clinical materials.

Conclusion: Routine usage of diagnostic panels increases detection rate of some STI pathogens especially *T. vaginalis* and *N. gonorrhoeae*.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1302>