Chapter 5

SUMMARY AND CONCLUSION
world have reported herpes progenitalis as the commonest STD seen in patients coinfected with HIV.

The prevalence of HIV among patients with STD were found to be 11.17% with 8.66% in males and 2.51% in females.

The HIV seroprevalence in the present study was 11.17%, which is similar to the studies by Gharami et al. (1999), Pondicherry, Solanki et al. (2003) from Jamnagar and Palival et al. (2003) from Udaipur who reported 11.7%, 13% and 12.4% respectively and Kaur and Ahuja (2003) from Amritsar reported 14% seroprevalence of HIV among STD clinic attendees which is little higher than the present study.

In a study from Kolkatta (West-Bengal) by Jaiswal et al. (2003) also found an increasing trend of HIV seropositivity amongst STD cases which increased from 1.23% in 1994 to 11.11% in 2000 which is similar to our present study of 11.17% among STD patients. Sharma et al. (2002) from Delhi reported HIV seroprevalence to increase from 1% in a period from (1993-1996) to 9.7% in 2000 onwards group, i.e. 10 times increase in number of cases.

In a study from Mumbai by Pedhambkar et al. (2001) reported HIV seroprevalence in STD patients to be 31.18%. Mumbai being the commercial capital of India there is maximum migration from other states as well as from foreign countries resulting in promiscuous behavior therefore the incidence of HIV is bound to be very high.

Gulati (2002) from Faridkot, Punjab reported a seroprevalence of 7.38% and Devi and Sanyal (2002) from Cuttack (Orissa) reported 5.67% which is lower than the present study.
Out of 209 HIV positive patients, CD4 count was done in 34 patients having complaint of fever, weight loss intractable diarrhea or muco cutaneous lesions. Out of 34, 6 patients had CD4 count below 50 cells per μL, 3 had between 51-100, 8 had between 101 to 200 while remaining 17 had more than 200 cells per μL.

The present study highlights the epidemiological synergy between STDs and HIV infection. It is a complex problem involving socio-economic, behavioural and gender issues and therefore awareness regarding safe sex practices and avoidance of high risk sexual behaviour should be created.
CHAPTER V
SUMMARY AND CONCLUSIONS

In the recent years there has been an increase in the prevalence of HIV infection globally including India. In India more than 85% of HIV transmissions are obtained through sexual mode of transmission.

The purpose for carrying out the present study was aimed to analyse clinico-epidemiologic profile of patients with various sexually transmitted diseases and study the prevalence of HIV in STD patients.

In the present study of 1870 patients with various sexually transmitted diseases, 1560 (83.42%) were males and 310 (16.58%) were females with male to female ratio of 5.03:1. Majority of the cases (75.61%) belonged to the young sexually active age group of 15-34 years. Twenty four patients (1.28%) belonged to the pediatric age group while 11 patients (0.59%) belonged to the elderly age group above 65 years of age all of them being males. The age of the patient ranged from as low as 1 year old female with congenital syphilis to as high as 76 year old male with genital herpes.

Education wise majority had completed high school education accounting for 34.97% of the cases. Gender wise illiteracy was three times more in females (40.64%) compared to (14.87%) in males.

Majority of the patients were labourers (18.45%) and service class (17.04%). The female patients were mainly housewives.

Majority of cases in males had history of exposure with commercial female sex workers accounting for (47.69%) of cases, 13% reported of having exposure with a
known person (i.e. either a girlfriend or neighbor), while 12.31% had exposure with strangers.

Bisexual exposure was found in 6.67%, while 4.74% were homosexual and they were unmarried. 8 cases (0.51%) were forcible case of abuse.

In female majority of them (42.26%) strongly denied any history of exposure outside marital exposure, while (27.74%) were those females whose spouse had history of high risk behavior with multiple partners along with past or present complaint of STDs. Some 17.1% gave history of exposure with known person and 11.3% were commercial female sex workers who had exposure with their clients.

In the present study herpes progenitalis was the most common STD seen in 37.49% of cases followed by syphilis in (15.19%) of cases including one case of congenital syphilis, condyloma acuminata in (10.43%), mixed VDs (9.95%), gonorrhoea (9.79%), chancroid (7.91%), molluscum contagiosum (5.51%), nongonococcal urethritis (1.76%), balanoposthitis (1.34%), donovanosis (GI) (0.48%) and LGV (0.16%). The common site of involvement was genitals accounting for 89.79% of the cases.

Out of 1870 cases with various STDs 209 were HIV positive. The prevalence of HIV among STD patients were 11.17% in the present study with 8.66% in males and 2.51% in females.

Out of 209 HIV positive patients 162 (77.51%) were males and 47 (22.49%) were females. Male to female ratio were 3.45:1.

Most of the HIV positive patients (51.67%) were in the age group of 25-34 years. One male patient of 10 years was the youngest patient, a case of sexual abuse with perianal condyloma acuminata and molluscum contagiosa.
Out of 162 HIV positive males, 109 (67.28%) had exposure to CSWs. Out of 47 HIV positive female patients 22 (46.81%) were those females whose spouses had high risk behavior with present or past history of some STD and they were HIV positive.

Herpes Progenitalis was the commonest STD observed in 35.89% of cases, followed by Mixed VDs in 22%, syphilis (14.36%), condyloma acuminata (11%), molluscum contagiosum (7.66%), chancroid (4.78%), gonorrhoea (2.87%), balanoposthitis (0.96%) and nongonococcal urethritis (0.48%).

Sexually transmitted diseases including HIV has led to an increasing need to develop effective strategies to reduce the incidence of sexually transmitted infections in both developed and in developing countries.

Stress must be given to the subject of sexually transmitted diseases including HIV/AIDS. Sexual health has a profound influence over an individual's physiological and psychological well being. There is an increasing need to develop effective strategies to reduce the incidence of sexually transmitted infections.
FUTURE LINE OF WORK

➢ To conduct individual epidemiological studies in high risk populations like the commercial female sex workers, homosexual/bisexual men to know the exact incidence of the disease.

➢ Extra efforts should be made in creating awareness about sexually transmitted diseases and HIV/AIDS. Outreach workers and NGOs have an important role to play where they can identify people with high risk sexual behaviour and bring them to STD clinics.

➢ Safe sexual practices like microbicide gel and condom usage including female driven devices where females can have control over their health.

➢ Research on HIV must be particularly focussed on molecular level to study the analysis of host and viral factors which determine the rate of progression of HIV disease.

➢ Improved therapies and diagnostic techniques for the detection of STDs including HIV must be made cheap and easily available.

➢ Research on treatment like Antiretroviral therapy must be done which can boost the immune system of the patient, prevent opportunistic infection and delay progression to AIDS.

➢ Research must be carried out on the ultimate solution- The vaccines like the preventive, therapeutic and perinatal.