



PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS (STI) IN ACSR GOVERNMENT GENERAL HOSPITAL, NELLORE.

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ABSTRACT Sexually transmitted infections (STI) are among the most common causes of illnesses in the world and have far reaching health, social and economic consequences. It is estimated that after maternal causes, STI are responsible for the greatest number of healthy life years lost among women in developing countries. The present study was carried out prevalence of STI's, out of 800 patients attended to our DVL Department, ACSR Govt Medical College Nellore, out of whom 632 (60.3%) people were suffering from sexually transmitted infections. Sexually transmitted infections were more common in females accounting for about more than 60% (60.9%) than males for about 39% (39.1%). Vaginal discharge was the most common sexually transmitted infections, was noted in females in our study accounting for about 22.9% among all patients who are attended to our Hospital, Nellore. Herpes genitalis was the most common ulcerative sexually transmitted genital infection noticed among the males accounting for about 9.7% Genital warts were the next most common non-ulcerative Sexually transmitted genital disease noted, which is more prevalent among males accounting for about 6%. Human immunodeficiency virus was found in 221 females for about 57.4%, 128 males were infected with Human Immunodeficiency virus accounting for about 15.1% and Human immunodeficiency virus infection was noticed more commonly in patients with ulcerative Sexually transmitted infections; 39 female patients were suffering from lower abdominal pain (10.1%); 7 patients were infected with inguinal bubo, 3 females and 4 males. Syphilis was diagnosed in 39 patients, among whom females are 12 (3.7%) and males are 27 (10.9%). Herpes genitalis was the most common ulcerative sexually transmitted infection in males, while genital warts were the next most common non-ulcerative STI in males in our study. Vaginal discharge was the most common STI in females in our study.

KEYWORDS :

Introduction

Sexually transmitted diseases or STI remain one of the major causes of acute illness and morbidity with severe and far reaching health, social and economic consequences for millions of men, women and children all over the world (1). It is estimated that after maternal causes, STI are responsible for the greatest number of healthy life years lost among women in developing countries. Although STI are primarily transmitted through sexual intercourse, they can also be transmitted from mother to child during pregnancy and childbirth, and also occasionally through blood and blood products. Because of the rooted stigma and discrimination associated with STI, failure to diagnose and treat STI in time may result in serious complications and sequelae including infertility, fetal wastage, neonatal infections, ectopic pregnancy, cervical cancer and even death. Moreover, STIs also account for massive expenditures and thus have enormous socio-economic impact (WHO)(3-6). STI are the major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences for millions of men, women and infants. These are also major cause of economic burden and loss of productivity. There were about 498.9 million new cases of the major STIs (chlamydia, gonorrhoea and syphilis and trichomoniasis) according to WHO estimates of 2008(15). Women are the most vulnerable population to sexually transmitted infections and Human immunodeficiency virus infection. The vulnerability is because they are exploited, indulged in commercial sex work or are inadvertently infected through a promiscuous spouse (4). The prevalence of Sexually transmitted infections varies from region to region in our Communicable Diseases Control (CDC) in its millennium development goals has identified that preventing mother-to-child transmission of HIV, AIDS and congenital syphilis is one of the five winnable battles by adopting sustained coordinated effort (5). Every case of infectious syphilis should be considered as a potential source of infection. Prostitutes and promiscuous persons form a reservoir of syphilis. The factors that operate and interact in acquisition and spread of the disease are lack of treatment facilities, ignorance about the disease, sexual promiscuity, population explosion, migration from rural to urban areas, especially young men seeking work, disproportionate male-to-female ratio in the floating population in urban and pilgrim centres, mushrooming growth of slums in cities, low moral standards, all accounting for the spread of disease (6). The social stigma attached to a sexually transmitted disease leads to its concealment and aids its spread. Extramarital sexual activity, disharmony with spouse, premarital sex, multiple sex partners, non-use of condoms are the major risk factors (7).

A systematic, regional periodic synopsis of prevalence of Sexually transmitted infections not only help to study changing trends of Sexually transmitted infections, but also to assess effectiveness of control programs. WHO estimated that approximately 340 million new cases occur every year, nearly 80% of which in developing countries.(1) Interest in sexually transmitted infections and their management increased tremendously because of proven role in facilitation of Human immunodeficiency infection.(2) Most of Sexually transmitted infections, both ulcerative and non-ulcerative are prevalent in India and constitute one of major health problem.(3) In industrialised world diseases due to chlamydia, Human papilloma virus, Human immunodeficiency virus, Herpes simplex virus are more important than classical bacterial infections. Both groups remain major health problem in most developing countries.(15)

Research Methodology

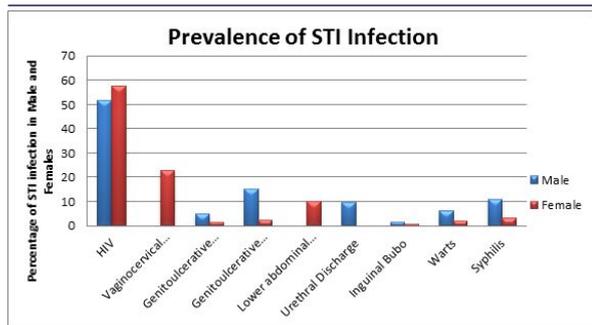
A retrospective analysis of patients attended to the DVL department, ACSR Govt. General Hospital, Nellore from January 2016 to November 2016. A total of 800 patients, out of whom 632 (79%) people were suffering from sexually transmitted infections. Diagnosis was based on clinical history, relevant lab investigations related to HIV, HbsAg testing and VDRL tests were done in all patients after taking due consent.

RESULTS

The present study reveals that, the patients attended to our hospital with STI's more in females (60.9%) than males (39.0%)(Table-1) (Fig-1).

Table-1 shows the STI infection in Male and females

S. No	STI infection	Male (n=247)	Female (n=385)
1.	HIV	128 (51.8%)	221 (57.4%)
2.	Vaginal Discharge	-	88(22.9%)
3.	Genitoulcerative Disease (Non-Herpetic)	12 (4.9%)	5(1.3%)
4.	Genitoulcerative Disease (Herpetic)	37 (15%)	9(2.3%)
5.	Lower abdominal pain	-	39(10.1%)
6.	Urethral Discharge	24(9.7%)	-
7.	Inguinal Bubo	4 (1.6%)	3(0.8%)
8.	Warts	15 (6.1%)	8(2.1%)
9.	Syphilis	27(10.9%)	12 (3.1%)



Discussion

Sexually transmitted infection (STI) remains a public health problem of major significance in most parts of the world and, if not diagnosed and treated early, may result in complications. With increased importance of HIV in the public health, STI began to receive more attention and attention (7-9). The global HIV epidemic has focused more attention on STI prevention and control due to the evidence of strong correlation between the spread of STI and HIV transmission (10). Epidemiological studies have shown that if people are HIV-negative, having one or more of a number of other common STI considerably increases their risk of becoming infected with HIV (3, 11). The annual rates of gonorrhoea were very high in South East Asian, Eastern Mediterranean and Western Pacific areas (12). WHO in 1962 recognised this fact and concluded that antibiotics alone will not be able to contain gonorrhoea and that it has to be recognised as a public health problem (15). In Indian scenario, the exact burden of STI remains relatively unknown. This is due to lack of a comprehensive surveillance system, which in turn is due to the cost involved and capacity of community based surveys. The same is true in reverse of HIV-positive people: being co-infected with one or more other STI considerably increases their chances of transmitting HIV, in some cases even if they are on fully suppressive antiretroviral therapy (13).

The present study was carried out prevalence of STI's, out of 800 patients attended our DVL Department, out of whom 632 (60.3%) people were suffering from sexually transmitted infections. Sexually transmitted infections were more common in females accounting for about more than 60% (60.9%) than males for about 39% (39.1%). Vagino-cervical discharge was the most common Sexually transmitted infections, was noted in females in our study accounting for about 22.9% among all patients who are attended to our ACSR Govt. General Hospital, Nellore. Herpes genitalis was the most common ulcerative sexually transmitted genital infection noticed among the males accounting for about 9.7%. Genital warts were the next most common non-ulcerative Sexually transmitted genital disease noted, which is more prevalent among males accounting for about 6%.

Human immunodeficiency virus was found in 221 females for about 57.4%, 128 males were infected with Human Immunodeficiency virus accounting for about 15.1% and Human immunodeficiency virus infection was noticed more commonly in patients with ulcerative (14) Sexually transmitted infections; 39 female patients were suffering from lower abdominal pain (10.1%); 7 patients were infected with inguinal bubo, 3 females and 4 males. Syphilis was diagnosed in 39 patients, among which females are 12 (3.7%) and males are 27 (10.9%). Herpes genitalis was the most common ulcerative Sexually transmitted infection in males, while genital warts was the next most common non-ulcerative STI in males in our study (2). Vagino-cervical discharge was the most common STI in females in our study. Women are more vulnerable population to STI. This is because they are exploited, indulge in commercial sex work inadvertently infected through promiscuous spouse. In our study, nearly more than half of our study population were diagnosed to have STI. There is a gradual trend towards an increase in female attendees in STI Clinic, as evident in previous studies (16-17).

Conclusion

Increasing health education about transmission of HIV and need to test, brought more individuals for voluntary screening.

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