VIth African Regional Conference on sexually transmitted diseases

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The VIth African Regional Conference on Sexually Transmitted Diseases (STDs), organised by the African Union Against Venereal Diseases and Treponematoses (AUVDT), was held in Yaounde, Cameroon from 27 to 31 March, 1989. Previously, the AUVDT has held its meetings alternately in Anglophone or Francophone African countries.

Cameroon, derived from a Portuguese word “Camarões”, meaning shrimps, is situated on the west coast of Africa, and it is bounded on the north by Chad Republic, the west by Nigeria, the east by Central Africa Republic and on the south by the Peoples' Republic of Congo and Equatorial Guinea. It has an area of 474,000 square kilometres and a population estimated at 10 million. Yaounde, which has a population of 750,000, is the administrative capital and the seat of Government.

There are some 618 medical doctors to look after nearly 10 million Cameroonian. Of these, 125 work in the private sector. The public sector is staffed by 29 of the 135 pharmacists in the country, while the rest work in private pharmacies.

There are three central hospitals situated in Garouua, Yaounde and Douala, 73 general hospitals in various divisions, 680 health centres and 43 centres for mother and child care. There are two main STD clinics in the Cameroon, one in Douala and one in Yaounde. Most of the STD patients are therefore being seen by the various hospitals’ Out Patient Departments, preventive health centres and rural health centres. The majority of cases not responding to treatment are therefore referred to the main STD clinics in Douala and Yaounde.

The opening ceremony of the Conference was held at the Palais des Congress in Yaounde on 27 March 1989. At the beginning of the Conference, one minute’s silence was called for in memory of Dr Andre Siboulet, the late President of the International Union Against Venereal Diseases and Treponematoses (IUVDT), who died on 27 June, 1988. The Conference was declared open by the Honourable Minister of Public Health of Cameroon, Professor Joseph Mbede. He gave an account of the health services of the Republic of Cameroon, as well as his activities to combat AIDS and other STDs in the country. The President of the AUVDT, Professor Mbina Mguemby, gave an account of the activities of the AUVDT since its inception in 1979 in Ibadan, Nigeria.

The first scientific session of the Conference was a presentation by Professor Ahmed Latif of the University of Zimbabwe of the recommendations of a WHO Workshop, held in Harare, Zimbabwe, in June, 1987, at the end of the 1987 Conference of the AUVDT on the treatment of STDs in Africa. The objective of the workshop was to provide a problem oriented approach for the diagnosis and treatment of STDs in rural health clinics. (The Report has been published as a WHO document.)

The second session was devoted to AIDS in Africa. Professor Ahmed Latif of Zimbabwe reviewed the clinical features and presentation of AIDS in Africa. He confirmed that the clinical features of HIV infection in Africa are similar to those encountered in the developed countries, but the features are mainly those of cell mediated immune deficiency, and seem to vary from place to place in Africa. The pattern of clinical presentation reflects the pattern of opportunistic infections prevalent in the area. The first session on HIV ended with a presentation on the maternal transmission of HIV infection in Africa. It was felt that vertical transmission of HIV in Africa could be prevented by the screening of pregnant women for HIV infections in areas with high sero-reactivity to HIV.

The second session on HIV dealt with role of STDs in the transmission of HIV in Africa. A number of scientists presented papers which show that genital ulcer disease facilitates the heterosexual transmission of HIV in Africa, particularly chancreoid, and in other areas by syphilis, lymphogranuloma venereum and herpes genitalis. Studies were presented, showing that HIV sero-conversion was associated with circum-
cision and genital ulcer disease in many parts of Africa. It was felt that STD programmes that treat genital ulcer disease should be initiated in areas where this is not done, or should be intensified where this is presently being carried out, in order to slow down the transmission of HIV in many parts of Africa. Dr Monny-L obe of Cameroon presented a study on the use of prostitutes as health educators for their colleagues in Yaounde. It was shown that this was an effective measure of control, and that these ladies could be motivated to use condoms and be aware of the risks they run of acquiring HIV infection.

Dr Ndoye (Senegal) reported that there have been 181 cases of HIV infections in the Senegal, of which 86 were dead, most of the cases coming from the capital, Dakar. The presence of HIV II has also been recognised in Senegal.

Although HIV II is thought to be endemic mainly in west Africa, reports were presented of its identification in Ivory Coast and Cameroons, suggesting spread by population movement across west Africa to central Africa.

Dr Silou, from Congo Brazzaville, presented data showing that STDs and HIV were becoming more serious public health problems in Brazzaville, with 5.07% of the population giving HIV seroreactivity, while 6.2% were giving positive reactions in serological tests for syphilis (STS). He suggested that urgent intervention measures should be established in order to curtail the STD problem.

In a discussion on the control of AIDS in Africa, it was unanimously agreed by participants that STD control programmes should be initiated or strengthened and coordinated with AIDS control activities, and that STD control should focus more on genital ulcer disease. Patients with genital ulcerations in Africa should be considered a high risk group for HIV infection and appropriately counselled. It was also agreed that protective measures, such as the use of condoms, should be made widely available to the generality of the public, and that prostitutes should be encouraged to use these condoms in order to reduce the transmission of HIV on the African continent.

Professor Peter Fiot of the Institute of Tropical Medicine in Antwerp, reviewed the interaction between STDs and HIV infection in Africa. He noted that there was growing evidence that STDs, in particular those causing genital ulceration, can act as cofactors, enhancing the efficiency of sexual transmission of HIV. He suggested that HIV infection itself may influence the clinical course and response to therapy of several STDs, including syphilis, chancroid and herpes.

In the fourth scientific session, Professor Andre Meheus, STD Manager at WHO in Geneva, reviewed the global picture of STDs. He noted that the second generation of STDs such as non-specific urethritis, are becoming increasingly more common, and that in the developing countries, STDs will increase by about 30% by the year 2000. The reasons he attributed to the increase in STDs in developing countries were: poor facilities for diagnosis and treatment, increasing prostitution, rural to urban migration, and increasing difficulty of providing health education to the general population of the rural dwellers in developing countries. He opined that the treatment of STDs is important in the control of HIV pandemic, and therefore intervention strategies should be urgently initiated and diligently executed.

Professor AS Latif of Zimbabwe reviewed the clinical features and pathogenesis of chancroid. He said that Haemophilus ducreyi is known to carry plasmids responsible for penicillinase production as well as sulphonamide and tetracycline resistance. In Zimbabwe, it has been noted that in patients with chancroid, who have, in addition, infection with HIV genital ulcers are more persistent and difficult to treat. The ulcers in some areas of the country show evidence of healing, whereas ulceration still persists in other parts. They have called this lesion "Non-reactive chancroid", characterised by persistent painful ulcer, necrotic base, no lymphadenopathy and non-responsive to treatment. Dr Zekeng and his colleagues in the Cameroons presented the first case of HIV II infection in the Cameroons. This was thought to result from population movement from west Africa to central Africa. It was suggested that patients suspected of HIV infection should be screened for both HIV I and HIV II.

Several papers were presented on other STDs, including Chlamydia trachomatis, gonorrhoea, chancroid, lymphogranuloma venereum, confirming the high incidence of these diseases in both west, east Africa and central Africa. Complications of these diseases, especially gonorrhoea and chlamydia, were also reported in a number of papers, for example, in the Cameroon, 46.1% of cases of tubal occlusion were thought to result from either gonococcal infection or chlamydial infection.

Professor Meheus of WHO, in his presentation, called the attention of participants to the resurgence of yaws in parts of west and central Africa. Increasing sero-reactivity has been reported in Nigeria, Ghana, Ivory Coast, Mali and Central African Republic. He therefore called for intensive case finding and diagnosis at consultation at primary care level, plus contact tracing and treatment.

One of the highlights of the Conference was the evening presentation of Mur D'Images on "Sida L'amour en questions," presented by Dr JT Couloud and Dr P Siboulet (son of late Dr Andre Siboulet). This event started with calling for one minute's silence
in memory of Dr Andre Siboulet, who was noted to have been a good friend and a motivator of the AUVDT. The Mur D’Images was understood to have been completed just before the death of Dr Andre Siboulet. The presentation was watched by 1,500 guests, made up of participants, doctors, pharmacists and paramedical personnel, and the university community in Yaounde. The final day of the conference was devoted to round table meetings which addressed the subjects of HIV education and condom protection among high risk groups, and integration of HIV control into the existing health services. The reports of these round table conferences will be published and subsequently presented to the next AUVDT Congress in 1991. The Conference ended with the annual general meeting of the AUVDT, at which the present executive were re-elected for a term of two years. The Honorable Minister of Health formally closed the Conference on 31 March, and this was followed by a Conference Dinner, which was attended by about 200 participants from 19 African countries, as well as others from USA, Europe, Middle East and New Zealand.

The next Conference of the AUVDT will be held in Mogadishu, Somalia, in June, 1991.
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doi: 10.1136/sti.65.5.328

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