Objectives Aim of the present study was to evaluate the seroprevalence of HSV-1, and HSV-2 infections among various population groups in Siberia, Russia.

Methods A sample of 1014 persons aged 14–64 years (47% males) were randomly selected from the general population in urban Novosibirsk (predominantly Russians) and rural regions of Tyva (predominantly persons of Asian origin). The study includes data obtained in 1994–2005. The current investigation was performed as an optional fragment of international WHO MONICA study, and HAPIEE study (Wellcome Trust Fund 064947/Z/01/Z and 081081/Z/06/Z). Sera were tested for IgG antibodies to HSV infections with type-specific ELISA (VectoHSV-1 IgG, VectoHSV-2 IgG, Vector-Best, Novosibirsk, Russia).

Results The overall prevalence of HSV-2 positivity was 21% being higher in females (26.4%) compared to males (17.0%, p=0.01). Seroprevalence rates increased with age from 0% at 14–17 years to 22.8% at 55–64 years in males and from 1.8% at 14–17 years to 51.6% at 55–64 years in females. Neither difference was observed between urban and rural population, nor in surveyed persons of Caucasian and Asian origin. Ten-year trend showed a decrease in the frequency of HSV-2 detection equally in different populations by 20%. HSV-1 seroprevalence was uniformly high in each population group (99–100%). In conclusion, HSV-2 is common in Russia with the prevalent rate close to USA and Scandinavian countries. The sex and age distribution of the infection in Russia is similar to other populations. In Siberia, ethnicity and standard of living do not influence HSV-2 prevalence. However, HSV-1 infection rates may influence HSV-2 infection distribution by cross-reactive immunity patterns.

Epidemiology poster session 1: STI trends: syndromic approach

TREND OF SEXUALLY TRANSMITTED DISEASES DIAGNOSED BY SYNDROMIC APPROACH IN AN INSTITUTE SETTING

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A. Kunwar, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Background The paradigm of research in sexually transmitted diseases (STD) has recently shifted to HIV/AIDS. Recent trend of sexually transmitted diseases in India is lacking.
Objective To determine the trend in the syndromic diagnosis of sexually transmitted infections (STI).

Methods Data of patients attending our STD clinic between 2008 and 2010 was retrieved. Aetiological diagnosis of individual patients as practiced in our clinic were fit into any of the following syndromic diagnoses—vaginal/cervical discharge, non-herpetic genital ulcer, herpetic ulcer, lower abdominal pain, urethral discharge, ano-rectal discharge, inguinal bubo, scrotal swelling, genital warts, and other STIs that could not be characterised into above syndromes. The syndromic approach as suggested by National AIDS Control Organization of India was followed. Trend of syndromic diagnosis of STIs was determined.

Results In 2008, majority (51.1%) of the new patients registered to the clinic (36, 26.66% herpetic genital ulcer, 33, 24.44% genital warts) had one or the other viral STI. In 2009, 43.68% patients had viral STIs (21.55% herpetic GUD, 22.38% genital warts). In 2010, there was a significant increase in the incidence of viral STIs; 72.6% patients (36.94% herpetic GUD and 35.66% genital warts) had one or the other viral syndromic diagnosis.

Conclusion In concurrence to observations worldwide, proportion of viral STIs have increased significantly recently due to widespread use of broad spectrum antibiotics. One more reason could be recurrent or persistent nature of these viral STIs. In our setting, incidences of herpetic GUD and genital warts were almost similar.

LONGITUDINAL TRENDS IN SYNDROMIC STI DIAGNOSES IN LILONGWE, MALAWI: 2006–2010


1G Kamanga, 2K Powers, 1C Mapanje, 1N Mkandawire, 1H Milonde, 1H Kanyamula, 1P Wiya, 1F Martinson, 3W Miller, 1H Hoffman. 1UNC Project Malawi, Lilongwe, Malawi; 2University of North Carolina, Chapel Hill, USA

Background To understand longitudinal trends in sexually transmitted infection (STI) syndromes, we conducted a descriptive analysis of syndromic STI diagnoses at an STI clinic in Lilongwe, Malawi over the last 5 years.

Methods Using data collected routinely at all STI clinic visits since March 2006, we calculated the proportion of patients seen in each of the last five calendar years (2006, 2007, 2008, 2009, and 2010) who were diagnosed with each of the following STI syndromes—genital ulcer disease, genital warts, abnormal vaginal discharge (females), lower abdominal pain (females), urethral discharge (males), balanitis (males), swollen inguinal lymph nodes (males), and scrotal swelling (males).

Results An average of 6694 unique patients were seen each year; approximately 60% were female and 40% were male. Among males, the most common diagnoses were urethral discharge, genital ulcer disease, and balanitis (Abstract P1-S1.24 figure 1). There was an increase in the prevalence of urethral discharge over the period 2006–2010 (from 25% to 35%, p<0.0001), but there was a slight decrease in the prevalence of genital ulcer disease (from 22% to 20%, p=0.02) and balanitis (from 15.5% to 12%, p=0.0002). Among females, the most common diagnoses were abnormal vaginal discharge, lower abdominal pain, and genital ulcer disease. There was an increase in the prevalence of abnormal vaginal discharge over the period 2006–2010 (from 40% to 45%, p<0.0001), but there was a decrease in the prevalence of lower abdominal pain (from 35% to 33%, p<0.0001) and genital ulcer disease (from 15% to 10%, p<0.0001). The prevalence of all other STI syndromes remained below 10% throughout the study period.

Conclusion In concurrence to observations worldwide, proportion of viral STIs have increased significantly recently due to widespread use of broad spectrum antibiotics. One more reason could be recurrent or persistent nature of these viral STIs. In our setting, incidences of herpetic GUD and genital warts were almost similar.

TRENDS OF SEXUALLY TRANSMITTED DISEASES DIAGNOSED BY SYNDROMIC APPROACH IN AN INSTITUTE SETTING

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A Kanwar. Postgraduate Institute of Medical Education and Research, Chandigarh, India

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Objective To determine the trend in the syndromic diagnosis of sexually transmitted infections (STI).

Methods Data of patients attending our STD clinic between 2008 and 2010 was retrieved. Aetiological diagnosis of individual patients as practiced in our clinic were fit into any of the following syndromic diagnoses—vaginal/cervical discharge, non-herpetic genital ulcer, herpetic ulcer, lower abdominal pain, urethral discharge, ano-rectal discharge, inguinal bubo, scrotal swelling, genital warts, and other STIs that could not be characterised into above syndromes. The syndromic approach as suggested by National AIDS Control Organization of India was followed. Trend of syndromic diagnosis of STIs was determined.

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Conclusion In concurrence to observations worldwide, proportion of viral STIs have increased significantly recently due to widespread use of broad spectrum antibiotics. One more reason could be recurrent or persistent nature of these viral STIs. In our setting, incidences of herpetic GUD and genital warts were almost similar.