4.5 times more likely to report symptoms of STIs. Exposure to clients of FSWs/Non-FSWs. The workers who have two moves are at risk because of their age, economic independence, low level of education, group living and residence in a place away from their family.

Methods

Study was conducted one of high HIV prevalence state of India during 2009 Criteria used in selecting study areas include number of hotels, volume of hotel migrant workers and prevalence rate of HIV. By simple random method, 609 respondents are selected from 20 PSUs who made more than two moves during last three years. Odds ratio with 95% confidence interval are computed to assess risk association.

Results

Sexual activity was widespread among hotel migrant workers, irrespective of their marital status. Mean age at first sexual experience was 23.49 years. One-third had sexual contact with FSWs in past 12 months and fifty percent had sexual relationship with Non-FSWs. Unmarried migrants started their sexual actions with FSWs/Non-FSWs at less than 19 years. Condom usage was high with FSWs (68.3percent) than with Non-FSWs (20.0percent). It indicates migrants’ perception of chance of getting HIV/AIDS varies according to their partners. Overall, 30percent of migrants suffered by any one sexual health/STIs related symptoms. Regression results shows that degree of mobility have an extreme positive relation with incidence of self-reported symptoms of STIs among clients of FSWs/Non-FSWs. The workers who have two moves are 4.5 times more likely to report symptoms of STIs. Exposure to pornography related matters is much strong predictor of STIs symptoms. Degree of mobility has extreme positive relation with incidence of STIs among clients of FSWs/Non-FSWs and risk of getting HIV will be more.

Conclusion

It is recommended that HIV prevention interventions might benefit these populations if providing with the help of local para-medical professionals in their working place itself.

Background

WHO HIV drug resistance (HIVDR) threshold survey suggests that transmission of drug-resistance strains is likely to be limited. However, as access to ART is expanded, increased emergence of HIVDR is feared as a potential consequence. We have performed a surveillance survey of transmitted HIVDR among currently infected persons in the geographic setting of Accra, Ghana.

Methods

As part of a cross-sectional survey, 2 large voluntary counselling and testing centres in Accra enrolled 80 newly HIV-diagnosed, antiretroviral drug-naive adults aged 18 to 25 years. Virus from plasma samples with > 1,000 HIV RNA copies/mL (Roche Amplicor v1.5) were sequenced in the pol gene. Transmitted drug resistance-associated mutations (TDRM) were identified according to the WHO 2009 Surveillance DRM list, using Stanford CPR tool (v 5.0 beta). Phylogenetic relationships of the newly characterised viruses were estimated by comparison with HIV-1

Results

Subtypes were predominantly D (39/70, 55.7%), A (29/70, 41.4%), and C (2/70, 2.9%). Seven nucleotide sequences harboured a major TDRM (3 NNRTI, 3 NRTI, and 1 PI- associated mutation); HIVDR point prevalence was 10.0% (95% CI 4.1% to 19.5%). The identified TDRM were D67N (1.3%), L210W (2.6%); G190A (1.3%); G190S (1.3%); K101E (1.3%), and N88D (1.3%) for PI.

Conclusions

In Accra the capital city of Ghana, we found a rate of transmitted HIVDR, which, according to the WHO threshold survey method, falls into the moderate (5 to 15%) category. This is a considerable increase compared to the rate of < 5% estimated in the 2006–7 survey among women attending an antenatal clinic in mamobi. As ART programmes expand throughout Africa, incident infections should be monitored for the presence of transmitted drug resistance in order to guide ART policies.

Background

Migrant population groups potentate the effect of ever-growing HIV/AIDS epidemic. Hotel migrant workers being one such group are at risk because of their age, economic independence, low level of education, group living and residence in a place away from their family.

Methods

Study was conducted one of high HIV prevalence state of India during 2009 Criteria used in selecting study areas include number of hotels, volume of hotel migrant workers and prevalence rate of HIV. By simple random method, 609 respondents are selected from 20 PSUs who made more than two moves during last three years. Odds ratio with 95% confidence interval are computed to assess risk association.

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