Education of Medical experts. However, the level of knowledge of Truvada PreP was proportional to their Education. **Conclusion** The survey showed that more information on Truvada PreP usage should be disseminated since its usage still remains a myth to most Kenyans (there is still a strong belief that AIDS as no cure). Therefore, for a successful Truvada usage depends on Opinion leaders, health Professionals and researchers to correct the current misconceptions existing about Truvada PreP in their communities.

**Method** Four NG strains isolated from pharyngeal specimens were selected for this exercise. Three were isolated from women, and all four were susceptible to ceftriaxone, cefixime, and spectinomycin, three were less susceptible (intermediate) to azithromycin and two were resistant to ciprofloxacin. None of the strains produced penicillinase. The antibiotic susceptibility was obtained using the agar dilution method and European Committee on Antimicrobial Susceptibility Testing breakpoints were used. Of each of the isolates a suspension of approximately 108 CFU/ml (0.5 McFarland) was prepared in Phosphate-Buffered Saline (PBS) (positive control) and in serial dilutions of Chlorhexidine in PBS-0.2%, 0.1% and 0.05%. Following 30 and 60 s of exposure at ambient temperature a volume of 10 µl of each of the suspensions was plated onto BBLTM Columbia blood agar (5% horse blood) and incubated for 48 hours (5%–7% CO2, 35±2°C). The colony growth was recorded and the number of CFU was counted, if appropriate. All experiments were conducted in triplicate.

**Results** Abundant growth was obtained with all PBS control suspensions. Zero CFU/ml were retrieved for all experiments using 0.2% chlorhexidine and 60 s of contact time. In only one of the 12 experiments using 0.2% chlorhexidine and 30 s of contact time a NG growth of 100 CFU/ml was obtained. Lower concentrations of chlorhexidine inhibited the growth of NG but to a lesser degree than 0.2%. The longer contact time inhibited the growth more frequently compared to the 30 s of contact time.

**Conclusion** The efficacy of the inexpensive and widely available 0.2% chlorhexidine mouthwash in preventing or treating pharyngeal NG merits consideration in clinical trials.

**Introduction** In the recent past, it has been a notion that VIFSWS have a greater risk of acquiring HIV due to their Physical challenge they face. However, according to a report from UNAIDS which says that women have a greater risk of becoming infected than men if they are unprotected. The aim of the study is to analyse the level of awareness about HIV/AIDS/STIs among VIFSWs from their brothels in Eldoret town, Kenya.

**Methods** A descriptive study was conducted where Qualitative methods were used. In depth interviews were conducted on 60 VIFSWs and out of those 60, 6 strata of 6 was formed. The data was then put on codes and later interpreted.

**Results** According to the results, it was found out that 99% of the respondents in the study had knowledge on HIV/AIDS and STIs. However, the majority of the respondents faced ill treatment by their male clients due to their physical challenge they face. Also they faced stigma and discrimination from members of Public, on availability of user friendly health care services was also another challenge. They also lacked Testing and Counselling services from government Institutions.

**Conclusion** According to data obtained from the field, it suggests that the level of awareness of HIV/AIDS/STIs is high among the VIFSWs. However, there is an urgent need to conduct regular VIFSWs. This means that they have less knowledge on importance of Counselling and Testing and early use of PrEP in case of an exposure or early use of Anti Retroviral Therapy (ART).

**Introduction** Studies have found that oral sex plays a major role in the transmission of Neisseria gonorrhoeae (NG) in men who have sex with men (MSM) populations. We aimed to establish in vitro the concentration and exposure time of Chlorhexidine mouthwash (Corsodyl â) that can inhibit the growth of NG to less than 102 Colony Forming Units (CFU) per ml.

**Method** Abundant growth was obtained with all PBS control suspensions. Zero CFU/ml were retrieved for all experiments using 0.2% chlorhexidine and 60 s of contact time. In only one of the 12 experiments using 0.2% chlorhexidine and 30 s of contact time a NG growth of 100 CFU/ml was obtained. Lower concentrations of chlorhexidine inhibited the growth of NG but to a lesser degree than 0.2%. The longer contact time inhibited the growth more frequently compared to the 30 s of contact time.

**Conclusion** The efficacy of the inexpensive and widely available 0.2% chlorhexidine mouthwash in preventing or treating pharyngeal NG merits consideration in clinical trials.