



# ANNUAL CONFERENCE PROCEEDINGS SLCoSHH 2024

29<sup>th</sup> Annual Conference  
**Sri Lanka College of  
Sexual Health and  
HIV Medicine**

31<sup>st</sup> October to 2<sup>nd</sup> November 2024  
The Kingsbury Colombo



# The Council of The Sri Lanka College of Sexual Health and HIV Medicine - 2024



## SEATED FROM LEFT TO RIGHT

Dr. Ariyaratne Manathunge, Dr. Geethani Samaraweera, Dr. Thilani Ratnayake (Immediate Past President), Dr. Manjula Rajapakse (President Elect), Dr. Priyantha Weerasinghe (President),  
Dr. Nalaka Kulathunge (Secretary), Dr. M.K.G.I.N.K. Gunarathna (Treasurer), Dr. C. Hathurusinghe, Dr. Nimali Jayasuriya (Vice President)

## STANDING FROM LEFT TO RIGHT

Dr. K.A.S.A. Perera, Dr. Vino Dharmakulasinghe, Dr. W. A. Irani Wathsala Gunathilake, Dr. Piyumi Perera, Dr. D. I. Rajapaksha, Dr. H.G.H. Fernando (Asst. Secretary II), Dr. G.I.D.K.S. Dharmaratna,  
Dr. Gayani Nanayakkara, Dr. Lalanthika Welivitiya, Dr. Umedha Jayasinghe, Dr. Shiyama Somawardhana, Dr. W. S. Pannala

## ABSENT

Dr. Lucian Jayasuriya, Dr. Iyanthi Abeyewickreme, Dr. Darshani Wijewickrama, Dr. Chandrika Wickramasuriya, Dr. Neelamaje Punchihewa, Dr. Leelani Rajapaksa, Dr. Jayadarie Ranatunga,  
Dr. Nalaka Abeygunasekara, Dr. Ajith Karawita, Dr. Darshani Wijewickrama, Dr. Himali Perera, Dr. D.O.C. de Alwis, Dr. Duleepa Sachithi, Dr. Shermila Rajapakse, Dr. Nisansala Madapatha (Asst. Secretary I)



**SRI LANKA COLLEGE OF SEXUAL HEALTH  
AND HIV MEDICINE**  
(Sri Lanka CoSHH)

**Proceedings of  
the 29<sup>th</sup> Annual Scientific Sessions  
2024**

**"Let Science Reach All"**  
Connect all with advanced sexual health services

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 Dr. Saranie Perera



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## Message from the Chief Guest



It is a great honour to extend my message on this prestigious 29<sup>th</sup> Annual Conference of the Sri Lanka College of Sexual Health and HIV Medicine. As you engage in deliberation on this year's timely theme, *"Let Science Reach All: Connect All with Advanced Sexual Health Services,"* I would like to express my heartfelt appreciation for the remarkable achievements this college has contributed in the field of sexual health and HIV medicine in Sri Lanka. These accomplishments reflect a dedicated journey spanning nearly three decades, marked by both academic rigor and a commitment to patient-centred care.

This conference is not only a tribute to your collective dedication but also a platform to address the evolving challenges and opportunities in sexual health and HIV care. Organized with internationally renowned speakers, this year's sessions exemplify our healthcare standards and ambition to match globally recognized best practices. This effort is crucial in ensuring that, as our world becomes increasingly interconnected, Sri Lanka remains at the forefront of equitable access to sexual health services, responding to the unique challenges of the 21<sup>st</sup> century.

Globally, organizations like WHO, the Global Fund, and UNAIDS are driving efforts aligned with the Sustainable Development Goal 3.3, aimed at ending the HIV epidemic by 2030. Today, HIV has transitioned into a manageable chronic condition, enabling those affected to lead fulfilling lives. This conference embodies our shared commitment to continually advancing STI/HIV prevention, diagnosis, treatment, and care—while also focusing on the specialized needs of key populations, including the LGBTQI community. Your college's dedication has allowed those impacted by stigma and discrimination to emerge from the shadows and reclaim not only healthcare but also their fundamental human rights. In a time where inclusivity and accessibility are essential, the theme of *"reach all and connect all"* stands as a powerful reminder of our goal to leave no one behind.

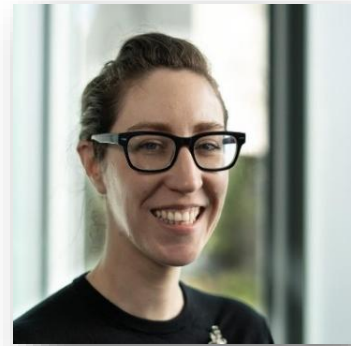
As we work toward a future where healthcare is equitable, accessible, and rights-based, I am optimistic that together, we will overcome the remaining obstacles in delivering vital sexual health services across Sri Lanka.

I wish every success to your academic sessions this year.

Dr Palitha Mahipala  
Secretary to the Ministry of Health



## Message from the Guest of Honor



Dear Colleagues,

I am deeply honoured to join you at the 29<sup>th</sup> Annual Conference of the Sri Lanka College of Sexual Health and HIV Medicine. This year's theme of "Let Science Reach All" is particularly close to my heart.

Globally, sexually transmitted infections (STIs), HIV and viral hepatitis continue to result in over 2 million deaths and 1 million cases of cancer annually. Over 1 million people are newly infected with STIs daily, and a further 4.5 million with HIV, and hepatitis B and C each year. We face major challenges with the ongoing development of antibiotic resistance to gonorrhoea and *Mycoplasma genitalium*, and the emergence of new epidemics of STIs including LGV proctitis and MPOX. The horrifying trends in sexual violence, stigma, and the political and social suppression of marginalised groups continues to obstruct sexual wellbeing for many people. The World Health Organisation targets of ending the epidemics of HIV, viral hepatitis and STIs by 2030 remain extremely challenging.

Despite these challenges, I strongly believe that as clinicians working in the field of sexual health and HIV, we have the opportunity to transform health outcomes for our patients, and also for national and international populations. Through our evidence based clinical work and our contributions to research, implementation science, quality improvement, education, public health policy and political campaigning, we facilitate and improve sexual health and wellbeing, championing the needs of our patients and populations.

I greatly appreciate having the opportunity to learn with and from you at this conference and am very much looking forward to having the chance to discuss our mutual challenges and successes as sexual health clinicians.

Dr Emily Clarke  
 Consultant in genitourinary medicine and HIV  
 Liverpool, UK

## Message from the President

### Sri Lanka College of Sexual Health and HIV Medicine



It is with great pleasure I declare the 29<sup>th</sup> annual conference of Sri Lanka College of Sexual Health and HIV Medicine commencing from 31<sup>st</sup> of October to 2<sup>nd</sup> of November 2024 at Kingsbury Colombo under the theme of “Let Science reach all”.

Science of Sexual Health and HIV Medicine is growing rapidly, and providing much exciting evidence especially when it comes to HIV Medicine. It is evident that this will further evolve in future and will produce answers to many questions. It is true that new emergence of some of management challenges to some of STI are still a major concern. Hopefully, Science will give answers to many concerns. However, major concern in the field of Sexual Health and HIV Medicine we still see is some of the at-risk population is not reaching the advances of science. As health care professionals, we need our members to be updated with the latest evidence of the field and try their best to apply it to the practice and reach all who need services and those who are at risk.

Sri Lanka is just recovering from the economic crisis and I am proud to have a conference of this calibre with the participation of foreign and local experts in the field. This year's conference aims to update all with the latest evidence in relation to challenging areas in the field of Sexual Health and HIV Medicine. This year for the first time in the history of the conference will have a mini conference to explore issues among LGBTQI and renal medicine among PLHIV.

I hope the conference will provide mutual knowledge, experience and evidence sharing among all and will be a platform for future collaborations. I must thank all foreign and local experts joining in the conference, all stakeholders, sponsors for their immense contribution in having successful sessions in this calibre.

Finally, I'm looking forward to an exciting event of annual conference with all of you this time.

Dr Priyantha Weerasinghe  
President  
Sri Lanka College of Sexual Health and HIV Medicine

## Message from the Honorary Secretary

### Sri Lanka College of Sexual Health and HIV Medicine



It is with great pleasure that I extend my warmest greetings to all of you as we prepare to commence the 29th Annual Conference of the Sri Lanka College of Sexual Health and HIV Medicine. This year's conference promises to be an exceptional gathering, starting with our inaugural mini pre-congress session, along with two skill-building sessions for venereology trainees, and a collaborative pre-congress event with the Sri Lanka College of Pulmonologists.

The main congress will introduce multiple new elements designed to enhance the overall experience and outcomes for all attendees. I would like to express my heartfelt gratitude to our dedicated Organizing Committee, Council, and all members who have invested their unwavering commitment and tireless efforts to ensure the success of this event. Your contributions are the foundation upon which our conference rests, and I thank you for your dedication.

This meticulously crafted program aims to set new standards for the SLCoSHH annual conference, ensuring that participants derive maximum benefit. I eagerly anticipate your active engagement throughout the proceedings. Your insights and participation will enrich our discussions and contribute significantly to the success of our gathering.

I am confident that you will leave feeling rewarded and inspired by the knowledge shared and connections made during this conference.

I look forward to welcoming you to this momentous occasion.

Thank you.

Dr Nalaka Kulathunge  
Secretary  
Sri Lanka College of Sexual Health and HIV Medicine

## Programme overview

Pre-congress session – Thursday, 31 <sup>st</sup> of October 2024 In collaboration with Sri Lanka College of Pulmonologists <b>Venue: The Winchester – The Kingsbury Colombo</b> <b>From Risk to Resilience: Addressing TB and Respiratory OIs in HIV</b>	
08:30 - 09:00 AM	<b>Registration</b>
09:00 - 09:10 AM	<b>Welcome address</b>
Symposium – I Chairpersons: Dr Priyantha Weerasinghe & Dr Manil Peiris	
09:10 - 09:30 AM	<b>Introduction to respiratory tract OI and HIV</b> <i>Dr Piyumi Perera, Consultant Venereologist</i>
09:30 - 09:50 AM	<b>Update on TB: Different TB presentations, screening and diagnosis</b> <i>Dr Eshanth Perera, Consultant Respiratory Physician</i>
09:50 - 10:10 AM	<b>Management of Pulmonary TB and Latent TB</b> <i>Dr Bandu Gunasena, Consultant Respiratory Physician</i>
10:10 - 10:20 AM	<b>Panel discussion</b>
10:20 - 10:30 AM	<b>Morning tea</b>
Symposium – II Chairpersons: Prof Dushantha Madegedara & Dr Vino Dharmakulasinghe	
10:30 - 10:45 AM	<b>Extra-pulmonary TB: Part 1 – CNS TB and Intestinal TB</b> <i>Dr S Rishikesavan, Consultant Respiratory Physician</i>
10:45 - 11:00 AM	<b>Extra-pulmonary TB: Part 2 – TB Lymphadenitis and Pleural TB</b> <i>Dr Bodhika Samarasekara, Consultant Respiratory Physician</i>
11:00 - 11:20 AM	<b>Treatment considerations in HIV TB co-infection</b> <i>Dr N. Kumarasamy, Specialist clinician and researcher in Infectious disease (Virtual)</i>
11:20 - 11:40 AM	<b>Update on pneumonias in HIV (CAP, PCP, Covid 19, Influenza, CMV)</b> <i>Dr Upul Pathirana, Consultant Respiratory Physician</i>
11:40 - 12:00 PM	<b>Theory into clinical practice: A case-based discussion</b> <i>Dr Neranjan Dissanayake, Consultant Respiratory Physician</i> <i>Dr Kokilanthi Dharmaratne, Consultant Venereologist</i>
12:00 - 12:10 PM	<b>Panel discussion</b>
12:10 PM onwards	<b>Lunch</b>





## **SRI LANKA COLLEGE OF SEXUAL HEALTH AND HIV MEDICINE**

**29<sup>th</sup> ANNUAL CONFERENCE 2024**

**'Let Science Reach All'**

### **INAUGURAL CEREMONY**

**Thursday, 31<sup>st</sup> October 2024 at 6:45 PM**

At The Balmoral, The Kingsbury, Colombo

#### **Welcome Address**

*Dr Priyantha Weerasinghe*

President, Sri Lanka College of Sexual Health and HIV Medicine

#### **Address by the Guest of Honour**

*Dr Emily Clarke*

Consultant in Genitourinary Medicine and HIV

Research Lead for Axxess Sexual Health

Associate Clinical Director for NIHR North West Coast CRN Research Scholars Programme

#### **Address by the Chief Guest**

*Dr. Palitha Mahipala*

Secretary to the Ministry of Health, Sri Lanka

#### **Presidential Address**

*Let Science Reach All*

*Dr. Priyantha Weerasinghe*

President, Sri Lanka College of Sexual Health and HIV Medicine

#### **Awards**

Award of fellowships

Award for the best performance in Diploma in Venereology

Award for the best performance in MD Venereology

#### **Vote of thanks**

*Dr. Nalaka Kulathunge*

Secretary, Sri Lanka College of Sexual Health and HIV Medicine

#### **Reception**



## Conference Sessions, Day 1 – Friday, 1<sup>st</sup> of November 2024

### Venue: The Balmoral – The Kingsbury Colombo

#### Symposium I – Breaking the Cycle: Effective Strategies for STI Control Chairpersons: Dr Iyanthi Abeyewickreme & Dr Ariyaratne Manathunge

08:00 – 08:30 AM	<b>Registration</b>
08:30 – 08:50 AM	<b>Exploring trends in STI epidemiology: A global and local perspective</b> <i>Dr Iruka Rajapaksha, Consultant Venereologist</i> 🇱🇰
08:50 – 09:10 AM	<b>Novel approaches on prevention of STI</b> <i>Dr Emily Clarke, Consultant in Genito-urinary medicine and HIV</i> 🇬🇧
09:10 – 09:30 AM	<b><i>Neisseria gonorrhoeae</i> antimicrobial resistance associated challenges with multi-drug resistant gonorrhoea</b> <i>A/prof Carole Khaw, Senior Consultant Sexual Health Physician</i> 🇺🇸
09:30 – 09:50 AM	<b>Elimination of syphilis and gonorrhoea in 2030</b> <i>Dr Nimali Jayasuriya, Consultant Venereologist</i> 🇱🇰
09:50 – 10:10 AM	<b>Contact tracing &amp; defaulter tracing: Experience from developed world</b> <i>Jamie Hermanson, Nurse Consultant-Partner notification (Virtual)</i> 🇺🇸
10:10 – 10:30 AM	<b>Panel discussion</b>
10:30 – 10:50 AM	<b>Morning tea</b>

#### Symposium II – Navigating the Landscape of STI Management Chairpersons: Dr Leelani Rajapaksa & Dr G Weerasinghe

10:50 – 11:10 AM	<b>Update on HSV and Place of HSV serology in management context</b> <i>Dr Emily Clarke, Consultant in Genito-urinary medicine and HIV</i> 🇬🇧
11:10 – 11:30 AM	<b>Otosyphilis and ocular syphilis – lest we forget</b> <i>A/prof Carole Khaw, Senior Consultant Sexual Health Physician</i> 🇺🇸
11:30 – 11:50 AM	<b>Monkeypox as a new STI</b> <i>Prof Graham Taylor, Professor of Human Retrovirology</i> 🇬🇧
11:50 – 12:10 PM	<b>Point of care testing in management of STIs</b> <i>Dr Jayanthi Elwitigala, Consultant Microbiologist</i> 🇱🇰
12:10 – 12:30 PM	<b>HPV Vaccine: Preventive vs therapeutic</b> <i>Dr Mahesh Ratnayake, Senior Consultant Sexual Health Physician</i> 🇺🇸
12:30 – 12:50 PM	<b>Mycoplasma: Are we missing?</b> <i>Dr Geethani Samaraweera, Consultant Venereologist</i> 🇱🇰
12:50 – 01:10 PM	<b>Panel discussion</b>
01:10 – 02:00 PM	<b>Lunch</b>

#### Symposium III – Viral Hepatitis: Unraveling the Complexities Chairpersons: Dr Gayani Nanayakkara & Dr Shyama Somawardhana

02:00 – 02:20 PM	<b>HIV Hepatitis B/C co-infections: Clinical challenges</b> <i>Dr Dariusz P. Olszyna, Infectious Diseases and Internal Medicine Specialist</i> 🇵🇱
02:20 – 02:40 PM	<b>IV drug use and Hepatitis: Treatment and challenges</b> <i>Prof Arlene C. Seña, Professor of Medicine and Adjunct Associate Professor of Epidemiology (Virtual)</i> 🇺🇸
02:40 – 03:00 PM	<b>Comprehensive management of Hepatitis B during pregnancy</b> <i>Prof Madunil Niriella, Professor in Gastroenterology</i> 🇱🇰
03:00 – 03:20 PM	<b>Triple elimination: Are we ready?</b> <i>Dr Leelani Rajapaksha, Consultant Venereologist</i> 🇱🇰
03:20 – 03:40 PM	<b>Panel discussion</b>
03:40 – 03:50 PM	<b>Evening tea</b>

## Conference Sessions, Day 1 – Friday, 1<sup>st</sup> of November 2024 – Cont..

**Symposium IV – Addressing the Challenges in Sexual Health**  
**Chairpersons: Dr Jayadarie Ranatunga & Dr Thilani Ratnayake**

03:50 – 04:10 PM	<b>Desire disorders in females: Are we addressing adequately?</b> <i>Dr Prageeth Premadasa, Consultant Venereologist</i> 🇱🇰
04:10 – 04:30 PM	<b>Understanding VIN: A Gynaecological oncology approach to presentation and management</b> <i>Dr Kelum Jayasinghe, Gynaecological Oncologist</i> 🇱🇰
04:30 – 04:50 PM	<b>Management of sexual dysfunctions in the context of advanced NCD</b> <i>Prof Christopher Ho, Consultant Urologist (Virtual)</i> 🇲🇾
04:50 – 05:00 PM	<b>Panel discussion</b>

## Conference Sessions, Day 2 – Saturday, 2<sup>nd</sup> of November 2024

**Venue: The Balmoral – The Kingsbury Colombo**

**Free Papers**

**Chairpersons: Dr Ajith Karawita & Dr Manjula Rajapakshe**

08:00 – 08:30 AM	<b>Registration</b>
08:30 – 10:45 AM	<b>Free papers</b>
	<b>Poster presentations</b>
10:45 – 11:00 AM	<b>Morning tea</b>

**Symposium V – Advancing Antiretroviral Treatment: Embracing New Horizons**  
**Chairpersons: Dr Darshani Wijayawickrama & Dr Umedha Jayasinghe**

11:00 – 11:20 AM	<b>Low level viraemia, Novel resistance, Novel ART</b> <i>Prof Graham Taylor, Professor of Human Retrovirology</i> 🇬🇧
11:20 – 11:40 AM	<b>Long-acting ART – Way forward</b> <i>Dr Dariusz P. Olszyna, Infectious Diseases and Internal Medicine Specialist</i> 🇵🇱
11:40 – 12:00 PM	<b>Drug resistant HIV: Management options</b> <i>Dr N Kumarasamy, Specialist clinician and researcher in Infectious disease</i> 🇮🇳
12:00 – 12:20 PM	<b>Beyond undetectable viral load</b> <i>Dr Emily Clarke, Consultant in Genito-urinary medicine and HIV</i> 🇬🇧
12:20 – 12:40 PM	<b>Panel discussion</b>
12:40 – 01:30 PM	<b>Lunch</b>

**Symposium VI – Future directions of HIV: Addressing Varied Perspectives**  
**Chairpersons: Dr Geethani Samaraweera & Dr Chithran Hathurusinghe**

01:30 – 01:50 PM	<b>HIV in adolescents and young MSMs</b> <i>Dr Manjula Rajapakshe, Consultant Venereologist</i> 🇱🇰
01:50 – 02:10 PM	<b>HIV and Pregnancy</b> <i>Prof Graham Taylor, Professor of Human Retrovirology</i> 🇬🇧
02:10 – 02:30 PM	<b>Zero stigma by 2030</b> <i>Dr Ajith Karawita, Consultant Venereologist</i> 🇱🇰
02:30 – 02:50 PM	<b>CNS infections in advanced HIV: A continued challenge</b> <i>Dr N Kumarasamy, Specialist clinician and researcher in Infectious disease</i> 🇮🇳
02:50 – 03:10 PM	<b>Panel discussion</b>
03:10 – 03:30 PM	<b>Quizix</b>
03:30 – 03:40 PM	<b>Evening tea</b>
03:40 – 04:10 PM	<b>Overseas faculty meeting</b>

## Abstracts of Guest Lectures – Pre-Congress

### From Risk to Resilience: Addressing TB and Respiratory OIs in HIV

#### Symposium I

31<sup>st</sup> of October 2024

09:10 – 09:30 AM

#### Introduction to Respiratory tract OI and HIV

*Dr Piyumi Perera, Consultant Venereologist*

HIV weakens the immune system by targeting CD4 cells, reducing the body's ability to fight infections and diseases. HIV commonly increases vulnerability to respiratory infections such as Pneumocystis pneumonia (PCP), tuberculosis (TB), and bacterial pneumonia. It is important to understand the relationship between the stage of immune suppression and the risk of acquiring these respiratory conditions. By early identification and prompt management of these respiratory opportunistic infections, HIV related mortality and morbidity can be minimized.

31<sup>st</sup> of October 2024

09:30 – 09:50 AM

#### Update on TB: Presentations, screening and diagnosis

*Dr Eshanth Perera, Consultant Respiratory Physician*

Tuberculosis remains a leading cause of morbidity and mortality in patients with HIV infection, with the two diseases having a synergistic impact. HIV alters the clinical presentation of TB, with patients experiencing both typical and atypical manifestations depending on their degree of immunosuppression leading to diagnostic and management challenges. In patients with relatively preserved immune function, TB may present similarly to HIV-negative individuals, predominantly as pulmonary TB. However, as the immune system becomes more compromised, the presentation of TB can be less characteristic.

Extrapulmonary TB is more common in HIV patients, especially in those with very low CD4 counts. Miliary TB represents a life-threatening manifestation of TB that is often misdiagnosed due to its nonspecific symptoms, which overlap with other opportunistic infections. Immune reconstitution inflammatory syndrome (IRIS) is another important clinical entity in patients with TB and HIV. IRIS occurs after the initiation of antiretroviral therapy when the recovering immune system mounts an exaggerated inflammatory response to TB. Recognizing IRIS is crucial, as it can lead to paradoxical worsening of TB symptoms, requiring careful management.

Given the high risk of TB in HIV patients, screening is essential to ensure early detection and treatment. The WHO recommends a symptom-based approach for screening. However, HIV patients, especially those with advanced disease, may present with subtle or atypical symptoms, underscoring the need for heightened clinical suspicion.

Diagnostic screening tests are less reliable in HIV patients due to their immunosuppression. Tuberculin skin tests often yield false negatives, particularly in individuals with low CD4 counts. Interferon-gamma release assays offer an alternative but are still influenced by the degree of immune suppression. Chest X-rays remain an important tool, though the findings





in advanced HIV can be atypical. The diagnosis of TB in HIV patients can be challenging, in EPTB too and advanced imaging techniques are essential for identifying disease. Sputum smear microscopy too has reduced sensitivity in HIV patients. Culture methods remain the gold standard for TB diagnosis. The development of molecular diagnostics, such as the GeneXpert MTB/RIF assay, has revolutionized TB diagnosis. Urine lipoarabinomannan testing is another valuable tool for diagnosing for those with severe immunosuppression. Early initiation of ART is essential for reducing the incidence of TB in HIV patients, but clinicians must remain vigilant for IRIS, which can complicate treatment.

31<sup>st</sup> of October 2024

09:50 – 10:10 AM

### Management of Pulmonary Tuberculosis & LTBI

*Dr Bandu Gunasena, Consultant Respiratory Physician*

TB/HIV coinfection became a major health concern towards the last part of the 20<sup>th</sup> century. The most important defence against Tuberculosis, man had was his cell mediated immunity. As HIV infection primarily affects the cell mediated immunity TB infection started spreading in an unprecedented manner with the progression of HIV epidemic. With lowering of CD4 counts below 200 cell/ul, the clinical manifestations of TB changes to an extent that it becomes unrecognizable in a routine clinical approach. Therefore, diagnosis of TB needs special understanding and knowledge about different presentations and new diagnostic tools of TB/HIV coinfection. Identifying latent TB infection in people living with HIV and treatment of LTBI is one of the most cost-effective interventions in managing HIV patients and it needs a special emphasis. Rifampicin being a strong liver enzyme inducer it adversely affects the blood levels of protease inhibitors and non-nucleoside reverse transcriptase inhibitors. Therefore, in managing HIV/TB coinfection the clinician needs to be aware of these aspects to achieve a successful outcome

## Symposium II

31<sup>st</sup> of October 2024

10:30 – 10:45 AM

### Extra-pulmonary TB: Part 1 – CNS TB and GI TB

*Dr S Rishikesavan, Consultant Respiratory Physician*

Tuberculosis (TB) meningitis presents a significant clinical challenge, particularly in individuals infected with HIV. Common symptoms include fever, headache, vomiting, and altered consciousness, with variations noted in children who may experience seizures and nausea more frequently than adults. Studies indicate that HIV-positive patients are five times more likely to develop central nervous system involvement, with 10% of HIV-positive individuals experiencing TB meningitis compared to only 2% of HIV-negative patients. A low CD4 count (below 100 cells/ $\mu$ L) significantly heightens this risk.

Clinical manifestations of TB meningitis are similar across both HIV-infected and non-infected individuals, though HIV-positive patients may exhibit more pronounced altered consciousness and lymph node involvement. CNS tuberculomas, which occur in about 10% of TB meningitis cases, typically present with headaches, seizures, and focal neurologic deficits. In HIV-infected patients, tuberculomas often lack the seizure symptom commonly seen in non-infected individuals.

The management of TB meningitis may involve adjunctive corticosteroid therapy to reduce mortality and the risk of neurologic deficits, though this approach carries potential risks, including decreased drug penetration and increased susceptibility to infections. Emerging evidence supports the early initiation of antiretroviral therapy (ART) for patients with pulmonary TB and HIV, particularly those with low CD4 counts, despite the risk of immune reconstitution inflammatory syndrome (IRIS). Understanding the clinical features, diagnostic challenges, and treatment considerations of TB meningitis, particularly in the context of HIV, is critical for improving patient outcomes.

Abdominal tuberculosis (TB) presents with a spectrum of nonspecific clinical features that complicate its diagnosis, often mimicking other gastrointestinal disorders. Key symptoms include chronic abdominal pain, weight loss accompanied by anaemia, low-grade fever with night sweats, altered bowel habits ranging from chronic diarrhoea to constipation, and reduced appetite, leading to nutritional deficits. Physical examination may reveal ascites, palpable abdominal masses, and splenomegaly, with potential complications such as intestinal bleeding, fistula formation, and perforation.

Imaging studies typically demonstrate mild to eccentric mural thickening in the ileocecal region and strictures in the colon, often indistinguishable from other colonic pathologies. Interestingly, some patients may remain asymptomatic and are diagnosed incidentally during surgeries for unrelated conditions. Diagnostic methods include acid-fast bacilli (AFB) staining, culture of biopsy specimens, histopathological examination, and advanced molecular techniques such as the GeneXpert assay and interferon-gamma release assays (IGRAs).

While culture remains the gold standard for diagnosis, it exhibits low sensitivity, necessitating a combination of diagnostic modalities to enhance accuracy. The Xpert MTB/RIF Ultra assay and IGRA show promise in diagnosing extrapulmonary TB, including intestinal involvement, with higher sensitivity and specificity. Despite the diagnostic challenges posed by low sensitivity and the risk of false negatives, improving specimen collection methods and utilizing advanced assays can significantly enhance the detection of intestinal tuberculosis, ultimately leading to better patient outcomes.

31st of October 2024

10:45 – 11:00 AM

### **Extra-pulmonary TB: Part 2 – CNS TB and GI TB**

*Dr Bodhika Samarasekara, Consultant Respiratory Physician*

**TB LYMPHADENITIS:** Tuberculous Lymphadenopathy is the commonest form of extra-pulmonary tuberculosis, primarily affecting the lymph nodes. This is usually caused by mycobacterium tuberculosis and typically presents as painless lymphadenopathy, more commonly in cervical region. TB lymphadenitis may occur during primary tuberculous infection or as a result of reactivation of dormant foci or direct extension from a contiguous focus. . Among patients with TB lymphadenitis in the setting of HIV infection, there may be a significant mycobacterial load with concomitant systemic findings including fever, sweats, and weight loss. Abnormal chest radiograph is frequently observed, and such patients are more likely to have disseminated TB with lymphadenitis in more than one site. Diagnosis is based on combination of clinical presentation, histopathology, microbiological culture and molecular techniques such as PCR. Samples obtained usually by FNAC or Biopsy for confirmation. TB Lymphadenitis usually treated with anti TB medications for 6 months.

**TB PLEURAL EFFUSION:** TB pleural effusion is the second commonest form of EPTB accounting 20% all extra-pulmonary TB cases in Sri Lanka. It typically presents with nonspecific symptoms such as chest pain, Dyspnoea, fever and cough. pleural effusions occur when the immune response to TB infection causes fluid to accumulate in the pleural space. Ultrasound guided Thoracentesis helps to obtain fluid samples for investigations. fluid analysis reveals an exudative, Lymphocytes predominance with elevated ADA levels more than 40IU. Microbiological confirmation can be difficult with the sensitivity of the MTB Xpert/RIF assay in diagnosing TBPE is 16.6%. However pleural biopsy can enhance the diagnostic accuracy .and TB pleural effusion is treated with Anti TB medications for 6 months duration. No need to drain mild to moderate pleural effusions since ATT usually resolves the effusion.

31<sup>st</sup> of October 2024

11:00 – 11:20 AM

### Treatment considerations in HIV-TB co-infection

*Dr N. Kumarasamy, Specialist clinician and researcher in Infectious disease (IND-Virtual)*

Tuberculosis (TB) and HIV constitute the main burden of infectious disease in resource-limited countries. *Mycobacterium tuberculosis* and HIV, potentiate one another, accelerating the deterioration of immunological functions. In high-burden settings, HIV coinfection is the most important risk factor for developing active TB, which increases the susceptibility to primary infection or reinfection and also the risk of TB reactivation for patients with latent TB. People living with HIV have 20-30 times higher risk to develop TB than those without HIV. *M. tuberculosis* infection also has a negative impact on the immune response to HIV, accelerating the progression of HIV disease. The clinical management of HIV-associated TB includes the integration of effective anti-TB treatment, use of concurrent antiretroviral therapy (ART), prevention of HIV-related comorbidities, management of drug cytotoxicity, and prevention/treatment of immune reconstitution inflammatory syndrome (IRIS). TB preventive treatment for people living with HIV reduces risk of getting TB significantly. Early detection of TB and HIV allows early treatment of both diseases - with a better chance of survival. Multiple strategies are currently required to manage HIV-associated tuberculosis.

31<sup>st</sup> of October 2024

11:20 – 11:40 AM

### Update on Pneumonias in HIV (CAP, PCP, Covid 19, Influenza, CMV)

*Dr Upul Pathirana, Consultant Respiratory Physician*

Pneumonia remains a significant health challenge for individuals living with HIV, with various pathogens posing heightened risks. Community-acquired pneumonia (CAP) frequently affects this population, especially among those with low CD4 counts. Pneumocystis pneumonia (PCP) remains a major focal point, although effective antiretroviral therapy (ART) has reduced its incidence. The emergence of COVID-19 has created new challenges, leading to severe respiratory complications and increased mortality rates among HIV-infected patients. Additionally, seasonal influenza continues to impact this group, emphasizing the importance of annual vaccinations. Cytomegalovirus (CMV) pneumonia poses risks, particularly for patients with advanced HIV, necessitating monitoring and timely intervention. Furthermore, tuberculosis, non-tuberculous mycobacteria, fungal infections and parasites are described

aetiologies of pneumonia in HIV affected patients. Recent updates stress a need for integrated care, combining preventative measures—including vaccinations and appropriate ART—with enhanced awareness of respiratory infections.

31<sup>st</sup> of October 2024

11:40 – 12:00 PM

### **Theory into clinical practice: A case-based discussion**

*Dr Neranjan Dissanayake, Consultant Respiratory Physician & Dr Kokilanthi Dharmarathne, Consultant Venereologist*

This will be a case-based discussion between a Pulmonologist and Venerologist to highlight important clinical aspects and conundrums that we face in dealing with Tuberculosis in patients infected with HIV.

We will be initiating with a smear positive pulmonary tuberculosis patient with HIV, highlighting the diagnostic modalities, differential diagnoses and commencement (what, when and how) and continuation of Anti TB treatment and ART, highlighting potential drug interactions and strategies to mitigate them.

A smear negative but NAAT (Nucleic Acid Amplification Test) positive patient will be discussed to highlight the diagnostic dilemmas and methods available in the Sri Lankan context and the importance of making novel methods available for diagnosis.

Next, we will discuss an unusual presentation of HIV TB co-infection, the challenges we faced in managing this patient, including IRIS (Immune Reconstitution Inflammatory Syndrome).

Finally, we will discuss Latent Tuberculosis and specific issues we face in the decision to commence Preventive therapy.

We plan to discuss this dual challenge in an interactive way, highlighting the importance of managing these challenging patients as a team.

## Abstracts of Guest Lectures – Main Congress

### Symposium I

#### Breaking the Cycle: Effective Strategies for STI Control

1<sup>st</sup> of November 2024

08:30 – 08:50 AM

#### Exploring Trends in STI Epidemiology: A Global and Local Perspective

*Dr Iruka Rajapakse, Consultant Venereologist*

Sexually transmitted infections (STIs) remain a major public health concern worldwide, and Sri Lanka is no different in facing this challenge. The reported number of STIs is a mere fraction of the actual incidence, as many cases go unreported for several reasons, including lack of symptoms, stigma and privacy concerns, limited access to services, and reliance on alternative treatments.

Genital herpes, non-gonococcal infections, genital warts, gonococcal infections and syphilis are among the most commonly reported STIs in Sri Lanka. In total, there were 11,589 reported STI cases in 2023, with a nearly equal distribution between males and females. Genital herpes and non-gonococcal infections each account for 27% of the total cases. Meanwhile, the overall trend highlights a significant rise in gonorrhoea and infectious syphilis cases among males, particularly in 2023.

The WHO reports that over 1 million curable STIs are acquired daily worldwide among individuals aged 15–49, with most cases being asymptomatic. In 2020, there were an estimated 374 million new infections in this age group from four curable STIs: chlamydia, gonorrhoea, syphilis, and trichomoniasis. The highest burden was in the African region, accounting for around 96 million cases, followed by the Western Pacific region with approximately 86 million cases. Antimicrobial resistance to gonorrhoea is a serious and growing problem, rendering many classes of antibiotics as ineffective with the risk of becoming untreatable. In 2020 there were an estimated 82.4 million new gonorrhoea infections among adults globally.

The introduction of pre-exposure prophylaxis (PrEP) for HIV prevention has been associated with both benefits and challenges regarding STIs. Recent trends in STIs reveal a growing incidence, particularly among youth and vulnerable populations, along with the emergence of drug-resistant strains. These challenges are compounded by healthcare disparities in certain regions. To effectively address this escalating global public health issue, continuous surveillance, targeted education, and comprehensive treatment strategies are essential.

1<sup>st</sup> of November 2024

08:50 – 09:10 AM

#### Novel approaches on prevention of STI

*Dr Emily Clarke, Consultant in Genito-urinary medicine and HIV*

The ongoing global epidemic of sexually transmitted infections (STIs) and HIV necessitates the continued development and implementation of prevention efforts including biomedical, structural and behavioural interventions. The most impactful progress recently is in the development of biomedical interventions.



Pre-exposure prophylaxis (PrEP) remains a key element of combination prevention strategies for HIV. The efficacy and safety of oral PrEP with emtricitabine and tenofovir disoproxil fumarate is long established. Despite this, utilisation of PrEP and medication adherence (the key determinant of PrEP efficacy) to both oral PrEP and the dapivirine vaginal ring remains low in several key populations. Promising developments to address these challenges include the use of tenofovir alafenamide based oral PrEP for populations at increased renal or bone risk, and the development of long-acting injectable PrEP including cabotegravir and lenacapravir. Other potential PrEP strategies still at a research stage include long-acting broadly neutralising antibodies (bNAbs) and PrEP implants.

The use of doxycycline as post-exposure prophylaxis (PEP) for bacterial STIs is gathering pace. Doxycycline PEP has been approved or is in the process of review by several national speciality groups including the Centers for Disease Control and Prevention (CDC) in the USA. Trials suggest a reduction in the risk of acquiring syphilis and chlamydia, with risk reduction for the acquisition of gonorrhoea varying with population and potentially influenced by local rates of tetracycline resistance of *Neisseria gonorrhoeae*. Concerns remain around potential impacts on the development of antimicrobial resistance, and negative impacts on the gut microbiome. Doxycycline PrEP research remains at an earlier stage.

Vaccination remains a key pillar of biomedical intervention strategies with the use of vaccines against hepatitis A and B, and human papilloma virus (HPV) well established with high efficacy. MPOX vaccination has been more recently implemented in some key populations and is assumed to have been a key component in limiting the recent sexually transmitted epidemic in men-who-have-sex-with-men in high income countries. The development of vaccines against chlamydia, syphilis, HIV and herpes remains challenging. However, the use of meningitis B vaccination for gonorrhoea shows more promise with a risk reduction of around 30-40% demonstrated in real world data.

1<sup>st</sup> of November 2024

09:10 – 09:30 AM

### ***Neisseria Gonorrhoeae* Antimicrobial Resistance Associated Challenges with Multi-drug-resistant Gonorrhoea**

*A/prof Carole Khaw, Senior Consultant Sexual Health Physician*

The growing threat of multi-drug-resistant *Neisseria gonorrhoeae*, the cause of gonorrhoea has been a major concern and public health challenge. The organism developed anti-microbial resistance soon after antimicrobials started to be used and has continued to develop resistance to different antibiotics over the past 80 years. This has included resistance to tetracycline, macrolides (including azithromycin), sulphonamides, trimethoprim combinations and more recently, the quinolones. In many countries, resistance to ciprofloxacin is exceedingly high. Azithromycin resistance is increasing with decreased susceptibility to cefixime and ceftriaxone continuing to emerge. The extensively drug-resistant gonorrhoea with high level resistance to ceftriaxone (current treatment for gonorrhoea) and resistance to penicillin, sulphonamides, tetracycline, fluoroquinolones and macrolides are called gonorrhoea superbugs or super gonorrhoea. This has led to few effective treatment options.

The WHO estimated that in 2020, there were 82.4 million (47.7 – 130.4 million) new cases of infection among adolescents and adults aged 15 – 49 years worldwide with a global incident rate of 19 (11-29) /1000 women and 23 (10-43) /1000 men.

This presentation will cover aspects of the history of antimicrobial resistance of *Neisseria gonorrhoeae*, the causes and implications, the epidemiology and the response to this threat by the WHO.

The guidelines to treatment from the WHO and CDC will be discussed and differences pointed out, as will the situation in Australia. Novel antibiotics tried will be mentioned and new antibiotic candidates with a discussion of Phase 3 Interventional Clinical trials involving these candidates will also be discussed.

1<sup>st</sup> of November 2024

09:30 – 09:50 AM

### **Elimination of Syphilis and Gonorrhoea in 2030**

*Dr Nimali Jayasuriya, Consultant Venereologist*

The elimination of gonorrhoea and syphilis remains a challenging global public health goal. These STIs pose serious reproductive and neonatal health risks, particularly for marginalized and vulnerable populations. Despite the availability of effective diagnostics and treatments, ongoing transmission persists due to social, structural, and behavioural factors. The WHO's global health-sector strategy on STIs (2016–2021) aims to reduce the incidence of syphilis and gonorrhoea by 90% between 2018 and 2030.

Syphilis and gonorrhoea rates have risen globally over the past decade, especially among key populations such as men who have sex with men (MSM), sex workers, and individuals with multiple partners. While Sri Lanka has successfully eliminated mother-to-child transmission of syphilis, many countries continue to face significant challenges. WHO estimates that there are 82 million new gonorrhoea cases annually, making it one of the most common STIs. In Sri Lanka, the rising trends of syphilis and gonorrhoea have become a growing public health concern, with a steady increase in both infections.

Gonorrhoea control is further complicated by increasing antimicrobial resistance (AMR), which reduces treatment options. Elimination efforts now focus on drug resistance surveillance, dual antibiotic therapies, and the development of new treatments. Health systems are prioritizing STI prevention, expanding access to testing and treatment, and implementing partner notification programs.

Effective surveillance, strengthened laboratory capacity, and strong healthcare systems are essential for the elimination of both diseases. Collaboration among international agencies, national health systems, and community organizations is crucial. Advancing vaccine research for gonorrhoea and supporting rapid diagnostic technologies can significantly enhance elimination efforts.

While the elimination of syphilis appears achievable, the elimination of gonorrhoea presents a far greater challenge due to drug resistance. However, a sustained commitment to both prevention and treatment, along with AMR management strategies, can lead to significant progress toward the eventual elimination of syphilis and gonorrhoea.



1<sup>st</sup> of November 2024

09:50 – 10:10 AM

### Contact Tracing & Defaulter tracing: Experience from Developed world

*Jamie Hermanson, Nurse Consultant-Partner notification (-Virtual)*

While partner notification is best practice in the clinical management of patients diagnosed with STIs, and a key pillar of the broader public health response, can we be doing it better? Partner notification is the process of identifying the relevant partners of a person with an infectious disease and ensuring they are aware of their exposure and recommended management.

Partner notification can be undertaken by the clinician managing the person with the infection, known as the index, or support the index to undertake their own partner notification and inform their partners of the recommendation of testing and treatment.

Medically notifiable STIs in South Australia are chlamydia (Lab notification only), Gonorrhoea, Syphilis and HIV.

While traditional partner notification methods may no longer be keeping up with the way people meet their sexual partners, we need to be open to the use of alternative methods. Digital partner notification is intended to supplement traditional methods of partner notification, and while adhering to the same standards, can offer alternative and more viable locating information of sexual partners.

In South Australia, digital partner notification is currently limited to the use of mobile phones for calls and SMS and computers for the use of email and online partner notification websites. However, the use of digital partner notification in the future should also include the use of social media and mobile phone applications.

Partner notification has always played an important role in disease intervention; and its practices must continue to evolve along with the available and popular technologies that have been adopted by those reporting infection and/or exposure to HIV and/or STIs.

## Symposium II

### Navigating the Landscape of STI Management

1<sup>st</sup> of November 2024

10:50 – 11:10 AM

### Update on HSV and Place of HSV serology in management context

*Dr Emily Clarke, Consultant in Genito-urinary medicine, and HIV*

Our understanding of herpes simplex virus (HSV) has continued to develop in 2024. Recent research publications include a review of progress in addressing World Health Organisation research priorities in HSV-2 in low- and middle-income countries (LMIC) in the past two decades. Whilst progress has been made, unaddressed priorities include point-of-care testing, antiviral resistance, exploration of HSV-2 epidemiology in neglected geographical settings and population subgroups, vaccine research, and antiviral cost-effectiveness. Disappointingly, despite the location of the research in LMIC settings, LMIC authors were a minority in key authorship positions with important inequalities remaining in major research areas and for women.

Key genomic research in 2024 has included progress in gene editing where pre-clinical studies of experimental gene therapy on HSV-1 in mouse models eliminated more than 90% of HSV



infection and reduced viral shedding. Further research has increased our knowledge around the connection between HSV genetic variation and clinically important phenotypes of infection.

In terms of treatment developments, research in 2024 has contributed to our understanding of the use of the new helicase primase inhibitors amenamevir and pritelivir. More disappointingly, 2024 has brought the news of the failure of the GSK therapeutic HSV-2 early phase vaccine trial REC-003 with failure to reach the primary efficacy endpoint.

Testing for HSV infection remains challenging. For patients with active lesions, PCR swab testing provides an accurate HSV-type-specific diagnosis. For those without active lesions, diagnosis is difficult and HSV serology profoundly limited in terms of positive predictive value, interpretation of results, and clinical benefit. With this in mind, restricting the use of serology to specific limited situations is important, including excluding HSV in patients with symptoms suggestive of recurrent HSV who are persistently HSV PCR negative, counselling patients with an initial episode of PCR confirmed genital HSV particularly in pregnancy (to help differentiate recent from established infection), and identifying seronegative partners of patients with genital herpes particularly during pregnancy, to support counselling to reduce the risk of transmission. Interpreting serology results with caution, and careful discussions with patients about the meaning of such results is key.

1<sup>st</sup> of November 2024

11:10 – 11:30 AM

### **Otosyphilis and ocular syphilis – lest we forget**

*A/prof Carole Khaw, Senior Consultant Sexual Health Physician*

Over the last decade, a significant increase in the number of infectious syphilis cases has occurred with increasing number of patients presenting with syphilis-related complications. Otosyphilis and ocular syphilis are known complications of syphilis and are manifestations of the neurosyphilis spectrum, occurring at any stage of syphilis. However, manifestations are more likely to occur in the early stages (Primary, Secondary and Early Latent Syphilis). Any patient can be affected regardless of immune status. Patients with HIV infection and lower CD4 counts more readily progress to ocular syphilis. There are serious clinical consequences if otosyphilis and ocular syphilis are not diagnosed and treated promptly, including permanent hearing and visual loss. Hence, a high index of suspicion is needed for accurate diagnosis to avoid missing or delaying diagnoses.

An interesting case of otosyphilis will be presented. This will be followed by the presentation of the definition, pathophysiology, presenting symptoms and signs, investigations, diagnosis, treatment options and prognosis of otosyphilis.

Then, another case, this time of ocular syphilis will be presented, after which the microbiology, demographics, pathogenesis, epidemiology, clinical features, complications, Investigations (ocular and systemic), differential diagnosis, medical management and definition of cure of ocular syphilis will be presented.

1<sup>st</sup> of November 2024

11:30 – 11:50 AM

### **Monkeypox as a new STI**

*Prof Graham Taylor, Professor of Human Retrovirology*



Mpox (formerly known as Monkey pox), of species of *Orthopoxvirus*, was first discovered in monkeys in 1958 with the first human isolation in an infant in the DRC in 1970. Cross protection is provided by smallpox vaccination. The eradication of smallpox has therefore resulted in reduced population immunity. Mpox has two clades I (formerly Congo Basin clade) and II (formerly West Africa clade), each with sub-clades. Mpox infection has been ongoing within DRC without attracting much international attention until 2022 when a global outbreak occurred of Mpox-IIb, which was strongly associated with MSM. Mpox infection has traditionally been linked to contact with host animals (suspected to be monkeys and squirrels). In the 2022 outbreak transmission was associated with intimate contact including sex, but also contact with contaminated materials. Mpox IIb was associated with low risk of death and down-graded from being a high consequence infectious disease. Mpox IIb continues to be observed especially in MSM but the latest outbreak, Mpox1a (West Africa clade) which has been ongoing in DRC and has now spread into and beyond neighbouring countries is both a HCID and associated with infection in women, with heterosexual contact implicated, and children.

1<sup>st</sup> of November 2024

11:50 – 12:10 PM

### Point of care testing in management of STIs

*Dr Jayanthi Elvitigala, Consultant Microbiologist*

The global incidence of sexually transmitted infections (STIs) remains high and is increasing. Prompt and effective detection followed by treatment of STIs are two key components of STI control programmes to prevent development of sequelae and reduce spread of infection. The laboratories support STI programmes in providing a definitive diagnosis in clients and their identified sexual contacts, using established, specialized, microscopic, cultural, serological and recently with nucleic acid amplification tests.

The high-resource settings, apply state-of-the-art diagnostic tests to have an aetiological diagnosis. In resource-constrained settings the cost of equipping and staffing such laboratory facilities even at reference level, let alone the peripheral centres is challenging. Some patients do not have access/ do not reach sites with laboratory facilities due to many reasons even if the health system is free for all. Further, the centralized facilities necessitate the development of transport networks to ensure timely submission of both specimens and return of results. Lack of above inevitably results in treatment delays, missed opportunities for treatment and loss to follow up. As such syndromic management is widely used in resource-limited settings for managing STIs.

It is not surprising, therefore, to look for alternative approaches to overcome these obstacles to quality care. Point-of-care (POC) tests provide a promising solution to cover the gap of a definitive diagnosis in peripheral clinical setups and in field settings specially in LMICs. However there is a continuous debate among clinicians, laboratory technicians, public health experts and policy-makers regarding the appropriate use of these technologies, in resource-constrained settings. The potential applications of STI POC tests are many. They could improve existing STI control strategies to achieve expected targets in existing STI surveillance programmes.

Introduction and implementation of POC /near-patient STI testing is to be led by the laboratories with facilitation of training. Supervisory support by laboratories to

implementing staff, sustain the POC testing. In order to provide quality service, it is necessary to develop, introduce and maintain local quality control and external quality assurance systems. Evidence from implementation research for introduction and scale up of STI POC tests in different STI epidemic and laboratory infrastructure settings is also required to have a smooth journey of POC testing to manage STIs.

1<sup>st</sup> of November 2024

12:10 – 12:30 AM

### **HPV Vaccine: Preventive vs therapeutic**

*Dr Mahesh Ratnayake, Senior Consultant Sexual Health Physician*

HPV causes 690,000 cancers in humans annually, accounting for 5% of all cancers worldwide. Highly effective HPV vaccines have been available since 2014; however, the global vaccine coverage is still only 21%. When considering the global low vaccine coverage, the disease burden of HPV and the morbidity of treating HPV-related cancers, a therapeutic vaccine against HPV has a role to play.

HPV16 and HPV18 are the most common causes of HPV-mediated cancers. Understanding the HPV life cycle helps us understand the targets of HPV vaccines. The viral genome expresses six early, or “E,” proteins (E1 to E7) early in its life cycle. Later in its life cycle, the viral genome expresses two late, or “L,” proteins (L1 and L2).

The efficacy of preventive effects of available HPV vaccines on high-risk HPV infections and precancerous lesions has been proven in previous studies. The original quadrivalent vaccine (4vHPV) had virus-like particles (VLP) containing the major capsid protein L1 of HPV types 6, 11, 16, and 18. Antibody levels of HPV proteins in vaccines are superior to those resulting from natural immunity. According to trial data, antibodies against L1 are ineffective against infections already on the skin or mucosal surfaces. One of the explanations for this is that L1 proteins are not expressed early in the viral life cycle and therefore, the reservoir of infected basal epithelial cells remains unaffected. As a result, therapeutic vaccines for HPV-mediated tumours have mainly targeted E proteins of high-risk HPV genotypes.

The oral presentation will further discuss ongoing preventive and therapeutic HPV vaccine trials.

1<sup>st</sup> of November 2024

12:30 – 12:50 AM

### **Mycoplasma: Are we missing?**

*Dr Geethani Samaraweera, Consultant Venereologist*

*Mycoplasma genitalium* (MG) is a bacterium that causes sexually transmitted infections (STIs), leading to various urogenital symptoms. In men, it can cause urethritis, while in women, it is associated with cervicitis and proctitis. MG has been linked to serious complications such as pelvic inflammatory disease and infertility. Diagnosing MG can be challenging due to its often-subtle symptoms and the requirement for specialized testing.

In USA about 15-20% of non-gonococcal urethritis (NGU) 40% of recurrent or persistent urethritis and 10-30% of clinical cervicitis are caused by MG; however, the exact epidemiology in many regions is unknown due to a lack of diagnostic facilities. In Sri Lanka, STI diagnostic capabilities are limited, particularly regarding the causative organisms of urethritis, cervicitis, proctitis, and their complications. Annually, approximately 2,000 to 3,500 non-gonococcal

infections (NGIs) are reported to the national STD/AIDS control program, but the specific etiological agents are often unidentified.

Symptoms of MG can vary, and some individuals may remain asymptomatic. When symptoms do occur, they may include dysuria, urethral discharge, and discomfort in men, and vaginal discharge, dysuria, intermenstrual bleeding, pelvic pain, and deep dyspareunia in women. Clinical examinations may reveal normal findings, or signs of urethritis, cervicitis, or pelvic inflammatory disease (PID).

As MG is an extremely slow-growing organism, it is difficult to culture. Therefore, diagnosis typically relies on nucleic acid amplification tests (NAAT), which are currently unavailable in Sri Lanka, even at reference laboratory levels.

MG infections are commonly treated with macrolides and quinolones. Azithromycin 1g stat was previously the first-line therapy, but monotherapy is no longer recommended due to rapidly increasing macrolide resistance. Quinolone resistance is much lower and is often associated with the S831 mutation.

In the Sri Lankan context, MG infections may go unnoticed and untreated because of insufficient diagnostic facilities. This could lead to complications such as PID, subfertility, epididymis-orchitis, and an increased risk of HIV transmission. Therefore, it is crucial to prioritize the establishment of diagnostic capabilities for MG, at least in reference laboratories.

### Symposium III

## Viral Hepatitis: Unraveling the Complexities

1<sup>st</sup> of November 2024

02:00 – 02:20 PM

### HIV hepatitis B/C co-infections – clinical challenges

*Dr Dariusz P. Olszyna, Infectious Diseases and Internal Medicine Specialist*

Viral hepatitis B remains endemic in many parts of Asia. It needs to be considered both in HIV prevention such Pre-Exposure Prophylaxis (PrEP) as well as antiretroviral treatment initiation and switch. While not endemic, hepatitis C can occur as a co-infection in people who inject drugs or men who have sex with men (MSM).

Active hepatitis B may deter some clinicians from prescribing PrEP in fear of a hepatitis flare should PrEP be discontinued. Appropriate ART, containing more than only lamivudine or emtricitabine is required for hepatitis B co-infected patients. This is particularly relevant in the era of two drug regimen treatments of HIV infection.

Regular screening for hepatitis C is required both in HIV negative individuals taking PrEP and people living with HIV (PLHIV) who are on ART. Both acute and chronic hepatitis C co-infection present challenges. Timeline of treatment as well as drug-drug interactions between HIV and hepatitis C drugs play an important role in such cases.

The presenter will share several real-life cases from Singapore which illustrate challenges of hepatitis B or C co-infection. The cases will address questions of hepatitis B when prescribing PrEP, particularly PrEP on demand, challenges when a person self-medicating himself with PrEP presents with a new HIV infection and hepatitis B co-infection. Further cases will



illustrate challenges of acute and chronic hepatitis C infection in PLHIVs as well as outbreaks of acute hepatitis C within MSM sexual networks.

1<sup>st</sup> of November 2024

02:20 – 02:40 PM

#### **IV drug use and Hepatitis - Treatment and challenges**

*Prof Arlene C. Seña, Professor of Medicine and Adjunct Associate Professor of Epidemiology (Virtual)*

The World Health Organization estimated approximately 10.5 million persons living with hepatitis C (chronic infection) in South-East Asia in 2022. Persons who practice injection drug use (IVDU) contribute a significant proportion of hepatitis C virus (HCV) infections globally and represent a priority group for widespread HCV screening and testing strategies. Unfortunately, barriers exist to HCV-related clinical management and treatment among those with IVDU, which warrant novel approaches to improving their overall HCV care continuum. Harm reduction strategies including needle/syringe exchange programs, opioid substitution therapy and community distribution of naloxone are important as preventive strategies for HCV infections in this population.

1<sup>st</sup> of November 2024

02:40 – 03:00 PM

#### **Comprehensive Management of Hepatitis B during pregnancy**

*Prof Madunil Niriella, Professor in Gastroenterology*

Management of hepatitis B virus (HBV) infection during pregnancy is crucial to prevent vertical transmission and ensure maternal health. All pregnant women should be screened for hepatitis B surface antigen (HBsAg) in the first trimester.

For HBsAg-positive mothers, further testing should include HBV DNA levels, HBeAg status, and liver function tests. Women with high viral loads (>200,000 IU/mL) or elevated ALT should be considered for antiviral therapy, typically starting at 28-32 weeks gestation. Tenofovir disoproxil fumarate is the preferred agent due to its safety profile and high barrier to resistance.

Regardless of maternal viral load, all infants born to HBsAg-positive mothers should receive hepatitis B immune globulin (HBIG) and the first dose of HBV vaccine within 12 hours of birth. This intervention reduces transmission risk from 90% to <5%. The vaccine series should be completed according to the standard schedule. Mothers on antiviral therapy can safely breastfeed. Treatment is typically discontinued at delivery unless there's an indication for ongoing therapy. However, these women should be monitored closely for postpartum flares, particularly in the first 6 months.

Follow-up of infants includes post-vaccination serologic testing at 9-12 months of age. HBsAg and anti-HBs should be checked to confirm infection status and immunity.

For future pregnancies, women with a history of HBV should be re-evaluated early in each pregnancy. Those with cirrhosis require careful monitoring due to increased risks of complications. Long-term follow-up of HBsAg-positive mothers is essential, including regular liver function tests, HBV DNA monitoring, and hepatocellular carcinoma screening as per standard guidelines for chronic HBV infection.

1<sup>st</sup> of November 2024

03:00 – 03:20 PM

**Triple Elimination: Are we ready?***Dr Leelani Rajapakshe, Consultant Venereologist*

In the year 2019, Hepatitis B infection was responsible for close to 800,000 deaths globally. Majority of these infections occur in the African and South East Asian regions. Hepatitis B infections in childhood accounts for most of the chronic Hep B infections. Chronic Hepatitis B infection can result in the complications of liver cancer and cirrhosis. The main routes of HBV transmission are mother-to-child and early childhood transmission which can be prevented with effective services to prevent mother to child transmission and timely hepatitis B vaccination.

The goal of Triple elimination program is to ensure that MTCT of HIV, syphilis and HBV is controlled, and incidence is reduced to a very low level, such that these infections cease to be a public health concern.

EMTCT of HIV and syphilis in Sri Lanka was validated by the WHO in 2019. Sri Lanka has satisfactory MCH services with more than 99% of antenatal population receiving quality care services. Sri Lanka received the certificate for Hepatitis B Control in January 2024 by the WHO. Immunization coverage is high with >99% infant immunization Hepatitis B 3 doses.

Multidisciplinary approach to the EMTCT program continues and STD clinics remain the focal point in providing HIV and syphilis care services. The services required to prevent transmission of HIV, syphilis, and HBV in pregnancy are almost similar and it is feasible to integrate services for PMTCT of Hepatitis B in to the EMTCT of HIV and syphilis programme. There are gaps identified including availability of rapid test kits for Hepatitis B. Reaching the targets for Triple elimination by end 2026 will pave the way to reach target of elimination of Hepatitis B in the country by end 2030.

**Symposium IV****Addressing the Challenges in Sexual Health**1<sup>st</sup> of November 2024

03:50 – 04:10 PM

**Desire disorders in females: Are we addressing adequately***Dr Prageeth Premadasa, Consultant Venereologist*

Among desire disorders, low desire in women is an extremely common problem (37.7%), and low desire that causes personal distress is an essential symptom of Hypoactive desire disorder (HSDD) and is a common female sexual dysfunction (7% to 12% of women). Low desire increases with age, but distress decreases; therefore, the prevalence of distressing low desire is relatively constant across age. It is highest in young surgically menopausal (oophorectomized) women and lower in naturally menopausal women. HSDD is associated with significant functional impairment, dissatisfaction with relationships, and low general happiness. HSDD may be lifelong or acquired, generalized or situational. Although HSDD is associated with a variety of factors, it should be distinguished from sexual dysfunctions that can be better explained by a general medical condition, nonsexual psychiatric disorder, or the use of a substance or medication. HSDD can be understood dynamically as an imbalance in the relationship of sexual excitatory and inhibitory processes that are independent of one





another and determine sexual response. Inhibitory factors belong to 3 domains: life situation and relationship factors; personal sexual beliefs, behaviours, and history; and biological-comorbid medical and mental disorders, medications, and substance use. Communication between patient and healthcare providers and patients and their sexual partners is critical for effective clinical management of HSDD. Primary care counselling, sex therapy, and psychotherapy all can play a role in treating HSDD. Flibanserin is the first centrally acting, daily medication available to treat premenopausal women with HSDD. Postmenopausal women with vulvovaginal atrophy and dyspareunia will benefit from low-dose local vaginal oestrogen therapy or a selective oestrogen receptor modulator. Surgically and naturally menopausal women may benefit from testosterone therapy. Bupropion may be of benefit in antidepressant medication-induced female sexual dysfunction.

1<sup>st</sup> of November 2024

04:10 – 04:30 PM

### **Understanding VIN: A Gynaecological Oncology Approach to Presentation and Management**

*Dr Kelum Jayasinghe, Gynaecological Oncologist*

Vulval intraepithelial neoplasia or VIN is when abnormal cells develop in the top layer of skin covering the vulva. It is not vulval cancer but could turn into cancer. This may take many years. Risks factors for VIN are Infection with the human papilloma virus (HPV), Smoking, Having problems with your immune system such as HIV and Long-term skin problems such as lichen sclerosis

Types of VIN are Usual or classical VIN and Differentiated VIN (dVIN). Usual or classical VIN is the most common type of VIN caused by HPV Infection. It includes: Low grade squamous intraepithelial lesion (LSIL), High grade squamous intraepithelial lesion (HSIL).

Differentiated VIN (dVIN) is less common, develops in older women than HSIL and LSIL, is not linked to HPV infection and associated with lichen sclerosis. higher risk of developing into cancer than HSIL.

Symptoms of VIN can vary. Some women have no symptoms. But some have symptoms such as: Itching, Pain, Changes to the vulval skin, Discomfort or pain during sex.

Treatment options depend on: site, symptoms, risk of cancer. Monitoring instead of treatment is usual for LSIL or VIN 1. Treatment for HSIL and differentiated VIN Includes: Surgery, topical imiquimod and Laser treatment. Irrespective of type VIN need long term follow-up.

1<sup>st</sup> of November 2024

04:30 – 04:50 PM

### **Management of sexual dysfunctions in the context of advanced NCD**

*Prof Christopher Ho, Consultant Urologist (Virtual)*

Non-communicable diseases like hypertension, diabetes, hyperlipidaemia, hypogonadism, cardiovascular disease and kidney failure are on the rise world-wide. These diseases are known to be associated with sexual dysfunction. The underlying factors include inflammation, atherosclerosis and endothelial dysfunction. Managing these problems would entail a holistic approach encompassing lifestyle modification, sexual rehabilitation, medication and surgery.

## Symposium V

### Advancing Antiretroviral Treatment: Embracing New Horizons

2<sup>nd</sup> of November 2024

11:00 – 11:20 AM

#### Low level viraemia, Novel resistance, Novel ART

*Prof Graham Taylor, Professor of Human Retrovirology*

In the context of ongoing combination antiretroviral therapy low level viraemia is sometimes observed, either due to prolonged duration to fully suppress or following a period of full suppression. In the second case, this can be “viral blipping” in which the viral load at the next time point is again undetectable or persistent low level viraemia without increase in viral load over time. Sequencing reveals no evidence of viral evolution. This can be due to expansion of an HIV infected T-cell clone with a defective provirus. HIV sequencing for drug resistance associated mutations is usually limited to reverse transcriptase, protease and integrase genes of plasma or CSF viral RNA. Proviral sequencing offers information on archived mutations. HIV sequencing will need to expand to cover novel causes of resistance such as off-target mutations and new agents such as capsid inhibitors, whilst next generation whole viral sequencing provides data on both intact and defective virus.

2<sup>nd</sup> of November 2024

11:20 – 11:40 AM

#### Long-acting ART- Way forward

*Dr Dariusz Olszyna, Infectious Diseases & Internal Medicine Specialist*

Highly Active Antiretroviral treatment (HAART) has gone through several transformations since its introduction in 1996. Highly potent second-generation integrase strand transfer inhibitors (INSTIs) have made it possible to achieve and maintain virologic suppression with only two agents such as combination of dolutegravir and lamivudine. However, daily oral medication still poses challenges for many patients. Some are reminded of their HIV status when taking daily medication, some must hide their medication from their families. In January 2021, US FDA approved first long-acting regimen, cabotegravir/rilpivirine administered intramuscularly every two months, for treatment of HIV infection. Injectable regimens administered only twice a year are on their way.

This presentation gives an overview of data supporting use of long-acting ART, the advantages of long-acting regimens as well as challenges associated with them. It will address indications, contraindications and practical aspects of use of such agents. Presentation will also cover the question of oral lead-in times as well as risk factors of viral rebound while on injectable ART. Presenter will share real-life experience focusing on practical aspects of delivering this new medication in a clinical setting in Asia. Presentation will also include the overview of the pipeline of the new injectable agents, not yet registered.



## Drug resistant HIV: Management options

*Dr N Kumarasamy, Specialist clinician & researcher in Infectious disease*

With the expansion of access to ART in LMIC has come an increase in HIV drug resistance. The previously recommended 1st-line regimen of tenofovir, emtricitabine/lamivudine and efavirenz (TLE) contains three drugs with a low genetic barrier to resistance. As a result, acquired dual-class NRTI and NNRTI resistance is detected in the majority of people with virologic failure (VF) on TLE across different regions and HIV-1 subtypes. There has also been a steady increase in pre-treatment drug resistance (PDR) as ART coverage has expanded in LMIC. By 2016, NNRTI PDR exceeded 10% in Southern and Eastern Africa and approached this level in Latin America and the Caribbean. The 10% NNRTI PDR threshold is important, as it is the point at which the World Health Organization (WHO) recommends a change in the standard 1st-line ART regimen. Nucleoside reverse-transcriptase inhibitor (NRTI) PDR has also increased in these regions, with an annual increase in the odds of NRTI PDR of 1.11 (95% CI 1.02-1.21) in a large meta-analysis. This increase is concerning given the continued reliance on NRTIs in 1st-line, 2nd-line and 3rd-line regimens and the increasing use of NRTI-based pre-exposure prophylaxis (PrEP) for HIV prevention. In response to high levels of HIVDR, WHO now recommends the use of dolutegravir (DTG) in 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line ART for adults and adolescents. The integrase strand transfer inhibitor (INSTI) dolutegravir was approved in 2013. Dolutegravir is an antiretroviral drug with a higher barrier to drug resistance than non-nucleoside reverse-transcriptase inhibitors (NNRTI) and is well tolerated and associated with rapid viral suppression in treatment naïve people living with HIV (PLHIV). Commonly prescribed in many high-income settings since 2015, an agreement in 2017 for a generic fixed-dose combination regimen containing tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD) made this regimen affordable in resource-limited settings.

The advent of dolutegravir was timely. By 2016, NNRTI pre-treatment resistance had surpassed 10%, the point at which the World Health Organization (WHO) recommends a change in the first-line antiretroviral therapy (ART) regimen, in Southern and Eastern Africa and approached this level in Latin America and the Caribbean. In its 2017 HIV Drug Resistance Report, WHO argued for the “strategic use of increasingly affordable drugs with higher barriers to the development of resistance (e.g. dolutegravir)”. A recent modelling study that examined the impact of scaling up dolutegravir-based ART in South Africa found that widespread use of dolutegravir-based first-line ART will likely curb the spread of NNRTI resistance.

In July 2019, the WHO recommended dolutegravir as the preferred drug for first-line and second-line ART in all populations, including pregnant women and those of child-bearing age. Since then, dolutegravir-based ART has been recommended by countries globally with about 100 countries including dolutegravir in their treatment guidelines.

2<sup>nd</sup> of November 2024

12:00 – 12:20 PM

**Beyond the undetectable Viral load***Dr Emily Clarke, Consultant in Genito-urinary medicine and HIV*

UNAIDS 2023 data for Sri Lanka suggest that 71% of the total cohort living with HIV are receiving antiretroviral therapy (ART) and, of these, 85% have a suppressed viral load. Whilst key efforts in optimising health outcomes for those living with HIV include maximising HIV testing, and engagement and retention in care, addressing health and wellbeing beyond an undetectable viral load has become increasingly important. With the ageing of global populations and improved life expectancies for those living with HIV, age-related co-morbidities, polypharmacy, frailty and, in women, the post-menopausal state are increasingly complicating the care of those living with HIV.

A wide choice of drug combinations for effective ART now exists, with clinical trials consistently demonstrating high and similar rates of viral suppression for most agents. Clinical focus can therefore move to attempting to optimise quality of life, including choosing ART regimens which minimise side effects, long term toxicities, and drug-drug interactions, and support adherence. There can also be a degree of transition in the focus of HIV care from the management of advanced immunosuppression and opportunistic infections to the optimisation of long-term health, where HIV infection may not be the co-morbidity impacting most on a patient's wellbeing.

Drug costs and availability remain a constraining factor in many situations, but an increasing number of ART agents are being developed with a view to optimising quality of life with robust viral suppression being assumed. These newer agents include tenofovir alafenamide with reduced renal and bone risks, single tablet regimens of dual therapies including dolutegravir with emtricitabine or rilpivirine which potentially reduce long-toxicities of multi-drug exposure, and long-acting injectable cabotegravir and rilpivirine which may address challenges around inadvertent disclosure and psychological challenges of daily tablets.

Chronic renal disease (CKD) in people living with HIV may be due to HIV-related disorders but is increasingly associated with traditional risk factors. Challenges in the management of CKD for the HIV physician including interpretation of renal markers which may be affected by ART, choice of ART regimen and dosage to minimise renal deterioration and to allow dialysis where required, and management of immunosuppression post kidney transplantation.

**Symposium VI****Future directions of HIV: Addressing Varied Perspectives**2<sup>nd</sup> of November 2024

01:30 – 01:50 PM

**HIV in adolescents and young MSMs***Dr Manjula Rajapakshe, Consultant Venereologist*

Adolescence and young adulthood is a period of intense physical and developmental transition that is characterized by experimentation and self-discovery. Therefore, this period poses significant challenges for their sexual health including HIV prevention and care.



Increasing number of new diagnoses of HIV among young adults is noted globally and Sri Lanka is also not an exception to this. Many young males account for new HIV infections and majority of them have acquired the infection through male-to-male sexual activities irrespective of their sexual orientation.

While majority of youth have acquired HIV through sexual transmission there is another small portion who acquired infection through perinatal transmission now reached the age of adolescence or young adulthood.

Unlike the adults, adolescents and young adults face many challenges related to HIV prevention, diagnosis, and care. These issues are higher among young MSMs.

There is a huge knowledge gap regarding HIV risk and prevention methods among adolescents. Lack of awareness on availability of HIV testing services and socio-cultural barriers for accessing those services is also seen. Linkage and retention in HIV care is low among these young MSMs due to various reasons including fear and stigma. It is very important to identify these barriers and find effective strategies to overcome them in order to achieve ending AIDS targets.

In this talk, I will focus on these challenges faced by adolescents and young MSMs and discuss on promising approaches to overcome them.

2<sup>nd</sup> of November 2024

01:50 – 02:10 PM

### **HIV and Pregnancy**

*Prof Graham Taylor, Professor of Human Retrovirology*

Advances in testing and treatment have revolutionized the management of HIV infection in pregnancy and during lactation, with elimination of mother-to-child transmission (MTCT) being increasingly reported. Many events once considered as risk factors for transmission including prolonged rupture of membranes, invasive monitoring and vaginal delivery are no longer relevant if the mother is on fully suppressive antiretroviral therapy, which means that for these mothers' vaginal delivery and standard obstetric care is now the norm. For women presenting late in pregnancy data from the Dolphin 2 study are reassuring as both the current (Dolutegravir) and past (Efavirenz) WHO first line anchor drugs are highly effective in preventing MTCT. Whilst the dolutegravir-containing regimen reduced HIV viral load faster and more women delivered with an undetectable viral load, this was not associated with a lower risk of transmission. Understanding the U does not equal U in pregnancy and lactation is important as transmission in this setting does rarely occur. Selecting the optimal dose when a 2<sup>nd</sup> line anchor drug is required in pregnancy is currently under review.

2<sup>nd</sup> of November 2024

02:10 – 02:30 PM

### **Zero stigma by 2030**

*Dr Ajith Karawita, Consultant Venereologist*

Stigma is a set of negative and unfair beliefs that a person, group of people or society have about for someone or something. Stigma is one of the major roadblocks to persons seeking treatment for diseases especially that are perceived to be acquired by violations of social norms like the HIV infection. HIV stigma is the devaluation of people living with HIV (PLHIV) or people associated with them. The issue is the “enacted stigma” or stigma in action towards PLHIV. It can range from simple gossiping, ignoring to sever forms like discriminations which

are against the law and human rights. The journey towards the zero stigma is plausible than possible. The main focus should be to eradicate all forms of violations of law and human rights against PLHIV while addressing the minor forms of enacted stigma in healthcare settings and in the community.

2<sup>nd</sup> of November 2024

02:30 – 02:50 PM

### **CNS Infections in Advanced HIV: A Continued Challenge**

*Dr N Kumarasamy, Specialist clinician and researcher in Infectious disease*

WHO defines advanced HIV disease (AHD) as CD4 cell count <200cells/mm<sup>3</sup> or WHO stage 3 or 4 in adults and adolescents. All children younger than five years of age are considered to have advanced HIV disease. This includes both individuals presenting to care who are antiretroviral therapy naive and those returning to care after interrupted treatment. CD4 cell count testing, while no longer needed to initiate treatment, remains an essential tool for identifying people with AHD. All children younger than 5 years are considered to have AHD, given their heightened risk of disease progression and mortality. People with AHD are at high risk of death, even after starting ART; this risk increases with decreasing CD4 cell count. The most common causes of severe illness and death are tuberculosis, severe bacterial infections and cryptococcal meningitis.

Cryptococcal disease is one of the most common opportunistic infections among people living with advanced HIV disease and is a major contributor to mortality. By far the most common presentation is cryptococcal meningitis, and accounted for 15% of all the people dying from HIV-related deaths globally. A public health approach leading to the prevention, earlier diagnosis and improved treatment of cryptococcal disease and its complications is critical to reducing the incidence and associated high mortality of cryptococcal meningitis in low- and middle-income countries. To reduce morbidity and mortality in people presenting with AHD, WHO recommends offering a package of interventions including screening, treatment and prophylaxis for major opportunistic infections and rapid ART initiation.

## Oral presentations – Free paper session (2<sup>nd</sup> November 2024)

OP-01

08:30-8:45 AM

### Knowledge, attitudes, perception and associated factors, towards Pre-Exposure Prophylaxis (PrEP) of HIV among government doctors in Colombo district, Sri Lanka

*Nishan Gunarathna<sup>1</sup>, Lathika Athauda<sup>2</sup>, Manjula Rajapakse<sup>1</sup>, Dharshani Mallikarachchi<sup>1</sup>*

*National STD/AIDS control Programme, Sri Lanka<sup>1</sup>, Department of public health, University of Kelaniya<sup>2</sup>*

Background: Pre- exposure prophylaxis is an accepted biomedical HIV prevention intervention for those who are at substantial risk. Successful implementation and increase uptake of PrEP among at risk depend on knowledge, attitude, and perception of doctors. In Sri Lanka, prescription -based oral PrEP programme was started in 2019. In this study we assessed knowledge, attitudes and perceptions and factors affecting for PrEP of HIV among doctors in Colombo district.

Methods: A descriptive cross-sectional study was conducted among a randomly selected group of doctors, with an 18-item online questionnaire distributed through the REDCap. Separate knowledge scores on HIV and PrEP and attitude score were developed and compared with the baseline data to ascertain associations.

Results: Among 387 respondents, 57.4% (n=222) were female and 46.2% (n=165) were male doctors. The sample included 42 specialists (10.9%), 114 postgraduate trainees (29.5%), and 231 non-specialists (59.7%). Only 6 individuals (1.6%) had specialized in Venereology.

Based on the HIV knowledge score, 10.3% had poor knowledge, while most showed moderate (31.8%) or good knowledge (57.9%). HIV and PrEP knowledge scores showed no statistically significant association with gender or years of work experience. ( $p > 0.05$ ). Knowledge score variance was significantly associated with the place of work ( $p < 0.05$ ). PrEP knowledge was significantly associated with professional position ( $p = 0.002$ ). The cohort's mean positive attitude score was 3.122 out of 10 and showed no significant difference in professional positions. Good knowledge on PrEP has higher positive attitude score toward PrEP. A good knowledge score correlated with a positive attitude toward offering or referring PrEP. ( $p < 0.05$ ). Respondents with good PrEP knowledge believe the government should fund its cost. Good knowledge of PrEP correlates with a positive attitude and supports government funding. ( $P = 0.029, 0.024$ )

Conclusions: The success of the PrEP program depends on the positive attitudes of doctors at all levels, including specialists, trainees, and non-specialists. PrEP-related knowledge positively impacts attitudes towards offering PrEP, identifying risk categories, and implementing PrEP services in Sri Lanka. CME and formal teaching on HIV and PrEP will have positive impact on PrEP services thereby reducing the number of new HIV infections.

OP-02

08.45-9.00AM

### Relationship between adulthood risky sexual behaviours to the childhood maltreatment, among attendees of Central STD/HIV clinic, Colombo, Sri Lanka: A descriptive cross-sectional study

*W.A.I.W. Gunathilake<sup>1</sup>, Geethani Samaraweera<sup>1</sup>*

*<sup>1</sup>National STD/AIDS Control Programme, Colombo*

Introduction: Risky sexual behaviours (RSB) are known to cause serious sequelae like sexually transmitted diseases including HIV, unwanted pregnancies, and teenage pregnancies. Childhood maltreatment (CMT) is a well- known contributory factor for RSBs.



**Objective:** This research study was aimed at describing the relationship between current risky sexual behaviours to childhood maltreatment, among attendees of central STD/HIV clinic, Colombo.

**Methods:** A descriptive cross-sectional study was conducted among 429 attendees of central STD/HIV clinic Colombo, Sri Lanka. Data regarding RSB and CMT were obtained by well-trained doctors in the clinic using an expert-validated, interviewer administered questionnaire. Descriptive statistics were used to describe the socio-demographic characteristics. Odds ratios and chi-square test were used to assess the relationship of current RSB into CMT of the study population.

**Results:** The prevalence of RSB among the study population was 82.5% (95% CI 76.8% -86.0%) and prevalence of CMT was 56.6% (95% CI 51.8%-61.4%) among the group. Being subjected to CMT has increased the risk of RSB 2.8 times compared to those who haven't experienced CMT. It was a statistically significant association (OR=2.8, 95% CI 1.7-4.7,  $p < 0.001$ )

**Conclusions and recommendations:** Being subjected to CMT is a risk factor to have RSB in adult life. In order to prevent harmful consequences of RSB including HIV/ STD transmission, prompt measures should be taken to prevent children being exposed to CMT and harm reduction measures need to be taken for children subjected to CMT.

**Keywords:** Childhood maltreatment, Risky sexual behaviour, STD/HIV clinic attendees

OP-03

09.00-9.15AM

### **Risk of acquiring HIV infection among prospective male overseas employment seekers at pre-departure training centres in Colombo.**

*Karunaratne H.M.A.H<sup>1</sup>, Manathunge AKA<sup>1</sup>*

*National STD/AIDS Control Programme*

**Introduction:** Sri Lanka is currently experiencing a low-level HIV epidemic, and a notable proportion of HIV patients report external migration with male preponderance. Since 2015, the majority of external migrant workers have been male. To address STI/HIV related vulnerabilities, the Sri Lanka Bureau of Foreign Employment (SLBFE) has integrated a sexual health module into its pre-departure training programs.

**Objectives:** This study aimed to explore the risk of acquiring HIV infection and perceptions on pre-departure services related to HIV among prospective male overseas employment seekers at pre-departure training centres in Colombo.

**Methods:** This descriptive cross-sectional study was conducted among 432 male foreign employment seekers at the Pannipitiya training center in Colombo. Using an interviewer-administered questionnaire focusing on their HIV knowledge, attitudes and practices and perceptions regarding pre-departure services.

HIV knowledge scores and attitude scores were calculated to quantify the HIV knowledge level and attitudes. Low HIV knowledge / Attitude scores and having high-risk practices in past were considered proxy indicators in assessing the overall risk of acquiring HIV

**Results:** The mean age of participants was 27.86 years and 70.0% were heading for Middle East. One-in-five (21.0%) demonstrating low level of HIV knowledge. Better knowledge was seen with higher educational levels ( $p < 0.001$ ). More than one-third (36.2%) showed a negative attitude towards HIV. Among 331 who reported sexual exposures ever, 32.9% had engaged in high-risk practices. Only 19.2% had undergone HIV testing previously, and 46.6% were aware of local testing services. Most (53%) the sexual health module increased their HIV-knowledge while improvements in the modules were suggested by participants.

**Conclusions:** A significant portion of the sample demonstrated inadequate awareness, negative attitudes and high-risk behaviours. The low uptake of HIV testing and suboptimal condom use

highlight vulnerabilities within this population. Strengthening the sexual health module in pre-departure training and improving access to HIV testing are crucial. Further research is needed to understand low condom use and assess risks among returnees from overseas employment.

Keywords: HIV risk, HIV knowledge, male migrant workers, overseas employment, pre-departure training.

OP-04

09.15-9.30AM

### **Knowledge and attitudes towards LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) people among Government Medical Officers in Sri Lanka.**

*Kulathunge KMNSB<sup>1</sup>, Manathunge AKA<sup>2</sup>*

*<sup>1</sup>Postgraduate institute of Medicine, University of Colombo, <sup>2</sup>National STD/AIDS Control Program, Sri Lanka*

**Introduction:** The LGBTIQ community experiences significant discrimination that limits access to essential healthcare services. Healthcare providers play a crucial role, as their knowledge and attitudes influence care quality and accessibility. Creating inclusive healthcare environments is vital for improving health outcomes for this population.

**Objectives:** To evaluate doctors' knowledge regarding homosexuality and to assess doctors' attitudes toward lesbians, gays and transgenders.

**Method:** A descriptive cross-sectional study assessed the knowledge and attitudes of doctors employed by Ministry of Health- Sri Lanka regarding the LGBTIQ community. Data were collected using three validated questionnaires: the Sex Education and Knowledge about Homosexuality Questionnaire (SEKHQ), the Attitudes toward Transgender Individuals (ATTI), and the Attitudes Toward Lesbians and Gay Men Scale (ATLG)-Short Version. A random sample of above population completed an online questionnaire.

**Results:** The mean knowledge score regarding homosexuality was 13.54 (SD = 4.651), with only 36.1% of respondents demonstrating satisfactory knowledge. Significant associations with improved knowledge were found for prior exposure to LGBT patients ( $p = 0.007$ ) and having LGBT friends or relatives ( $p = 0.02$ ). Regarding attitudes, 54.9% of doctors had satisfactory attitudes toward homosexuals, with a mean score of 38.29 (SD = 7.6). Younger doctors and those with LGBT connections showed significantly better attitudes ( $p = 0.001$  and  $p = 0.004$ , respectively). For transgender individuals, 50.7% of doctors displayed favourable attitudes, with a mean score of 61.84 (SD = 11.54), and non-religious doctors had significantly better attitudes ( $p = 0.047$ ).

Non-binary doctors had higher mean scores across measures, though not statistically significant. Male doctors showed better attitudes toward lesbians and gays, while female doctors favoured transgender individuals, with no significant differences. Certain ethnicities and religious groups had poorer attitudes toward lesbians and gays, a trend not seen for transgender individuals.

**Conclusions:** The results reveal a concerning level of knowledge and attitudes among doctors toward LGBTQ+ individuals. While some demonstrated satisfactory understanding, many did not, indicating a need for better education. Positive associations with prior exposure to LGBTIQ suggest that increased interaction can improve supportive healthcare. Additionally, factors like age and religious beliefs influenced attitudes, highlighting the need for targeted interventions.

Keywords: LGBTIQ, doctors' perception, homosexuality, transgender, lesbians, gays

OP-05

09.30-09.45AM

**Factors affecting marital satisfaction and its relationship with sexual satisfaction and sexual dysfunction among individuals attending pre-conception counselling sessions in Kalutara District.**

*Madhushani L.D.<sup>1</sup>, Dr. Siriwardena L<sup>2</sup>*

<sup>1</sup> Faculty of Medicine, University of Colombo, <sup>2</sup>Specialist Doctor in HIV, Barts Health NHS Trust

Introduction: Marriage is one of the most intense human relationships and can be affected by many factors. Sexual satisfaction is seen as an essential aspect of marital satisfaction especially in newly wedded couples. Difficulties an individual or couple has at any level of the sexual response cycle leads to sexual dysfunction. Sexual dysfunction is an important aspect of general health and can affect marital satisfaction.

Objectives: To describe factors affecting marital satisfaction and its relationship with sexual satisfaction and sexual dysfunction among individuals attending pre-conception counselling sessions in Kalutara District.

Methods: A descriptive cross-sectional study was conducted among 384 newly married individuals attending preconception counselling clinics in Kalutara District from 1st February to 31<sup>st</sup> July 2024. Data collection was done using a pre-tested self-administered questionnaire for demographic data, Revised Dyadic Adjustment scale (RDAS) for marital satisfaction, New Sexual Satisfaction Index (NSSI) for sexual satisfaction and Arizona Sexual Experience Scale (ASEX) for sexual dysfunction. RDAS has been previously used in local studies; none have been validated for Sri Lanka.

Results: Study participants were nearly equally distributed by gender. According to RDAS, 10% (N=384) were not satisfied with their marriages and 37% (N= 384) were not sexually satisfied on the NSSI. Sexual satisfaction was associated with marital satisfaction ( $p<0.001$ ). The overall ASEX score 97% (N= 384) indicated majority of the participants were sexually healthy. However, when each score of the scale was considered, 23% (44, N=194) of females had concerns over vaginal lubrication and 22% (42, N=190) of males had concerns about erectile function.

Conclusions: Marital dissatisfaction and sexual dissatisfaction were seen among newly married study participants. Screening for marital satisfaction and sexual satisfaction and early intervention at pre-conception counselling sessions may lead to enhanced and long-term marital satisfaction. Further exploration is required to assess factors affecting sexual satisfaction.

Key words: Newly married couples, Sexual Dysfunction, Preconception counselling

OP-06

09.45-10.00AM

**Perceptions of healthcare workers on Electronic Information Management System of sexually transmitted disease clinics in Sri Lanka: A descriptive cross-sectional study**

*Nimalrathna HADP<sup>1</sup>, Manathunge AKA<sup>1</sup>*

<sup>1</sup> National STD/AIDS control programme.

Introduction: The Electronic Information Management System (EIMS) has been scaling up as a medical record system in STD clinics since 2019. This study evaluates the usage and user perception on EIMS by relevant STD clinic staff in 2022.

Objectives: To assess usage, user perception, impacts, barriers, and needed improvements for the EIMS.

Methods: A cross-sectional study was conducted in 23 STD clinics using stratified random sampling of health staff. Data was collected via a self-administered online questionnaire.

Results: The sample (n=173) had a mean age of 40.9 years, 62.4% female. Majority (61%) had not used another electronic health record system, 68.8% had EIMS training, and 56% had IT qualifications. Mean usage duration was 18.6 months, with 93% using EIMS at the time of sample



collection. User perception was positive overall but below average in attractiveness, perspicuity, stimulation, and novelty, and poor in efficiency and dependability. User perception was higher in stimulation ( $p=0.028$ ) and novelty ( $p=0.021$ ) for those who hadn't used other platforms compared to those who used another system before. Overall sample analysis revealed EIMS positively impacted communication, information confidentiality, error reduction, and work efficiency ( $p<0.001$ ). When each staff category was analyzed separately, EIMS negatively affected doctor-patient communication ( $p<0.001$ ). Public health inspectors (PHI) and nursing sisters (PHNS) believed confidentiality is negatively affected. Technical difficulties were the main usage barrier. Overall sample analysis revealed adequate computer literacy, English literacy and training but subgroup analysis showed nursing officers lacked computer literacy and training. PHIs and PHNS revealed low level of English literacy as a barrier. System speed improvement was the most demanded (76%) request.

Conclusion: User perception was positive but below average compared to benchmarks. Usage is satisfactory. EIMS improves communication, confidentiality, and efficiency while reducing errors, but affects doctor-patient communication. Main barriers include technical difficulties, high workload, and inadequate staff. Nursing officers face additional barriers in training and computer literacy. PHIs and PHNSs need more English literacy. System speed needs to be improved.

Keywords: electronic health record, health care, user perception.

OP-07

10.00-10.15AM

### **Prevalence and factors associated with sexual dysfunctions during pregnancy among women attending an antenatal clinic in a tertiary care hospital, Colombo, Sri Lanka**

*Rajapakse R.G.C.S.K<sup>1</sup>, Perera P.A.D.M.P<sup>1</sup>*

<sup>1</sup>National STD/AIDS Control Programme, Colombo

Introduction: Sexual dysfunctions are difficulties encountered by adults during personally satisfying, non-coercive sexual activities. Sexual dysfunctions during pregnancy are common among women. Despite being a significant health problem, it is often overlooked.

Objectives: To determine the prevalence and associated factors of sexual dysfunctions during pregnancy and to compare the types and prevalence of sexual dysfunctions across different trimesters of pregnancy among pregnant women attending antenatal clinic in a tertiary care hospital; Castle Street Hospital for Women (CSHW), Sri Lanka.

Methodology: A cross-sectional study involving 246 pregnant women, was conducted at Castle Street Hospital for Women, Colombo. Data were collected using a self-administered questionnaire based on 19 item Female Sexual Function Index (FSFI) evaluating six domains of sexual function. Data were analysed using SPSS version 23, and Chi-square and ANOVA tests were used for statistical analysis.

Results: Overall prevalence of female sexual dysfunctions (FSD) during pregnancy was 59.2%, while prevalence of 50.0%, 54.8%, and 69.5% was seen in 1st, 2nd, and 3rd trimesters respectively. Mean scores of desires, arousal, lubrication, orgasm, and satisfaction domains showed a progressive decline as pregnancy advanced, while pain domain showed improvement in 2nd trimester. All the domain scores showed significant difference between first and third trimesters. Higher levels of education and being employed were associated with lower levels of sexual dysfunctions, while a history of LSCS, believing sex during pregnancy will harm the foetus, and going through NVD will have a negative impact on sexual life, were associated with FSD. No association was observed between FSD and religion, coitarche, duration of marriage, co-morbidity, parity, or history of normal vaginal delivery and miscarriages. Most women who abstained from sex were in the third trimester and believed that having sex during pregnancy was dangerous.

Conclusion: The overall prevalence of sexual dysfunctions among pregnant women was high and worsened as the pregnancy progresses. Misconceptions regarding sex during pregnancy were also associated with higher levels of sexual dysfunctions. Therefore, sexual health assessment and appropriate management should be integrated into the antenatal care package provided.

OP-08

10.15-10.30AM

### **A Study on Knowledge, Behavioural Risk Factors Related to STI/HIV, and Communication Channel Usage Among Youths attached to youth clubs in Colombo district.**

*Welivitiya WGL<sup>1</sup>, Karawita A<sup>2</sup>*

*<sup>1</sup>National STD/AIDS Control Program, <sup>2</sup>Teaching hospital Anuradhapura*

Introduction: The youth demographic is vital for national development and societal standards. In Sri Lanka, 12% of HIV diagnoses in 2022 were in individuals aged 15-24, highlighting the need for targeted preventive strategies. The National HIV/STI Strategic Plan emphasizes the importance of diverse communication channels to educate youth on safer sex. Identifying effective, youth-friendly communication channels is crucial for delivering accurate information to a generation with varied media habits.

Objectives: To assess knowledge and behavioural risk factors related to STI/HIV, evaluate current and preferred communication channels, and identify factors influencing their use among youths attached to youth clubs in Colombo district.

Methodology: A descriptive cross-sectional study was conducted in youth clubs in Colombo district, among 18-29y aged. A representative sample of 385 individuals was selected through systematic random sampling and data collected using a pretested self-administered questionnaire. HIV knowledge was assessed with UNGASS questions as well. Analysis done with SPSS software.

Results: The sample comprised 197 females (51.2%) and 183 males (47.5%), with 5 participants (1.3%) not disclosing their gender. Approximately 61.6% were single, 37.9% married, and 0.5% cohabiting. Over 80% had completed at least G.C.E. Ordinary Level, and 37% were employed full-time. The average knowledge level regarding STI/HIV was around 70%, with 17% of females demonstrating poor knowledge. The UNGASS indicator for HIV/AIDS knowledge was 33.2%. Individuals aged 27-29 had significantly higher HIV knowledge (47.1%) than those aged 18-20 (24.3%). Among who had sexual exposures ever (43%), 1.2% of females and 9.46% of males reported sexual debut before age 16, while 15.8% had multiple partners and 15.2% engaged in sex under intoxication while 3% and 0.6% had sexual exposures with commercial sex workers and foreigners respectively. Males preferred social media (87.4%) and internet searches (83.1%) while females favoured electronic (52.3%) and printed media (40.1%) as current channels of communication. The main factor influencing communication channel choice was the availability of updated data (39.2%).

Conclusion: While the average STI/HIV knowledge level among Sri Lankan youth is commendable at 70%, the UNGASS score of 33.2% reveals critical knowledge gaps. The concerning statistics of high-risk sexual behaviours highlights the need for targeted HIV prevention interventions, particularly through social media and internet-based platforms

**Prevalence and associated conditions of Premature Ejaculation (PE) and Erectile Dysfunction (ED) among men attending Sexual Health Clinic (SHC), District General Hospital (DGH), Kalutara, Sri Lanka.**  
*Rajapakse RWMKD<sup>1</sup>, Wajiramani NDS<sup>1</sup>, Tantiriwatta LP<sup>1</sup>, Wimalasiri PM<sup>1</sup>, Huruggamuwa THMT<sup>1</sup>*  
<sup>1</sup> *Sexual Health Clinic, Kalutara*

**Introduction:** Premature ejaculation (PE) and erectile dysfunction (ED) are the most prevalent sexual dysfunctions among men. Sexual Health Clinics (SHC) in Sri Lanka traditionally involve in care for sexually transmitted diseases (STDs) but much attention has not been given to patients' sexual dysfunctions, even though some men with these conditions seek help from sexual health clinics. Thus, true prevalence of these conditions among men attending SHC clinics is not well studied in Sri Lanka. This study was designed to assess this 'hidden' prevalence of ED and PE among STD clinic attendees.

**Objectives:** To assess the prevalence and associated conditions of Premature Ejaculation (PE) and Erectile Dysfunction (ED) among men attending Sexual Health Clinic, District General Hospital, Kalutara in Sri Lanka.

**Method:** A clinic based descriptive cross-sectional study was carried out among 207 men aged 18-70 years attending Sexual Health Clinic, Kalutara, using self-administered questionnaire based on five item International Index for Erectile Dysfunction (IIEF-5) and the 5 item Premature Ejaculation Diagnostic Tool (PEDT). Data was analysed using SPSS version 23.

**Results:** Fifteen percent (15%) of men had PE while 4.3% had probable PE. Prevalence of erectile dysfunction was 36.2% with 7.7% having severe ED. Sixty four percent (64%) of patients who had PE also had some degree of ED while 39.6% of patients who had ED also had PE, both were statistically significant. Factors associated with these conditions were compatible with the factors described in global literature such as increasing age, level of physical activity and chronic medical conditions like diabetes and dyslipidaemia. Low serum Testosterone levels (<12 nmol/L) were detected in 31% of patients with ED and in 15% with PE. At least one sexually transmitted infection was diagnosed among 38% and 48.6% of patients with PE and ED respectively. Highest prevalence of both dysfunctions was seen among patients who had genital warts and genital herpes.

**Conclusion and recommendations:** Prevalence of PE and ED was high among men attending sexual health clinic. Thus, integration of sexual health services to traditional STD clinic settings and provision of necessary facilities for proper management of sexual dysfunctions is needed.

## Poster Presentations

PPA-01

### An audit on completeness of baseline laboratory assessment for newly diagnosed HIV patients in Colombo HIV clinic, 2024

*Welivitiya WGL<sup>1</sup>, Nimalarathne HADP<sup>1</sup>, Gunarathna MKGINK<sup>1</sup>, Kulathunga KMNSB<sup>1</sup>, Hemamala PGW<sup>2</sup>*  
<sup>1</sup>National STD/AIDS Control Program, <sup>2</sup>STD clinic -Ragama

**Introduction:** As of 2023, approximately 4,700 individuals live with HIV in Sri Lanka, 81% linked to the HIV care and treatment. Comprehensive baseline investigations are essential in newly diagnosed patients to identify opportunistic infections, decide antiretroviral treatment (ART) regimen and to estimate basic clinical status.

**Objectives:** This audit aimed to evaluate the completeness of baseline assessment in newly diagnosed HIV patients of Colombo HIV clinic, as per recommendations of "A guide to Antiretroviral Treatment -2020 -by NSACP.

**Methods:** A retrospective review was conducted and data on the availability and timeliness of investigations were collected using a google survey form. Data extraction was done from both paper based and electronic clinic records of all new HIV patients in first quarter of 2024.

**Results:** Data from 68 patients were analysed and 61 (90%) were males. Basic investigations, FBC-27 (40%), UFR-60(88%), ESR-22 (32%), LFT-60(88%), Serum creatinine-61 (90%), FBS-36 (53%) and lipid profile-33 (48%) were done at first visit. Only 1 (14.3%) out of 5 eligible females undergone Pap smear and pregnancy test. Patients were tested for TPPA-62 (91.2%), VDRL-49 (72.1%), Hepatitis B-56 (82.4%), and Hepatitis C-44 (64.7%). Median turnaround times for GC culture, TPPA, and VDRL were 2-3 days, while Hepatitis B and C had delays of up to 34 days.

Basic tests like UFR, LFT, and Serum creatinine had a median availability of under 2 days, while FBS and lipid profile took over 9.5 days to become available. Of the participants, 26 (38%) underwent CMV Ab/ PCR and 51 (75%) had Toxoplasma Ab tests. TB GeneXpert was performed in 55 (80.9%). Viral load was available in 40 (58.8%). CD4 count were available for 64 (94%). Among 5 patients with CD4 count below 100, only 2 had cryptococcal Ag test and 3 received eye referrals.

**Conclusions:** The audit revealed significant gaps in baseline laboratory assessments. This highlights the urgent need to adhere to national HIV care guidelines. Recommendations include implementing notifications in the electronic patient record system for incomplete investigations, providing simplified guidelines for medical staff, and informing the senior management committee to ensure sustainable laboratory testing services. A re-audit is suggested to evaluate the effectiveness of these interventions.

PPA-02

### A clinical audit on completeness of treatment outcome of patients with Syphilis who attended STD Clinic, Mahamodara

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<sup>1</sup>STD Clinic, Mahamodara

**Introduction:** Syphilis remains a persistent public health challenge, with its significant rise over the years in Sri Lanka. Proper management and regular follow-up are mandatory in reducing the burden of the disease and achieving the desired targeted strategies.

**Objective:** To assess and evaluate the completeness of treatment outcome of patients with syphilis who attended STD clinic, Mahamodara from 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2022 (Against the BASHH auditable outcomes - 2015)



**Methodology:** A clinical audit was carried out using secondary data of all the Patients (67) who were diagnosed with Syphilis during 2021 and 2022 at the STD Clinic, Mahamodara

**Results:** All the patients in the sample 67 (100%) had undergone pre-treatment VDRL testing. All early syphilis patients 11 (100%) have been treated with the recommended first line treatment. Majority 39(72.2%) of the patients with late syphilis have been treated with the recommended first line treatment while 14(25.9%) were appropriately treated with an alternative therapy, doxycycline. Details of contact tracing have been documented for 63(94%) patients. All patients 11(100%) with early syphilis had a recorded VDRL titre at six months post treatment. But the percentage was 54% among patients with late syphilis.

**Conclusion:** Recording of pre-treatment VDRL titre and adherence to the recommended treatment was up to the standard level. While follow-up for early syphilis patients was satisfactory, the follow-up for late syphilis patients and agreed contact actions were just below the expected levels.

### PPA-03

#### **A clinical audit on evaluation of management of bacterial vaginosis at Central STD clinic, Colombo**

*Hewawluwatte SP<sup>1</sup>, Udatenne OL<sup>1</sup>, Peiris DDU<sup>1</sup>*

*<sup>1</sup>National STD AIDS Control Programme, Colombo*

**Introduction:** Bacterial vaginosis (BV) is the most common cause of vaginal discharge among women of childbearing age, although it can occur at any age. BV is associated with various health risks including increased susceptibility to sexually transmitted infections (STIs) and complications in pregnancy.

**Objective:** To evaluate management of BV among clinic attendees of Central STD clinic, Colombo in relation to National STI management guideline 2019.

**Method:** This retrospective audit included all female clinic attendees diagnosed with BV in the first quarter of 2024 at Central STD Clinic Colombo. Diagnosed cases were identified using data from electronic information management system (EIMS). Adherence to national STI management guideline was assessed.

**Results:** A total of 97 patients were diagnosed with BV in the first quarter of 2024. Ninety-eight percent, 98% (96) were sexually active and eighty-four percent, 84% (82) were between 15 and 49 years. Out of them, Fifty-nine percent, 59% (58) were commercial sex workers. Fifty-two percent, 52% (51) complained of abnormal vaginal discharge. However, only 10.3% (10) had noticed a fishy odor in the discharge. There was a history of at least one miscarriage in 11% (11). Microscopy did not reveal the presence of lactobacilli in 87% (85), while clue cells were observed in 91% (88) cases. Co-infection with at least one other STI was present in 43% (41). All patients were prescribed oral metronidazole and 79% (77) were prescribed the correct dosage for correct duration. Additionally, 10.3% (10) had received treatment for BV from Central STD clinic more than once and were repeatedly treated with the same regimen. Disease specific counselling was documented in only 55% (53) of cases.

**Conclusion:** In the majority of patients, the diagnosis of bacterial vaginosis was based on the presence of clue cells and the absence of lactobacilli. The complete application of either Amsel's or Hay Ison's criteria was frequently lacking. Disease specific advice that should have been provided was not often documented. Although standard dosage of drug for correct duration was prescribed most of the time, management guideline was not consistently followed in recurrent episodes. We suggest development of a management algorithm for bacterial vaginosis and regular training for medical staff on updated guideline.

## PPA-04

**Quality of samples for sexually transmitted infections received by the national reference laboratory (NRL), Colombo, an audit**

*Pemarithna WPNM<sup>1</sup>, Masna MIF<sup>1</sup>, Elwitigala JP<sup>1</sup>, Sajani R<sup>1</sup>, Lakshani HM1*

*<sup>1</sup>National STD/AIDS Control Programme*

**Introduction:** The quality of specimens received at a laboratory determines the accuracy of results. Therefore, auditing the quality of specimens received at a laboratory is important in improving quality management systems. National Reference Laboratory of National STD/AIDS Control Programme (NRL/ NSACP) performed this audit to assess the quality of specimens, against the parameters in sample collection manual issued and in use at NSACP.

**Objectives:** To determine the deviations and their extent, from guidance in sample collection manual related to samples received, with special attention to haemolysis, discrepant labelling, temperature of samples, provision of clinical information, identification details of the specimens, problem-wise and institution-wise.

**Method:** The audit was conducted prospectively from 24/09/2024 to 30/09/2024. Both the specimens received through the Electronic Information Management System (EIMS) and the manual system were included in the audit.

The data of specimens were collected using a pre-prepared, expert-validated checklist. Medical officers did completion of checklist with information in request forms and the physical status of specimens was assessed by the Medical Laboratory Technologists (MLT). Data analysis was done by the authors.

**Results:** A total of 2,565 specimens were received by NRL during the audit period. Fifteen (15) samples were rejected (0.58%). Haemolysis and decomposition accounted for nine rejections (0.35%), while four (0.16%) were due to labelling discrepancies, one (0.03%) was due to improper storage, and one (0.03%) due to sending specimen collection media without a specimen. Samples received from National Hospital Sri Lanka (NHSL) and NSACP had 5.97% and 0.1% rejection rate respectively.

Seven requests had no date of collection (0.27%), and 1,677 requests lacked collection time (62.41%). A brief clinical history was not provided for 1,607 specimens (62.41%). Temperature measurement is not consistently taken for specimens at reception.

**Conclusions:** The audit highlighted significant gaps in provision of clinical history (62.41%) and recording the collection time of specimens. (65.3%). Haemolyses was the commonest rejection factor while improper labelling of specimens was the second commonest. Poor quality specimens from NHSL need to be paid attention. Re-audit will be planned after refresher training regarding the provision of relevant clinical information, reinforcement of sample handling protocols and measurement of temperature of samples at reception.

## PPA-05

**Management of patients with syphilis at sexual health clinic, Kalubowila, Sri Lanka: A clinical audit**

*Muthumala TN<sup>1</sup>, Abeygunasekara N<sup>2</sup>*

*<sup>1</sup>National STD/AIDS control programme, Colombo; <sup>2</sup>Sexual health clinic, Kalubowila*

**Introduction:** Syphilis is a curable sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. In 2023, the reported number of syphilis cases in Sri Lanka was 1383, and it accounted for 12% from total reported STDs. The WHO recommends correct management of syphilis to minimize various morbidities, mortality and onward transmission.



**Objectives:** To conduct an audit on management of syphilis at sexual health clinic (SHC), Kalubowila in contrast to National guideline standards, in consideration to improve the quality of patient care.

**Method:** The clinical audit was conducted retrospectively, by extracting data from medical records using a checklist. All the records of patients diagnosed with syphilis (100) at SHC, Kalubowila, from 1<sup>st</sup> of January to 31<sup>st</sup> of December in 2023 were audited. Auditable targets were derived based on National STI management guidelines, 2019. Data analysis was done using Ms-Excel 2016. Percentages were used to summarize the qualitative variables.

**Results:** Total of 100 patients was diagnosed with syphilis in 2023. Most were male (92%), and nearly half (53%) belonged to 25 – 35 years age category. In the history taking; inquiry on symptoms (100%), past medical history (96%) and allergic history (95%) were available in most of the records. Sexual history taking was assessed using a composite score and was adequate in 96% of records. The necessary examination findings were available in all the records (100%). Dark ground examination was done in all 28 patients with ulcers. Pre-treatment serological tests for syphilis (VDRL and TPPA) were performed in all patients. Almost, all (95%) were screened for other STDs including HIV. Correct staging of syphilis was done in all the patients according to the guideline and all were treated with standard regimens. All the patients had undergone counselling accordingly. Nearly half (47%) of the treatment completed patients had arrived for serological follow-ups for six months. Contact tracing was done only in 37% but defaulter tracing was attempted in all the defaulters.

**Conclusions and Recommendations:** Management of patients with syphilis at SHC, Kalubowila was highly satisfactory. However, as contact tracing was poor, for improvement, novel strategies have to be developed involving peer groups, NGO staff along with the use of electronic means.

#### PPA-06

### **2024 Re-audit of British HIV Association National clinical audit 2015: Routine monitoring of People Living with HIV at Royal Berkshire Hospital, United Kingdom.**

*Wirasinghe K<sup>1</sup>*

*<sup>1</sup>Royal Berkshire Hospital. United Kingdom.*

**Background:** The British HIV Association (BHIVA) guidelines provide auditable targets for monitoring of People Living with HIV (PLHIV). In 2024, a re-audit was conducted at the Royal Berkshire Hospital (RBH) to assess service delivery and record-keeping practices concerning the routine monitoring of PLHIV. The aim was to identify gaps in service delivery and areas for improvement compared to the findings from the 2015 BHIVA national clinical audit.

**Methodology:** A retrospective review was conducted from 01/01/2024 to 01/06/2024, involving 42 randomly selected patients who have been followed up in the centre for more than 1 year. Confidentiality was ensured by unlinking clinic numbers from patient identities.

**Results:** HIV viral load and resistance testing both showed 100% compliance, reflecting improvements of 25% and 26% compared to 2015. Medication history was recorded in 92.9%. All were tested for Hepatitis-B surface antibodies, while 73.8% were tested for Hepatitis-A and 97.6% for Hepatitis-C within the past year. Smoking history was noted in 76.2% over the past two years. Influenza vaccination status was documented for 47.6%, either having received the vaccine or advised to obtain it. Sexual health screening was offered to 40.4% in the past year. Cardiovascular risk assessments were conducted for 42.9%. Fracture risk assessments were performed for 25% over three years. Cervical cytology was provided or recommended for 66.6% of eligible patients, and 46% had received or were advised to receive pneumococcal vaccination.

Conclusions: This re-audit demonstrated excellent performance in HIV viral load monitoring and resistance testing, with significant improvement since 2015. While areas such as medication history recording and hepatitis testing also showed progress, notable gaps remain. Cardiovascular risk assessment, fracture risk assessment, influenza vaccination, and sexual health screening require considerable attention. Additionally, cervical cytology recording and advice for eligible individuals require improvement compared to the 2015 audit results.

The findings highlight areas for targeted interventions to enhance comprehensive care for adults living with HIV at the RBH HIV clinic.

PPA-07

### **Clinical audit on clinical data recording and management of sexually transmitted/ transmissible infections in Sexual Health Clinic, Dambulla**

*Rajapakse RASHS<sup>1</sup>, Wijenayake PMSM<sup>1</sup>, Hemakeerthi VC<sup>1</sup>*

*<sup>1</sup>Sexual Health and HIV Clinic, Dambulla*

Introduction: Clinical data recording is a fundamental skill in clinical care. The management of sexually transmitted diseases (STDs) correctly will improve the morbidity and prevent the onward transmission of these infections.

Objectives: To evaluate the data recording and management of STDs by health care workers (HCWs) at the Sexual Health Clinic (SHC), Dambulla, concerning the National STI Management Guideline 2019.

Methods: Adherence to the local guidelines was assessed using records of STD clients who presented to the SHC, Dambulla, between January 1, 2023, and June 30, 2024.

Results: One hundred and five patient records were studied. Most patients were aged 25-49 (75%) and female (64%). Age at coitarche was recorded for only one patient. A complete history of the last sexual exposure was available in 20% of files. The most frequently missing information was the reason for not using condoms (85%). Most files (95%) provided relevant information on the number of past partners.

Information on alcohol or substance abuse was not documented in 64% of files. The duration of drug use was not documented in any record. The majority contained details regarding tattooing, blood transfusions, and donations. The history of imprisonment was not documented in 90% of records. None were documented in 14% of patients.

Diagnoses included NGU/NGC (41%), GW (28%), and HSV (26%). Thirty-five percent of diagnoses were not by guidelines, mostly due to missing or normal examination findings for NGC. Most patients (84%) received first-line treatment. Only 3 of 13 patients who received second-line treatment had it justified in their records. Follow-up was arranged for most patients (84%). Of the 52 records that indicated partner treatment, only 2 came to the clinic. Epidemiological treatment was offered to 11 through the index patient.

Conclusions: Sociodemographic data was well-documented, but sexual history and risk assessment lacked detail. Most cases were managed by guidelines, but contact tracing and epidemiological treatment need improvement. A skill-building session and workshop on clinical data recording and STD management should be organized for the clinic staff. HCWs on cover-up duty need brief training. A re-audit should be conducted in six months to assess improvement.

## PPA-08

**HIV testing among newly diagnosed tuberculosis patients at the National Hospital for Respiratory Diseases (NHRD) in Welisara during the first quarter of 2024; an audit***Wasana WDO<sup>1</sup>, Gandharupan N<sup>1</sup>, Kulathunge KMNSB<sup>2</sup>**<sup>1</sup>National Hospital for Respiratory Disease – Welisara, Sri Lanka, <sup>2</sup>Postgraduate Institute of Medicine, Sri Lanka*

**Introduction:** All tuberculosis patients should be screened for HIV at diagnosis or during follow-up if not initially tested as a provider-initiated testing. Rapid HIV diagnostic tests (RDT) have recently been introduced at selected TB units to facilitate any delays.

**Objectives:** To review the current practice of screening of HIV in TB patients within NHRD Welisara hospital against the recommended standard practice by the National Guideline thereby creating an audit cycle.

**Methodology:** This cross-sectional study was conducted on newly diagnosed tuberculosis patients at NHRD Welisara in the first quarter of 2024. Simple random sampling was used to collect data from a sample size of 163, with retrospective data gathered from patient ward records. Data quality was enhanced by reviewing clinic and laboratory records, and a secure Excel spreadsheet was maintained for data management.

**Results:** Data indicated that 12.3% (n=20) lacked documentation for HIV testing. Of the 143 patients tested, only 43.4% (n=62) were tested while in the ward; others were tested at follow-up clinics. The average time from TB confirmation to HIV testing was 4.8 days (range: 0 to 36 days). Though average post-TB diagnosis hospital stay was 20.9 days (range: 0 to 129 days) for HIV tested patients, those without HIV testing had an average stay of 12 days (range: 0 to 40 days).

The primary reason for not undergoing HIV testing was patient transfer, but with an average ward stay of 14.6 days post-TB diagnosis. Other factors included patient death, disappearance, or leaving against medical advice. Notably, four patients were discharged without HIV testing, having stayed 3 to 11 days post-TB diagnosis. Most patients (51.7%, n=74) were tested at the NHRD laboratory, while 39.9% (n=57) were tested at an STD clinic, and only 5.6% underwent RDTs in the ward.

**Conclusion:** Though majority was ultimately tested for HIV, low contribution from inward testing raises concerns. Those without HIV testing had prolonged hospital stays, suggesting missed opportunities. Underutilization of RDTs by ward staff needs attention. Incorporating HIV test results into the discharge checklist may prevent these oversights. Therefore, findings will be presented to the director-NHRD aiming to initiate a discussion and create an audit cycle.

## PPA-09

**Tuberculosis screening in patients newly diagnosed with HIV In the Central HIV clinic Colombo: an Audit.***Gunarathna MKGINK<sup>1</sup>, Welivitiya WGL<sup>1</sup>, Nimalarathne HADP<sup>1</sup>, Kulathunga KMNSB<sup>1</sup>, Hemamala PGW<sup>2</sup>**<sup>1</sup>Central STD Clinic Colombo, <sup>2</sup>STD clinic Ragama*

**Introduction:** Tuberculosis (TB) screening for people living with HIV (PLHIV) plays a crucial role in the early diagnosis of TB and improving patient outcomes. Screening is crucial to prevent IRIS and adverse outcomes with early ART initiation. Despite national guidelines mandating TB screening for PLHIV in Sri Lanka, implementation and clinical practice remain limited.

**Objectives:** To assess the TB screening status of newly diagnosed HIV patients who completed baseline investigations per ART guidelines in the first quarter of 2024.

**Method:** A retrospective review was conducted to assess the availability and timeliness of recommended investigations, including the Mantoux test, CXR, sputum TB PCR, and ESR, from the clinic records of newly registered HIV patients during the first quarter of 2024. Findings were compared with 2011 national guideline on TB and HIV coinfection. A summary format will be proposed for EIMS, highlighting pending TB screenings to alert clinicians, with reassessment post-implementation.

**Results:** A total of 68 patients were included. Of these, 57 (83.8%) had recorded Mantoux test results, while 6 patients (8.8%) had no reports available, and 5 patients (7.4%) did not undergo the Mantoux. Only 22 patients had available ESR reports. Chest X-ray (CXR) results were accessible for 29 patients, with 13 patients (19.1%) lacking reports and 26 patients (38.2%) not having undergone the CXR. TB PCR reports were available for 52 patients (76.5%), with 3 patients (4.4%) having no reports, and 13 patients (19.1%) not tested. Respiratory Medical Officer (MO) reviews were conducted within 3 months for 36 patients (52.9%), while 32 patients did not receive any review. The mean duration for TB PCR report availability was 19.3 days, and the mean time for MO review was 38.4 days.

**Conclusions:** The audit reveals significant gaps in TB screening protocols at the Central STD clinic. A significant proportion of patients either did not receive or reports not available in all components of basic TB screening. Delays in TB PCR report availability and untimely MO reviews highlight the challenges in the screening process. These findings highlight the need for better adherence to guidelines and robust systems like electronic medical records. Training, resources, and monitoring are key to optimizing practices and improving outcomes.

#### PPA-10

### "Gaps in Comprehensive Care for Older Adults with HIV: An Audit on HIV Monitoring and Assessment in patients aged $\geq 50$ years in central HIV clinic Sri Lanka

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<sup>1</sup>National STD/AIDS Control Programme (NSACP).

**Introduction:** With effective Antiretroviral Therapy (ART) life expectancy of people living with HIV has also increased. So, addressing the healthcare needs of aging populations is becoming a priority. In Sri Lanka, while the National STD/AIDS Control Programme (NSACP) has improved HIV care, care for older adults remains understudied. This audit evaluates adherence to HIV monitoring guidelines for individuals aged  $\geq 50$  years attending the central HIV clinic, using targets from the British HIV Association 2019 (BHIVA) adapted to local standards.

**Objectives:** The main objectives are to monitor the current practice of viral load monitoring, medication oversight, cardiovascular and fracture risk assessment, screening for dyslipidemia and diabetes, as well as lifestyle factors.

**Method:** A retrospective case-file review of randomly selected 60 patients aged  $\geq 50$  years receiving routine care from central HIV clinic during 2022-2024. Data was collected using a Google form.

**Results:** Out of 60 patients assessed, 50 (83.3%) were male, with the majority 26(43.3%) aged 50-54 years, six (10%) were  $> 70$  years, and 38(63.3%) in clinic care for less than 5 years. During the last 1-year HIV viral load was measured in 48(80%). A full medication list was documented in 32(53.3%), it was not reported in 10(16.7%) and drug-drug interactions with ART were noted in 24(40%). Blood pressure was monitored in nearly all patients, but only four patients (6.7%) had a QRISK, and only one patient (1.7%) had a FRAX score calculated. Smoking history was recorded in 43(71.7%), and co-morbidities like dyslipidemia in 23(42.6%), hypertension in 22(40.7%), and diabetes in 17(31.5%) were common. Fasting glucose/HbA1c was screened in 31(51.7%), and lipid profiles were checked in 48(80%) patients.

Conclusion: The audit revealed good adherence to HIV viral load monitoring and blood pressure monitoring but highlighted gaps in cardiovascular risk assessment, bone health evaluations, medication reviews, and screening for drug interactions. We suggest increasing focus on comprehensive care for older adults with HIV, including assessment of cardiovascular disease risk and bone health evaluations, which is needed to improve long-term outcomes. Following necessary interventions, we need to re-audit to find the remaining gaps in current practice.

#### PPA-11

##### **A Clinical audit on management of patients with gonorrhoea in STD clinic, Kalubowila.**

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<sup>1</sup>National STD/AIDS programme, <sup>2</sup> STD Clinic Kalubowila

Introduction: Gonococcal infection caused by *Neisseria gonorrhoeae* is the third commonest curable STI in Sri Lanka and a total of 1128 cases were reported during the year 2023. The prevalence of gonococcal infection (GC) has been increasing over the past few years.

Objective: To audit the management of patients with gonorrhoea in the STD clinic Kalubowila, against the standards set up by the National guidelines in view of improving the quality of care.

Methods: All documented diagnosed gonococcal infection during the period of 12 months from 1<sup>st</sup> of September 2023 to 31<sup>st</sup> of August 2024 were audited. Total number of 100 case records were included in the clinical audit.

Results: The mean age of the study group was 33 years (SD ± 9.21) and the majority (97%) were males. In obtaining history, inquiring of symptoms (dysuria and discharge) was 100% and adequate history was taken from 87% of patients in relation to sexual exposures (date of last sexual exposure, the type of sexual exposure, number of partners and condom usage). Under the clinical examination, the presence or absence of urethral discharge was recorded in almost all the clinic records (98%). However, the findings of scrotal examinations were mentioned only in 60% of records. A urethral smear/ cervical smear for Gram's stain was performed in all the patients (100%) and culture for gonorrhoea was performed in all (100%) of them. All the patients were treated with the first line treatment according to the national guidelines. All patients (100%) had routine serological screening for HIV and syphilis. Dry/ wet vaginal smears and Pap smears were done in all females. All the patients were treated with the first line treatment according to the national guidelines and all of them received counselling. However, only 77% of patients came for the test of cure. Contact tracing was attempted in 94% of patients and 32% of contacts (n=31) were traced and epi treated.

Conclusion: History taking, examination, diagnostic investigations and other necessary investigations were performed satisfactorily. All the patients were treated according to the National guidelines. However, patient TOC and contact tracing need to be improved.

#### PPA-12

##### **An audit of Tenofovir Disoproxil fumarate associated renal toxicity among People Living with HIV (PLHIV) in Colombo ART clinic, Sri Lanka**

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Introduction: WHO recommends using Tenofovir disoproxil fumarate (TDF), emtricitabine (FTC) and dolutegravir (DTG) as the preferred first-line antiretroviral therapy (ART), 95% PLHIV were switched into this ART regime in 2023. There are growing concerns about this preferred first-line ART regime associated with renal toxicity.



**Objectives:** We aim to evaluate the renal toxicity of a preferred first-line ART and associated risk factors compared with standards of care at the ART clinic, in Colombo.

**Methods:** We retrospectively collected thirty-three (33) PLHIV case records who switched the non-TDF based regime due to evidence of reduction of glomerular filtration rate (eGFR) of less than 60ml/min/1.732 in the Colombo ART clinic during the last 12-month period.

**Results:** The mean age was 39.9 years, and 19(57%) were male. Out of 33 participants, 29(79%) developed renal toxicity after 5 years of ART and 22(67%) TDF-based first-line ART regime. The proportion of study participants with associated renal risk factors is as follows: 64% were aged 60 or above, 24% had a BMI of 25 or higher, 24% had a CD4 count below 200, and 15% had diabetes. According to national guidelines serum creatinine should be tested at baseline, 2 weeks later, 4 weeks later, and every 6 months. However, in practice, testing was conducted in 88% of patients at baseline, but only 9% at 2 weeks, 30% at 1 month, and 67% at the 6-month interval. The proportion of patients referred to Nephrologist review is only 16 (48%) from case reports.

**Conclusion:** This reveals a gap between the recommended guideline and actual practice, particularly in the early follow-up period. Addressing this discrepancy may require investigating barriers such as logistical challenges, clinical workflows, patient education, and tracking systems.

#### PPA-13

### **Clinical Audit on Completeness of Recording of Screening for Pulmonary Tuberculosis among People Living with HIV (PLHIV) Aged 15 and Above during Follow-Up Visits in Colombo and Ragama HIV Clinics, Sri Lanka**

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**Background:** Tuberculosis (TB) remains a significant public health issue in Sri Lanka, especially among people living with HIV (PLHIV), who are at increased risk of developing TB. The World Health Organization (WHO) recommends TB screening in PLHIV using a four-symptom screen (fever, cough, weight loss, and night sweats) during each clinic visit.

**Objective:** This clinical audit aimed to assess adherence to recording of WHO four symptom TB screening in PLHIV at two major HIV clinics in Colombo and Ragama. Expected adherence is 100%. **Methodology:** A retrospective audit was conducted on 330 follow-up visits from April to June 2024, including 267 records from Colombo and 63 from Ragama. Data were collected using a checklist and analysed for the percentage of clinic visits with records of screening for TB using four symptom screening and the appropriateness of follow-up actions.

**Results:** Out of 330 PLHIV visits, 95.2% visits were asked about fever, 94.2% about cough, 33.0% about night sweats, and 33.3% about weight loss. Additionally, 37.6% were asked a general question about symptoms. In Colombo, 95.5% were asked about fever and 94.4% about cough, while only 18.7% were asked about night sweats, and 19.1% about weight loss. In Ragama, 93.7% were asked all four symptoms, and 92.1% were asked a general question. Across both clinics, only 32.4% were asked all four screening questions. A chi-square test showed a significant difference in screening performance between clinics ( $p < 0.001$ ), with Ragama performing better with 93.7% were asked about all 4 symptoms compared to 18.0% in Colombo. Of the six visits with positive symptom screen, only two recorded appropriate follow-up per WHO guidelines.

**Conclusion:** The audit revealed substantial gaps in recording TB screening practices, particularly in Colombo, where high patient volume were challenges. To improve TB detection and outcomes among PLHIV, the audit recommends streamlining electronic health record systems, ensuring

consistent recording of all four symptoms in screening checklists, and increasing staffing at high-volume clinics.

#### PPC-01

### **A case series of patients with asymptomatic neurosyphilis presenting to a tertiary care neurological centre**

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**Introduction:** Neurosyphilis, is referred to as a "great masquerader" as it mimics various neurological disorders. Symptomatic presentations include meningitis, arteritis, general paresis, tabes dorsalis, and cerebral gummata, all affecting the central nervous system (CNS). An asymptomatic form exists, where patients have no CNS neurological symptoms but show positive cerebrospinal fluid (CSF) syphilis markers. This summary discusses three cases of asymptomatic neurosyphilis observed over two years at a tertiary neurology unit, all confirmed by positive CSF Venereal Disease Research Laboratory (VDRL) and Treponema Pallidum Particle Agglutination (TPPA) tests.

**Case 1:** A 44-year-old male with retroviral infection presented with headache, red eye, and blurred vision. He had retinal exudates without disc edema, and CSF showed a mildly elevated protein level and lymphocytes and a positive TPPA. He was diagnosed with syphilitic panuveitis and asymptomatic neurosyphilis, improving after 14 days of penicillin and steroid eye-drops.

**Case 2** featured a 40-year-old male with red eye, bilateral retinal exudates with disc oedema, normal visual acuity and an erythematous rash on his soles. His CSF showed normal opening pressure, elevated protein, lymphocytes, and positive VDRL and TPPA. He was diagnosed with ocular syphilis and asymptomatic neurosyphilis, and his CSF normalized after penicillin treatment.

**Case 3:** A 44-year-old male presenting with radicular pain, ascending numbness, ataxia, and bilateral ptosis. CSF analysis revealed elevated protein and positive TPPA, and nerve conduction studies had abnormal F waves, leading to a diagnosis of asymptomatic neurosyphilis triggering a Guillain-Barré syndrome variant. He was treated with penicillin and immunoglobulin.

**Discussion:** In all cases, CSF abnormalities were detected despite no typical clinical or radiological CNS disease, highlighting the need for vigilance in diagnosing asymptomatic neurosyphilis. All had a positive contact history, and good clinical response to penicillin. These cases underscore the varied presentations of patients with positive CSF syphilis markers presenting to a neurology unit. **Conclusion** Syphilis needs consideration in unexplained neurological or ocular symptoms, as early diagnosis and treatment can prevent progression, even in the absence of overt CNS involvement.

#### PPC-02

### **Rash and Fever in an Infant: Unmasking the Unexpected**

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**Introduction:** Congenital syphilis, caused by *Treponema pallidum*, a spirochete bacteria transmitted to the fetus in utero and occasionally during childbirth. It can affect any organ system with diverse symptoms, though diagnosis is challenging as over half of infants are asymptomatic, and symptoms may be subtle or nonspecific. This report highlights a case of congenital syphilis presenting with a skin rash and fever, leading to delayed diagnosis. The case emphasizes the need to consider congenital syphilis as a potential diagnosis in early childhood.

**Case report:** A 5-week-old baby girl, delivered at term via an uncomplicated vaginal delivery, presented with fever and a generalized rash. She developed a fever at four weeks, followed by a

rash on her limbs and trunk. She was treated for a viral infection. The rash worsened to generalized erythematous maculopapular eruptions, along with annular lesions with fine scaling on her limbs. On further evaluation, she had typical involvement of the palms and soles, hepatosplenomegaly, anemia, and thrombocytopenia. She did not exhibit typical symptoms like blood-stained nasal discharge, involvement of the bones or joints. A brain ultrasound scan revealed normal results. She tested positive for syphilis (VDRL titer 1:2048) and was treated with intravenous penicillin G for 14 days. After one month, her seropositivity reduced to 1:64, and achieved seronegative after one year.

Discussion: A 5-week-old infant presented with a skin rash and fever, initially misinterpreted for a viral infection. The mother had tested negative for HIV and syphilis during the first trimester, which reduced suspicion of congenital syphilis and delayed the diagnosis. Upon retesting, the mother had a VDRL titer of 1:128, and contact tracing revealed the father had secondary syphilis with a VDRL titer of 1:256. The father, a bisexual man, contracted syphilis through sexual activities with men, leading to the mother acquiring early syphilis in the last trimester, posing a high risk of transmission to the baby.

Conclusions: In Sri Lanka, antenatal screening for syphilis and HIV is conducted early in pregnancy. Without retesting, cases of syphilis or HIV acquired later in pregnancy may be missed, highlighting the importance of re-screening during the last trimester or at delivery, particularly for parents belonging to key populations or those at higher risk of multiple sexual exposures.

#### PPC 03

#### **'To be or not to be!' – A case of an aging transvestite presenting with gender dysphoria**

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Introduction: Gender dysphoria is defined by the DSM-V as the incongruence between one's expressed gender and assigned sex at birth. Not all individuals seeking hormonal or surgical interventions for perceived gender incongruence fit the diagnosis of gender dysphoria. The decision to transition may be influenced by social, cultural, and psychological factors, particularly in the elderly. Comprehensive evaluation is crucial to exclude conditions such as cognitive deficits, paraphilic behaviours, or mood disorders to provide appropriate and individualized care for those requiring gender-affirming therapy.

Case Report: We present a case of a 58-year-old male with a history of transvestism and autogynephilia, who sought transition to female gender. The patient reported depressive symptoms, including low mood, worthlessness, and poor appetite, following an episode of acute angina. His history included long term cross-dressing with sexual arousal from female attire. He had past depressive episodes with poor compliance to treatment. Current mental state examination revealed a moderate depressive episode. Worsening physical health, poor psychosexual adjustment with aging and depression were identified to be the key precipitants of his desires for sex change. He was treated with sertraline, and his depressive symptoms improved, leading to a reduction in his desire for sex reassignment.

Discussion: Diagnosing and managing gender dysphoria in older adults is complex due to the interplay of aging, physical health decline, and mental health issues. Aging individuals with desires for sex reassignment often present with acute crises exacerbated by deteriorating physical and mental health and social isolation. Distinguishing between aging transvestites and transsexuals involves identifying persistent fetishistic arousal and lack of an internalized opposite-gender



identity. Cultural factors may also influence individuals with paraphilias to seek sex reassignment for social acceptance.

Conclusion: An extensive evaluation is necessary to accurately diagnose and determine the need for gender-affirming therapy. Psychotherapy focusing on sexual identity and comorbid mental health treatment is essential before initiation of therapy.

#### PPC-04

### **A missed case of vulval Eczema Herpeticum; a rare clinical presentation of Herpes Simplex Virus infection**

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Background: Eczema herpeticum (EH) or Kaposi varicelliform eruption caused by herpes simplex virus type 1 and/or 2 infection, is one of the few dermatologic emergencies. It is characterized by the sudden appearance of monomorphic vesicles and 'punched-out' erosions with haemorrhagic crusts. It typically occurs in patients with underlying dermatological conditions leading to disrupted skin barrier, such as atopic dermatitis or Darier's disease. Early diagnosis is vital, in order to minimize the morbidity and mortality associated with possible dissemination of the virus. Reported cases of EH involving the genitals are rare, as it typically affects the head and the neck.

Case report: A 43-year-old female presented with extremely painful genital ulcers that had persisted for 5 days. She was initially misdiagnosed as a coexisting carbuncle and genital folliculitis or an atypical presentation of taenia infection and was started on oral co-amoxiclav and topical clotrimazole. The surgical and dermatology referrals were arranged to confirm the diagnoses. Later, patient presented to the clinic with worsening lesions after 10 days default, at which point the clinical diagnosis of EH was established. Despite a negative giant cell report and unavailability of confirmatory HSV PCR assays, the clinical presentation aligned with EH. The patient responded well to the combination therapy of high dose acyclovir and intravenous co-amoxiclav.

Discussion: The diagnosis of Eczema was initially missed in this patient, despite the typical clinical presentation, due to unfamiliarity with the condition. The negative giant cell report is most likely due to the lower sensitivity of the test, and both the HSV PCR and culture testing facilities were not available in the country at that time; Additionally, the patient was not financially stable enough to perform the test in the private sector. Despite the delayed clinical diagnosis, the infection confined to the vulva, and patient recovered without any complications.

Conclusion: This case emphasises the importance of improving the knowledge on 'EH involving the genital area' among sexual health physicians to improve the early diagnosis and prevent the systemic spread of the infection and potential life-threatening complications. It also highlights the diagnostic difficulties of such cases in resource limited settings as well.

#### PPC-05

### **Never underestimate the great mimicker; it may be around you.**

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Introduction: Syphilis is caused by *Treponema pallidum*, and can infect many organs and systems, including central nervous system, eye, ear, cardiovascular system, bone and soft tissues.

Case report: A 45-year-old male referred from rheumatology clinic for assessment of genital lesions while on treatment for polyarthritis. He had lesions over the glans penis compatible with mucosal ulcers of secondary syphilis, faint rash over the palms and soles, and VDRL of R 256, TPPA +2 with negative HIV screening, negative chlamydia and gonorrhoea PCR. Medical history revealed

that inflammatory swelling and tenderness of bilateral wrist joints, metacarpo-phalangeal joints, knee and ankle joints without any recent history of gastro-enteritis or features of urethritis or past history of arthritis.

He showed no improvement of symptoms with prednisolone, methotrexate, and continued to have joints symptoms. Meanwhile he developed blurring of vision left eye, and reduced vision in right eye, and was seen by the ophthalmologist. Funduscopy examination revealed right eye blurred disc margin, left eye disc oedema, and was compatible with optic neuritis, with normal findings of rest of the central nervous system examination. CECT brain and VEP both were normal. Subsequently noticed inflammatory cells in vitreous, and chorioretinitis in ophthalmology follow up.

Diagnosis of this patient was compatible with secondary syphilis with eye and neurological symptoms, and lumbar puncture was performed prior to treatment with Aqueous Crystalline Penicillin for 14 days. CSF VDRL was negative while CSF TPPA was positive, and normal CSF protein and no CSF cells.

He showed dramatic improvement following treatment with IV penicillin and was completely free of symptoms and signs in joints, eye, and genitalia after treatment of three to four weeks.

Discussion: As secondary syphilis is a systemic infection, it can manifest as a wide spectrum of symptoms and signs. This patient presented with a wide range of initial symptoms: polyarthritis, visual impairment, mucosal lesions in genitals, where he presented first to a non-venereologist. Inflammatory type of poly-arthritis is described with secondary syphilis in the literature (1). Inflammatory arthritis can be seen as a part of the synovitis in secondary syphilis.

Syphilitic eye involvement can be seen as a part of neurosyphilis or isolated ophthalmic involvement. (2). This patient had no symptoms or signs of meningeal involvement, no cranial nerve palsies, normal CSF protein, no cells in CSF, negative CSF VDRL. All these are more compatible with isolated ocular syphilis in this patient. He showed remarkable improvement of vision and clinical features following treatment with Benzyl penicillin.

Conclusion: Syphilis may present with many systems and organ involvement, and first presentation may be to a non-venereologist.

#### PPC-06

#### **Case Report: A rare presentation of HIV coinfection with disseminated histoplasmosis and possible pulmonary TB and MAC infections**

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Introduction: Histoplasmosis is an endemic fungal infection caused by *Histoplasma capsulatum*. Human immunodeficiency virus (HIV) infected patients with CD4 counts below 150 cells/ $\mu$ L are at the highest risk for disseminated histoplasmosis, which is an AIDS defining opportunistic infection. Histoplasmosis is infrequently identified in Sri Lanka.

Case report: A 37-year-old homosexual male, presented with fever for one month, cough for two weeks, weight loss, loss of appetite and skin rash. He was febrile, emaciated and pale, with generalized lymphadenopathy, hyperpigmented nodular rash on trunk and limbs and mild splenomegaly. He was diagnosed with HIV, with a viral load of 388000 copies/ml and CD4 count of 5 cells/ $\mu$ L. ART was initiated following negative results from preliminary investigations for TB.

Disseminated histoplasmosis was diagnosed with positive urine histoplasma antigen test and the demonstration of the organism in biopsy samples from the skin and inguinal lymph node.

Intravenous (IV) liposomal amphotericin B was initiated. One week later, anti-tuberculosis treatment (ATT) was started due to suspected pulmonary tuberculosis, indicated by a cavitary lung nodule and right hilar necrotic lymphadenopathy on contrast-enhanced CT, along with persistent fever. In addition to hepatosplenomegaly and lymphadenopathy, he developed anemia. Although these features could be attributed to disseminated histoplasmosis, the associated elevated LDH levels raised concerns about a possible coexisting *Mycobacterium avium complex* (MAC) infection, leading to the addition of clarithromycin. Histology of the polypoidal growth in the right upper lobe bronchus, revealed during bronchoscopy, showed heavy infiltration of histiocytes and foamy macrophages, which could be attributable to an infection caused by either MAC, tuberculosis, or histoplasmosis.

Amphotericin B was continued for three weeks, followed by oral itraconazole, along with continued ART, ATT, and clarithromycin. His condition improved clinically, with complete resolution of fever during treatment.

Discussion: This case report describes a Sri Lankan homosexual male with a travel history to a histoplasmosis-endemic area who presented with advanced HIV and co-infections of disseminated histoplasmosis, possible pulmonary TB, and MAC.

Conclusions: It is important to consider histoplasmosis in HIV patients with suggestive clinical features, despite its rarity. Multiple concurrent opportunistic infections can coexist, in HIV patients particularly with severe immunosuppression.

PPC-07

### **An 18-year-old young man with Burkitt's lymphoma and CMV retinitis; A case of possible mother to child transmission of HIV.**

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Introduction: Immunosuppression due to HIV infection leads to development of AIDS defining malignancies and various opportunistic infections. We present a case of an 18-year-old HIV infected young man with two AIDS defining conditions, non-Hodkins' lymphoma and cytomegalovirus retinitis, who probably acquired the infection from his mother.

Case report: This 18-year-old man was investigated for breathing difficulty due to a nasal block and a growth inside his nose was found on examination. CT scan showed a left nasopharyngeal mass suggestive of primary nasopharyngeal lymphoma and the excisional biopsy of the lesion showed Burkitt's type of non-Hodgkin's lymphoma. He was started on chemotherapy at National Cancer Institute. While on treatment he developed gradual blurring of vision in the right eye. The ophthalmic examination showed features of CMV retinitis with a CMV viral load of 5242 copies/ml. The patient was treated with intravenous ganciclovir followed by oral valganciclovir. On further investigations, he was tested positive for HIV and was referred to the STD clinic, in Kalubowila. His history revealed being ill with recurrent infections since childhood and both his parents died of pneumonia when he was a child. He never had any sexual exposure during his lifetime and denies past history of blood transfusion or Intravenous drug use. He was emaciated (BMI -16.7kg/m<sup>2</sup>) and had pruritic-papular eruption on skin. His baseline CD4 count was 23 cells/UI, and the HIV viral load was 1,750,000 copies/ml. ART was commenced with the TDF+FTC+DTG regime, four months following commencement of chemotherapy, and one-month following starting treatment for CMV retinitis.

Discussion: It takes several years to develop severe immune suppression in an untreated adult with HIV infection. In contrast, children who acquire HIV as a result of mother to child transmission may progress to AIDS stage early. This young man who had developed two AIDS defining illnesses,

Burkitt's type non-Hodgkin lymphoma and CMV retinitis, without any sexual or blood exposure likely to have acquired this infection from his mother peri or postnatally.

Conclusion: HIV testing should be considered for any patient who has indicator conditions suggestive of immunodeficiency irrespective of their age and sexual behaviour.

Key words: HIV, Burkitt's lymphoma, CMV retinitis, Immunosuppression.

PPC-08

### Non-typhoidal *Salmonella* bacteremia in Context of HIV Infection: Case Report

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Introduction: Non-typhoidal *Salmonella* (NTS) infections are typically associated with self-limiting gastrointestinal illness. In immunocompromised patients, they can present with more severe manifestations, including bacteraemia and systemic involvement. This case highlights the importance of evaluating for underlying conditions, like HIV, in patients with unusual presentations of common pathogens. Early diagnosis and targeted treatment are critical in managing non-typhoidal *Salmonella* bacteraemia in the context of HIV infection.

Case presentation: A 31-year-old male with no prior medical evaluation presented with a three-month history of intermittent low-grade fever, weight loss, poor appetite, and other constitutional symptoms. On physical examination, he had a right-sided inguinal lymph node enlargement. Systemic examinations were unremarkable including the musculoskeletal system.

Investigations revealed a normal full blood count. The blood smear showed normocytic, normochromic red cells with marked rouleaux formation, toxic neutrophil changes, a few reactive lymphocytes, and normal platelets, suggesting an ongoing infection. The erythrocyte sedimentation rate was elevated at 100 mm/hour, ferritin was markedly raised at 1457 ng/mL, and the C-reactive protein was 70 mg/L. Blood cultures grew *Salmonella enteritica* serovar Enteritidis, while urine and sputum cultures were negative. Procalcitonin levels were significantly elevated at 45.97 ng/mL. Serology for Hepatitis A IgM, B surface antigen, and Hepatitis C antibodies were all negative. Imaging, including chest X-ray, abdominal ultrasound, and 2D echocardiography, showed no abnormalities.

Based on the Antibiotic sensitivity testing (ABST), the patient was started on intravenous ceftriaxone. The retroviral screening was conducted and returned positive for HIV. Having excluded tuberculosis infection with Mantoux and sputum for acid-fast bacilli, the patient was subsequently started on ART, and follow-up at the sexually transmitted disease (STD) clinic was arranged for continued care.

Conclusion: This case underscores the need to consider opportunistic infections like non-typhoidal *Salmonella* bacteraemia in patients with undiagnosed HIV, especially when they present with vague symptoms like low-grade fever, weight loss, and fatigue. The patient's immunocompromised state contributed to the extraintestinal manifestations. Early diagnosis and prompt treatment with appropriate antibiotics and antiretroviral therapy were vital for improving the patient's prognosis. It highlights the importance of thorough evaluation in patients with prolonged, unexplained systemic symptoms, particularly those with potential immunosuppression.



## PPC-09

### Two patients diagnosed with HIV during thrombocytopaenia work-up; importance of thrombocytopaenia as an early entry point for diagnosis of HIV

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Introduction: Thrombocytopaenia is well recognised as a common presentation among all stages of HIV infection, and the importance of screening all patients with persistent thrombocytopaenia for HIV is well recognised.

Nine patients with thrombocytopaenia, 02 patients with Lymphocytosis, 01 patient with Eosinophilia and 01 patient with Macrocytosis were referred to the Sexual Health Clinic at Base Hospital-Panadura from 01.07.2022 to 31.12.2023, and among them, 02 patients with thrombocytopaenia were diagnosed with HIV. Thus 22.22% patients with thrombocytopaenia referred to the SHC-Panadura were HIV positive during this period.

Case 1: A 30 years old male was referred for HIV screening as a part of ITP work-up, and the diagnosis was confirmed by 21.09.2022. At the time of diagnosis, he was in WHO stage I, CD4 count was 875 cells/m<sup>3</sup> and the platelet count was 133,000 copies/mL. Thrombocytopenia improved with the initiation of antiretroviral treatment (ART) and he is doing well to date with the first line ART regime.

Case 2: Another 39 years old male was also referred for HIV screening as a part of ITP work-up (Platelet count – 100,000 cells/ml) and the diagnosis of HIV was confirmed by 28.12.2023. He was in WHO stage I (performance scale A) by the time of diagnosis, and was started on ART by 30.12.2023. His thrombocytopaenia was improved with ART, and the patient is doing well till date with the first line ART regime.

Discussion: While thrombocytopaenia is the second commonest complication of HIV, it accounts for 5%-15% patients in early HIV infection and up 40% of cases in the advanced disease. HIV screening among patients with persistent thrombocytopaenia provide the opportunity to prevent severe complications of both thrombocytopaenia and HIV. It further supports controlling the HIV epidemic through early initiation of ART.

Conclusions: These two case reports highlight the importance of screening patients with thrombocytopaenia in Sri Lankan setting, giving a good yield of identification and allowing the patients to achieve optimal recovery from thrombocytopenia with ART. This also highlights the importance of thrombocytopaenia as an early entry point for diagnosis of HIV, allowing early initiation of ART. However, systematic research in different settings is recommended to support the findings of these cases.

## PPR-01

Knowledge, attitudes and associated factors towards sexual health education during the preconception period among the Public Health Midwives in the Colombo Regional Director of Health services (RDHS) area, Sri Lanka

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Introduction: Comprehensive sexual health education in the preconception period will empower individuals and couples to make informed decisions about their sexual and reproductive life, improve fertility and pregnancy outcomes. It also encourages sexual and reproductive autonomy and freedom and thereby improve marital harmony. It also promotes communication between partners about their sexual desires, sexual needs, boundaries, feelings and expectations as well as

to help eliminating cultural taboos and myths on sexual health. Therefore, PHMM must utilize the preconception period as a crucial window to improve sexual health needs of the individuals and couples. There is a significant research gap in relation to preconception sexual health knowledge and attitudes among PHMM in Sri Lanka.

**Objectives:** To assess the knowledge, attitudes and associated factors towards sexual health education during the preconception period among PHMM in the Colombo RDHS area.

**Method:** A descriptive cross-sectional study was carried out among PHMM in Colombo RDHS area using a pretested self-administered questionnaire. The calculated sample size was 403. Hence, no specific sampling technique was adopted, and all the eligible PHMM in Colombo RDHS area, which was 350 PHMM were included. Data analysis done using SPSS software version 26. Descriptive data given as frequencies and the chi-squared test used to assess the associations.

**Results:** The response rate is 97.4%. The Majority of PHMM (144, 42.2%) were within 25-34 years and were Sinhalese (336, 98.5%) and Buddhist (330, 98.5%). Only 196 (57.5%) PHMM have received training on sexual health education within last five years. Majority of PHMM (215, 63%) had 'Satisfactory Knowledge' on sexual health education during the preconception period but knowledge on some specific areas was significantly low. Knowledge level was significantly associated with the age of the PHM ( $p=0.017$ ) and the population of PHM area ( $p=0.026$ ). The majority (183, 53.7%) of the PHMM in the study population had 'Poor Attitudes' on sexual health education during the preconception period.

**Conclusions:** Majority of the PHMM had satisfactory knowledge, but knowledge related to some specific areas was significantly low and the majority of PHMM had 'Poor Attitudes'.

It is recommended to advocate inclusion of resources and programmes on sexual health education and update and revise the sexual health education components in National Guidelines, Policies and Programmes pertaining to preconception care and incorporate novel concepts related to sexual health into existing PHMM curriculum to bridge the knowledge and attitude gap.

**Key Words:** *Sexual health education, Preconception period, Public Health Midwives (PHMM), Knowledge, Attitudes*

## PPR-02

### **Barriers and Facilitators of Cervical Screening: A Knowledge, Attitudes & Practices Study Among Females aged 35 and 45 years at the Battaramulla Medical Officer of Health Area, Sri Lanka**

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**Introduction:** Cervical cancer remains a significant public health concern, particularly in low- and middle-income countries, such as in Sri Lanka. In the public health sector, the pap smear test is used to screen women at the ages of 35 years and 45 years. Despite provision of cervical screening services free of charge, the uptake of screening remains low. Exploring the knowledge, attitudes, practices (KAP) and associated factors related to cervical screening is crucial for developing effective interventions.

**Objectives:** To describe the knowledge, attitudes and practices, and factors associated with cervical screening, at the Battaramulla Medical Officer of Health (MOH) area, Sri Lanka.

**Methods:** A descriptive cross-sectional study was conducted amongst 288 semi-urban/urban women (aged 35 and 45 years in 2022) from the Battaramulla suburb in Colombo. Participants were selected from the eligible family register of the MOH clinic in Battaramulla, using a random sampling method. Information on sociodemographic factors, KAP and associated factors was collected through an interviewer administered structured questionnaire.

Results: Most women participating in this study were eligible for pap smears at the age cohort of 35 years (n = 189, 65.6%). Almost all participants claimed to have heard of cervical cancer (n = 286, 99.3%), but only 11.8% (n = 34) correctly identified “a virus” as the main cause of cervical cancer. Most participants (n = 201, 69.8%) had not heard of the Human Papilloma Virus (HPV) vaccine. Mean knowledge score was 4.88 +/- 2.782 marks (out of 13 marks total), indicating that a majority of participants had poor knowledge regarding cervical cancer.

Most participants attributed undergoing testing after being convinced by the public health midwife or the doctor (n = 245, 98%). Factors found to discourage cervical screening included “forgetting to get tested”, “fear of pain”, and “embarrassment to test”.

Conclusions: This study found that current attitudes and practices towards cervical screening amongst urban women in Colombo are largely positive. Poor knowledge regarding cervical cancer and the HPV vaccine however requires urgent intervention, in order to improve and encourage uptake of cervical cancer screening. Educational interventions targeting knowledge gaps and dismissing fear of the test would also further improve screening uptake.

### PPR-03

#### Knowledge on sexually transmitted infections and HIV among Public Health Midwives in the Medical Officer of Health area Boralesgamuwa

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Introduction: HIV and STIs are significant global public health challenges. Public Health Midwives (PHMs) play an essential role in raising awareness and providing preventive care for these infections. However, the effectiveness of PHM's activities relies on their knowledge. Studies, such as Silva et al. (2018), indicate that knowledge gaps among healthcare workers hinder patient education, highlighting the need for comprehensive training programs to enhance PHMs' ability to deliver quality care.

Objective: The aim of this study is to assess the knowledge on STIs and HIV among PHMs attached to the Medical Officers of Health area Boralesgamuwa.

Methodology: A descriptive cross-sectional study was conducted among 40 PHMs in the Boralesgamuwa MOH area. Data was collected through a self-administered questionnaire covering transmission, prevention, and treatment of STIs and HIV. A health education session followed the questionnaire administration. SPSS version 25 was used for data analysis, categorizing knowledge into three levels: good (>75%), moderate (50-75%), and poor (<50%).

Results: The mean age of PHMs was 39.5 years (SD 8.37), with ages ranging from 25 to 54 years. Eighty percent had completed the GCE Advanced Level examination, and all had over three years of experience. While 95% were aware of antiretroviral therapy, and 45% were unaware that medication can slow HIV progression. Misconceptions about HIV transmission was noted in 35%, and 40% lacked knowledge of STI curability. Ten percent were unaware of STI symptoms, but all recognized the importance of condom use for prevention.

Conclusion: PHMs in the Boralesgamuwa MOH area demonstrated good knowledge of HIV and STI transmission, prevention, and treatment. However, some held misconceptions regarding non-transmittable methods of HIV and the curability of STIs. It is recommended to conduct regular in-service training programmes to fill knowledge gaps in HIV and STI's among PHMs

## PPR-05

### Perceived Needs: Explore Ministry of Health Employed Doctors' Views on the Importance of LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) Health Issues and Identifying Competency Needs

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**Introduction:** Knowledge about LGBTIQ health remains limited among healthcare professionals, including doctors. Many international undergraduate curricula are therefore now incorporating these topics, alongside school educational initiatives targeting to familiarize LGBTIQ communities which is not seen in Sri Lankan education system.

**Objective:** is to explore government employed doctors' views on the importance of LGBTIQ health issues and identify their needs to be competent in this area of knowledge.

**Method:** This descriptive cross-sectional study was conducted on a randomly selected sample from all the doctors employed in the ministry of health, Sri Lanka. Calculated sample size of 384 was reached through a self-administering online questionnaire.

**Results:** Among the total respondents (n=213, 55.5%), only 15.5% (n=33) reported having received any training related to LGBTIQ health. Most participants (46.8%, n=101) indicated that undergraduate education was the preferred time to deliver this knowledge, while a minority (3.7%, n=8) believed it should be limited to doctors specializing in relevant fields. The majority of doctors expressed interest in learning about psychological issues affecting LGBTIQ individuals (82%), with health education related to risk behaviors being the second most sought-after topic (77%). The least interest was shown in gender reconstructive surgeries and management (56%).

Doctors who had received previous training on LGBTIQ health demonstrated a positive association with their attitudes toward LGBTIQ individuals. A statistically significant better attitude was observed among these doctors regarding transgender individuals (p=0.018). Although not statistically significant, a higher percentage of doctors with prior LGBTIQ health training reported a more favourable attitude toward homosexuals (57.6% vs. 54.4%).

**Conclusions:** The majority of doctors had no formal education related to LGBTIQ individuals, reflecting a trend seen in many South Asian countries. Most participants advocated for discussions on these topics at the undergraduate level, highlighting the need for academics in Sri Lanka to revisit this issue. Many studies indicate that initiatives like incorporating LGBTIQ health issues to formal training can improve attitudes and sensitize doctors to the needs of this population.

## PPR-06

### A qualitative study on sexual health related practices among lesbian, bisexual and queer women in Sri Lanka

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**Introduction:** Sexual health practices among Lesbian, Bisexual, and Queer (LBQ) women in Sri Lanka remain significantly under-researched, despite the pressing need to address the unique health challenges they face. In Sri Lanka, LBQ women encounter substantial barriers to accessing sexual health services due to prevailing stigma, legal restrictions, and a lack of understanding among healthcare providers. This research aims to fill this critical gap by investigating the nuanced sexual health practices, needs, and barriers faced by LBQ women in Sri Lanka. By examining these

aspects, the study seeks to inform the development of more inclusive and sensitive healthcare policies and interventions, ultimately improving access to and quality of sexual health services for LBQ women in Sri Lanka.

**Objectives:** To understand the sexual health related needs of LBQ women, common barriers to access sexual health services and strategies used among LBQ women to address their sexual health needs.

**Methodology:** A qualitative study with involvement of ten participants who were recruited by snowball sampling. It is difficult to calculate the population of LBQ women in the community because there are no accountable segregated data on LGBTQI+ community or senses. Participants were introduced initially through a representative of an organisation. Then from the initial contact I was introduced to participants subsequently.

**Inclusion criteria** were women who are self-identified as lesbian, bisexual, and queer and women who are at least 18 years old and above. Excluded were women who are self-identified as heterosexual and transgender. An interview guideline was used to conduct in-depth interviews and the interviews were transcribed and analysed by thematic analysis. Thematic analysis identified five key areas: Defining gender identity, gender expression and sexual orientation, awareness on health, hygiene, and access to health services, challenges experienced by the participants while accessing health care services, strategies adopted by the participants to address the challenges, and relationships, health, and hygiene.

**Results:** The research uncovered four main themes: the diversity in how these women understand their gender and sexual identities, the struggles they face with self-identification and acceptance from family, their varying levels of awareness about sexual health risks, the significant barriers they encounter when seeking healthcare, and the coping strategies they use. Participants shared that they often faced confusion and rejection, struggled with misinformation about STIs, and dealt with discrimination from healthcare providers. Despite these challenges, they found ways to cope, such as seeking support from LGBTQI+ friendly clinics and leaning on trusted friends and communities.

**Conclusion:** This study illuminates the multifaceted challenges faced by sexually active Sri Lankan LBQ women, including significant gaps in sexual health knowledge, mental health distress, and healthcare access. Findings reveal a critical misunderstanding regarding STI/HIV risks and highlight pervasive discrimination in healthcare settings. To address these issues, it is recommended to implement targeted educational programs on STI/HIV testing, develop specialized mental health support services, and enhance inclusivity and sensitivity in healthcare practices. Additionally, advocating for supportive legal frameworks can further protect and empower LBQ women. These measures are essential for improving health outcomes and fostering a more inclusive environment for this marginalized group.

PPR-07

### **Knowledge and practices following occupational exposure to blood and body fluids among healthcare workers presented to Sexual Health Clinic, Dambulla**

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**Introduction:** Occupational exposure of healthcare workers to blood or body fluids during their work is a significant health concern. To protect healthcare workers from HIV, post-exposure prophylaxis following occupational exposure (oPEP) is provided around the clock by island-wide sexual health clinics in Sri Lanka.

**Objective:** To assess knowledge and practices following occupational exposure to blood and body fluids among healthcare workers (HCWs) presented to Sexual Health Clinic, Dambulla.

Method: Secondary data was collected from oPEP data records at the Sexual Health Clinic, Dambulla from January 2021 to September 2024.

Results: A total of 79 HCWs sought PEP services following occupational exposures. Among them, medical officers (n=30,39%) and nursing officers (n=17,21.5%) experienced the highest rates of injuries. There were 13 (16.5%) public health midwives. Most incidents occurred during peak working hours, between 9:00 AM and 3:00 PM, with 27 (34%) of exposures happening in the wards and 15 (19%) in field clinics.

Percutaneous injuries were the most common type of injury (n=73,92.4%). These injuries were often attributed to unsafe practices such as improper handling and disposal of sharp instruments (n=24,30%) and rushing to complete the procedures (n=22,27%). Six HCWs did not wear gloves.

Forty percent of HCWs delayed seeking care at the sexual health clinic. It was attributed to public holidays (n=14,45%), underestimation of the risk (n=9,29%), and the need to continue working (n=9,29%). Most HCWs (95%) correctly washed the site, but 41% (n=33) squeezed the injured site. Follow-up with HIV ELISA was low, with only 63.3% of HCWs coming for the test. Only 52 (65%) HCWs have received the full Hepatitis B vaccination series and 6 have checked their antibody levels following vaccination.

Conclusion: While most healthcare workers demonstrated adequate knowledge of first aid following exposure, the gaps were identified in their understanding of risk reduction strategies and the importance of receiving recommended care. Hepatitis B vaccination coverage should also be improved. These findings underscore the necessity for ongoing awareness for healthcare workers on oPEP and regular audits to ensure strict adherence to universal precautions, thereby minimizing the risk of occupational exposure to blood and body fluids.

#### PPR-08

### **The perception of school principals and teachers about sexual and reproductive health education in selected schools in the Egodaunya Medical officer of Health Division.**

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Introduction: Teenage pregnancy remains a critical public health concern in the Egodaunya Medical Officer of Health (MOH) Division, which recorded the highest teenage pregnancy rate in the Colombo RDHS area in 2021. Despite a national decline in teenage pregnancy rates, this area continues to present a challenge. This descriptive cross-sectional study aims to explore the perceptions of school principals and teachers regarding sexual and reproductive health education (SRHE) and to assess the gaps in SRHE delivery that may contribute to the persistently high teenage pregnancy rates.

Objective: The objective of this study is to describe the current perceptions and practices regarding SRHE among school principals and teachers in selected high-risk schools in the Egodaunya MOH area.

Method: A cross-sectional study was conducted from January 2024 to September 2024 in 12 high-risk schools in Egodaunya MOH area. The schools were selected through cluster sampling, and data were gathered from school principals and teachers responsible for grade 9 and above using a questionnaire. The questionnaire was designed to assess participants' perceptions and their training related to Sexual and Reproductive Health Education (SRHE).

Results: A total of 86 teachers and principals were surveyed. Of these, 46 (54%) had over 10 years of teaching experience, yet only 18 (21%) had ever taught health-related subjects. Additionally, only 6 (7%) had received any formal training related to sexual and reproductive health. A significant majority (72%) reported a lack of confidence in their knowledge of SRHE, which they identified as a major barrier to effectively teaching the subject to students. Moreover, only 8 (9%) of respondents believed that sexual and reproductive health should be taught as a formal subject in schools. Seventy-five (87%) of participants felt that teenage pregnancy could not be prevented through SRHE, and 41 (48%) believed that although students were aware of sexual and reproductive health, they lacked accurate knowledge. Furthermore, 66 (77%) of respondents perceived students as having sufficient contraceptive knowledge.

Conclusion: The findings highlight the need for changes to the school curriculum and more comprehensive training for educators in sexual and reproductive health. These interventions are critical to improving SRHE delivery and addressing the underlying factors contributing to teenage pregnancy.

Key words: SRHE, MOH,

#### PPR-09

### **Risky sexual behaviours and the associated factors among undergraduates of the University of Jaffna**

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Introduction: Risky sexual behaviours are becoming a common health problem in the Sri Lanka. The World Health Organization (WHO) identifies several risk behaviours as unintended or unprotected sexual activities. These include early initiation of sexual activities, premarital sexual relations, infidelity within stable partnership, non-use of condoms, the consumption of alcohol or psychoactive substances, substance addiction, men who has sex with men (MSM), involvement in sex work, and insufficient awareness of HIV/AIDS. Youths are particularly vulnerable to engaging in these high-risk sexual behaviours, which can lead to significant reproductive health challenges.

Objectives: The study aimed to assess the risky sexual behaviours and its associated factors among undergraduates of the University of Jaffna.

Method: A descriptive cross-sectional study was conducted among 428 undergraduates at the University of Jaffna. A stratified random sampling technique was used to recruit the participants and self-administered questionnaire was used to collect the data. Data were analysed by using Statistical Package of Social Science (SPSS) version 26. The association of risky sexual behaviours with the socio - demographics and behavioural factors was determined by chi-Square test.

Results: Among the 428 participants, more than half were males (50.9%). Most of the participants (66.6%) were less than or equal to age 24 years, and the mean age of them was 23.55 years (SD=±1.83 years). Among them 42.5% were Buddhists, and 36.9% were Hindus. Only 63 students (15%) were living at their houses with their parents or spouse. Among the participants 26.6% were sexually active and 15.2% were engaged in any type of risky sexual behaviour. Among the participants 4.2% were married and 22.22% of them were engaged in at least one risky sexual behaviour. The following factors were associated with the engaging in risky sexual behaviours; gender (P<0.001), faculty they belong (P=0.002), monthly income (P=0.019), cigarette smoking (P=<0.001) and the habit of accessing pornography (P<0.001), chronic worries in life (P=0.047), peers' influence on sexual activity (P<0.001).

Conclusion: The study showed that prevalence of risky sexual behaviours among undergraduates is high in this study sample. There are several associated factors. Interventions to abstain from



risky sexual behaviours among the students are needed. The Associated factors which are identified should be considered while planning such activities.

#### PPR-10

### **Knowledge and Practices Regarding sexually transmitted infections prevention among female garment factory workers in the Colombo district**

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**Introduction:** This study investigates the sexual health knowledge and practices of female garment factory workers in Sri Lanka, a vulnerable group facing significant challenges due to poverty, limited education, and poor access to healthcare. This focuses on their understanding of sexually transmitted infections (STIs). Garment workers live in cramped conditions and face increased risks of STIs and unintended pregnancies highlighting gaps in sexual health knowledge and the need for targeted interventions. Raising awareness and improving access to healthcare services can help reduce STI transmission and promote safer sexual practices among this workforce.

**Objectives:** To assess the knowledge and practices regarding sexually transmitted infections (STIs) prevention, among female garment factory workers in Colombo District, Sri Lanka.

**Method:** A cross-sectional study was conducted with a randomly selected sample of 184 female garment workers in Colombo district, through a self-administered questionnaire and analyzed using SPSS version 21.

**Results:** Most respondents (42.93%) were aged 26-35, with 51.63% having completed education up to the Advanced Level (A/L). The majority (57.07%) were married, which could influence their contraceptive use and attitudes toward sexual health. Work experience varied, with 44.02% having 6-10 years of experience.

While 83.6% were aware that HIV could be transmitted through unprotected sex, only 31.5% knew condoms could prevent STIs, and just 32.6% were aware of other STIs. Healthcare professionals were the main source of STI information for 42.4% of respondents. However, gaps in knowledge persisted, particularly regarding other STIs than HIV.

**Conclusions:** Most participants' understanding of sexually transmitted infections (STIs) remains limited, particularly for other STIs than HIV. Although healthcare professionals serve as the main source of STI information, the low comprehensive knowledge underscores the need for targeted education on STI prevention. Tailored interventions are essential to bridge these knowledge gaps and promote safer sexual practices among this vulnerable population. The study highlighted the need for targeted educational programs to address these gaps and improve sexual health awareness.

#### PPR-11

### **Sero-prevalence of Hepatitis B among samples received at Medical Research Institute from healthcare institutions, Sri Lanka during 2023**

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**Introduction:** Hepatitis B is a significant global health issue, causing potentially life-threatening hepatitis. Chronic infections primarily result from early childhood and mother-to-child transmission, with neonates born to HBeAg-positive mothers facing the highest risk (90%) of

developing chronic hepatitis B. The WHO aims to eliminate hepatitis by 2030 under the theme “One life, one liver.”

**Objectives:** This study aimed to investigate the seroepidemiology of hepatitis B among children aged 1-5 years in Sri Lanka and to identify factors associated with hepatitis B positivity in this age group.

**Methods:** The study analyzed hepatitis B infection in children under 5 years old, whose serum samples were received at the National Reference Virology Laboratory, Medical Research Institute for virological studies, including hepatitis B screening, from healthcare institutions across Sri Lanka in 2023. The serum samples were tested using a commercially validated enzyme-linked immunosorbent assay (ELISA) for hepatitis B surface antigen (HBsAg) and hepatitis B core-total antibody (anti-HBc). All reactive samples were retested and confirmed.

**Results:** Of the specimens, 105 (55.85%) were from male children, and 83 (44.14%) were from female children. The majority of the specimens (44.7%) were referred from the Colombo District. Three specimens (1.59%) tested positive for HBsAg. Among these, one specimen also tested positive for anti-HBc (0.53%) and HBeAg (0.53%). However, none of the HBsAg-reactive specimens had detectable HBV-DNA, nor was there any association found with the factors analysed for HBsAg reactivity.

**Conclusion:** The study revealed a hepatitis B infection rate of 1.59% among children aged 1-5 years. Enhanced coordination among maternal, newborn, and child health services, along with strengthened childhood HBV immunization programs, could significantly reduce early childhood and mother-to-child transmission, thereby aiding in the control of hepatitis B in Sri Lanka.

#### PPR-12

### **A Narrative Review on the Influence of society on health inequality and inequity in Sri Lanka in relation to HIV/AIDS**

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**Introduction:** Sri Lanka has a very low HIV/AIDS prevalence within the island in comparison to that of many countries around the world. Nevertheless, many inequalities contribute to the rising numbers during the past few years.

**Objectives:** To explore the influence of society on health inequality and inequity in Sri Lanka in relation to HIV/AIDS

**Methodology:** A narrative review of existing literature from 1995 to 2022 was conducted using Google Scholar and grey literature until saturation was achieved. The review focused on inequalities in health outcomes of HIV/AIDS, the influence of society and existing policies impacting these inequalities, and political approaches to reducing these inequalities.

**Results:** Treatment and compliance are more reluctant among females than men due to the associated stigma. While this is depicted in the national programs annual report 2020, many efforts taken have been successful in reaching out female sex workers and their adherence to screening, treatment and compliance. There is a vast difference in the distribution of HIV cases among the provinces and the districts within these provinces. The geographic variations suggest numbers of high-risk populations among the low socio-economic groups.

The gender norms and beliefs within the cultural context play a leading role in male and female knowledge on sexual health, practices, and reaching out for diagnosis and treatment. Pre-marital sex is a taboo within the culture that has prevented children and young adults from being taught protective sex during their school years. Literature supports that the societal stigma within

the community towards homosexuality is a possible cause of married men engaging in situational sex with men increasing their risk of HIV/AIDS.

Conclusions: The evidence depicted in this essay clearly demonstrates the impact wider social determinants, and the inequalities they create among different groups of people. Even though the country does not have high numbers of cases compared to the rest of the world, the existing inequalities would contribute to the already rising numbers.

The LGBTQI community are at high risk of HIV/AIDS due to their vulnerability as a marginalized community and Sri Lanka is yet to accept this community socially, culturally and legally. Therefore, a rights-based approach to legal reforms is suggested in this paper which is supported by evidence to reduce HIV among the community as well as to support the country's target to end HIV by 2030.

### PPR-13

## **Interventions to Improve Holistic Psychosocial Well-being of LGBTQ Youth in South Asian Populations: A Narrative Review**

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Introduction: Interventions targeting LGBTQ youth in South Asia are shaped by a complex interplay of factors, including socioeconomic circumstances, service delivery systems, and policy frameworks related to education, health, employment, and legislation. These factors significantly influence the holistic psychosocial well-being of LGBTQ youth.

Objective: This study explores the effectiveness of interventions aimed at improving the holistic psychosocial well-being of LGBTQ youth in the South Asian context.

Method: This study employed a narrative review design, utilizing a qualitative approach to synthesize existing literature on psychosocial interventions for LGBTQ youth in South Asia. The narrative review method allowed for a comprehensive integration of diverse sources, including peer-reviewed articles, grey literature, reports, and policy analyses, providing a nuanced understanding of intervention strategies within the unique cultural and social contexts of the region. Keywords used for the search included "LGBTQ youth," "psychosocial well-being," "holistic interventions," "mental health support," and "South Asian populations." The search strategy combined Boolean operators to refine the results, such as "LGBTQ youth" AND "South Asia" AND "interventions" OR "psychosocial support." Studies included in the review met the following criteria: (1) published between 2010 and 2024, (2) focused on interventions aimed at improving psychosocial well-being, (3) specifically targeted LGBTQ youth in South Asian contexts, and (4) available in English. Studies were excluded if they (1) lacked a focus on LGBTQ youth, (2) were not intervention-based, or (3) addressed populations outside South Asia.

For the analysis, a thematic synthesis approach was applied to systematically identify key themes emerging from the selected studies. The data extraction process involved reviewing each study for details on the type of intervention, target population, study design, and outcomes related to psychosocial well-being. Recurring themes were identified and grouped to provide a holistic understanding of the intervention strategies used. The synthesis focused on five key areas: (i) mental health and well-being, (ii) community support and peer interventions, (iii) socioeconomic and legal empowerment, (iv) family and social support, and (v) intersectionality and identity formation. Emphasis was placed on comparing facilitators and barriers to implementing these interventions across different South Asian contexts. The findings were then organized into thematic categories to present a structured overview of the strategies effective in promoting the psychosocial well-being of LGBTQ youth in the region.

**Results:** The review underscores the significant influence of cultural, religious, and socioeconomic contexts on the effectiveness of interventions aimed at improving the psychosocial well-being of LGBTQ youth in South Asia. It highlights the importance of intersectionality in addressing the unique challenges faced by this population. Culturally tailored interventions and peer support groups were found to be effective; however, gaps were identified, including a lack of focus on long-term outcomes and insufficient attention to intersecting identities. The analysis reveals a pressing need for more comprehensive qualitative research and inclusive approaches to better support the holistic well-being of LGBTQ youth in the region.

**Conclusions:** This narrative review highlights the progress made in interventions supporting the holistic psychosocial well-being of LGBTQ youth in South Asia while emphasizing the need for culturally sensitive, intersectional, and community-based approaches to effectively support LGBTQ youth and address their diverse needs.

**Keywords:** *LGBTQ youth, psychosocial well-being, Interventions, South Asia*

#### PPR-14

### **Enhancing Healthcare Inclusivity: Assessing Sri Lankan Physicians' Willingness and Confidence in Addressing LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) Health Needs.**

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**Introduction:** In Sri Lanka, the education system and medical training fail to address gender diversity, resulting in a societal lack of dialogue and understanding around this topic. As a result, individuals raised in this environment, even after becoming doctors, may continue to hold these entrenched views.

**Objective:** of this research is to assess the willingness and confidence of Sri Lankan physicians in addressing the health needs of LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer) individuals.

**Method:** A descriptive cross-sectional study done on doctors employed by ministry of health and sample of 386 were randomly selected for the study. A Google form with seven open-ended questions were used. Participants attitude towards LGBTIQ people were assessed using two questionnaires (Attitudes towards transgender individuals and Attitude towards lesbians and gays-shorter version) and knowledge was assessed with the sex education and knowledge about homosexuality questionnaire.

**Results:** Among the 212 respondents, 74.1% reported feeling comfortable treating patients from LGBTIQ communities, with 26.9% (n=57) indicating they were very comfortable. Only 10.9% (n=23) expressed discomfort, with one doctor feeling extremely uncomfortable. Notably, no doctor stated a desire to refuse treatment to LGBTIQ individuals, although 3.3% preferred not to have the opportunity to treat them, while 15.5% were eager to treat patients from of LGBTIQ spectrum. Additionally, 29.6% (n=63) lacked confidence in their ability to provide care, whereas 41.3% felt sufficiently confident.

Doctors with better knowledge of homosexuality demonstrated significantly greater confidence in treating LGBTIQ patients ( $p < 0.001$ ). Similarly, those with more positive attitudes toward transgender individuals also showed higher confidence ( $p = 0.001$ ). However, the association between attitudes towards lesbians and gay individuals and confidence was not significant ( $p = 0.113$ ), though a higher proportion of doctors with better attitudes reported greater confidence (46.6% vs. 35.4%).

Conclusions: Most Sri Lankan doctors reported no significant discomfort in treating LGBTIQ patients, indicating a positive trend in service delivery consistent with many global studies. The sample generally showed a willingness to treat LGBTIQ individuals, with no doctors refusing to give treatment; however, over half expressed a lack of confidence in providing care to LGBTIQ—a concern to think.

PPR-15

### **Knowledge and attitudes on HIV transmission, providing services for HIV infected people including laboratory care and adherence to universal precautions among private sector laboratory workers in Kurunegala district, Sri Lanka**

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Introduction: Stigma and discrimination towards HIV-positive people reduce their testing, entry to care, and intake of antiviral treatment. Good knowledge about the HIV disease and proper adherence to universal precautions would be the key strategies to prevent HIV-related stigma, discrimination, and occupational exposures among laboratory workers.

Objectives: This study aims to describe the sociodemographic profile, knowledge of HIV transmission and universal precautions, attitudes towards providing laboratory care to people living with HIV/AIDS, and adherence to universal precautions among private sector laboratory workers in the Kurunegala district of Sri Lanka.

Method: A descriptive cross-sectional study was carried out among 410 eligible participants from 53 registered private laboratories in the Kurunegala district after pre-testing 50 participants from private laboratories in Ragama. The study includes 99 MLTs (medical laboratory Technicians), 122 MLAs (medical laboratory assistants), and 189 phlebotomists. Data were collected anonymously using a pre-tested self-administered questionnaire and analyzed via SPSS-22. Percentages and Chi-square test were used for statistical analysis.

Results: The group consisted of 262 females and 148 males with the mean age of 30 years. Out of them, 61.5% had less than five years of professional experience in the current position. The majority had not followed any training or sensitization programs on HIV (65.4%) or universal precautions (74.6%). Almost half of the population (56.6%) had a good knowledge score for universal precautions whereas for HIV it was 12.2%. The Knowledge score was significantly associated with the occupational category ( $P < 0.05$ ) showing MLTs had better knowledge than phlebotomists and MLAs.

Few malpractices were identified. Such as 42.9% of the phlebotomists always recap used needles, 12.7% break/bend after use, and 6.6% of laboratory assistants always reused disposable gloves.

Participants with better knowledge had positive attitudes towards HIV patients. However, 22% believed HIV-positive patients should have a separate institution for their health needs.

Conclusion: Authorities should focus more on conducting regular continuous professional development activities and awareness workshops on universal precautions, common blood-borne viral, and audits to assess the practice of universal precautions among private sector laboratory workers.

Key words: Laboratory workers, private sector, people living with HIV, universal precautions.

## PPR-16

**Evaluation of Availability of Contraceptive Services in Sexual Health Clinics in Sri Lanka (2024)**

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**Introduction:** Sexually transmitted infections (STIs) pose significant public health challenges, impacting reproductive health globally. Sri Lanka, having achieved the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, emphasizes the importance of contraceptive services in managing reproductive health. The National STD/AIDS Control Programme's Standard Operating Procedures (SOPs) issued in 2021 mandate the provision of contraceptive services in all sexual health clinics. This audit aims to evaluate the availability of these services across sexual health clinics in Sri Lanka.

**Objectives:** This audit assesses the availability of contraceptive services in sexual health clinics across Sri Lanka.

**Methodology:** Conducted in September 2024, the survey used a structured audit tool across all sexual health clinics. Data were collected through direct interviews, employing both quantitative and qualitative measures.

**Results:** The audit revealed that male condoms were available in all 41 sexual health clinics across Sri Lanka, ensuring widespread access to this method. However, the availability of other contraceptive methods, particularly those targeted at women, was significantly limited. Female condoms and emergency contraceptive pills were not available in any of the clinics, and oral contraceptive pills were only offered in four (9.75%). Additionally, six (14.63%) clinics provided Depot Medroxyprogesterone Acetate (DMPA), while only one (2.43%) clinic had Jadelle implants or intrauterine contraceptive devices (IUCDs). In terms of proximity to contraceptive services, 39 (95.12%) clinics had services available either on-site or within 1 kilometre, while two clinics, located in Mahamodara and Hambantota, were over a kilometre away from the nearest contraceptive service provider. This highlights the gaps in contraceptive care, especially for women, across the country's sexual health clinics.

**Conclusion:** While male condoms are widely available, access to other contraceptive methods, especially for women, remains limited. The absence of female condoms and emergency contraceptive pills poses challenges to comprehensive care. Strengthening contraceptive services, particularly for women, is crucial to sustain EMTCT achievements and ensure inclusive sexual health services nationwide. This summary highlights the findings and underscores the need for enhanced contraceptive service provision in Sri Lanka's sexual health clinics.

## PPR-17

**The business case for providing free Pre-Exposure Prophylaxis (PrEP)**

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**Introduction:** The World Health Organization defines Pre-exposure Prophylaxis (PrEP) as the use of antiretroviral drugs by individuals at risk of HIV to mitigate their risk of infection. This paper evaluates the business case for a health system promoting a policy on free PrEP, analysing its health and economic implications prior to implementation and weighing its clinical and financial pros and cons.

**Objectives:** To assess the clinical and cost-effectiveness, and financial efficiency of implementing a health policy that provides free PrEP as a preventive measure against HIV.

**Methodology:** A narrative review of existing literature was conducted to evaluate the clinical and cost-effectiveness of free PrEP. Studies from 1998 onwards were reviewed using Google Scholar until saturation was achieved. The review focused on the clinical efficacy, cost-effectiveness, responsiveness, equity, and funding options.

**Results:** Extensive literature confirms PrEP's clinical efficacy, showing a significant reduction in HIV infection rates among high-risk populations. PrEP's clinical effectiveness and acceptance are widely recognised.

Studies evaluated cost-effectiveness using various metrics, including cost per Quality-Adjusted Life Year. Findings indicate that PrEP is particularly cost-effective in high HIV prevalence scenarios. While providing free PrEP incurs high costs, investing in PrEP is deemed cost-effective when considering the number of infections prevented and the subsequent reduction in treatment and hospital costs.

The review also explores the economic implications, emphasising the integration of PrEP into existing health systems to optimise resource utilisation and achieve technical efficiency. Funding mechanisms were analysed for their potential to support free PrEP without compromising equity and responsiveness.

**Conclusions:** Experts, including the World Health Organization and British HIV Association, recommends PrEP to reduce HIV transmission among high-risk groups, with studies supporting its clinical effectiveness and significant risk reduction. However, the number needed to treat (NNT) to prevent one HIV infection depends on the HIV prevalence within high-risk populations. Hence, in establishing a policy to provide free PrEP, it is crucial to consider all costs—direct, indirect, and overhead—and economic efficiency from a health economics perspective, in addition to its clinical and cost-effectiveness in a particular country.

#### PPR-18

#### **An analysis of laboratory data on Chlamydia and Gonorrhoea among STD clinic attendees of Colombo, Kalubowila, Kurunegala, Chilaw and attendees of community PrEP clinic, Colombo**

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<sup>1</sup>National STD/AIDS Control Programme

**Introduction:** Chlamydia (CT) and Gonorrhoea (NG) are common sexually transmitted infections. Laboratory diagnosis of these infections is important in managing patients. Conventional methods for diagnosis, are time consuming and laborious. Molecular testing is the trend of diagnosis nowadays and a point of care (POC) molecular test is user friendly in rapid diagnosis of diseases. Geographical trends in diseases are also of use for patient management.

**Objective:** To detect the infection rates for CT and NG among clinically suspected clients among STD clinic attendees of Colombo, Kalubowila, Kurunegala, Chilaw and attendees of community PrEP clinic, Colombo.

**Method:** Retrospective analysis of laboratory data was done from 1st of January to 30th June 2024. Cervical, urethral swabs and urine samples received at the laboratory from suspected patients with Chlamydia and Gonorrhoea were tested with molecular testing. The urine samples of PrEP clinic attendees were tested for CT/NG and data was compared with the STD clinic group.

**Results:** A total of 2563 samples were tested (1556 urine samples and 1007 swabs) and one or both diseases were detected in 566 with a rate of 22%. CT rate was 7.4% and NG rate was 17% in total tested. In urine, CT and NG were detected as 7% and 20% respectively. Swabs revealed 7.6% and 12% positivity rates for CT and NG.



The highest rate observed in Kalubowila clinic (45%) followed by Colombo (28%) and Kurunegala (16.7%). The community PREP clinic specimens revealed 5% positivity rate collectively for CT and NG. Rate of co-infection in urine was 1.8% and in swabs it was 3.3%.

Conclusions: The occurrence of NG is more than CT. The disease rates are more in STD attendees than PREP attendees. The co-infection rate is lower than having diseases individually. Co-infection detection was higher with swabs than in urine.

#### PPR-19

### ***Chlamydia trachomatis* infection among clinic attendees of STD clinics, Colombo & Colombo South Teaching Hospital, identified with urine specimens**

Attanayake H<sup>1</sup>, Goonasekara CL<sup>2</sup>, Abeygunasekera N<sup>3</sup>, Senaratna C<sup>4</sup>, Elwitigala J, Gunasekera KM<sup>5</sup>

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Introduction: Chlamydia is a commonly observed sexually transmitted infection. Appropriate treatment is necessary to prevent the complications including subfertility. The disease present symptomatically as well as asymptotically. Therefore, a non-invasive test is of high importance to detect the patients. Molecular testing provides a high sensitivity than the laborious conventional methods. Therefore, a molecular test with urine was used to detect Chlamydia. The study extends to understand the associations with diseases.

Objectives: To Identify *Chlamydia trachomatis* (CT) in urine of clinic attendees with a real time PCR and to describe the association of symptoms with disease detected

Method: A descriptive study was carried out with data obtained from 326 attendees of an STD clinic suspected of having CT from Colombo South Teaching Hospital and National STD/AIDS Control Programme Colombo was carried out prospectively. The patients were over 18 years of age and had no antibiotics for a week prior to visit. The urine Specimens of patients were collected for testing during the study period from 19th March 2018 to 30th of August 2020. A Real Time PCR (commercial- Quagen) was conducted to detect CT present in specimens. Demographic data were collected by one of the authors using a pretested expert validated questionnaire.

Results: Out of the 326 samples tested 194 (58%) were from male and the rest were from females. Twenty-eight (8.5%) samples were positive for CT. The positivity rate of CT for males was 8.2% (n=17) while for females it was 8.8% (n=11). Only 71.4% (20 out of 28) of patients had symptoms. Out of 17 males, 15 (88.2%) had a urethral discharge. Only 45.4% (n=5) of females had symptoms. Conclusions and recommendations: The RT-PCR detected 8.5% of patients as harbouring CT. There is no significant gender difference in positivity between males and females (8.2% versus 8.85%). Females were more asymptomatic than males (54.5% versus 11.7%). High proportion of asymptomatic infections in females proposes syndromic management inappropriate. The small sample size was a study limitation. Testing females for CT is important irrespective of symptoms. Further studies to expand knowledge on detection of CT from urine in comparison with cervical swabs would be of use for deciding the guidelines for laboratory diagnosis of CT.

## Digital Consumer Pathways: Innovative Solutions for PrEP - Clinical Efficiency and Consumer Satisfaction

Colin Roberts<sup>1</sup>, Belinda Hull<sup>2</sup>, Mahesh Ratnayake<sup>1</sup>, Carole Khaw<sup>1</sup>

<sup>1</sup>Adelaide Sexual Health Centre, Royal Adelaide Hospital, Adelaide South Australia

<sup>2</sup>Personify Health, Adelaide, South Australia

**Background/Purpose:** Adelaide Sexual Health Centre will be implementing digital consumer pathways in 2024 to support consumers' choices with how they access and manage their PrEP care. This approach allows attendance management, testing at recommended intervals and access to PrEP treatment as outlined by the national PrEP Guidelines. The approach reduces the frequency of consumer in-person visits, ensures efficient use of time, and encompasses four key domains: appointment management, medication script management, pathology collection before appointments and consumer reminders.

**Approach:** Consumers are invited to the digital PrEP consumer pathway. The consumer then receives appointment notifications, electronic pathology form, task reminders, and confirmation of pathology samples received via their phone. The consumer completes assessments before a telephone appointment utilising their mobile phone, improving time management, positively impacting on their care. Staff can manage the client's progress on the PrEP pathway through a real-time dashboard, ensuring the consumer is prepared, or can reallocate appointments as needed.

**Outcomes/Impact:** Staff no longer need to rely on manual processes using a spreadsheet to manage their workflow. Consumers have control over pathology collection, fewer visits to clinic and less time for the consultation. The planned digital pathway will allow consumers to maintain PrEP supply as per their individual needs to help minimise the risk of acquiring HIV. Regular service surveys will inform the acceptability of the pathway.

**Innovation and Significance:** The objectives of implementing digital consumer pathways are categorised under three pillars: efficiency improvement, improved consumer experience and access, and reduced clinical risk. Efficiency improvements result from digital pathology forms/collection prior to consultation, client data collection and automatic reminders. The digital access to educational content and the ability for consumers to confirm their consumption of educational content enable better informed/prepared consumers. Digital consumer pathways allow improved engagement, attendance management with clients ready for care and detecting risks prior to appointments enabling focused clinician consultations.

## Awards

Recipient of the award of “Honorary Fellow of Sri Lanka College of Sexual Health and HIV Medicine” (FSL CoSHH) in 2024

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Dr & Mrs Lucian Jayasuriya Medal for the best performance at the Diploma in Venereology Examination 2024

Dr Tharushi Nadeeshani Muthumala

Dr Iyanthi Abeyewickreme Medal for the best performance at the MD in Venereology Examination 2024

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Dr Nihal Perera Memorial Award for the best paper at the Annual Scientific Sessions 2023

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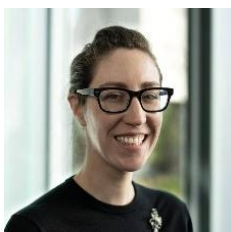
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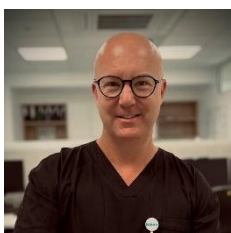
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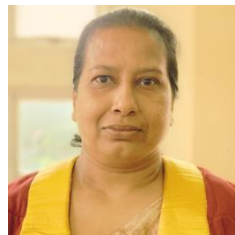
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