SRI LANKA COLLEGE OF SEXUAL HEALTH AND HIV MEDICINE

PROCEEDINGS OF THE 30TH ANNUAL CONFERENCE 2025

Translating Evidence into Action:

Advancing Excellence in HIV/STI Prevention, Treatment, and Care

SRI LANKA COLLEGE OF SEXUAL HEALTH AND HIV MEDICINE

(Sri Lanka CoSHH)

Proceedings of the 30th Annual Conference 2025

"Translating Evidence into Action: Advancing Excellence in HIV/STI prevention, Treatment and Care"

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THE COUNCIL OF THE SRI LANKA COLLEGE OF SEXUAL HEALTH AND HIV MEDICINE - 2025

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Standing from left to right : Dr. Waruni Pannala, Dr. Nisansala Madapatha, Dr. Dinusha Wirasinha, Dr. Hemantha Weerasinghe, Dr. Iruka Rajapaksha, Dr. Anuruddha Karunaratne, Dr. Prageeth Premadasa, Dr. M. K. G. I. N. K Gunarathne, Dr. Masna Iqbal (Asst. Secretary II), Dr. Roshani Jayaweera, Dr. Dilanka Nimalrathna (Asst. Secretary I).

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Dr. Nishan Gunarathna
Dr. Roshani Jayaweera
Dr. Nisansala Madapatha
Dr. Dinusha Wirasinha

Contents

Message from the Chief Guest

It gives me great pleasure to extend my warmest felicitations to the President, Council and members of the Sri Lanka College of Sexual Health and HIV Medicine on the 30th Annual Conference of the college. This significant milestone is a testament to the College's sustained commitment to promoting sexual health, advancing scientific knowledge, and strengthening the national response to HIV and sexually transmitted infections.

The theme of this year's conference, "Translating Evidence into Action: Advancing Clinical Excellence in HIV/STI Prevention, Treatment and Care" aptly reflects the need to bridge research and practice to improve patient outcomes and enhance public health impact. By transforming evidence into meaningful action, we can ensure that Sri Lanka continues to uphold high standards of clinical care while progressing toward the goal of ending AIDS by 2030.

The Ministry of Health greatly values the longstanding partnership and technical leadership of the College in policy development, professional training, and service delivery. Your continued efforts are vital to achieving a healthier and more equitable future for all Sri Lankans.

I extend my best wishes for a successful conference and for the continued growth and achievements of the Sri Lanka College of Sexual Health and HIV Medicine.

Dr Anil Jasinghe

Secretary
Ministry of Health and Mass Media

Message from the Guest of Honour

Dear Friends,

It is a great privilege to be visiting Sri Lanka for the first time, and that honour is further deepened by being invited as Guest of Honour at your prestigious College.

Over the years, it has been a joy to work alongside many exceptional doctors who have trained in Sri Lanka, and I very much look forward to these days in your company — sharing knowledge, experiences, and friendship.

As President of the British Association for Sexual Health and HIV, it is a continual joy to advocate for our shared specialty — one that is diverse, complex, and ever-evolving, yet always grounded in the fundamentals of human relationships and compassion.

The theme of this conference, *"Translating Evidence into Action: Advancing Excellence in HIV/STI Prevention, Treatment, and Care,"* is both timely and vital. It reflects our collective commitment to ensuring that the latest research and innovations are transformed into tangible improvements in patient outcomes and public health.

I extend my sincere thanks to the organizers for curating such an excellent programme and for their kind invitation. I look forward to meeting you all during my visit and to the rich exchange of ideas that will undoubtedly shape the future of our field.

With best wishes,

Prof. Matthew Phillips

President
British Association for Sexual Health and HIV

Address by the Special Guest

Dear Colleagues,

I congratulate the Sri Lanka College of Sexual Health and HIV Medicine on its 30th Annual Academic Sessions and commend its leadership in advancing evidence-based HIV and STI prevention, treatment, and care.

Sri Lanka's achievements are significant, including sustained EMTCT validation of HIV and syphilis since 2019 and attainment of Hepatitis B control in 2023. Rising HIV and STI trends, particularly among young adults, highlight the need for strengthened, integrated, people-centered and resilient services.

Sri Lanka is well positioned to achieve Triple Elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B ahead of 2030, with priorities including universal antenatal hepatitis B screening, strengthened HIV re-testing and partner testing, quality laboratory systems, and uninterrupted access to essential commodities, including HBIG.

I encourage continued commitment toward SDG 2030 elimination targets for hepatitis B and C through collaboration across sectors. WHO remains committed to supporting Sri Lanka through technical guidance, capacity building, advocacy, and partnerships. Together, we can make elimination a reality.

With best wishes,

Dr. Rajesh Pandav

WHO Representative to Sri Lanka.

Message from the President

Sri Lanka College of Sexual Health and HIV Medicine

It is with great pleasure and pride that I extend a warm welcome to all delegates, speakers, and guests attending the 30th Annual Conference of the Sri Lanka College of Sexual Health and HIV Medicine (SLCOSH), to be held from 4th to 6th December 2025 at the Courtyard by Marriott, Colombo.

This year marks a significant milestone in the journey of our college, as we celebrate three decades of advancing knowledge, advocacy, and excellence in sexual health and HIV medicine. The theme of this year's conference, "Translating Evidence into Action: Advancing Excellence in HIV/STI Prevention, Treatment, and Care," aptly captures our collective commitment to bridging the gap between research and practice, ensuring that evidence-based strategies are effectively implemented to improve the lives of individuals and communities.

Over the years, SLCoSHH has grown into a dynamic professional body that continues to foster collaboration among clinicians, researchers, public health experts, and community organizations. This conference provides an important platform to share scientific advancements, discuss challenges, and strengthen partnerships that drive progress in our field.

I take this opportunity to express my sincere appreciation to the organizing committee for their dedication in planning this event and to all our local and international contributors for their invaluable support. I am confident that this conference will inspire fruitful dialogue, innovation, and renewed commitment to advancing sexual health and HIV care in Sri Lanka and beyond.

I wish you all a productive, engaging, and memorable conference.

Dr. Shyama Somawardhana

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 gives me great pleasure to extend my warm greetings to all participants of the Annual conference of the Sri Lanka College of Sexual Health and HIV Medicine. This event stands as a significant milestone in our continued efforts to advance knowledge, strengthen professional collaboration, and enhance the quality of care provided to those we serve.

In an era where rapid advances in research continue to reshape our understanding of sexual health and HIV medicine, our responsibility extends beyond acquiring knowledge. We must ensure that evidence-based findings are effectively implemented in clinical practice, community outreach, and national policy. Bridging this gap between research and real-world impact is essential to improving the quality of care and achieving our shared vision of a healthier, more inclusive society.

I take this opportunity to express my sincere appreciation to the organizing committee, resource persons, sponsors, and all members who have contributed to the success of this event. Your dedication and collaboration embody the spirit of our college—one that values science, compassion, and service.

May this year's sessions inspire renewed enthusiasm, critical reflection, and stronger partnerships as we continue to transform *evidence into action* for the benefit of our patients and communities.

Dr Wasanthi Hemamala

Secretary
Sri Lanka College of Sexual Health and HIV Medicine

PROGRAMME OVERVIEW

30th Annual Conference

"Translating Evidence into Action: Advancing Excellence in HIV/STI Prevention, Treatment and Care"

4th of December 2025	5th of December 2025	6th of December
Venue: SLMA, Colombo	Venue: Courtyard by Marriott, Colombo	Venue: Courtyard by Marriott Colombo
Time: 09:00 - 12:00 PM	Time: 08.30AM-10.30AM	Time: 08.30AM-10.45AM
Pre-Congress Session HIV and the Nervous System: Unveiling the Neurological Dimensions	**Symposium I** Redefining Sexual Health: Innovation, Responsibility, and Equity in a Changing World	**Free Papers**
	Time: 10:50 – 12:50 PM	Time: 11:00 - 12.40 PM
	Symposium II Future prospects in sexual health	**Symposium V** Horizons in HIV: Charting the Future of Treatment, Prevention & Cure
	Time: 02:00 - 03:40 PM	Time 1.30 - 03:30 PM
	Symposium III Beyond the Binary: Addressing the challenges and Sexual Health Needs in Transgender Populations	**Symposium VI** Multidimensional Care in HIV: Women, Aging, and Systemic Manifestations
	Time: 03.50PM-05.00 PM	Time 03.40pm – 4.10pm
	Symposium IV Integrated Approaches to HIV and Viral Hepatitis in the Era of Curative Therapies	**Overseas faculty meeting**
Time 6.45 onwards		Time 7.30pm – 12.00 MN
Inaugural Ceramony Hilton, Colombo, Sri Lanka (By invitation)		**Fellowship Dinner** Venue: Court Yard by Marriot, Colombo

Programme of the 30th Annual Conference

Pre-Congress Session - Thursday, 4th December 2025

Venue: SLMA Auditorium, Colombo

HIV and the Nervous System: Unveiling the Neurological Dimensions

08:30 - 09:00 AM	**Registration**
09:00 - 09:10 AM	**Welcome Address**

Session – I

Chairpersons: Dr Shyama Somawardhana and Dr Vino Dharmakulasinghe

09:10 - 09:30 AM	**Understanding NeuroHIV: How HIV Affects the Brain and Nervous System** *Prof Graham P Taylor, Professor of Human Retrovirology*
09:30 - 09:50 AM	**Seeing the Unseen: Brain Imaging in PLHIV with CNS Symptoms** *Dr Amila Chandrakumara, Consultant Neuroradiologist*
09:50 - 10:10 AM	**Cognition Matters: Integrating Neurocognitive Screening into Routine HIV Care** *Dr Emily Clarke, Consultant in Genitourinary Medicine and HIV*
10:10 - 10:20 AM	**Panel Discussion**
10:20 - 10:40 AM	**Morning Tea**

Session – II

Chairpersons: Dr Priyantha Weerasinghe and Dr Waruni Pannala

10:40 - 11:00 AM	**Understanding HIV-Associated Neurocognitive Disorder: The Overlooked Challenge** *Dr Geethani Samaraweera, Consultant Venereologist*
11:00 - 11:20 AM	**Managing Meningitis in HIV: What's Different, What's Critical** *Prof Thashi Chang, Professor in Neurology*
11:20 - 11:40 AM	**The Mind and HIV: An Overview of Managing Neuropsychiatric Conditions in PLHIV** *Prof Chathurie Suraweera, Professor in Psychiatry*
11:40 - 12:00 PM	**Panel Discussion**
12:00 PM Onwards	**Lunch**

SRI LANKA COLLEGE OF SEXUAL HEALTH AND HIV MEDICINE

30th ANNUAL CONFERENCE 2025

"Translating Evidence into Action"
Advancing Excellence in HIV/STI prevention, Treatment and Care

INAUGURAL CEREMONY

Thursday, 4th December 2025 at 6:45 PM
At Hilton Colombo

Welcome Address
Dr Shyama Somawardhana
President, Sri Lanka College of Sexual Health and HIV Medicine

Address by the Guest of Honour
Professor Matthew Phillips
Consultant in Genitourinary Medicine and HIV in Cumbria, United Kingdom,
Honorary Professor of GUM and Ethics at the University of Lancashire,
President, The British Association for Sexual Health and HIV

Address by the Chief Guest
Dr. Anil Jasinghe
Secretary to the Ministry of Health and Mass Media, Sri Lanka

Address by the Special Guest
Dr. Rajesh Pandav
WHO Representative to Sri Lanka

Presidential Address
Dr. Shyama Somawardhana

Awards
Award of Fellowship
Award for the Best Performance in Diploma in Venereology
Award for the Best Performance in MD Venereology

Felicitation to Dr. Jayadarie Ranatunga

Vote of Thanks
Dr Wasanthi Hemamala
Secretary, Sri Lanka College of Sexual Health and HIV Medicine

Reception

Conference Sessions, Day 1 - Friday, 5th December 2025

Venue: Courtyard by Marriott, Colombo

Symposium I - Redefining Sexual Health: Innovation, Responsibility, and Equity in a Changing World

Chairpersons: Dr Iyanthi Abeywickrama and Dr Leelani Rajapakse

08:00 - 08:30 AM	**Registration**
08:30 - 08:50 AM	**Between Curiosity and Risk: Addressing Sexual Health Challenges in Adolescent** *Dr Gayani Nanayakkara, Consultant Venereologist*
08:50 - 09:10 AM	**Challenges in Implementation of Doxy PEP** *Dr Mahesh Ratnayake, Senior Consultant Sexual Health Physician (Virtual)*
09:10 - 09:30 AM	**Antibiotic Stewardship in STI Management: Preserving Efficacy, Preventing Resistance** *Dr Jayanthi Elvitigala, Consultant Microbiologist*
09:30 - 09:50 AM	**Detect to Protect: STI Screening: Who, When and Why** *Dr Darshani Wijewickrama, Consultant Venereologist*
09:50 - 10:10 AM	**United for Zero: Ending HIV, Hepatitis B & STIs Together** *Dr Po-Lin Chan, WHO Regional Advisor Hepatitis/HIV/ST*
10:10 - 10.30 AM	**Panel Discussion**
10:30 - 10:50 AM	**Morning Tea**

Symposium II - Future Prospects in Sexual Health

Chairpersons: Dr G Weerasinghe and Dr S Benaragama

10:50 - 11:10 AM	**Are We Winning or Losing the Battle, Drug Resistance GC** *Dr David Barlow, Emeritus Consultant Physician (Virtual)*
11.10 - 11:30 AM	**Breaking New Ground: An Overview of Landmark STI Clinical Trials** *Prof Matthew Phillips, Consultant in Genitourinary Medicine and HIV*
11:30 - 11:50 AM	**Vaccines Beyond HPV: The Next Wave in STI Prevention** *A/Prof Carole Khaw, Senior Consultant Sexual Health Physician (Virtual)*
11:50 - 12:10 PM	**Exploring New Frontiers in Sexual Health: Cosmetic Gynaecology** *Dr Inoka Munasinghe, Consultant Venereologist*
12:10 - 12:30 PM	**Pregnancy and Herpes Simplex Virus: Managing Risks for Mother and Baby** *Dr Emily Clarke, Consultant in Genitourinary Medicine and HIV*
12:30 - 12:50 PM	**Panel Discussion**
12:50 - 02:00 PM	**Lunch**

Conference Sessions, Day 1 - Friday, 5th December 2025

Venue: Courtyard by Marriott, Colombo

Symposium III – Beyond the Binary: Addressing the Challenges and Sexual Health Needs in Transgender Populations

Chairpersons: Dr Gayani Nanayakkara and Dr Chitran Hathurusinghe

02:00 - 02:20 PM	**Mental Health Challenges and Resilience in Transgender Communities: Psychiatric Perspectives** *Dr Kapila Ranasinghe, Consultant Psychiatrist*
02:20 - 02:40 PM	**Endocrine Dilemmas in Transgender Health: Balancing Affirmation and Safety in Hormonal Care** *Dr Uditha Bulugahapitiya, Consultant Endocrinologist*
02:40 - 03:00 PM	**Gender Reassignment Surgeries and Complications** *Dr Yasas Abeywickrama, Consultant Plastic & Reconstructive Surgeon*
03:00 - 03:20 PM	**Transgender Health in Sexual Medicine: Principles, Practice, and Progress** *Dr Dilmini Mendis, Consultant in Sexual Health Medicine*
03:20 - 03:40 PM	**Panel Discussion**
03:40 - 03:50 PM	**Evening Tea**

Symposium IV – Integrated Approaches to HIV and Viral Hepatitis in the Era of Curative Therapies

Chairpersons: Dr Geethani Samaraweera Dr Nimali Jayasuriya

03:50 - 04:10 PM	**HIV and Hepatitis B Co-infection: Advances in Diagnosis and Management** *Dr Ranjababu Kulasegaram, Consultant Physician in HIV/GU Medicine (Virtual)*
04:10 - 04:30 PM	**Hepatitis C in the DAA Era: Simplified, Streamlined, and Curable** *Dr Dariusz Piotr Olszyna, Specialist in Internal Medicine and Infectious Diseases*
04:30 - 04:50 PM	**Towards EMTCT of Hepatitis B in Sri Lanka: Progress, Challenges, and the Way Forward** *Dr Po-Lin Chan, WHO Regional Advisor Hepatitis/HIV/ST*
04:50 - 05:00 PM	**Panel Discussion**

Conference Sessions, Day 2 – Saturday, 6th December 2025

Venue: Courtyard by Marriot, Colombo

Free Papers
Chairpersons: Dr Jayadarie Ranatunga and Dr Manjula Rajapakshe

08:00 - 08:30 AM	**Registration**
08:30 - 10:45 AM	**Free Papers** **Poster Presentations**
10:45 - 11:00 AM	**Morning Tea**

Symposium V – Horizons in HIV: Charting the Future of Treatment, Prevention & Cure
Chairpersons: Dr Umedha Jayasinghe and Dr Kokilanthi Dharmaratna

11:00 - 11:20 AM	**Monoclonal Antibodies: The Quest for an HIV Functional Cure** *Prof Graham P Taylor, Professor of Human Retrovirology*
11:20 - 11:40 AM	**Injectable ART: Redefining the Future of HIV Treatment and Prevention** *Dr Dariusz Piotr Olszyna, Specialist in Internal Medicine and Infectious Diseases*
11:40 - 12:00 PM	**From Science to Equity: Key Takeaways from ASHM 2025 for HIV Clinicians** *A/Prof Carole Khaw, Senior Consultant Sexual Health Physician (Virtual)*
12:00 - 12:20 PM	**HIV and Healthcare: Ethical Duties and Legal Boundaries** *Prof Matthew Phillips, Consultant in Genitourinary Medicine and HIV*
12:20 - 12:40 PM	**Panel Discussion**
12:40 - 01:30 PM	**Lunch**

Symposium VI – Multidimensional Care in HIV: Women, Aging, and Systemic Manifestations
Chairpersons: Dr Iruka Rajapaksha and Dr Anuruddha Karunaratne

01:30 - 01:50 PM	**The Journey of Care: A Medical Perspective on Women Living with HIV** *Prof Graham P Taylor, Professor of Human Retrovirology*
01:50 - 02.10 PM	**The Eye and HIV: Understanding Ocular Manifestations of a Systemic Disease** *Dr Kapila Bandutilake, Consultant Vitreo-Retinal Surgeon*
02:10 - 02:30 PM	**Caring for the Silver Generation: Clinical Insights into Aging with HIV** *Dr Emily Clarke, Consultant in Genitourinary Medicine and HIV*
02:30 - 02:50 PM	**HIV and the Spectrum of Fungal Dermatoses: Diagnostic Challenges and Treatment Approaches** *Dr Indira Kahawita, Consultant Dermatologist*
02:50 - 03:10 PM	**Panel Discussion**
03:10 - 03:30 PM	**Interactive Quiz**
03:30 - 03:40 PM	**Evening Tea**
03:40 - 04:10 PM	**Overseas Faculty Meeting**

Abstracts of Guest Lectures - Pre-Congress

HIV and the Nervous System: Unveiling the Neurological Dimensions

Session - I

4th December 2025 09:10 - 09:30 AM

Understanding NeuroHIV: How HIV Affects the Brain and Nervous System

Prof Graham P Taylor

Founder Chairman NCPA, Emeritus Professor of Human Retrovirology (UK)

HIV can affect the brain directly or indirectly through opportunist pathogens. The impact differs both in time and scale between adults and children. Highly effective combination therapies have mitigated many of the impacts on cognitive function but CSF escape remains a concern.

4th December 2025 09:30 - 09.50 AM

Seeing the Unseen: Brain Imaging in PLHIV with CNS Symptoms

Dr Amila Chandrakumara

Consultant Neuroradiologist (SL)

Human immunodeficiency virus (HIV), a member of the Retroviridae family, is associated with a spectrum of clinical and neurological manifestations. HIV-related CNS complications continue to contribute substantially to morbidity and mortality.

Neuroimaging plays a pivotal role in understanding, early detection and management of these conditions, facilitating timely diagnosis and therapeutic intervention.

The spectrum of HIV-associated neuroimaging findings encompasses various entities, such as HIV encephalopathy, progressive multifocal leukoencephalopathy (PML), primary CNS lymphoma (PCNSL), toxoplasmosis, and other opportunistic infections like cryptococcosis and tuberculosis. Additionally, immune reconstitution inflammatory syndrome (IRIS) presents with distinctive imaging features.

Each of these conditions exhibits specific imaging characteristics that assist in differential diagnosis with overlapping features causing diagnostic challenges, underscoring the need for multimodal approaches.

This presentation aims to enhance clinicians' understanding of the characteristic neuroimaging findings in HIV-associated CNS disease, emphasizing their clinical relevance and implications for patient management.

4th December 2025 09:50 -10:10 AM

Cognition Matters: Integrating Neurocognitive Screening into Routine HIV Care

Dr Emily Clarke

Consultant in Genitourinary Medicine and HIV (UK)

Global role out of antiretroviral therapy (ART) and excellent efficacy of treatment options has rendered HIV a treatable condition, resulting in an aging cohort of patients living with HIV. A decline in incidence of severe HIV-associated neurocognitive impairment including HIV-associated dementia has been seen,

but increasing life expectancy in those living with HIV may in fact increase the prevalence of neurocognitive decline.

Symptoms of neurocognitive decline may include difficulties with attention, memory, learning, problem solving, and decision making, impacting on activities of daily living including adherence to ART. However, significant pressures on HIV services including impacts on finances, staffing, and clinician time and training may result in a lack of neurocognitive screening in HIV clinics.

Gold standard comprehensive neuropsychological testing is impractical in busy HIV clinics, but steps can be taken to integrate brief screening into routine care. Staff training may allow task-sharing with other healthcare professionals including nurses or allied health professionals. Choice of screening tool is key, and must be quick to deliver, easy to use, and culturally and educationally appropriate for the patient population. Developing a protocol to incorporate neurocognitive screening into routine HIV visits alongside other screening such as vital signs then allows practice to become embedded.

Once screening has been undertaken, a further protocol for managing positive results is essential and includes referral pathways for specialist comprehensive neuropsychological assessment. HIV clinicians must consider modifiable factors including whether ART requires adjustment or whether polypharmacy can be reduced. Patient education is key to support patients with their understanding of neurocognitive decline, with implementing strategies to minimise any impact, and with maintenance of ART adherence. Longitudinal screening of individual patients enables time related changes in cognition to be assessed, and clinic wide collation of results enables an assessment of population health need to be conducted.

As our HIV cohort ages, establishing robust neurocognitive screening pathways as part of routine care is becoming increasingly important in future-proofing our services and safeguarding the health of our populations.

Session - II

4th December 2025 10:40 - 11:00 AM

Understanding HIV-Associated Neurocognitive Disorder: The Overlooked Challenge

Dr Geethani Samaraweera
Consultant Venereologist (SL)

HIV-Associated Neurocognitive Disorder (HAND) consist of a spectrum of neurocognitive impairment that persists among people living with HIV, even in the era of effective antiretroviral therapy (ART). Despite substantial advances in HIV care and viral suppression, up to 30–50% of individuals may experience some degree of cognitive dysfunction. However, it is often underdiagnosed and mismanaged. The clinical spectrum of HAND could range from asymptomatic neurocognitive impairment to mild neurocognitive disorder and, more rarely, HIV-associated dementia. The underlying mechanisms involve early viral entry into the central nervous system, chronic neuroinflammation, and neuronal injury, accelerated by aging, comorbidities, and possible ART neurotoxicity.

Clinically, patients may present with impairment of memory, attention, executive functioning, or psychomotor slowing, often mistaken for depression or aging-related decline. Diagnosis relies on clinical suspicion, neurocognitive testing, and exclusion of other causes such as opportunistic infections, depression, or metabolic abnormalities. Simple screening tools such as the International HIV Dementia Scale (IHDS) and Montreal Cognitive Assessment (MoCA) are useful in routine practice.

Effective management includes optimization of ART with good central nervous system penetration, early initiation of therapy, and addressing contributing factors such as mental health and substance

use. Supportive interventions including cognitive rehabilitation and multidisciplinary care can enhance quality of life.

This presentation emphasizes the need for greater awareness, early recognition, and systematic screening for HAND within HIV care continuum. Addressing this often-overlooked challenge is essential to improve treatment adherence, preserve neurocognitive function, and enhance long-term wellbeing among people living with HIV.

4th December 2025 11:00 - 11:20 AM

Managing Meningitis in HIV: What's Different, What's Critical?

Prof Thashi Chang
Professor in Neurology (SL)

Meningitis remains a significant cause of morbidity and mortality worldwide, with its presentation and management substantially altered in the context of HIV infection. This talk explores the critical differences in the clinical approach to meningitis in HIV-positive versus HIV-negative individuals.

In HIV-positive patients, meningitis often presents sub acutely, with minimal meningeal signs, especially in those with advanced immunosuppression. Opportunistic pathogens such as Cryptococcus neoformans, Mycobacterium tuberculosis, and Cytomegalovirus predominate, requiring a high index of suspicion and tailored diagnostic strategies. Cerebrospinal fluid (CSF) findings are often atypical and organism yield is low without targeted tests such as cryptococcal antigen assays, GeneXpert MTB/RIF, and viral PCRs. Neuroimaging is frequently abnormal, showing features like hydrocephalus or basal meningeal enhancement. Treatment is pathogen- specific and often prolonged, with close attention to intracranial pressure management and potential complications such as immune reconstitution inflammatory syndrome (IRIS). Antiretroviral therapy (ART) initiation must be carefully timed to optimize outcomes.

In contrast, HIV-negative patients usually present acutely with classical meningeal signs, and bacterial causes dominate. Diagnosis is more straightforward, and treatment involves standard empiric regimens with a typically shorter duration and better prognosis.

This lecture emphasizes a syndromic yet pathogen-oriented approach to diagnosis and management, highlighting critical decision points in HIV-associated meningitis. Understanding these differences is essential for improving outcomes in an era where HIV remains a major modifier of neurological disease.

4th December 2025 11:20 - 11:40 PM

The Mind and HIV: An Overview of Managing Neuropsychiatric conditions in PLHIV

Prof Chathurie Suraweera
Professor in Psychiatry (SL)

People living with HIV (PLHIV) face a high burden of neuropsychiatric complications that persist despite the success of modern antiretroviral therapy (ART). These conditions develop through a multifactorial interplay of biopsychosocial mechanisms: direct viral neurotoxicity, chronic neuroinflammation, immune dysregulation, ART-related neuropsychiatric effects, and social adversity, including stigma, discrimination, and economic stress. The clinical spectrum ranges from depression, anxiety, and HIV-associated neurocognitive disorders (HAND) to psychosis, substance use, and sleep disturbances. Such comorbidities significantly impact adherence, cognitive function, interpersonal relationships, and overall quality of life.

Effective management of neuropsychiatric conditions in PLHIV requires a holistic and interdisciplinary approach. Routine screening for depression, anxiety, and cognitive impairment should be integrated into clinical practice, perhaps using culturally suitable and validated tools. Psychopharmacological treatment needs careful selection of agents to reduce drug interactions with ART. Psychosocial interventions, including counselling, peer support, and stigma-reduction programmes, improve engagement and resilience. Collaboration among specialists in sexual health, psychiatrists, physicians, psychologists, and social workers ensures continuity of care across biological and psychosocial aspects.

Emerging innovations such as digital cognitive assessment tools, neuroinflammatory biomarkers, and AI-driven adherence monitoring provide new opportunities for early detection and personalised intervention. Addressing neuropsychiatric morbidity in PLHIV, therefore, goes beyond symptom control. It is essential to improving adherence, functional recovery, and long-term well-being. Managing HIV today requires not only suppressing the virus but also healing the mind and restoring dignity in every affected individual.

Abstracts of Guest Lectures – Main Congress

Symposium I

Redefining Sexual Health: Innovation, Responsibility, and Equity in a Changing World

5th December 2025 08:30 - 08:50 AM

Between Curiosity and Risk: Addressing Sexual Health Challenges in Adolescent

Dr Gayani Nanayakkara,
Consultant Venereologist (SL)

Adolescence is a critical developmental period during which rapid physical, emotional, and social changes influence sexual attitudes and behaviours. Sexual health challenges during this stage arise from a complex interaction of biological maturation, psychosocial transitions, cultural expectations, and gaps in knowledge and services. Psychological and social processes occur through interactions with family, cultural institutions, and peers, and are also affected by brain development.

One of the primary concerns is limited access to accurate and comprehensive sexuality education, especially in restrictive cultural settings where open discussion on sexual matters is discouraged. As a result, many adolescents rely on peers or the internet for information, increasing susceptibility to misinformation and unsafe practices.

Early sexual debut, often influenced by peer pressure, media exposure, and inadequate parental communication, places adolescents at higher risk of unintended pregnancies and sexually transmitted infections (STIs), including HIV. Poor negotiation skills, low self-efficacy, and gender inequalities further make them vulnerable. In many societies, norms surrounding gender and sexuality create are uneven where male sexual activity is tolerated while female sexuality is tightly controlled. This imbalance between males and females forces adolescent, especially girls, to cover their relationships and sexual activities. Such secrecy prevents them from seeking timely sexual health information or medical care and increases their risk of being pressured, exploited, or abused.

Teenage pregnancy remains a major challenge globally, with significantly affecting for education, socioeconomic status, and mental health. Lack of access to contraceptive services, fear of stigma, often prevent adolescents, especially unmarried girls, from utilizing reproductive health services. Sexual and gender-based violence is another major concern, affecting both girls and boys, leading to trauma, risky sexual behavior, and long-term psychosocial consequences.

Additionally, adolescents with diverse sexual orientations and gender identities face heightened stigma and barriers to care, increasing their risk for poor sexual health outcomes. Mental health conditions, substance use, and digital exposure, including online harassment and pornography add further complexity to adolescent sexual behaviour.

Addressing these challenges requires culturally sensitive, youth-friendly health services, comprehensive sexuality education, supportive family communication, and policies that promote adolescents' rights to information, protection, and confidential healthcare.

5th December 2025 08:50 - 09:10 AM

Doxycycline use in STI Prevention: Challenges in Implementation

Dr Mahesh Ratnayake,
Consultant Sexual Health Physician (Aus)

Doxycycline post-exposure prophylaxis (doxy-PEP) involves a 200 mg dose within 72 hours of unprotected sex to reduce some bacterial sexually transmitted infections (STIs). Trials report significant reductions in chlamydia and syphilis, with less impact on gonorrhoea in cisgender men and transgender women.

Available international guidelines emphasize the importance of careful patient selection, counselling on adherence, STI screening, and regular clinical review with DoxyPEP. However, key controversies persist: the population generalisability of trial data (notably to cisgender women and broader heterosexual populations), the potential for selection of antimicrobial resistance, programmatic equity and access, and the balance between immediate individual benefit and longer-term public health risks.

Doxycycline is commonly used in Sri Lanka, including as a prophylactic agent for malaria and leptospirosis. The extent of completed studies and ongoing monitoring for antimicrobial cross-resistance remains unclear. In the meantime, early syphilis diagnoses among men in Sri Lanka rose nearly fivefold from 2019 to 2023, demonstrating the urgent need for intervention on top of promoting condoms; implementing DoxyPEP with Doxycycline can help control this situation. Sri Lanka needs to address concerns on antimicrobial resistance, establish clear guidelines and implementation strategies as it develops a DoxyPEP program.

5th December 2025 09:10 - 09:30 AM

Antibiotic Stewardship in STI Management: Preserving Efficacy, Preventing Resistance

Dr Jayanthi Elvitigala
Consultant Microbiologist (SL)

Antibiotic stewardship in sexually transmitted infection (STI) management is essential to maintain the effectiveness of existing treatments and to slower the rising threat of antimicrobial resistance (AMR). STIs such as gonorrhoea, chlamydia, syphilis, and pelvic inflammatory disease depend heavily on timely and appropriate antibiotic therapy. However, misuse—such as unnecessary prescribing, incorrect dosing, or failure to treat partners—accelerates the development of resistant organisms. Gonorrhoea, in particular, has shown alarming global resistance trends, reducing the effectiveness of previously reliable drug classes, including cephalosporins.Effective stewardship ensures that the right antibiotic, dose, and duration are used based on evidence-based guidelines.

Diagnostic stewardship is equally important, testing before treatment wherever possible helps avoid inappropriate or empiric antibiotic use. Careful patient counseling, partner notification and treatment, and ensuring adherence to therapy are critical components in preventing reinfection and improving overall outcomes.

Healthcare providers play a central role by following national guidelines, monitoring local resistance patterns, reporting treatment failures, and educating patients about responsible antibiotic use. Public health strategies—such as screening, surveillance, and contact tracing—support these efforts at the population level. As resistant strains continue to emerge, strengthening stewardship practices, improving access to diagnostics, and investing in new antimicrobial development are vital. Ultimately, antibiotic stewardship protects both individual patients and the wider community by preserving treatment efficacy and preventing the escalation of antibiotic resistance in STIs.

5th December 2025 09:30 - 09:50 AM

Detect to Protect: STI screening: Who, When, and Why

Dr Darshani Wijewickrama
Consultant Venereologist (SL)

Sexually transmitted infections (STIs) are a major public health problem in both resource-rich and poor countries. STIs are frequently asymptomatic and can lead to various complications and can sustain the transmission in the community. So strengthening screening is an important approach to detect and treat infected individuals and to protect them and their sexual partners and the community as a whole.

5th December 2025 09:50 -10:10 AM

United for Zero: Ending HIV, Hepatitis B & STIs Together

Dr Po-Lin Chan
WHO Regional Advisor Hepatitis/HIV/STI

The syndemics of HIV, hepatitis B and C and Sexually Transmitted Infections (STIs) remain substantial in the WHO South-East Asia Region. In 2024, 88,000 people were newly infected, and approximately 50,000 people died of HIV-related causes. An estimated 3.5 million people in the region live with HIV, 42 million people living with hepatitis B, seven million with hepatitis C, and 60 million with sexually transmitted infections (STIs) of the 4 priority organisms (chlamydia, gonorrhea, syphilis and trichomonas). Vulnerable populations remain particularly at risk. HIV prevalence rates are higher in the region among men who have sex with men, people who inject drugs, transgender, and sex workers and their partners. Young people, aged 15–24 years, account for nearly one-quarter of new infections in the wider Asia-Pacific region. Some countries are reporting increasing STIs and syphilis among pregnant women and adolescents and young people. The usual approaches of disease control may not be optimal currently give the evolving changes in socio-economic, cultural and demographic changes. The presentation explores what is needed to advance and accelerate ending AIDS, and elimination of Hepatitis B and C and STIs by 2030.

Symposium II

Future Prospects in Sexual Health

5th December 2025 10:50 - 11:10 AM

Are We Winning or Losing the Battle, Drug Resistance GC

Dr David Barlow
Emeritus Consultant Physician (UK) (Virtual)

I find it difficult to give a confident answer to this question, since so many geographical, resource, behavioural and social/political variables are involved. So, in this lecture I shall mention, but not elaborate on, the newest anti-gonococcal antibiotics - these are all expensive or unobtainable, or both; and I shall not fill your ears with details of XDR-NG, the mechanisms of Whole Genome Sequencing, the pbla variants of B-lactamase, or the FC428 clone. This information is readily available and I attach pointers* to further reading1-9.

Instead, I shall give a little background, look at the reasons for our problems with treatment and explore what we should do, which is different from what we can do, or what we will do. As is usual in my talks to the Academic Sessions, I also ask you to remain sceptical about your sources of information, including mine.

The development of reduced sensitivity to antimicrobial therapy in Neisseria gonorrhoeae has a long and sorry history: Sulphonamides lasted just five years before the start of the Second World War; penicillins, introduced during WWII, lasted 14 years before chromosomally-mediated (CMR), and a further 18 before plasmid-mediated (PMR), resistance developed; tetracycline CMR emerged rapidly following its introduction, although tetracycline PMR took 36 years to be recognised. The list goes on: Spectinomycin lasted 12 years before resistance, Ciprofloxacin 5, Cefixime 13, Azithromycin 7, and Ceftriaxone, our very last affordable and effective treatment, 30 years.

Why has resistance developed? In part it is due to the gonococcus itself, whose mischief includes the ability to adapt rapidly to an antibiotic-rich environment, but the main culprit is us, the human race. Initially, it was ignorance with a dash of arrogance and stupidity, and an unwillingness to see what was emerging in front of our own eyes. Widespread (mis)use of penicillin during the Vietnam war led to the emergence of 'Vietnam Rose' a strain so chromosomally resistant, it was said that many GI's buttocks were too small to accommodate the required dose of penicillin. Since then, blame attaches to the unthinking, uncaring, greedy, and selfish - not the individuals who catch and pass on the disease - but the pharmaceutical giants, farmers, prescribing chemists, doctors and quacks who put their own financial gain above the common good.

Current Treatment options: these need to take into account the geographical source of the infection but most will be familiar with standard regimens to be found in UK guidelines10, MMWR11, and your local (2017) Sri Lankan guidelines. It is important to question whether your strain of gonorrhoea is a local or imported one. In the UK, imported strains have not always been successful in establishing themselves12. Those giving a travel or work or contact history with China, Japan, Vietnam and Cambodia and Central Pacific countries should be managed with extra care, particularly regarding tests of cure in women.

What should we do? Firstly and most importantly, maximise surveillance; Control unnecessary A/B use: regulate supply of antibiotics; stop off-prescription use, in particular over the counter prescription, rife in many countries; reconsider prophylactic use pre-sex (this might also reduce incidental acquisition of other STIs if increased condom use follows); ban use in farm animals; improve the scope of surveillance;

What can we do? Firstly and most importantly, maximise accurate and comprehensive surveillance: for many years, the UK had a higher incidence of gonorrhoea than the rest of Europe, a result of ascertainment bias (our counting was better than theirs); send all gonococcal samples for culture, and provide facilities for routine measurement of AMR (Dr Sujatha Mananwatta in the early 2000s demonstrated increasing susceptibility of GC to old, little used antibiotics); perform tests of cure particularly in women and including rectal tests13; educate health providers; educate patients; educate politicians!

What will we do? Probably little. Surveillance and universal (efficient) culture are expensive and not prioritised. Try not to ignore the other suggestions above.

Other factors to consider: The effects on symptoms and transmission of the new GC vaccination; The ability, like C. trachomatis, of the gonococcus to evade modern NAATs14.

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*I am indebted to Professor David Lewis, erstwhile colleague of mine at St Thomas' Hospital and past President of World IUSTI, for sharing references on mechanisms of resistance and the newer antimicrobials.

5th December 2025 11:10 - 11:30 AM

Breaking New Ground: An Overview of Landmark STI Clinical Trials

Prof Matthew Phillip

Consultant in Genitourinary Medicine and HIV (UK)

In this session, Matt will run through the current landscape for trials and their relevance for clinical practice in STI management and prevention. The pipeline for new technology is exciting, with work using existing technologies for new applications such as the UK's roll out of Gonorrhoea vaccine and with long-acting injectable drugs being initiated as Pre-exposure prophylaxis against HIV. In this session, there will also be thinking about what trials might be needed in our near future to improve the practice of genitourinary medicine.

5th December 2025 11:30 - 11:50 AM

Vaccines Beyond HPV: The Next Wave in STI Prevention

A/Prof Carole Khaw

Senior Consultant Sexual Health Physician (Aus) virtual

Sexually transmitted diseases such as HPV can be effectively prevented with vaccines. The topic of HPV vaccines was presented at the Sri Lanka CoSHH Annual Conference last year. Vaccines are also available for Hepatitis B, Hepatitis A and Mpox, all known to be sexually transmitted. An update on these vaccines will be presented.

There are no approved vaccines yet for other common STIs like gonorrhoea, chlamydia, HSV and Syphilis. However, there are ongoing developments including studies showing meningococcal vaccine offering some protection against gonorrhoea. The MenB-4C (meningococcal B) vaccine had demonstrated some effectiveness in protecting against Gonorrhoea, with studies showing it can prevent up to 32-44% of co-infections with Gonorrhoea and Chlamydia. More research is needed to fully understand factors influencing vaccine protection and its long-term effectiveness. This will be discussed in the presentation.

There are promising chlamydia vaccine candidates and a new vaccine candidate for Chlamydia has entered clinical trials. Despite various clinical trials, no HSV vaccine has been approved for the market yet. New vaccine candidates are in development, with the hope of providing protection against genital herpes in the future. These will also be discussed in the presentation.

While no vaccine is currently available for syphilis, there is increased urgency to develop one due to recent outbreaks and the challenges posed by antimicrobial resistance.

Developing effective vaccines for bacterial STIs like Gonorrhoea and Syphilis is challenging due to factors like bacterial resistance and the complexity of these infections. Ongoing research and collaboration are crucial to capitalizing on the progress made and bringing new, much-needed vaccines to reality.

5th December 2025 11:50 - 12:10 PM

Exploring New Frontiers in Sexual Health: Cosmetic Gynaecology

Dr Inoka Munasinghe
Consultant Venereologist (SL)

Sexual Wellbeing is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Currently available limited treatment options affect the sexual pleasure, sexual satisfaction and self-esteem as the management of some sexual dysfunctions especially for sex related problems among perimenopausal females may not give a complete answer to their problem. Some Randomized control Trials, Meta analyses and systematic reviews demonstrated novel treatment options of regenerative medicine including PRP (Platelet Rich Plasma) treatment, Radio Frequency treatment, Laser treatments have improved the Vaginal laxity, vaginal lubrication, Reduced pain and overall sexual satisfaction. Improvement in Urinary incontinence with PRP and Radio Frequency treatment also was demonstrated. Therefore, more extensive Randomised Controlled trials are needed to determine which specific pathologies can be treated with specific novel treatment methods, if maintenance treatment is necessary, and long-term safety concerns for incorporation of novel treatments in current guidelines for structural and functional improvement in sexual wellbeing.

5th December 2025 12:10 - 12.30 PM

Pregnancy and Herpes Simplex Virus: Managing Risks for Mother and Baby

Dr Emily Clarke
Consultant in Genitourinary Medicine and HIV (UK)

Herpes simplex virus (HSV) types 1 and 2 are common infections with high global prevalence. Key considerations in pregnancy include management of the rare complications of disseminated HSV in pregnant women, and neonatal HSV.

Disseminated HSV in adults is extremely rare but more common in pregnancy and/or immunosuppression including advanced HIV. Most cases in the literature are reported from the USA and other high-income countries and present in the third trimester due to HSV-2. A high index of suspicion is essential as symptoms and signs are non-specific, but include fever, neuropsychiatric and gastrointestinal symptoms, and deranged liver function tests, with only a minority having a rash or genital herpetic lesions. Approximately three quarters of mothers survive to hospital discharge, with the use of aciclovir significantly increasing the chances of survival, and therefore prompt treatment prior to diagnostic confirmation is important. Around half of infants born to mothers with disseminated HSV survive to discharge with protective factors including the use of maternal aciclovir, later gestational age, and the absence of neonatal HSV.

Neonatal HSV mostly occurs following acquisition at birth from the mother, and can result in skin, eye and/or mouth disease, central nervous system infection or disseminated infection. Transmission risk is impacted by HSV shedding (primary rather than recurrent infection, and presence of lesions), timing of infection (time for antibodies to develop and to cross the placenta) and exposure (duration of membrane rupture, mode of delivery and use of assisted delivery). Premature infants appear to be particularly vulnerable. Preventative strategies include testing of ulcerating lesions in pregnancy to identify infection, the use of suppressive antivirals for mothers known to have genital HSV, and careful

decision making around mode of delivery with Caesarean section recommended with first episode HSV in the third trimester or where delivery ensues within 6 weeks of HSV acquisition. Judicious use serology may support decision making around whether clinical first episode infections are in fact recurrences. Investigation and antiviral treatment for infants at high risk of neonatal HSV must be expedited, and care taken to avoid postnatal transmission.

Symposium III

Beyond the Binary: Addressing the Challenges and Sexual Health Needs in Transgender Populations

5th December 2025 02:00 - 02:20 PM

Mental Health Challenges and Resilience in Transgender Communities: Psychiatric Perspectives

Dr Kapila Ranasinghe
Consultant Psychiatrist (SL)

Transgender individuals in Sri Lanka continue to face profound mental health challenges arising from a complex interplay of social stigma, discrimination, and limited access to inclusive healthcare services. Despite growing awareness and global progress in gender diversity recognition, Sri Lankan transgender persons often experience marginalization within families, educational institutions, workplaces, and even healthcare systems. This marginalization contributes to heightened vulnerability to depression, anxiety disorders, substance misuse, post-traumatic stress, and suicidality. Many encounters rejection, harassment, and violence, while the absence of clear legal protection and recognition of gender identity further aggravates psychological distress.

These negative psychological experiences are not manifestations of pathology within the individual, but reflections of chronic minority stress. It is recognized as a sustained psychosocial burden linked to social exclusion and identity invalidation. Psychiatric services in Sri Lanka are increasingly recognizing this intersection between social determinants and mental health, emphasizing a move from pathologizing to empowering care. Effective management requires a biopsychosocial and culturally sensitive framework that affirms identity, addresses trauma, and fosters resilience. Psychiatrists have a vital role in comprehensive assessment, management of co-occurring psychiatric disorders, and provision of gender-affirming care in collaboration with other medical specialists, psychologists, and social support networks.

Emerging initiatives within public mental health services, academic psychiatry, and community organizations are creating pathways for supportive counseling, psychoeducation, and advocacy aimed at reducing stigma and enhancing resilience. Peer-led support systems, family engagement, and training of healthcare providers in gender-sensitive communication are critical components of this evolving approach. Building resilience in transgender communities involves strengthening self-acceptance, social connectedness, and empowerment through inclusive mental health practices.

It is important to explore the psychiatric perspectives on understanding and addressing the mental health needs of transgender persons in Sri Lanka, highlighting both clinical and systemic strategies to promote mental wellbeing, dignity, and equality. It calls for an integrated national response where psychiatry plays a leading role in bridging compassion, science, and social justice in the care of transgender individuals.

5th December 2025 02:20 - 02:40 PM

Endocrine Dilemmas in Transgender Health: Balancing Affirmation and Safety in Hormonal Care

Dr Uditha Bulugahapitiya
Consultant Endocrinologist (SL)

Gender identity disorders are defined as disorders in which individuals exhibit marked and persistent identification with the opposite sex and persistent discomfort (dysphoria) with their sex or a sense of inappropriateness in the gender role of that sex. Successful treatment for transgender patients requires a multidisciplinary approach, where precise manipulation of gender-affirming hormones in these individuals is usually followed by the appropriate surgical procedures. Over the last few years there has been a significant development in transgender care in Sri Lanka, with a range of services available in the state sector and government hospitals, from medical to surgical management.

In hormonal treatment of transgender females, treatment should commence with initiation and gradual titration of oestrogen preparations administered through oral, transdermal or parenteral routes. Furthermore, the effect of oestrogen supplementation can be augmented by the addition of compounds with anti-androgenic properties such as spironolactone and cyproterone acetate and/or GnRH agonists. The adequacy of treatment could be monitored through measuring serum oestradiol concentrations, which need to be targeted to be in the normal female range, and by assessing the degree of feminising features in the patient.

Similarly, management of transgender males includes commencement of parenteral or transdermal testosterone and titration of its dose to achieve serum testosterone levels in the normal adult male range. The adequacy of treatment can be further assessed by the degree of masculinising effects in the individual.

Finally, commencement of gender-affirming hormones should be carried out after adequate explanation of side effects to the patient by an experienced endocrinologist. This may be followed by referral to the surgeon for appropriate surgical procedures in most patients, and patients may need continuous support from a psychiatrist throughout the care. Hence, successful treatment of transgender patients requires a multidisciplinary team approach.

The complexities surrounding hormonal care and transgender health necessitate a nuanced approach that prioritises both individual affirmation and medical safety. Healthcare providers need to be vigilant in monitoring patients' responses to hormone therapies to maximise treatment benefits and minimise potential risks.

5th December 2025 02:40 - 03:00 PM

Gender Reassignment Surgeries and Complications

Dr Yasas Abeywickrama
Consultant Plastic & Reconstructive Surgeon (SL)

Gender reassignment surgeries are carried out after careful patient selection and follow up adhering to local guidelines and legal framework which will help safe and smooth transition. Endocrinology and Psychiatry initiates the pathway.

The full range of top and bottom surgeries and adjunctive surgical and non-surgical procedures are available and offered in Sri Lanka for Trans men and women.

For transmen, Breast reduction, hystrerctomy and oophorectiomy, metoidioplasty or phalloplasty is supported by feminising aesthetic procedures. Non-surgical treatments and prosthetic devices are also useful adjuncts.

For transwomen breast augmentation, vaginoplasty and feminizing aesthetic procedures are available. Some will only undergo selected procedures only.

A common failure is providing surgeries for patients seeking reassignment surgeries for relationship reasons which can be avoided by careful psychiatric analysis. In the west reversal requests for gender reassignment surgeries are coming up which is a serious concern.

It is essential to educate patient on expected outcomes and complications. In addition to general complications of surgery vaginal stenosis, over secretion in Vaginoplasty and Urinary leakage and fistulae in Phalloplasty are some common noteworthy complications.

5th December 2025 03:00 - 03:20 PM

Transgender Health in Sexual Medicine: Principles, Practice, and Progress

Dr Dilmini Mendis

Consultant in Sexual Health Medicine (NZ)

Transgender people face significant health disparities linked to social stigma, discrimination, and denial of their civil and human rights. This has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experience of violence and victimization are frequent among LGBTQI+ individuals, with long lasting effects on both individuals and communities. HIV incidence in this population is unacceptably high, especially in Transwomen.

Transgender people receiving gender affirming hormones, have lower chances of acquiring HIV. Therefore, integrating HIV prevention into gender affirming hormone therapy (GAHT) is the best approach to prevent HIV/STI in this population.

We need to identify the gender embodiment goals of every individual to deliver the comprehensive care package. Clinicians must clearly explain the irreversible changes of hormone therapy as individual always retain the right to discontinue treatment or detransition. Long wait list for GAHT makes transgender people at considerable stress.

The informed consent model involves collaboration between the patient and the healthcare provider. We need to discuss fertility preservation, contraception, HIV/ STI screening, preventive vaccines, and Pre Exposure Prophylaxis to prevent HIV(PrEP) alongside with GAHT. Combining the two services can be a one stop shop for transgender population.

Peer support plays a crucial role in HIV prevention by engaging them in care and harm reduction strategies. Once hormone therapy begins, careful monitoring, gradual dose increases, and regular follow-up will be necessary.

Surgical gender affirmation extends beyond genital procedures and may include chest reconstruction, neck surgery, gonadectomy, body contouring and facial surgeries.

However, we should not forget the organs remaining in the body despite of affirmation. It's important not to overlook cervical screening, age-appropriate breast screening, and prostate screening in symptomatic individuals as transgender people get older. Furthermore, transgender people need cardiovascular monitoring according to their risk factors. Our duty is to ensure excellent quality of sexual wellbeing for all transgender people.

Symposium IV

Integrated Approaches to HIV and Viral Hepatitis in the Era of Curative Therapies

5th December 2025 03:50 - 04:10 PM

HIV and Hepatitis B Co-infection: Advances in Diagnosis and Management

Dr Ranjababu Kulasegaram
Consultant Physician in HIV/GU Medicine (UK) Virtual

HIV and Hepatitis B share the same modes of transmission. In people with immunosuppression, chronic Hepatitis B progresses more rapidly, leading to an increased risk of liver cirrhosis and hepatocellular carcinoma. Testing and treating both viruses with dual-active antiretroviral therapy can suppress them to undetectable levels and significantly reduce the risk of disease progression.

People with chronic Hepatitis B should also be screened for Hepatitis D (delta virus) infection, as co-infection markedly accelerates liver disease and further increases the risk of liver cancer. Newer antiviral agents are now available that can reduce Hepatitis D viral burden and improve outcomes.

Hepatitis B is an oncogenic virus and increases the risk of liver cancer regardless of fibrosis stage. With the growing availability of long-acting injectable HIV treatments, it is essential to assess Hepatitis B screening status, vaccination history, and overall eligibility before offering non-tenofovir-based HIV regimens. This helps avoid the risk of Hepatitis B reactivation or new HBV infection.

There are promising developments toward achieving a functional cure for Hepatitis B, and global efforts to eliminate new HBV infections are actively progressing.

5th December 2025 04:10 - 04.30 PM

Hepatitis C in the DAA Era: Simplified, Streamlined, and Curable

Dr Dariusz Piotr Olszyna
Specialist in Internal Medicine and Infectious Diseases (Sin)

Hepatitis C is an important cause of morbidity and mortality across the world. If untreated, it can lead to cirrhosis, liver failure and possibly hepatocellular carcinoma. In the last decade after introduction of HIV Pre-Exposure Prophylaxis, hepatitis C has been identified as a sexually transmitted infection, particularly among men who have sex with men, with outbreaks across the world, confined to sexual networks. In addition, hepatitis C has long been recognized and an important blood-borne pathogen affecting people who inject drugs. Introduction of treatment with Direct Acting Antivirals (DAAs) in 2011 led to a revolution in treatment of hepatitis C with rates of sustained virologic response approaching one hundred percent. It has eliminated need for less effective and poorly tolerated older agents such as interferon and ribavirin.

This lecture will focus on epidemiology, diagnosis and modern treatment of hepatitis C. With several real-life cases, participants will learn about most common scenarios of presentation of hepatitis C in both sexual health clinics and HIV treatment centres. Several treatment scenarios and practical considerations during treatment will be introduced to enable participants to confidently and safely treat uncomplicated cases of acute and chronic hepatitis C. In addition, lecture will focus on the definition of cure as well as post-treatment surveillance in patients successfully treated.

5th December 2025 04:30 – 04:50 PM

Towards EMTCT of Hepatitis B in Sri Lanka: Progress, Challenges, and the *Way Forward*

Dr Po-Lin Chan

WHO Regional Advisor Hepatitis/HIV/STI)

Five years from the SDGs 2030, the WHO South-east Asia Region (SEAR) has progressed substantially in the Triple Elimination Initiative, that is the elimination of mother to child transmission (EMTCT) of HIV, syphilis and hepatitis B. EMTCT supports the maternal and child health agendas towards better wellbeing and disease elimination. In the SEAR region, 3 countries have been validated for EMTCT of HIV and syphilis including Thailand, Sri Lanka and Maldives. In October 2025, Maldives achieved the first globally in Triple EMTCT of HIV, syphilis and hepatitis B, having been validated for dual elimination in 2019. In January 2024, Sri Lanka was verified by WHO to have achieved HBV control and is encouraged to work towards EMTCT validation, moving from the control criteria of ≤ 1% HBsAg seroprevalence in children under 5 year to the 2030 target of <0.1% along with other more stringent indicators of elimination. The presentation will provide an overview of global and regional progress, the criteria of HBV EMTCT and lessons in HBV EMTCT validation which may be important considerations in the context of the country's efforts towards attaining validation.

Symposium V

Horizons in HIV: Charting the Future of Treatment, Prevention & Cure

6th December 2025 11:00 – 11:20 AM

Monoclonal Antibodies: The Quest for an HIV Functional Cure

Prof Graham P Taylor

Professor of Human Retrovirology (UK)

Early investigation of the importance of antibodies in HIV control was disappointing, but the discovery and development of broadly neutralising antibodies (bNAbs) has both re-invigorated research in this field and opened up new opportunities. Combinations of 2nd generation bNAbs appear to be safe, can suppress viral load without ART for several months following a single infusion, in some cases, and tantalisingly have opened the door to prolonged viral suppression post ART. However, many challenges remain.

6th December 2025 11:20 – 11:40 AM

Injectable ART: Redefining the Future of HIV Treatment and Prevention

Dr Dariusz Piotr Olszyna

Specialist in Internal Medicine and Infectious Diseases (Sin)

In 1996, introduction of Highly Active Antiretroviral Treatment (HAART) revolutionized treatment of HIV infection leading to a marked reduction in morbidity and mortality. In spite of widespread scaling up of HAART across the world, including resource-rich as well as low- and middle-income settings, only few countries have reached the ambitious UNAIDS 95-95-95 treatment goals.

Injectable Anti-Retroviral Treatment (ART) uses long acting, agents administered intramuscularly or subcutaneously. It has a potential to increase rates of virologic suppression in people with HIV, particularly those who may struggle to achieve full adherence to treatment. Pre-Exposure Prophylaxis trials in cisgender women showed superiority of such injectable agents, mainly due to improved adherence compared to oral medication.

This lecture will focus on evidence behind introduction of injectable antiretroviral agents as well as practical aspects of treatment. With several real-life cases both advantages and challenges of injectable ART will be discussed. Presenter will also focus on logistical challenges when introducing injectable ART in HIV clinics.

The lecture will end with an overview of the pipeline of future injectable agents currently under development as well as new strategies for injectable treatment.

6th December 2025 11:40 – 12:00 PM

From Science to Equity: Key Takeaways from ASHM 2025 for HIV Clinicians

A/Prof Carole Khaw

Senior Consultant Sexual Health Physician (Aus) Virtual

The 2025 ASHM Australasian HIV /AIDS Conference was held in Adelaide, South Australia from 15th to 18th of September 2025. I was the Co-convenor of this Conference and was delighted to be the local host in my hometown. For the first time, the conference had a theme – "Towards health justice: medicine, science and the politics of HIV elimination". The theme acknowledged the current challenges faced in achieving the 2030 goal of virtually eliminating HIV and the growing political movement stigmatising and discriminating against certain vulnerable communities. 2025 also marks the 50th anniversary of the decriminalisation of homosexuality in South Australia, being the first state to do so in 1975. The conference was a multidisciplinary conference, providing a platform for delegates to engage with various streams of research. As a clinician, I have chosen to present what I believe to be some of the best original research presented by early career and senior researchers from the Clinical and Epidemiological conference streams and provide key takeaway messages.

Research that will be presented will cover management of menopause in women living with HIV, time to HIV treatment initiation as a national surveillance indicator to reach HIV transmission elimination targets, comparing national cardiac risk scores in PLWHIV and implications from REPRIEVE Study findings, low level viraemia and risk of diabetes mellitus, potential interactions of Chinese herbs with cART, caring for people living with HIV and HBV with cART regimens containing no Hep B active agents, general practice experiences with injectable cART, trends of HIV notifications and CALD populations in Australia, missing indicator conditions in late diagnoses of HIV, outcomes of critical illness in HIV and self-testing.

6th December 2025 12:00 – 12:20 PM

HIV and Healthcare: Ethical Duties and Legal Boundaries

Prof Matthew Phillips

Consultant in Genitourinary Medicine and HIV (UK)

Ethical duties lie at the heart of all the work we do with patients in all fields of medicine. This talk will explore ethics and law as applied to HIV medicine, focussing particularly on tensions between public health needs versus the needs of the individual. Our work includes many boundaries; the boundary around the interaction between our patient and their partners, the boundary around the doctor-patient relationship and the wider relationship with the team. As ever, one of the greatest boundaries presenting ethical dilemmas for us is the boundary between the work we do related to real life sexual lives and the (perceived) views of the wider population. Where these boundaries intersect, ethical and legal dilemmas may occur which are relevant to our clinical practice.

Symposium VI

Multidimensional Care in HIV: Women, Aging, and Systemic Manifestations

6th December 2025 01:30 – 01:50 PM

The Journey of Care: A Medical Perspective on Women Living with HIV

Prof Graham P Taylor

Professor of Human Retrovirology (UK)

This is a broad topic as the impact of gender differences on HIV infection have been long recognised, including transmission, viral load and opportunistic infection. Contraception, pregnancy, lactation and the menopause all bring unique issues for people living with HIV and the management of HIV infection.

6th December 2025 01.50 – 02.10 PM

The Eye and HIV: Understanding Ocular Manifestations of a Systemic Disease

Dr Kapila Bandutilake

Consultant Vitreo-Retinal Surgeon (SL)

Human Immunodeficiency Virus (HIV) is a systemic disease with significant ocular involvement, making the eye an important indicator of immune status, opportunistic infections, and treatment response in people with HIV (PWH).

Ocular disease in HIV results from opportunistic infections, vascular abnormalities, neoplasms, neuro-ophthalmic involvement, medication toxicities, and HIV-mediated inflammatory changes. Common adnexal findings, such as Kaposi sarcoma, molluscum contagiosum, and herpes zoster ophthalmicus, can mimic benign conditions and require a high level of clinical suspicion. Anterior segment disorders, including conjunctival microvasculopathy, keratoconjunctivitis sicca, infectious keratitis, and drug-related iritis, often correlate with advanced immunosuppression and may significantly affect comfort and vision. Posterior segment involvement is particularly critical: HIV retinopathy, CMV retinitis, toxoplasma retinochoroiditis, and herpetic retinitis remain major causes of visual morbidity, especially in patients with CD4 counts <100 cells/mm³. Urgent symptoms, such as curtain vision, flashes, floaters, or acute visual-field defects, require a same-day ophthalmologic referral due to the high risk of retinal necrosis or detachment. Orbital and neuro-ophthalmic manifestations—including cranial nerve palsies, papilledema, and CNS-associated visual dysfunction—often reflect severe systemic diseases such as cryptococcal meningitis, lymphoma, or neurosyphilis.

The introduction of antiretroviral therapy (ART) has dramatically reduced the incidence of severe opportunistic infections; however, challenges such as immune recovery uveitis, persistent dry eye disease, and recurrent herpetic disease remain. Early detection through routine ocular examination plays a crucial role in preventing irreversible visual loss, as many HIV-related ocular conditions are asymptomatic until advanced stages.

The key message is that ocular findings serve as an accessible and highly informative window into systemic HIV progression, immune status, and treatment response. Improved awareness, prompt recognition of red-flag symptoms, and strong collaboration between ophthalmologists and HIV specialists are essential for optimizing visual and systemic outcomes in PWH.

6th December 2025 02:10 – 02:30 PM

Caring for the Silver Generation: Clinical Insights into Aging with HIV

Dr Emily Clarke,

Consultant in Genitourinary Medicine and HIV (UK)

Our aging cohort of patients living with HIV is tribute to the enormous advances in antiretroviral therapy (ART) efficacy and in role out of treatment programmes globally, enabling those living with HIV to survive into older age. Social judgements about older people by healthcare professionals and others may limit their access to HIV testing, and sexual health information and provision regarding preventative strategies such as condoms and HIV pre-exposure prophylaxis (PrEP). Estimates suggest that over 70% of people living with HIV with be aged 50 years or older by 2030.

Caring for this cohort of patients presents several challenges less frequently faced by younger cohorts. Late diagnosis remains a key concern, with nearly half of older adults diagnosed with a CD3 count <350 cells/mm^3 or with an AIDS defining event. Furthermore, older people are more likely to have multimorbidity including neurocognitive impairment, renal and hepatic disease, osteoporosis, cardiovascular disease, and frailty, and this is particularly marked in those living with HIV. Polypharmacy can make drug-drug interactions more likely and contribute to poor adherence to ART due to pill burden, and to an increased risk of falls. The interplay of increasing inflammation, coinfections, immunosuppression, ART toxicities, polypharmacy, and host factors including smoking and obesity in older adults living with HIV presents many challenges to the maintenance of good health.

Older people living with HIV face the intersection of both age- and HIV-related stigma, impacting poorly on quality of life. Women's health issues due to menopause are often poorly addressed and subject to additional stigma.

Furthermore, our health systems are often poorly equipped to address the health needs of older adults living with HIV. The continuing aging of our cohort of patients will indicate successes in the eradication of new infections, and the successful treatment of those living with HIV, and we must therefore future proof our services to address the complex health needs of this population.

6th December 2025 02:30 - 02.50 PM

HIV and the Spectrum of Fungal Dermatoses: Diagnostic Challenges and Treatment Approaches

Dr Indira Kahawita

Consultant Dermatologist (SL)

Fungal dermatoses remain among the most frequent opportunistic infections in HIV positive individuals. Many infections arise from normal skin flora, with immunocompromised patients showing higher fungal colonization even in normal-appearing skin. Impaired local defences such as reduced salivary flow, epithelial barrier dysfunction, and compromised cellular immunity further increase vulnerability. The clinical spectrum ranges from superficial infections to invasive, disseminated mycoses, many of which are AIDS-defining illnesses.

Dermatophytosis, most commonly caused by Trichophyton rubrum, may present with chronic or atypical lesions, including Majocchi's granuloma, requiring systemic antifungals in addition to topical therapy. Recent publications explore the possibility of sexually transmitted Tinea due to Trichophyton mentagrophytes genotype VII (later renamed T. indotineae). Mucosal candidiasis, particularly oral thrush and recurrent vaginal infections due to Candida albicans, remains the most common fungal manifestation, while disseminated candidiasis is rare. Less frequent but clinically significant conditions include cutaneous aspergillosis and zygomycosis, which usually follow direct skin trauma and can

progress to necrotic ulcers or systemic infection in severely immunocompromised patients. Among invasive fungal infections, cryptococcosis is the most common and is strongly associated with disseminated disease, with diverse cutaneous manifestations. Similarly, disseminated histoplasmosis and coccidioidomycosis frequently present with skin lesions and are AIDS-defining in endemic regions. Diagnosis relies on clinical evaluation supported by microscopy, culture, or biopsy, while treatment ranges from topical to systemic antifungals, with outcomes significantly improved by effective antiretroviral therapy. Emerging concerns, such as resistance to oral antifungals, underscore the need for alternative regimens and prophylactic strategies, particularly in patients with advanced disease and low CD4 counts. This presentation reviews current diagnostic strategies and therapeutic approaches for HIV-associated fungal dermatoses, highlighting recent advances and ongoing challenges in clinical practice.

Oral presentations

Free paper session - 6th December 2025

OP-01 08:30 - 8:45 AM

Knowledge, attitudes and perceptions regarding biomedical HIV prevention techniques among final year medical students at universities in Colombo district

Masna M.I.F.[1], Manathunge A.K.A.[1]

[1]National STD/AIDS control programme

Introduction: Biomedical HIV prevention methods are critical in reducing new infections and achieving the goal of ending AIDS by 2030. As future healthcare providers, medical students should have favorable knowledge, attitudes and perceptions on these preventive measures. Biomedical HIV prevention technologies include antiretroviral treatment as prevention, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), male and female condoms and medical male circumcision.

Objectives: The study aimed to describe knowledge, attitudes and perceptions regarding biomedical HIV prevention techniques among final year medical students at government universities in Colombo districts

Methods: A descriptive cross-sectional study was conducted among 202 final-year medical students from the Faculties of Medicine at the University of Colombo and the University of Sri Jayewardenepura. Participants were selected using random sampling, and data were collected via a self-administered questionnaire. Statistical analysis was performed to evaluate associations.

Results: The study achieved a 100% response rate. A total of 202 participated. Overall, 54.5% demonstrated good knowledge. Participants were most knowledgeable about PEP (92.6%). Awareness of condoms was 81.2%. Knowledge of PrEP was 53.5%.

Regarding attitudes, 52.5% of participants had favourable attitudes, and the most positive attitudes for condom use (95.5%), but less for treatment as prevention (69.60%). Barriers to promoting prevention included lack of education (97.5%), stigma (92.6%), and misconceptions regarding condoms (78.2%).

Male students demonstrated better knowledge than female students (72.0% vs. 39.4%), and the difference was statistically significant ($p < 0.0001$). Non-Sinhala students had good knowledge compared to Sinhala students (68.3% vs. 50.9%, $p = 0.046$). Students who live in Colombo showed higher knowledge (70.5%) than those from outside (40.2%, $p < 0.0001$). A 62.4% of participants who had heard of PrEP had good knowledge, compared to 6.9% among those unaware ($p < 0.0001$).

Students from Colombo have favorable attitudes (59.1%) than the University of Sri Jayewardenepura (43.7%, $p = 0.029$). Students older than 25 years had better attitudes (62.1%) than younger. (45.2%, $p = 0.018$).

Conclusion: The findings highlight gaps in knowledge and attitudes toward biomedical HIV prevention among medical students. It is recommended to incorporate comprehensive HIV prevention education into the undergraduate curriculum to prepare future healthcare professionals with the skills needed for effective HIV prevention

Keywords: Biomedical HIV prevention, medical students, pre-exposure prophylaxis, post-exposure prophylaxis

OP-02 08:45 - 9:00 AM

Beyond Efficacy: Evaluating Renal Safety of Dolutegravir-Based Regimens in HIV Treatment—A Systematic Review and meta-analysis of Glomerular Filtration Rate Trends

Kulathunge K.M.N.S.B.[1], Jayasuriya N.[2], Gunathilake W.A.I.W. [3]

[1]STD Clinic Nuwara Eliya, [2]National STD/AIDS Control Program, [3]STD Clinic-Jaffna

Introduction: Dolutegravir (DTG), a key integrase inhibitor in first-line antiretroviral treatment (ART) for people living with HIV, can cause mild creatinine elevation by inhibiting renal tubular secretion via OCT2 and MATE-1 transporters. Distinguishing this benign effect from true renal impairment is important. This review aimed to determine the magnitude and temporal pattern of changes in estimated glomerular filtration rate (eGFR) following initiation or switching to DTG-based ART in adults with HIV.

Methodology: A systematic review was performed across PubMed, Cochrane Library, Global Index Medicus (AIM, IMSEAR), LILACS, and Google Scholar for studies (2010–2025) reporting renal function changes after DTG initiation in adults with HIV. Randomized trials and cohort studies were included, while cross sectional studies, case reports, reviews, studies in paediatric, pregnant and non-HIV populations were excluded. Of 413 records, 25 met inclusion criteria, and 11 studies (n=1,584) with necessary data were analysed using a random-effects model due to heterogeneity.

Results: Eleven studies (n=1,584; baseline eGFR 70.3–123.3 mL/min/1.73 m^2; follow-up 12-144 weeks) consistently demonstrated DTG-associated eGFR reductions, with a pooled mean decline of 11.33 mL/min/1.73 m^2 ($p < 0.001$).

Meta-analysis of RCTs (n=464) showed a pooled eGFR decrease by 12.68% (95% CI: 8.61% to 16.75%), with individual studies having declines of 8.57%, 14.84%, and 14.59%; heterogeneity was high (I^2=75.81%), but two studies reported significant reductions.

Eight cohort studies (n=1,120; 44.9% ART-naïve) reported a weighted mean decline of 10.99% (95% CI: 8.35–13.64%). eGFR reductions were similar between ART-naïve (11.01%) and treatment-experienced patients (10.53%, p=0.875), indicating an effect largely independent of previous ART. A moderate positive correlation (r=0.444) suggested greater proportional decline among those with higher baseline eGFR. Significant reductions reported in 75% of cohorts. Cohorts without baseline renal impairment showed larger declines (13.03%) than those including renally impaired patients (9.51%, p =0.182).

The temporality favours early acute decline (0-6 months) followed by a plateau phase (>6 months).

Conclusion: Initiation or switch to DTG-based ART is consistently linked to a modest yet significant eGFR decline. Although typically within normal limits this reduction 11.46% (95% CI: 9.24% to 13.66%) may be clinically relevant in those with baseline renal impairment, warranting regular monitoring during early therapy. Considerable heterogeneity was observed across the included studies, reflecting variations in regimen types and follow-up durations.

Keywords: Dolutegravir, eGFR, serum creatinine, HIV, ART, renal deterioration, INSTI

(Prospero registration number CRD420251164091)

OP-03 09:00 - 9:15 AM

Acceptability, barriers, and associated factors for HIV self-testing among men who have sex with men attending Central Sexually Transmitted Disease (STD) clinic, Colombo, Sri Lanka.

Jayaweera K.D.B.R.I.[1], Rajapakshe R.W.K.M.D.[2], Balasuriya A.[3]

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Background: HIV self-testing (HIVST) provides a discreet and empowering testing opportunity for key populations, including men who have sex with men (MSM), which helps to increase HIV testing coverage.

Objective: To describe the acceptability, barriers, and associated factors for HIV self-testing among MSM attending the Central Sexually Transmitted Disease (STD) clinic in Colombo, Sri Lanka.

Methods: A cross-sectional analytical study was conducted among systematically 233 selected MSM, from October 2022 to September 2024. Data collection was done using a pre-tested, assisted self-administered questionnaire. Descriptive statistics and inferential analyses were performed using SPSS.

Results: Out of 233 MSM, the mean age of respondents was 30.17 years. The majority of the MSM (91.4% (n=213)) were Sinhalese and most of the participants (82.8% (n= 193)) were single (never married). The highest educational level was post-graduate level accounting for 11.2% (n=26). Almost all the MSM (98.3%) reported multiple partners and 29.2% engaged in unprotected anal sex while 87.6% had unprotected oral sex in their last sexual encounter. Prevalence of insertive anal sex was high at 61.4% and 15% had both insertive and receptive anal sex. Awareness of HIVST kits was high (83.7%), however, only 34.3% had ever used HIVST. Common barriers included lack of access to kits (40%) and procedural knowledge (25.3%). Concerns about confidentiality and the availability of post-test support also impeded uptake. Despite this, the willingness to use HIVST in the future was 82.8%. There was a statistically significant association ($p < 0.05$) between HIVST acceptability and several factors, including higher educational level, having multiple sexual partners, engaging in sex under the influence of alcohol, participation in group sex, understanding the risk of acquiring HIV/AIDS, previous awareness of HIVST, difficulty in contacting peer educators, concerns about confidentiality, and the limited availability of test kits outside STD clinics

Conclusion: HIVST is a promising strategy to enhance HIV detection among MSM in Sri Lanka. However, addressing barriers such as access, procedural knowledge, and confidentiality concerns is crucial. Tailored interventions, including community-based distribution and education campaigns, are recommended to improve HIVST uptake to achieve national HIV prevention targets.

Keywords: HIV self-testing, men who have sex with men (MSM), acceptability, barriers, peer educators

OP-04 09:15 - 9:30 AM

Developing National Communication Strategies for STI/AIDS in Sri Lanka: A Qualitative Study of Stakeholder Perspectives

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Introduction: Effective communication is critical for equitable prevention and control of sexually transmitted infections (STIs) and HIV/AIDS. In Sri Lanka, the National STD/AIDS Control Programme (NSACP) leads national awareness. Understanding stakeholder perceptions of current NSACP communication approaches is key to identifying gaps and enhancing effectiveness.

Objective: To explore stakeholder perspectives and make recommendations to inform Sri Lanka's updated National STD/HIV Communication Strategy (2026–2030), supporting the national goal to End AIDS by 2030.

Methods: An inductive qualitative descriptive study was conducted using thirteen purposively selected stakeholder groups, each with 6–8 participants. Focus group discussions were held between August and October 2025, recorded, transcribed, translated, and thematically analyzed in Microsoft Excel until data saturation was achieved.

Results: Thirteen FGDs were conducted with a total of eighty-eight participants representing thirteen stakeholder categories, including people living with HIV(6.8%), key populations(10.2%), youth and vulnerable populations(38.6%), Tamil-speaking communities(6.8%), journalists(6.8%), academics(5.6%), clinic attendees(6.8%), medical professionals(14.7%), and people with disabilities(6.8%). The sample included males(56%), females(38.6%), and transgender individuals(5.4%) from diverse professional, social, and geographic backgrounds.

Thematic analysis identified five key themes: (1) individual awareness and misconceptions, (2) interpersonal influences and stigma, (3) community-level barriers and enablers, (4) institutional communication gaps, and (5) policy and structural constraints.

Participants reported inconsistent STI/HIV knowledge and enduring myths, with communication shaped by stigma, mistrust, and peer influence. Cultural restrictions, limited media visibility, and a lack of content in local languages, further constrained discussion. Organizational and policy gaps—including inconsistent dissemination, monitoring and evaluation, limited resources, and inadequate capacity building—undermined effectiveness. Stakeholders recommended multilingual, visual, and community-driven communication supported by sustained institutional collaboration.

Conclusions: This study highlights that STD/AIDS communication in Sri Lanka remains constrained by stigma, language barriers, and limited institutional coordination. Strengthening NSACP's approach requires inclusive, participatory, and multilingual strategies that combine digital innovation with community-led engagement to enhance awareness, equity, and sustained STD/AIDS prevention.

OP-05 09:30 - 9:45 AM

Knowledge on Human Papilloma Virus infection and preventive measures among Public Health Inspectors and Public Health Midwives under the Medical Officer of Health system in the Matara district

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[1]National STD/AIDS Control Programme, Colombo, [2]Faculty of Medicine, University of Ruhuna, Galle

Introduction: Human papillomavirus (HPV) is the most common sexually transmitted infection globally and the primary cause of cervical cancer, the second most common cancer among Sri Lankan women. Public Health

Inspectors (PHII) and Public Health Midwives (PHMM) are key frontline health care workers in public health system of Sri Lanka, and assessing their knowledge is essential for strengthening prevention efforts.
Objectives: To assess knowledge on HPV infection and its preventive measures among PHII and PHMM working within the Medical Officer of Health (MOH) system in the Matara district.
Methods: A descriptive cross-sectional study was conducted among 200 participants (57 PHII and 143 PHMM) selected through stratified random sampling. Data were collected using a self-administered questionnaire assessing knowledge on HPV infection and its preventive measures. Knowledge was categorized as satisfactory (75–100), fair (50–74), or inadequate (<50). Data was analyzed using SPSS software. The independent samples t-test was used to compare knowledge levels among different socio-demographic and work-related categories, as well as between PHII and PHMM
Results: The response rate was 100%. Participants had a mean age of 41 years (SD = 10.71); 84.5% were married, 67.5% had diploma-level education, and 58% had over 10 years of work experience. The mean overall knowledge score was 68.6% (SD = 9.6); 25.5% demonstrated satisfactory, 72% fair, and 2.5% inadequate knowledge. Mean knowledge scores for general HPV knowledge, knowledge of cervical carcinoma and other HPV-related diseases, HPV vaccine, and cervical cancer screening were 58.9% (SD=19), 64.8% (SD=14.9), 74.9% (SD=12.1), and 73.8% (SD=11), respectively. PHMM scored significantly higher than PHII on cervical cancer screening knowledge (75.99 vs. 68.22; $t = -3.873$; $p < 0.001$), with no significant differences observed for overall or other domain knowledge scores. A significantly higher overall knowledge level was observed among participants who had attended in-service training compared to those who had not (69.6 vs. 66.6; $t = 2.049$; $p = 0.042$), while no significant differences were observed for other demographic or work-related factors.
Conclusion: Only a low proportion of PHII and PHMM in the Matara district have satisfactory knowledge on HPV infection and its prevention. PHMM had higher cervical cancer screening knowledge, and in-service training significantly improved knowledge, highlighting the need to expand and update training for frontline health workers.

OP-06 09:45 - 10:00 AM

A study on knowledge, acceptability, and barriers to access post-exposure prophylaxis for HIV following sexual exposure among men who have sex with men, who receive services at the Central Sexually Transmitted Disease clinic, Colombo, Sri Lanka.

Pemarathna W.P.N.M.[1], Samaraweera G.R.[2]

[1]Central STD clinic, Colombo. [2]STD clinic, NCTH Ragama

Introduction: Although Sri Lanka has a low HIV prevalence, new infections are rising, particularly among men who have sex with men (MSM), underscoring the need for comprehensive prevention strategies. Post-exposure prophylaxis for sexual exposure (PEPSE) is a highly effective and freely available, yet underutilized, intervention. Identifying barriers and gaps in its implementation is essential to achieving the goal of ending the AIDS epidemic by 2030.
Objectives: The study aimed to describe knowledge, acceptability, and barriers to access PEPSE among MSM, who receive services at the Central Sexually Transmitted Disease (STD) clinic, Colombo, Sri Lanka.
Methods: A descriptive cross-sectional study was conducted among 252 MSM who had engaged in anal intercourse within the previous six months and attended the Central STD clinic, Colombo, Sri Lanka Systematic random sampling method was used to select participants after consultation by the doctor. A self-administered questionnaire was used to collect information, and frequency tables were used to describe categorical variables and measures of central tendency to describe continuous variables. The factors associated with knowledge, attitudes, and perceived barriers to the use of PEPSE were assessed using inferential statistics.
Results: Majority (40.9%) of participants were young males residing in the Colombo district. Around 25% (n=58) had previously taken PEPSE. Nearly 70% (n=152) demonstrated good knowledge about PEPSE which was significantly associated with good knowledge of HIV (p=0.014), condom usage at last sexual encounter(p=0.004) and having undergone HIV test within the last 12 months(p=0.022). Despite engaging in high-risk sexual behaviors, only 50% (n=120) believed that antiretroviral treatment following risky sexual encounter prevents HIV acquisition. However, more than two-thirds (68.7%, n=173) expressed willingness to take and 52.8% (n=133) to pay for PEPSE. Approximately 61%(n=155) reported barriers to PEPSE use, specifically lack of awareness about availability of PEPSE (n=69), uncertainty about service availability locations (n=21) and reluctance to disclose sexual behaviors (n=21).

Conclusions: Despite having good knowledge of PEPSE, the actual utilization and acceptability of PEPSE remain suboptimal among MSM attending the Central STD clinic Colombo. Through addressing identified barriers there is a significant potential to scale up PEPSE service delivery and reduce new HIV infections contributing to the goal of ending AIDS by 2030.

OP-07 10:00 - 10:15 AM

Male Partner Treatment for Reducing the Recurrence of Bacterial Vaginosis: A Systematic Review– Results from the preliminary search

Karunaratne H.M.A.H.[1], Perera P.A.D.M.P.[2], Thanthree D.K.J. [3], Karawita D.A.[4], Wickramasinghe N.D.[5]

[1]Sexual Health Clinic, Puttalam, [2]Sexual Health Clinic, Chilaw, [3]Sexual Health Clinic, Batticaloa, [4]Sexual Health Centre Anuradhapura, [5]Department of Community Medicine, Faculty of Medicine and Allied Health, Rajarata University of Sri Lanka.

Background: Bacterial vaginosis (BV) is the most common cause of vaginal discharge worldwide, with recurrence rates exceeding 50% within 12 months. Existing Randomised controlled trial (RCT) evidence on male partner treatment (MPT) is highly conflicting. This systematic review (SR) aims to synthesize the available evidence, evaluate the impact of MPT regimen type on recurrence.

Methods: The primary objective was to determine the effect of MPT on the Risk Ratio (RR) of BV recurrence in women at 12 weeks follow-up. The first stage of the SR was conducted using a preliminary search across PubMed, MEDLINE, Cochrane, and Google Scholar, yielding 218 records; eight unique RCTs were analyzed. Preliminary data showed substantial heterogeneity ($I^2 > 80\%$) from differing MPT regimens and outcome assessment times necessitating an initial narrative synthesis.

Studies were appraised using the Cochrane Risk-of-Bias 2 (RoB 2) tool, focusing on MPT utilizing oral- only versus combined oral and topical antimicrobials.

Results: Eight RCTs were included, showing heterogeneity by regimen type and variable follow-up (4 to 16 weeks).

Combined Oral and Topical MPT: The largest, most robust RCT by Vodstrcil et al (1) reported significantly lower BV recurrence at 12 weeks: 24/69 (35%) in the MPT arm versus 43/68 (63%) in the control arm. Illustrative Risk Ratio: The RR for combined MPT was 0.55 (95% CI: 0.38 to 0.81), representing a 45% reduction in recurrence risk.

Oral-Only MPT: Seven older RCTs using oral-only MPT (e.g., single-dose metronidazole or clindamycin) showed no statistically significant benefit in reducing recurrence, supporting traditional guidelines (2-8). However, these older studies were associated with significant attrition and performance bias in the RoB assessment.

Conclusion: The clinical efficacy of MPT is highly regimen dependent. Only combined oral metronidazole and topical clindamycin therapy shows clear efficacy, supporting the need to use a dual-route approach. This finding highlights the importance of conducting repeat, high-quality RCTs on MPT with combined oral and topical treatments.

Keywords: bacterial vaginosis; male partner treatment; recurrence; metronidazole; clindamycin; systematic review

(Prospero Registration number – CRD420251152151)

OP-08 10:15 - 10:30 AM

Assessment of Student Counsellor Teachers' Training, their Experiences and Perceptions on Sexual and Reproductive Health Education in Secondary Schools of Matale District

Rajapaksha D.I.[1], Appuhamy H.D.S.C.P.[2], Gunarathna M.K.G.I.N.K.3, Bandara K.[4], Sherifdeen A.[4], Thotawaththa N.[5], Arachchi C.J.[6]

[1]National STD/AIDS Control Programme, [2] District General Hospital Puttlam, [3]STD clinic Batticaloa, [4]STD Clinic Matale, [5]Regional Director of Health Service office Matale, [6]Chami Arachchi Oranization, Life of Courage Counselling, Washington

Introduction: Adolescence represents a critical developmental period requiring comprehensive sexual and reproductive health (SRH) education. Despite global integration of SRH education in school curriculum, Sri Lanka's education system lacks systematic implementation of SRH. Student Counsellor Teachers serve as key

facilitators of student support services, yet their role in delivering SRH education remains underexplored. This study investigated student counsellors' perspectives on adolescent SRH education in secondary schools in Matale district.
Objectives: The study aimed to explore Student Counsellor Teachers' perspectives on adolescent SRH. Specific objectives included assessing pre-service and in-service training related to counselling, exploring experiences related to counselling sessions, and perceptions regarding SRH education.
Method: A cross-sectional descriptive study was conducted across all four educational zones of Matale district. The study population comprised 175 student counsellors from 163 secondary schools. Data collection was carried out using a self-administered questionnaire.
Results: Among the 175 student counsellors surveyed, 77.5% were female and 89% were married. Nearly half (49.1%) possessed a degree, with the majority (81.6%) being arts stream graduates. Only 18.3% taught science or health-related subjects; the remaining majority taught non-science, non-health disciplines. Notably, 92% had been appointed directly by their respective school authorities.
The average student-to-counsellor ratio was 609:1, indicating a significant workload. Only 15% had received any formal training in student counselling, and just four counsellors reported having specific training on adolescent SRH.
Regarding infrastructure, 43% reported having a dedicated counselling space and 25% had allocated time for counselling. Almost all (98.9%) emphasized the importance of SRH education at the secondary level, though views on the suitable grade varied, 22.9% suggested grades 6–7, 36.6% grades 8–9, and another 36.6% grade 10 or above. Only 26.9% of counsellors felt competent to deliver SRH education. Among their recommendations, 45% suggested revising the curriculum, while 46.9% preferred retaining the current one with regular SRH awareness programs.
Conclusions: Despite widespread recognition of the importance of delivering SRH education via student counsellors, significant gaps persist in training, infrastructure, and knowledge. Strengthening adolescent health in Matale district schools requires pre- and in-service counsellor training, curriculum updates, and collaboration with external resource providers.

OP-09 10:30 - 10:45 AM

Psychological well-being and behavioural factors related to HIV/STI among men who have sex with men who currently receive services from a drop-in centre held by a nongovernmental organization at Narahenpita, Colombo

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Introduction: The psychological well-being of Men who have Sex with Men (MSM) is intricately related to their behaviour. Therefore, understanding the relationship between their behaviour, psychological health, and STI-related concerns is essential.
Objectives: The general objective is to describe the level of psychological well-being and behavioral factors that lead to HIV/STI among men who have sex with men who currently receive services from a drop-in centre held by a nongovernmental organization at Narahenpita, Colombo with the specific objectives of describing the level of psychological well-being and identifying the behavioral factors that lead to HIV/STI and to describe the association between the level of psychological well-being and the behavioral factors which lead to HIV/STI among MSM.
Methods: A descriptive cross-sectional study was conducted among MSM, using GHQ-12 to assess the psychological well-being.
Results: Among study participants, 45.5% had a poor level of psychological well-being. Having more than one male sexual partner (70.6%), having non-regular male partners (84.7%), bisexual exposures (47.4%), relatively low condom (52.2%) and lubricant use (41.5%), and alcohol and/or drug use (26.4%) were identified as the prevalent behavioural risk factors for HIV/STI. However, it was noted that 90.2% of the participants had checked for HIV. The levels of psychological well-being were significantly associated with behavioural factors such as the status of receiving money, goods, or services in exchange for anal sex with men during the last 12 months (p=0.006), the test positivity for STI within previous 3 months(p=0.006), use of condom with non-regular male

partners during the last six months (p=0.009), use of lubricants while having anal sex (p=0.013), and the status of receiving alcohol and drugs before sex (p=0.04).

Conclusions: Approximately half of the participants experienced poor psychological well-being, and it was significantly associated with sexual risk-taking behaviour. Enhancing mental health support within HIV and STI prevention programs could contribute to promote safer sexual behaviours and overall well-being among men who have sex with men.

Poster presentations

Poster presentations – Original Research

PPR 01

Knowledge on non-communicable diseases and healthy lifestyle practices among people living with HIV attending central HIV clinic, Colombo

Koswaththa K.H.S.K.[1], Nanayakkara G.[2]

[1]National STD/AIDS Control Programme, [2]STD Clinic- Avissawella

Introduction: Non-communicable diseases (NCDs) are increasingly prevalent among people living with HIV (PLHIV). According to the World Health Organization (WHO), global deaths due to NCDs are projected to rise from 38 million in 2012 to over 50 million by 2030, currently accounting for more than 70% of all deaths worldwide. The burden is disproportionately higher in low- and middle-income countries (LMICs), which face a double burden of both communicable and non-communicable diseases.
Objectives: This study aimed to assess the knowledge regarding NCDs and healthy lifestyle practices among PLHIV and to explore the association between knowledge levels and health-related behaviors.
Methodology: A descriptive cross-sectional study was conducted among PLHIV attending the Central HIV Clinic, Colombo, from August 2022 to September 2023. A total of 384 participants were selected through simple random sampling. Data were collected using a pre-validated, interviewer-administered questionnaire designed for epidemiological assessment of NCDs. Statistical analysis was performed using SPSS version 20.
Results: The study population had a mean age of 40.5 (SD ±12.69) years, with males comprising 84.5%. The mean duration since HIV diagnosis was 6.05 (SD ±6.27) years, and 97.2% were on antiretroviral therapy (ART). The prevalence of diabetes and hypertension was 38.6% and 35.7%, respectively. Most participants engaged in physical activity (86.8%) and on average they participate in exercises
3.75 days per week. 56% of participants engage in more than 30 minutes of physical activity per day. Majority recognized the importance of exercise (94.1%). However, gaps were noted in dietary habits—only 31% regularly consumed home-made breakfasts, 27.5% drank natural fruit juices, and 21.7% ate fruits frequently. History of smoking (51.7%) and alcohol consumption (67.5%) was common, with 30.9% and 38.1% currently smoking and drinking, respectively. Knowledge regarding NCDs was generally poor (62.4%). Gender differences were significant across physical activity ($p=0.011$), smoking (ever: $p<0.001$; current: $p=0.011$), alcohol consumption (ever: $p<0.001$; current: $p<0.001$), and body mass index ($p=0.011$).
Conclusion: The study demonstrates suboptimal knowledge and unhealthy lifestyle practices among PLHIV, with notable gender disparities in behavior patterns. Targeted health education and lifestyle modification programs are essential to reduce the burden of NCDs in this population.
Keywords: Non-communicable diseases, Knowledge, HIV, healthy lifestyle practices

PPR 02

Clinical profile and behavioural characteristics of HIV patients newly attended to the central HIV clinic Colombo from 2019 to 2021.

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Introduction: HIV remains a global public health challenge while having disparities in prevalence and management across various regions. Though Sri Lanka is a low-prevalence country, emerging trends indicate rising in transmission rate, particularly among key populations. This study investigates the clinical and behavioral characteristics of newly diagnosed HIV patients at the Central HIV Clinic in Colombo.
Objectives: The purpose of this study was to describe the sociodemographic characteristics, clinical, immunological, biochemical profile and sexual and drug-use behaviours and to evaluate the prevalence of co-infections, opportunistic infections, and sexually transmitted infections in newly diagnosed HIV patients.

Methodology: A descriptive cross-sectional study was conducted among 210 participants selected by proportional random sampling. Data were extracted from clinical records and electronic databases using a structured data extraction sheet. Variables which were analyzed included sociodemographic, clinical and immunological status, risk behaviours, and prevalence of co-infections and sexually transmitted infections. Statistical analysis was done using SPSS with descriptive statistics.
Results: The male participants were predominant (83.8%) with a mean age of 37 years, and 37.1% falling in the 25–34 age group. Majority were Sinhala (84.3%), single (50.5%), educated above GCE Ordinary Level (79.3%) and 88% from low or lower-middle-income groups. Men having sex with men accounted for 55.7% of cases. HIV diagnosis was mainly through ward and clinic referrals including STD clinics (36.2%), and 22.4% were diagnosed through voluntary testing. Condom use at last sex was low (15.9% males; 5.9% females). A considerable proportion (46.7%) were symptomatic at diagnosis and 44.6% were co-infected with Tuberculosis with 33.7% of them in latent stage.
The CD4 counts were below 350 cells/µl in 48.8%, and 25.6% were in AIDS-defining stage while 96% had a baseline viral load exceeding 1,000 copies/mL, and 24.1% presented in WHO stages III & IV. Anemia was identified in 73.6% of females.
Candidiasis was the commonest opportunistic infection (20%). Cytomegalovirus and toxoplasma seropositivity among the sample were 95.7% and 44.4% respectively. Syphilis (18.2%) was the predominant STI.
Conclusion: Most new HIV cases occurred among MSM with significant behavioural risks. High rates of late presentation and co-infections underscore the need for early testing, integrated care, and targeted behavioural interventions to mitigate emerging HIV trends in Sri Lanka.

PPR 03

Study of characteristics associated with defaulting from services among patients diagnosed with syphilis at two selected sexually transmitted disease clinics in Colombo district

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Introduction: Syphilis remains a major sexually transmitted infection despite effective diagnostic and treatment methods. Diagnosed patients with syphilis will be followed for two years according to national guidelines. Loss to follow up causes personal and social health hazards due to disease-related complications and continuous transmission. Understanding the factors associated with defaulting behaviour is very important for developing targeted interventions to improve patient retention and treatment adherence.
Objective: This study aimed to describe the characteristics of patients diagnosed with syphilis who defaulted on follow-up services in two treatment centres in Colombo.
Methods: A retrospective clinic-based study was conducted at the central clinic in Colombo and the STD clinic at the teaching hospital, Colombo South. Secondary data were collected from the clinic records of 237 syphilis patients diagnosed from January 2016 to December 2017. Data on demographic, behavioural, and clinical factors were collected to examine patterns and predictors of follow-up adherence. Statistical analyses were performed to identify significant associations between these factors and defaulting behaviour.
Results: Of the 237 patients included in the study, 89.8% defaulted at various stages of follow-up, while only 10.2% maintained continuous care over 24 months. Non-defaulters were typically married, employed males with secondary education and resided more than 10 km from the clinic, indicating that distance itself did not affect the follow-up. In contrast, defaulters tended to be younger, less educated, with multiple sexual partners and with records of substance use. Additionally, a statistically significant relationship was found between mode of referral and follow-up adherence ($p = 0.049$), suggesting that patients referred by external sources were less likely to stay engaged in care.
Conclusions: Findings highlight a substantial rate of defaulting among syphilis patients from STD clinics in Colombo is influenced by demographic, behavioural, and referral-related factors. Patients who came to the clinic voluntarily were more prone to continue their clinic follow-up than non-volunteers. However, distance to the clinic did not show a significant association with defaulting. Interventions that enhance patient- provider communication, contact tracing, and personalized support for at-risk groups could improve clinic follow-up. This study underscores the importance of implementing tailored retention strategies in high- burden settings to ensure effective management of syphilis.
Keywords: Sexually transmitted disease, syphilis, defaulter, non-defaulter

PPR 04

Sexual Health Concerns among School Children in Hambantota, Sri Lanka: A Retrospective Qualitative Analysis of Anonymous Student Queries

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Introduction: Sri Lankan adolescents sexual health concerns are often unaddressed due to the stigma and communication barriers. Understanding these real issues through the students' own point-of-view is imperative for informing evidence-based, effective educational interventions tailored to local needs.

Objectives: To identify the primary sexual health concerns among school children (14-17 years) in Hambantota district through retrospective qualitative analysis of anonymous queries, and to determine the sexual health education needs as perceived by the adolescents themselves.

Method: Anonymous written queries (n=1,050) of around 807 students collected during school-based sexual health awareness programmes were retrospectively analyzed using inductive thematic analysis. Queries were coded iteratively to determine the frequency and nature of concerns across ten major themes. Safeguarding protocols were ensured for queries indicating immediate risk at the time of programme. Ethical approval for this study was obtained from the Ethics Review Committee (ERC) of the Postgraduate Institute of Medicine of Sri Lanka.

Results: The analysis revealed that the adolescents' pressing concerns were largely psychosocial, not purely physiological. The top themes identified were Physical Development/Puberty Concerns (17.8%), Masturbation related Concerns (14.9%), and Romantic Relationships (13.5%). Importantly, Mental Health issues (12.8%) including suicidal ideation, anger dysregulation, and depression symptoms as well as Academic Stress (11.2%) were highly prevalent, indicating significant psychosocial issues requiring immediate attention. Gender differences were marked: males focused on genital size and beard growth (masculinity ideals), while females emphasized menstruation and emotional relationship management. Widespread myths (e.g., masturbation causes health-risks, homosexuality is an illness) and serious safeguarding concerns were also identified.

Conclusions: Adolescents in Hambantota demonstrate a significant unmet need for sexual health education. Education curriculum needs to address the holistic nature of adolescent concerns including sexual health, mental health, and academic stress simultaneously. It is recommended to consider urgent implementation of Holistic Adolescent Health and well-being Programme, with a focus on establishing dedicated school-based mental health services, implementing evidence-based curriculum reforms, and mandating Teacher Training and Parental Engagement to foster a conducive environment.

Keywords: Adolescent sexual health, school-based education, Sri Lanka, qualitative analysis, comprehensive sexuality education

PPR 05

A Comparative Evaluation of Generative AI Tools for Multilingual HIV Prevention Message Generation in Sri Lanka: ChatGPT and Gemini in Sinhala and Tamil Public Health Communication

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Introduction: Artificial Intelligence (AI) is increasingly explored in various healthcare applications including generating health content such as public health messages, questionnaires and forms. Dissemination of health messages through media crucially supports prevention. Since HIV is a global epidemic, health education on prevention, control and treatment is of utmost importance. Generative AI can facilitate efficient and scalable public health message generation. Nevertheless, the performance of generative AI, in multilingual and resource-limited countries such as Sri Lanka remains underexplored.

Objectives: This study evaluated two popular generative AI tools, ChatGPT and Gemini, in generating context-appropriate, short, HIV prevention public health messages in English and translating them into Sinhala and Tamil, the two official languages of Sri Lanka.

Methods: Four medical practitioners with over 5years of clinical experience, using English for professional communication, were selected as reviewers. Two each were native Sinhala speakers and Tamil speakers. The

evaluation was based on 6 criteria; accuracy, clarity, cultural appropriateness, linguistic fluency, tone and friendliness, and simplicity, each rated on a 3-point Likert scale (3=Excellent, 2=Satisfactory, 1=Needs Improvement), for a maximum score of 36 (18 per reviewer). Five short HIV prevention messages were generated in English and translated into Sinhala and Tamil using each tool. The English messages were scored by one native Sinhala and one native Tamil reviewer. Translated Sinhala and Tamil messages were independently evaluated by two reviewers native to the respective language.

Results: ChatGPT scored slightly higher in English messages (Average: ChatGPT-35.6, Gemini-32.6) while Gemini lacked cultural appropriateness and friendliness. However, in Sinhala messages, Gemini (Average:32.5) scored significantly better than ChatGPT (Average:17.75), and in Tamil messages, ChatGPT (Average:31.5) and Gemini (Average:34.5) had nearly similar scores.

Conclusion: This study, based on five HIV prevention messages, suggests that ChatGPT may outperform Gemini in generating English messages with clarity, simplicity, and cultural appropriateness. The better performance of Gemini in Sinhala and Tamil translations may indicate, better linguistic and cultural adaptiveness compared to ChatGPT. The relatively stronger performance of ChatGPT in Tamil translations may be due to the wider global usage of Tamil compared to Sinhala. Collectively, these findings highlight the importance of careful evaluation of generative AI across linguistic and cultural settings prior to use for health message generation and translation.

PPR 06

The impact of health education on knowledge regarding sexually transmitted infections among a selected group of female spa-workers in Nugegoda MOH area – an interventional study

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Introduction: In modern world, especially in Asian countries SPA-workers frequently engage in sex-work. UNAIDS consider them as "indirect sex-workers". In Sri-Lanka, 20.8% of female sex-workers (FSW) identified during geographical mapping in 2018, were SPA based. Identifying strategies to address SPA-workers' knowledge gaps on Sexually Transmitted Infections (STI) is essential as they are vulnerable for STI. Nugegoda MOH area, a Colombo suburb is a highly populated urban area with many registered and unregistered SPAs.

Objectives: To assess knowledge on STI among the selected group of FSW in Nugegoda MOH area and to determine the impact of health education on their knowledge on STI.

Method: An interventional study was conducted among 50 FSW in Nugegoda MOH area using respondent-driven sampling method. Data was collected using a locally validated, pre-tested, self-administered questionnaire. Questions were adopted from a standard questionnaire on STI knowledge under six broad components. Each component consisted five questions. Health Education was delivered thorough a lecture. Pre- and post-lecture knowledge were assessed using the same questionnaire. Individual score was determined at baseline and post-lecture using a composite scale. Possible maximum and minimum scores were 21 and zero. Based on pre-determined cut-off value (10) each participant's overall knowledge was categorized as poor or good in prior and post-lecture. Pre- and post-lecture sample mean score for each component was calculated as percentages. Data was analyzed using MS-Excel 2024. Statistical significance was determined using paired t-test.

Results: Sample mean age was 34 years (SD≈8.8years). Majority were married (56%). Nearly-half (46%) were educated up to O/L. Prior to the lecture 60% of SPA-workers' overall knowledge on STI was good and post-lecture it was increased to 82%. Post-lecture, mean percentages of all broad components in knowledge assessment were increased as; 23.5% in what are STI, 37% in STI transmission, 47% in STI symptoms, 44% in STI preventive methods, 31% in how to use condoms correctly and 23% in STI screening sites. Rise in overall knowledge was 35%. Overall and all broad components' positive mean differences were statistically significant ($p<0.05$). Effect-size was large ($d\approx>0.8$).

Conclusions and Recommendations: Impact of lecture on addressing the knowledge gap on STI among SPA-workers was statistically and practically significant. However, as sample size was small in this study, further studies on this area with larger samples is recommended for more precise and generalizable values.

PPR 07

From Pilot to Scale-Up: Knowledge, Attitudes, and Barriers to Triple Elimination Screening Implementation among Antenatal Care Providers: A Cross-Sectional Study among MOH Office Staff in Colombo District, Sri Lanka

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Introduction: Vertical transmission of HIV, syphilis, and hepatitis B remains a major global health concern. After achieving WHO validation for elimination of mother to child transmission of HIV and syphilis in 2019, Sri Lanka is currently piloting antenatal triple elimination screening in Colombo District, with plans for national expansion. Assessing healthcare workers' knowledge, attitudes, and perceived barriers is essential to ensure effective implementation of the WHO Triple Elimination Framework.

Objectives: To assess the knowledge, attitudes, and perceived barriers among Medical Officer of Health (MOH) staff toward implementing triple elimination screening for HIV, syphilis, and hepatitis B in antenatal care within the Colombo District.

Method: A descriptive cross-sectional study was conducted among 217 MOH staff (Medical Officers of Health, Public Health Nursing Sisters, and Public Health Midwives) from 18 MOH areas selected through stratified random sampling. Of these, 157 (72.4%) responded. Data were collected using a structured self-administered online questionnaire, comprising true/false and Likert-scale items.

Results: Of 157 total respondents (mean age 40.1 years, SD 10.6; 94.3% female), only 49.7% had received formal training on triple elimination screening. The mean knowledge score was 6.29/8 (SD 1.21), with 46.5% demonstrating good knowledge (≥7/8). Public Health Nursing Sisters scored highest (mean 7.20) and midwives lowest (6.21). Major knowledge gaps were noted in timely HBV birth-dose vaccination, use of antivirals for high viral load mothers, and partner testing (<65% correct). Formal training did not significantly influence knowledge scores (trained 6.24 ±1.24 vs untrained 6.35 ±1.19; p=0.5682).

Attitudes were highly positive: 93.0% considered triple elimination feasible, 91.7% were willing to attend further training, and 83.4% felt confident in explaining HBV screening. Key perceived barriers included lack of community awareness (67.9%), inadequate training (56.7%), delays in confirmatory testing (49.7%), and insufficient counseling skills (48.4%).

Open-ended responses highlighted the need for more structured staff awareness programs (n=30) and better logistics (n=7).

Conclusions: MOH staff showed good baseline knowledge and strong support for the triple elimination initiative, but significant implementation challenges remain. Addressing HBV-specific knowledge gaps, expanding training to untrained staff, enhancing community education, improving laboratory turnaround, and strengthening coordination with STD clinics are critical for successful national scale-up.

Keywords: EMTCT, Triple elimination, Hepatitis B, Health staff knowledge, Attitude, Barriers, Hep B birth dose

PPR 08

Study of Alcohol and Drug Use situation among higher educational institution students and school leavers in Urban Colombo in 2024.

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Introduction : Drug and alcohol use among young people is influenced by a mix of social, psychological, and environmental factors. This rapid, exploratory study assesses drug and alcohol use among youngsters in Colombo District, Sri Lanka, with a focus on higher education students and school leavers. The aim is to provide timely, actionable baseline data to guide targeted prevention and intervention efforts while upholding ethical standards of confidentiality and community engagement.

Objectives: The study aims to assess illicit drug and alcohol use landscape among higher education students and school leavers in Colombo district in 2024. Specific objectives include identifying illicit drugs and alcohol use, measuring frequency and severity of use, determining age at first use, exploring initiation reasons,

identifying problems and complications, assessing sexual behavior and injecting practices, and documenting services accessed. A secondary goal is to generate recommendations for prevention programs.
Methods: An exploratory, quantitative, interviewer-administered study was conducted in the year 2024, among young population in identified high-prevalence areas for illicit drug use in Western Province, prioritizing Colombo Municipality Wards. Snowball sampling, initiated with peer-identified participants, facilitated recruitment. Data was collected by an outreach team using a pre-tested questionnaire, after completing one-day training on objectives, ethics, and data entry. Analyses performed in SPSS.
Results: Past-month use of alcohol (74%) and tobacco (66%) was high among youths. Among illicit substances, cannabis (31%) was most common, followed by heroin (20%) and amphetamine-type stimulants (12%). Injecting drug use (IDU) remained relatively low (heroin 2%), with no detected prevalence of amphetamine-type stimulants or cocaine. Early initiation was evident: alcohol at 16 years, tobacco and inhalants at 17, and injecting drugs at 20. Engagement with harm-reduction and treatment services was variable.
Conclusions and recommendations: Reported rates of alcohol and tobacco use among young people were high with moderate prevalence of other inhaling illicit substances and relatively low level of injecting drugs. Evidenced for very early age of initiation of substances with a potential for dependency. These conclusions show the importance of primary prevention, supply reduction and evidence-based harm reduction services.
Further, focusing demand reduction should be aimed through family role modelling. While aiming supply reduction of illicit drugs, evidence based medically assisted harm reduction services, integrated curricula addressing substances, regulation of medicine access, and sustained stakeholder engagement across educational institutions and in community are essential.
Keywords: Illicit drugs, young population, Colombo district

Poster presentations - Audits

PPA 01

Baseline assessments prior to initiation of Antiretroviral Therapy (ART) among newly diagnosed HIV patients in a peripheral sexually transmitted disease (STD) clinic- Kalubowila, Sri Lanka; a clinical audit

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Introduction: Conducting comprehensive baseline assessments before initiating ART is challenging due to limited resources, laboratory infrastructure, transport, and staff in some STD clinics in Sri Lanka. The STD clinic, Kalubowila, is one of the clinics facing such challenges over many years.
These assessments are vital for understanding newly diagnosed HIV patients' clinical status, immune function, co-morbidities, and social support, ensuring effective ART initiation with appropriate regimens. This audit reviewed the pre-ART assessment process to identify gaps and ensure consistent documentation and management, even within the constraints of facilities in a peripheral clinic setting.
Objectives: This audit aimed to evaluate the adequacy and documentation of baseline assessments before ART initiation in newly diagnosed HIV patients at Kalubowila STD clinic, against the National ART guidelines. It reviewed clinical assessments, baseline investigations, prophylaxis, co-morbidity management, initiation of recommended ART with consent, provision of family support, and linkages to support groups.
Method: A retrospective review was conducted on 106 case records of newly diagnosed HIV patients, covering the period from January 2020 to December 2024.
Results: Most patients were males (88.7%), with 42.5% in the 25–34 year age group. WHO clinical staging was documented in 88.5%, patient symptoms and clinical status in 98.1%. Body weight was recorded in 99%, but BMI was not recorded. Baseline CD4 counts were available in 79% due to limited facilities, while baseline HIV viral load was done in only 48.1% for the same reason. FBC, serum creatinine, and liver function were completed in 99%. Opportunistic infection screening was performed: TB screening 98.1%, hepatitis B 95.2%, and STI screening 98.1%. Documentation of family support (35.8%) and linkage to positive groups (20.6%) was poor. Prophylaxis and treatment for OIs were given to 90% as needed. Willingness to start ART was recorded in 97%, and co-morbidity management in 85.7%, but drug interaction checks were conducted in only 62.5%.
Conclusions: Clinical assessments were documented in all records, and baseline investigations with opportunistic infection screening were satisfactory. However, documentation of BMI, family support, linkage to positive groups, partner counseling, and drug interaction checks was poor. Non-availability of CD4 and HIV viral load testing in a constant manner requires urgent improvement for effective management of people infected with HIV in peripheral STD clinics.

PPA 02

Follow-up management of people living with HIV aged forty years or more attending the sexual health clinic, Kalubowila, Sri Lanka: A clinical audit

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Introduction: Human Immuno-deficiency Virus (HIV) infection is a lifelong disease. Ageing people living with HIV (PLHIV) develop HIV-related or non-related non-communicable diseases (NCD) and side effects from drugs. According to UNAIDS projections for HIV epidemic PLHIV aged >40 years will increase from 38% in 2010 to 62% by 2030. In 2023, 50% of PLHIV in Sri Lanka were between 30-49 years. The WHO recommends persistent and ongoing medical care for longevity and quality life in PLHIV.
Objectives: To audit follow-up management of PLHIV aged >40 years attending sexual health clinic (SHC), Kalubowila in conformity with National guideline standards, to improve quality of patient care.
Method: The clinical audit was conducted extracting data retrospectively from medical records by using a checklist. All PLHIV aged >40 years registered up to December 31st, 2023 at SHC, Kalubowila were audited after

excluding defaulted and deceased. Auditable targets were derived based on National guide to Anti-retroviral treatment, 2020. Data was analyzed using Ms-Excel 2024.

Results: A total of 71 medical records were analyzed. Majority (52%) were males. Nearly half (51%) belonged to 40-49 years age category. In history taking; almost all had recorded ART adherence (93%). Majority had past medical (70%), drugs (76%) and vaccination (78%) histories. Smoking and alcohol consumption histories were appropriate in 46% and 42%, respectively. Risk assessment on sexual encounters was done using a composite scale and 32% were adequate. Among 49 PLHIV on other medications 53% were assessed for drug interactions. Under examination, weight at last visit was recorded in 96% but blood pressure was measured in 18%. Routine Viral load, CD4 count, liver enzymes, S.creatinine and STI screening were available almost in all. Fasting blood sugar levels and lipid profile were tested in 56% and 48% respectively. Routine cervical cytology was available in 63% of females. Mental health (2%), cardiovascular (7%) and fragility (3%) risk assessments were inadequate. Majority (55%) were advised on lifestyle modifications.

Conclusions: Many components in follow-up management of PLHIV aged >40 years at SHC, Kalubowila were adequate. However, certain aspects were poor due to staff inadequacy and non-availability of certain tests. These could be improved by adequate staff recruitment and addressing logistic issues with novel strategies introduction.

Keywords: PLHIV aged >40 years, follow-up care for PLHIV, Ageing PLHIV, co-morbidities of PLHIV

PPA 03

Audit on Compliance with National Guidelines for the Management of Gonorrhoea in STD Clinic – Colombo

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Background: Gonorrhoea, together with rising trends in other sexually transmitted infections such as HIV, remains a significant health challenge in Sri Lanka (SL). Proper management of gonorrhoea infection is essential to prevent its serious complications. Adherence to guidelines for diagnosis, treatment and care services is crucial for effective management of infection.

Objective: To assess the compliance of clinical staff of STD Clinic - Colombo with Sexually transmitted infections guideline – Sri Lanka 2019 for management of gonorrhea.

Method: Retrospective review of electronic records of all patients with presumptive or confirmed gonorrhoea from January to March 2025 was conducted. Audit data on diagnostic methods, STI screening, antibiotic use, partner notification, test of cure (TOC), and safe sex counselling were collected and analysed using descriptive statistics.

Results: The audit included 56 patients (50 males, 6 females; median age 27 years, range 21–71). Gonococcal culture was performed in 92.5% (n=52), NAAT in one case, and microscopy in all (100%). All patients were offered HIV and syphilis screening. All were treated with antibiotics and 55 out of 56 (98.2%) received first-line therapy. Partner notification was initiated in 35(62.5%) cases. Test of cure was arranged for 92.9% (n=52) of patients. TOC was carried out in 35 cases (62.5%). However 3(8.6%) of them had only urethral smear. No TOC was done with NAAT as nonvailable. In 2(5.7%) cases, TOC done inappropriate time. Safe sex counselling was provided to 98.2% (n=56) of patients

Conclusions: The audit revealed overall good adherence to diagnostic and treatment protocols, achieving high rates of acceptable antibiotic prescription and other STI screening. However, major gaps have been identified in partner notification and performance of TOC. The 2023 national audit showed low culture (37.6%), minimal NAAT (7 cases), and poor TOC (27.8%) In contrast, our study achieved higher culture (92.5%), limited NAAT use, and improved TOC (92.9%). It is recommended to carry out staff training emphasising on the importance of partner notification and accurate timing and correct use of GC culture for TOC to bring down the spread of GC. Re-audit is planned in 3 months. It is also recommended to include clear auditable outcome in National STI management guidelines.

PPA 04

Audit on Gonococcal culture sampling skills and knowledge of medical staff of STD clinic Colombo and an assessment of staff training.

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Introduction: Knowledge and practical skills of healthcare professionals is a cornerstone of high-quality sexual health services. Gonorrhoea is a serious STI, with potential fatal complications in the background of evolving antibiotic resistance. Despite its significance, there is minimal routine evaluation of clinical and laboratory skills of gonococcal culture collection and handling. These skill gaps can compromise surveillance data and diagnostic precision.

Objectives: This audit aims to evaluate gonococcal culture sampling skills and knowledge of medical staff against the standards of sample collection manual for STI/HIV testing 2019 and to assess training of medical officers.

Methodology: Cross-sectional assessment of 18 medical officers at the STD Clinic, Colombo was conducted. Data included qualitative (direct observation using a standardized checklist) and quantitative (self-administered questionnaire) components. Ten skills were evaluated and scored out of 100; knowledge questions were scored out of 100 according to the Laboratory Sample Collection Manual. Competency was determined by a composite score out of 100. Descriptive analysis was performed.

Results: Of the audit sample, 89% (n=16) scored >80% for sample collection skills. Median skills score was 85%. For knowledge 78%(n=14) scored >80%. Two participants (11%) scored <80% in both skills and knowledge. Among those with >80% skills score, 2 (11%) scored <80% on knowledge. Competency score >80% was observed in 14 participants (78%). Only 28%(n=5) had read the sample collection manual. Formal training was reported by 11 participants (61%); Of these, 5(45%) were trained within the last three months, and 6 (55%) more than a year ago. All trained participants scored >80% in competency. Those with <80% skills score, 22% (n=4) had neither read the manual nor received training.

Conclusions:: The majority demonstrated high knowledge and skills competence. However, gaps persist mainly among those without formal training and who had not read the laboratory manual.

Regular refresher training sessions and improved accessibility of Sample collection manual is a vital requirement. Periodic competency assessments and mentorship are recommended to reinforce correct practices. Re-audit is planned in 6 months.

PPA 05

Survey on Training and competency of offering Long-Acting Reversible Contraceptives among medical officers working in Sexual Health Clinics in Sri Lanka (2024)

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Introduction: Long-acting reversible contraceptives (LARC), including intrauterine devices and implants, offer highly effective pregnancy prevention, critical in sexual health clinics to reduce unintended pregnancies and improve reproductive health outcomes. The National STD/AIDS Control Program mandates contraceptive counseling in sexual health clinics per the Standards of Procedure (SOP), requiring prior training before providing contraceptive services if doctors are not competent. This survey evaluates training levels and competencies among doctors in STD clinics across Sri Lanka for LARC services.

Objectives: To assess the contraceptive training status and competency in providing LARC among medical officers working in sexual health clinics in Sri Lanka as per the SOP for the sexual health clinic level.

Methods: A cross-sectional survey was conducted in August 2024 among 66 doctors from 28 STD clinics in Sri Lanka. Data on training exposure, type of training, and self-rated competency in offering LARC (Likert scale 1–5) were collected via an online questionnaire.

Results: Among respondents, 43 (64%) reported contraceptive training including LARC, despite SOP mandating training for all. Of these, 25 (58%) had gynecology ward experience, 24 (56%) worked as Medical Officer of

Health, 4 (9%) attended postgraduate foreign training, and 5 (12%) joined targeted contraception programs conducted by Family Health Bureau. Competency in offering LARC averaged 4 out of 5 in 65% of trained doctors, indicating good perceived competence. In contrast, those without further training after undergraduate training reported a much lower average competency score of 1.5 out of 5. The Mann-Whitney U test showed a statistically significant higher competence level among doctors with training compared to those without ($U = 939.5$, $p < 0.0001$), underscoring the importance of additional training in improving clinical skills for LARC provision.

Conclusion: While most doctors in Sri Lankan sexual health clinics have contraceptive training to administer LARC to patients and demonstrate competency in offering LARC methods minority have inadequate training and competency. Structured, ongoing training with competency assessments is essential to improve quality of contraceptive services, contributing to sustained prevention of unintended pregnancies among sexual health clinic attendees.

PPA 06

Audit to Evaluate Adherence to Standard Precautions in the Bleeding and Injection Rooms at the Central STD Clinic, Colombo – 2025

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Introduction: Standard precautions are fundamental infection prevention and control (IPC) measures applied in all healthcare settings to reduce healthcare-associated infections (HAIs) and ensure the safety of healthcare workers and patients. The Central STD Clinic, Colombo, serves a high volume of patients, including those with blood-borne infections. Therefore, adherence to standard precautions is crucial, especially in bleeding and injection rooms where exposure to blood and body fluids is frequent.

Objectives: To assess compliance with hand hygiene and appropriate use of personal protective equipment (PPE) during procedures involving exposure to blood and body fluids.

To evaluate the safe handling and disposal of sharps.

Methods: The audit was conducted in two bleeding rooms and one injection room. Six nursing officers were observed during blood drawing, vaccination, and medication administration. Availability of IPC resources and sharps management were also assessed using a structured checklist based on national Infection Control Manual.

Results: All participants had over five years of experience and had received initial IPC training, though none had attended refresher programmes thereafter.Compliance with the “Five Moments for Hand Hygiene” was inadequate. While handwashing facilities were available, none demonstrated all recommended steps. PPE was accessible, but glove sizes were limited, affecting fit and safety. All participants used gloves, though one failed to remove contaminated gloves promptly, risking environmental contamination. Sharp bins were available and met design and placement standards, though labeling was unclear in some areas. Disposal practices were appropriate, with bins replaced when two-thirds full. Safe handling was observed with no recapping or bending of needles, and vacutainers were used for all blood draws. No incidents of exposure or spillage occurred during observation, and staff demonstrated adequate knowledge of spill management.

Conclusion: Adherence to standard precautions was suboptimal, particularly in hand hygiene and PPE availability. Regular refresher training, ensuring adequate PPE in various sizes, and displaying standard operating procedures (SOPs) and hand hygiene instructions in all procedure areas are recommended to improve compliance.

PPA 07

Follow-up Outcomes of Abnormal Cervical Cytology at Well Woman Clinics in a Medical Officer of Health (MOH) Area in the Colombo district: A Clinical Audit

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Introduction: Cervical cancer screening through the National Well Woman Clinic (WWC) programme is pivotal for early detection and prevention in Sri Lanka. The programme’s effectiveness relies not only on coverage but also on timely and guideline-adherent follow-up of abnormal Papanicolaou (Pap) test results.

Objective: To evaluate the adequacy, timeliness, and documentation of follow-up actions for abnormal Pap smears reported in 2024.
Methods: Data were extracted from WWC positive client follow-up registers for 2024 in Nugegoda MOH area, reviewing Pap smear coverage, cytology categories, referrals, repeat testing, and documentation across 35-year, 45-year, and other age cohorts. Auditable targets were derived from 2023 Well Woman Clinic Guidelines (Family Health Bureau).
Results: A total of 677 Pap smears were performed, with 311 (45%) from the 35-year cohort, 300 (44%) from the 45-year cohort, and 66 from other age groups. Of 479 reported results, 408 were negative, 61 showed atypical squamous cells of undetermined significance (ASC-US), 6 had low- grade squamous intraepithelial lesion (LSIL), and 1 had high-grade squamous intraepithelial lesion (HSIL).
All HSIL and LSIL cases were referred to specialists, where biopsies were negative and advised to follow-up in six-month and one-year respectively. However, per guidelines, only HSIL should be referred immediately, while LSIL should undergo a six-month repeat Pap at MOH level, with referral only if abnormalities persist.
Among 61 ASC-US cases, only 31 (51%) underwent repeat cytology. Four clients had migrated and could not be traced, while documentation of the due repeat date was missing for ten cases. Of the 31 repeated tests, timing varied: 45% were performed within one month, while 19% were delayed beyond three months. Repeat smear outcomes included 17 normal, 5 persistent ASC-US, and 1 LSIL (all of which were appropriately referred), while 8 results were undocumented.
Conclusions: While management of HSIL cases aligned with referral protocols, follow-up for LSIL and ASC-US was inconsistent, with delayed or undocumented actions in nearly half the cases. Strengthening public health midwife engagement, implementing systematic tracking of abnormal results, and reinforcing adherence to the WWC guideline follow-up intervals are essential to enhance continuity of care and ensure the long-term effectiveness of the national cervical cancer screening programme.

PPA 08

A clinical audit on coverage and timeliness of pap smear reports at a selected well woman clinic in Colombo district, Sri Lanka

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Introduction: Cervical cancer is one of the most preventable cancers among women through early detection with Papanicolaou (Pap) smear test. In Sri Lanka, cervical cancer screening is offered through the Well-Woman Clinic (WWC) programme under the Family Health Bureau (FHB). According to the national Well-Woman Clinic guidelines of 2023, the target is to achieve more than 80% attendance and screening coverage, and to issue Pap smear reports within six weeks. This audit aimed to assess the coverage and timeliness of Pap smear reporting at a selected WWC.
Objective: To evaluate the coverage of cervical cancer screening and the timeliness of Pap smear report delivery at a selected Well-Woman Clinic in the Boralesgamuwa MOH area from 1st January to 31st December 2023.
Method: A clinical audit was carried out using the WWC register for the year 2023 at a selected WWC in Boralesgamuwa. Data were collected using an audit checklist prepared according to the standards outlined in the FHB WWC guidelines. The proportion of women attending the clinic at target ages (35 and 45 years), the percentage who underwent Pap smear testing, and the timeliness of report delivery were assessed.
Results: A total of 391 women attended the WWC, with a mean age of 40.2 years (SD: 5.05). Attendance coverage was high, reaching 95.38% in the 35-year cohort and 89.74% in the 45-year cohort. Pap smear testing rates were 82.56% and 83.58%, respectively, meeting the national standard of over 80%. However, the mean time to receive Pap smear reports was 19.9 weeks (SD: 7.87; range: 6–34.7 weeks). Notably, 95.48% of reports were delayed beyond the recommended six-week period.
Conclusion: The audit demonstrated satisfactory coverage and screening performance at the WWC, indicating effective community participation. However, the significant delay in result delivery highlights a gap that may

reduce the benefits of early detection. Improving laboratory turnaround times and streamlining communication between clinics and laboratories are crucial to enhancing the effectiveness of cervical cancer prevention efforts.
Acknowledgement: The clinical audit results were previously presented at the Global Public Health Summit, Colombo, July 2025.

PPA 09

An Audit of the Outcomes and Documentation of Selected Services Provided at Well-Women Clinics in a Suburban MOH Area, 2024.

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Introduction: Well Woman Clinics at MOH offices provide free preventive services, including cervical, breast cancer, and NCD screening. This clinical audit at the MOH Office, Homagama, evaluated services beyond cervical cancer screening by assessing less studied aspects such as Pap smear coverage, non-malignant cytology documentation, and breast and per-vaginal examination findings to identify service gaps and enhance the quality and preventive value of women's healthcare.
Objectives: To evaluate (i) the proportion and reasons for Pap smears not performed among registered women, (ii) documentation and reporting status of Pap results, (iii) causes of unsatisfactory smears, and (iv) the non-malignant abnormal smear findings and (v) clinical examination findings.
Method: A clinical audit was carried out using 2024 WWC registers from all 10 clinics under MOH Homagama. Data on registration, Pap smear performance, documentation, smear adequacy, examination findings and non-malignant abnormal smear findings were extracted and analyzed descriptively. The scope of the audit excludes malignancy-related Pap smear findings.
Results: Of 1,452 women registered, 168 (11.57%) had not undergone Pap smears. Reasons included menstruation (26.2%), pregnancy (15.5%), hysterectomy (13.1%), being unmarried (12.5%), done from private sector (11.3%), done at another government institution (8.3%), refusal (6.7%), done at another MOH area (4.8%), and technical difficulty (1.8%). All WWCs documented reasons for non-performance.
Of 1,284 Pap smears, 180 (14.01%) results were undocumented, with the highest proportions in Homagama (25.85%) and Godagama (23.15%) clinics.
A total of 27 smears (2.1%) were unsatisfactory, primarily due to blood contamination (29.6%) and inadequate samples (29.6%), with thick, air-dried, and inflammatory-contaminated smears each at 7%. This meets the national guideline target of ≤5% unsatisfactory smears.
Abnormal cytology (n=100) showed bacterial vaginosis (42%), non-specific inflammation (24%), specific inflammatory changes (18%), Gardnerella vaginalis (10%), candidiasis (4%), and atrophic smears (2%).
Per-vaginal examination revealed 31 abnormalities: cervical polyps (41.9%), cervicitis (22.6%), and others such as nodules, discharge, cysts, or prolapse. Breast abnormalities (n=42) included lumps (83.3%), discharge (9.5%), axillary lumps (4.8%), and nipple retraction (2.4%).
Conclusions: Cervical cytology coverage and documentation on nonperformance were satisfactory, though 14% of Pap reports remained undocumented, indicating gaps in result tracking. Smear adequacy met quality standards, showing good technical performance. Strengthening record-keeping, report follow-up, and staff supervision are recommended to improve screening quality and continuity of care.

PPA 10

Lost in Entry: Uncovering Gaps in Electronic Information Management System (EIMS) Data at the STD Clinic, Nuwara Eliya: A Clinical Audit

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Background: Accurate and complete data entry in the Electronic Information Management System (EIMS) is vital for effective patient management, follow-up, surveillance, and program evaluation under the National STD/AIDS Control Programme. Incomplete or inconsistent data can lead to poor patient care, inaccurate reporting, and missed opportunities for public health action. This audit aimed to evaluate the completeness of EIMS data entry and identify areas requiring improvement.

Methodology: A retrospective clinical audit was conducted at the STD Clinic, Nuwara Eliya. All new STD patient records with detailed questionnaires entered into EIMS between 1 July and 30 September 2025 were reviewed. Data were extracted from the doctor's entry point using a structured checklist developed from EIMS data fields. Data from all 122 eligible new cases (69 females and 53 males) entered by four clinicians during the study period were included in the analysis.
Results: The overall completeness of data entry was 43.3%, with males showing 43.8% (range 13.6–63.6%) and females 42.9% (range 17.1–59.2%). Only 8 of 66 male fields and 10 of 76 female fields achieved >90% completion. Among males, "Escort information" and "Gonorrhoea treatment failure noted" achieved 100% completion, while among females, "Escort information" and "Is patient symptomatic?" reached 100%. The medical history segment showed the highest completion (68.3% males, 67.1% females), whereas the management/follow-up segment had the lowest (20.3% and 19.6%, respectively).
For the predefined critical data fields that were expected to have 100% completion, male records achieved 72.5% completeness, while female records achieved 69.9%. Notably, male genital examination and ever had an HIV screening test fields had <20% completion. The sexual history component was also poorly documented, with completion rates ranging from 38% to 53%.
Although assessing data accuracy was beyond the scope of this audit, notable discrepancies and entry errors were observed.
Conclusion: The audit revealed suboptimal data completion within EIMS, with frequent omissions in key clinical and sexual history fields. Deficiencies in clinician training, inconsistent understanding of data importance, and inadequate supervision likely contribute to these gaps. Regular training, monitoring, and making certain EIMS questions "mandatory" are recommended to enhance data quality and optimize the utility of EIMS in clinical and public health decision-making.
Keywords: EIMS, Patient data, Data completeness, Health information systems, Data entry practices

PPA 11

Adherence to National Protocol for Post Exposure Prophylaxis Following Occupational HIV Exposure among Health Care Workers attending the Sexual Health Clinic at Base Hospital – Panadura; A Retrospective Clinical Audit

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Background: Occupational exposure to HIV remains a significant risk for healthcare workers. Post-exposure prophylaxis (PEP), if initiated promptly and appropriately, reduces the risk of HIV acquisition.
Objectives: To evaluate the adherence to national 'Protocol for HIV Post Exposure Prophylaxis' in the management of occupational PEP (OPEP) at Sexual Health Clinic, Base Hospital, Panadura.
Methods: A retrospective clinical audit was conducted using 89 occupational exposure incidents reported to the Sexual Health Clinic at Base Hospital – Panadura during 2023 and 2024.
Data was extracted from clinic records and the Electronic Information Management System (EIMS). Outcomes were assessed against the auditable standards of national 'Protocol for HIV Post Exposure Prophylaxis', 2022.
Results: Majority attended for PEP were females, 66.3% (n=59). Percutaneous injuries were the most common exposure type 92.5% (n=83), and blood was the predominantly exposed material (92%, n=82). Nursing officers and supporting staff were the most frequently affected. Eighty five percent (85%, n=75) performed immediate wound washing, although, inappropriate practices (squeezing, rubbing, strong antiseptic use) were documented in 15% (n=13). Details about the 'source' were documented in 51.3% (n=46) of the cases, and source patient was unidentifiable in 17.9% (n=16). Time from exposure to present at the Sexual Health Clinic for evaluation was <2hours in 17.5% (n=15), 2 hours to <12hours in 65% (n=58), and >2days in 7.5% (n=6), respectively. PEP was initiated only in two patients, and both the PEP prescriptions were fit within recommended indications; treatment was started within 24 hours of the exposure as well, and both have completed 4-week course of PEP. Follow-up HIV testing was completed in 80%(n=71) in 12 weeks, with no seroconversions reported. Hepatitis B vaccination status was documented in 67.5%(n=59), and antibody testing was performed only in 25%(n=22). Hepatitis C screening was rarely (2.2%, n=2) performed.

Conclusion: While baseline assessment and follow-up HIV testing were satisfactory, significant gaps were found in documentation, counseling, and hepatitis B immunization practices.
Recommendations: Staff training for both Sexual Health Clinic and other Health staff, improving documentation, improving evaluation and management facilities for Hepatitis B and C, and ensuring consistent implementation of the 'Protocol for HIV Post Exposure Prophylaxis' are recommended to improve occupational exposure management and healthcare worker safety.

PPA 12

Clinical audit: Evaluation of quality of care provided for patients with genital warts diagnosed in 2024 at STD Clinic, Ragama

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Introduction: Anogenital warts (AGW) caused by human papillomavirus (HPV) infection are one of the most frequent presentations in sexual health clinics. Proper diagnosis, adherence to standard treatment protocols, and the provision of patient-centered education are essential for optimal outcomes. National guidelines are adopted from the British Association for Sexual Health and HIV (BASHH, 2024); therefore, outcomes from BASHH were taken as auditable standards for AGW management.
Objective: To evaluate the quality of care provided for AGW patients, against the recommended standard practice by the BASHH (2024) and National guidelines, among patients diagnosed at the STD Clinic, Ragama, in 2024.
Methodology: This study was conducted among newly diagnosed AGW patients who attended the STD Clinic, Ragama, from January to December 2024. All newly diagnosed 102 patients were selected. An audit questionnaire was developed by the audit team based on BASHH outcomes. Anonymized data were extracted from patient notes and the EIMS database. Data analysis was done with SPSS. Data was presented to the staff at STD clinic Ragama.
Results: There were a total of 102 patients newly diagnosed with AGW in 2024 at the STD clinic, Ragama. Mean age was 34 years, and 59% (60) were males. Of the 97 treated cases, 76% (74) were managed according to the treatment protocol, and 25% were not managed due to unknown reasons. TCA (65%, 63) was the most common first-line therapy; 32 (33%) received cryotherapy, and only 19% (6) responded to cryotherapy within four weeks. Among female patients, 91% (31) were offered speculum examinations when indicated, 17% (7) had undergone Pap smear testing, and of those, 85% (6) had traceable Pap smear results. No proctoscopy was documented. Risk reduction information was provided to 44%(45) of patients, while 8% (2) received smoking cessation advice. Treatment response was documented in 64% (62). Complete clearance after first-line therapy occurred in 47% (62), and recurrence was noted in 9% (5).
Conclusion: Most patients received care aligned with recommended protocols, but documentation of counselling and proctoscopy examination requires improvement. Strengthening patient education, multidisciplinary support, follow-up documentation, and adding measurable outcomes to national guidelines are recommended. A re-audit in two years is recommended to assess improvement following retraining.

PPA 13

Clinical Audit on Cervical Cancer Screening at Base Hospital, Kiribathgoda

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Introduction: Cervical cancer remains one of the most common gynecological malignancies in Sri Lanka and a leading cause of cancer-related deaths among women. Despite effective preventive measures such as HPV vaccination and screening, the uptake of Pap smear testing in primary care remains suboptimal.
Objectives: To assess cervical cancer screening rates among women attending the Family Medicine Clinic at Base Hospital, Kiribathgoda, identify gaps between practice and national guidelines, and implement interventions to improve screening uptake.
Method: A two-cycle clinical audit was conducted among 100 women aged 35–65 years attending the Family Medicine Clinic in May 2024, selected through consecutive sampling. Participants were stratified into two age

groups: 35–44 years (60%) and 45–65 years (40%). Data were collected using an interviewer-administered questionnaire assessing Pap smear history. Interventions included distributing educational leaflets from the National Cancer Prevention Centre, displaying posters, and conducting health talks three times a week for one month. The second cycle was conducted in October 2024 in 100 women sample.

Results: In the first cycle, 65% of women aged 35–44 years and 54% of women aged 45–65 years had never undergone a Pap smear. Only 35% of the younger group and 33% of the older group had one prior screening, while 13% of the older women had two Pap smears and none in the younger group had two.

Following the implementation of interventions, the second cycle demonstrated a marked improvement in the 35–44 age group, as the proportion who had never been screened declined to 41%, while those with one Pap smear increased to 56%, and two Pap smears rose to 5%.

However, in the 45–65 age group, women who had never undergone screening increased from 54% to 68%, while those with one smear declined from 33% to 25%, and two smears rose slightly from 13% to 7%.

Conclusions: The interventions markedly improved screening uptake among women aged 35–44 years but were not effective in the older 45–65 age group, where screening rates further declined after the intervention. This highlights the need for age-specific strategies, including tailored health education, personalised reminders, and targeted community outreach to address barriers faced by older women. Strengthening these approaches is essential for achieving national and WHO cervical cancer elimination goals.

Keywords: Cervical cancer, Screening, Pap smear, Clinical audit, Primary care, Sri Lanka

PPA 14

Evaluation of quality of syphilis care at a regional clinic: A BASHH auditable outcomes assessment

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Introduction : Syphilis remains an important sexually transmitted infection with significant individual and public health implications. Effective management of syphilis also contributes to preventing onward transmission through appropriate diagnosis, treatment, and partner notification.

Objective: To evaluate the quality of care provided for syphilis patients diagnosed at the STD Clinic, Ragama from 1st January to 31st December 2024 against the BASHH guidelines for the management of syphilis 2024-auditable outcomes, as local STD management guideline (2019) is adapted from BASHH, but not have auditable outcomes.

Methods: Data from all patients diagnosed with syphilis at STD Clinic, Ragama from January–December 2024 were collected using a structured tool from clinic records. Data analyzed using descriptive statistics. Audit indicators were summarized as proportions and percentages.

Results: A total of 68 cases were diagnosed with syphilis during 2024 and of them 69% were males and 31% were females. The median age was 34 years and 26 patients (38%) belonged to 15-29 age group. Men who have sex with men (MSM) comprised 45% (n=31) and 6% (n=4) were sex workers. Among patients, 43% (n=29) had early syphilis, 1 congenital syphilis and 2 patients presented with ocular signs were treated as neurosyphilis.

Of all patients, 88% (n=60) had fully adhered to the treatment and 82%(n=56) had pretreatment VDRL sent on the same day of treatment. Only 50% (n=34) attended VDRL at 3 months of follow up and only 29% (n= 20) came for follow up VDRL at 6 months. Contact tracing advice was documented only in 53% (n= 36) of clinic records. Contact tracing was attempted in 32% (n= 22) of all cases. Out of the contacts traced, evidence of screening was available on 12 contacts. All (n=68) patients had HIV testing done.

Conclusions: All auditable outcomes were well below the expected levels at STD clinic Ragama in the year 2024, especially in relation to contact tracing and patient follow up. The reason for poor auditable outcomes in syphilis management could be due to having new and untrained medical officers, unavailability of a proper defaulter tracing protocol and lack of motivation and training for contact tracing. Contact linking could also improve to visualize the outcomes better.

PPA 15

Management of non-gonococcal urethritis among male patients at the STD clinic- Kalubowila, Sri Lanka; a clinical audit

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Introduction: Male urethritis is inflammation of the urethra, most often due to sexually transmitted infections. It is classified as gonococcal urethritis from Neisseria gonorrhoeae or non-gonococcal urethritis (NGU) when caused by other organisms. NGU is the most common STI in Sri Lanka, with 3,139 reported cases in 2023, accounting for 27% of all STIs. Common causes include Chlamydia trachomatis, Mycoplasma genitalium, viruses such as adenovirus and HSV, and bacteria linked to bacterial vaginosis. Diagnosis relies on symptoms, microscopy, and pathogen identification. Appropriate management and follow-up are crucial to prevent complications. This audit evaluated NGU management at the Kalubowila STD clinic.

Objectives: The study aimed to audit NGU management at the Kalubowila STD clinic against National STD guidelines to improve patient care. Key audit questions included documentation of clinical features, diagnostic and screening tests, adherence to treatment regimens, provision of counselling, follow-up review, contact tracing, and defaulter tracing among patients diagnosed with NGU.

Methodology: Case records of all male NGU patients from 1st of January to 31st of December 2024, were reviewed, totalling 85 records audited for analysis.

Results: Most patients were unmarried (58%), and 40% were aged 25–34 years. Clinical features were documented in 98% of case records, and urethral smears were performed in 94.3%. First-pass urine deposits were examined for Gram stain in 75%, while gonococcal culture was done in 90% to rule out gonococcal infection. All patients (100%) were screened for HIV and syphilis using recommended tests. The majority (93%) received the first-line regimen (doxycycline), with others given recommended alternatives for valid reasons. Counselling on safe sexual practices was documented in 91%. Partner tracing was attempted in all cases, but partner treatment was achieved in 69%. Follow-up attendance was 71%, though defaulter tracing remained poor as non-attendees were not followed up.

Conclusions: Clinical features were documented in almost all the patient records, and all were screened for other STIs. The diagnosis of the NGU was satisfactory, while all were treated according to the national STI guidelines. Though the counselling was good, the defaulter tracing has been poor and needs to be improved.

Poster presentations - Case reports

PPC 01

A rare case of penile calciphylaxis in an end stage kidney disease patient on continuous ambulatory peritoneal dialysis.

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Introduction: Calciphylaxis is a rare but a devastating condition predominantly affecting patients with end-stage kidney disease (ESKD), characterized by calcification of small to medium-sized cutaneous arteries, leading to ischemia, painful skin necrosis, and high mortality. Penile calciphylaxis is an exceptionally rare manifestation with a poor prognosis.

Case report: We report a case of a 53-year-old male with type 2 diabetes mellitus, hypertension, and End stage kidney disease(ESKD), on continuous ambulatory peritoneal dialysis (CAPD) who presented to the surgical casualty ward with a necrotic foot ulcer and cellulitis. On day 2 of admission he developed a painful penile ulcer . On examination, the penile ulcer was shallow, tender, and irregularly marginated, with a pale base surrounded by an erythematous area. Laboratory investigations revealed an elevated C-reactive protein of 286 mg/L, markedly elevated serum creatinine(13.37 mg/dL), hyponatremia, hypocalcemia, hyperphosphatemia (6.2 mg/dL) and poor blood sugar control. Microbiological examinations of ulcer material, including dark ground microscopy, Gram stain, and KOH smear, and , swab culture were all negative. The penile Doppler ultrasonography revealed penile arteriolar calcifications with absent distal blood flow, proposing a diagnosis of calciphylaxis. Despite broad-spectrum antibiotics and wound management, the patient succumbed to severe sepsis shortly after diagnosis.

Discussion: Calciphylaxis arises from complex dysregulation of mineral metabolism in ESKD, leading to medial calcification of arterioles, endothelial dysfunction, intimal proliferation, and thrombosis. This vascular compromise results in tissue ischemia and necrosis. Definitive diagnosis is made with skin biopsy. Since this patient had restricted blood supply to the glans penis, biopsy was not done. Hence, the diagnosis was made with ultrasonography. Management is mainly suppottive, with normalizing calcium and phosphate levels, withholding vitamin D analogues, careful control of blood sugar levels and adequate dialysis along with wound care and antibiotics to cover infection and sepsis can improve survival. Sodium Thiosulfate is an off-label therapy. It is essential to ensure effective pain management, as this condition is often extremely painful.

Conclusion : This case highlights the importance of early recognition of penile calciphylaxis in dialysis patients presenting with painful penile ulcers. We review diagnostic challenges and emerging treatment options, highlighting the need for multidisciplinary approaches to improve outcomes.

PPC 02

A case of disseminated gonococcal infection: An uncommon manifestation of a common pathogen

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Introduction: Disseminated gonococcal infection (DGI), the commonest systemic complication of gonorrhoea, typically, is a consequence of delayed diagnosis or inadequate treatment of primary infection. Estimated prevalence is 0.5%-3% among untreated gonorrhoea cases. In Sri-Lanka, between 2022-2023 reported gonorrhoea cases number have increased by 50%. This upward trend seems to continue suggesting potential rise in DGI cases.

Case Report: A 28-year-old male, presented with purulent urethral discharge was diagnosed with smear-positive, culture negative urethral gonorrhoeae and was treated with oral cefixime and azithromycin. A week later, urethral discharge was resolved, but painless, pustular lesions had developed over trunk. Examination revealed multiple (10–15), discrete, non-tender pustules, 1–2cm in diameter, asymmetrically distributed over the trunk with no joint swelling. Gram-stained smear from pustules showed intracellular (IC) and extracellular (EC) gram-negative diplococci (GNDC). Culture on Modified Thayer Martin Agar was negative. Presumptively

diagnosed DGI was treated per national STI management guideline. Dermatitis resolved completely with treatment. His HIV, syphilis and hepatitis B tests were negative but hepatitis C was positive, hence, referred for further care. Attempted partner tracing was unsuccessful.

Discussion: DGI diagnosis can be challenging due to varying clinical and laboratory findings. "Classical triad" include dermatitis, tenosynovitis, arthralgia or arthritis. However, our patient presented only with dermatitis. This could have easily led to misdiagnosis if initial uro-genital features were absent. ICGNDC in smear was pivotal as culture was negative possibly due to Vancomycin in selective media, which can inhibit DGI producing strains. Hence, Lincomycin containing media is preferable. However, there can be false-positive smears due to other *Neisseria* species. To confirm diagnosis, gonococcal NAAT was not available. Gonococci are resistant to many antibiotics. Although, antibiotic sensitivity testing (ABST) was not possible ceftriaxone remains as recommended treatment for DGI. Patient responded well. With rising gonorrhoea incidence and antimicrobial resistance, increased clinical vigilance for DGI is essential.

Conclusions: This case highlights diagnostic and therapeutic challenges for DGI specially in resource limited settings. Atypical presentations, diagnostic facility deficiencies and clinicians' poor knowledge delay DGI diagnosis and treatment. Low-diagnostic threshold, robust history, awareness on presentation diversity, advanced diagnostic facility availability (urine-based PCR, skin biopsy) minimize misdiagnosis. Strengthening ABST, effective partner notification and national surveillance are essential to combat DGI threat.

PPC 03

Advanced HIV with Tuberculosis, Syphilis, and Progressive Multifocal Leukoencephalopathy: A Complex Case with Full Recovery

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Introduction: Advanced HIV entails profound immunosuppression, increasing susceptibility to concurrent opportunistic infections such as tuberculosis (TB) and progressive multifocal leukoencephalopathy (PML), which often present atypically when CD4 counts fall below 100 cells/mm³. Prompt recognition and integrated management are essential to optimize patient outcomes.

Case Presentation: A 36-year-old unmarried male with a history of drug use presented with chronic cough, night sweats, anorexia, severe headache, speech difficulties and altered mental state. Sputum analysis confirmed acid-fast bacilli-positive, pulmonary tuberculosis without rifampicin resistance. HIV was confirmed with a CD4 count of 94 cells/mm³ and a viral load of 5200 copies/ml. Cerebrospinal fluid (CSF) analysis favored TB meningitis with lymphocytic predominance, elevated protein (216 mg/dL), and low glucose (27.2 mg/dL), despite a negative GeneXpert test. CT scan of the brain showed diffuse white matter changes in the bilateral frontal lobes and left temporal lobe, while CT scan of the chest revealed bilateral cavitary lung lesions. CT and ultrasound also demonstrated extensive mattered intra-abdominal lymphadenopathy. Clinical management was guided by a working diagnosis of disseminated TB with PML.

ART was initiated later, after starting anti-TB therapy to mitigate the possible risk of immune reconstitution inflammatory syndrome. After 6 weeks, anti-TB therapy (ATT) was temporarily halted due to drug-induced hepatitis, and it was managed with corticosteroids. ATT was gradually re-introduced later.

Serological testing confirmed syphilis, which was treated appropriately. Hepatitis B and C were negative. Anemia management required multiple transfusions, complicated by transfusion reactions.

Discussion: Disseminated tuberculosis (TB) in advanced HIV is marked by widespread mycobacterial dissemination due to impaired cellular immunity. Anti-TB agents, particularly isoniazid, rifampicin, and pyrazinamide, may induce hepatotoxicity, necessitating interruption and cautious reintroduction of therapy with regular hepatic monitoring. Corticosteroids may be considered in severe anti-TB drug-induced hepatitis to reduce hepatic inflammation and improve outcomes. PML is managed primarily via antiretroviral therapy to restore immune function. Co-existence of CNS TB and PML presents diagnostic challenges; CSF may reveal lymphocytic pleocytosis, elevated protein, and reduced glucose in TB, with PML showing normal or mildly elevated protein sand JC virus DNA on PCR.

Conclusion: Despite the advanced stage of HIV and delayed diagnosis, the patient achieved full clinical recovery and successfully returned to work after comprehensive treatment and rehabilitation.

Keywords: Advanced HIV, Tuberculosis, Syphilis, Progressive Multifocal Leukoencephalopathy, Opportunistic Infections, ART, Clinical Recovery

PPC 04

Manual separation of labial adhesions under local anaesthesia following primary genital HSV infection: Importance of early recognition

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Introduction: Herpes Simplex Virus (HSV) infection is the leading cause of genital ulcer disease globally. Labial adhesion is well-documented among prepubertal girls, but its occurrence in sexually mature women following HSV infection is rare and has only been sparsely reported in the literature. To our knowledge, no prior case reports detail the successful manual separation of such adhesions in an adult secondary to HSV. We highlight the importance of high-index suspicion and early follow-up to prevent the need for formal surgical intervention.
Case Report: A 25-year-old mother presented to the sexual health clinic with a six-day history of extensive, painful genital ulcers following a recent unprotected sexual encounter. The clinical presentation and microscopy examination was supportive of genital HSV and the patient was treated with oral Acyclovir 400mg 8 hourly for 5 days, and advised on local measures, including salt-water sitz baths. At the follow-up visit on day 3, despite healing ulcers, the patient reported difficulty of urination. Examination revealed complete labial adhesion obscuring both the urethral and vaginal orifices. The adhesion was successfully separated manually after the application of 2% lignocaine gel for local anaesthesia. The separation was achieved using gentle, controlled pressure and resulted in the preservation of normal anatomy without active bleeding or complications. Serological confirmation of primary infection was supported by negative HSV IgG and positive HSV-2 IgM; the remainder of the STI screening was negative.
Discussion: This case highlights that severe primary genital HSV infection may result in labial adhesions in adults, likely due to massive inflammatory tissue destruction and subsequent secondary healing in the absence of adequate local hygiene. Follow-up within 72 hours of initial presentation proved crucial for early diagnosis. Manual separation under local anaesthesia which required minimal resources provided a quick, cost-effective alternative to surgical correction.
Conclusion: Labial adhesion is a rare but debilitating complication of primary genital HSV infection in adults, and it is important to review early and assess for local com plications. Where adhesions do form, timely recognition can lead to prompt action like manual separation.
Keywords: HSV, labial adhesions

PPC 05

Beyond the Usual Suspects: A 'Simple' Vulval Ulcer Revealing Underlying Squamous Cell Carcinoma of Vulva in a Peripheral STD Clinic

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Introduction: Vulval ulcers are a common presentation in STD clinics and are frequently investigated for sexually transmitted infections like herpes and syphilis. However, ulcers with chronic nature, persisting despite treatment warrant a broader diagnostic approach even in resource-limited setting. This case report highlights the importance of clinical suspicion on often overlooked and delayed diagnosis; vulval carcinoma.
Case Report: A 59-year-old female presented with history of painful vulval ulcers of 1-year duration. She had no past history of vulval ulcers and there was no history of oral or peri anal ulcers, abnormal vaginal discharge, genital lumps especially in inguinal area. She was sexually active and having monogamous relationship with her husband.
Examination revealed, tender ulceroproliferative lesion on left labia majora extending up to introitus. The ulcer had everted, irregular borders and hard indurated base. The base was nodular with granulation tissue, areas of necrosis, and seropurulent discharge. There were no palpable inguinal lymph nodes.
Samples obtained from ulcers were negative for multinuclear giant cells and *Treponema pallidum*. There was no serological evidence of HIV or syphilis. Wide local excision of ulcer was performed and histology of ulcer confirmed invasive moderately differentiated squamous cell carcinoma. Subsequent contrast enhanced CT scan of chest, abdomen and pelvis revealed no residuals and distant metastasis but revealed few enhancing bilateral

inguinal lymph nodes. Therefore, the patient underwent inguinal lymph node dissection and was scheduled for close follow-up.
Discussion: Vulval squamous cell carcinomas can present as chronic vulval ulcers. The classic clinical signs of hard, irregular ulcer with necrotic areas and prolong history were important clues in the possible diagnosis. Absence of palpable lymph nodes provide false reassurance in relation to considering differential diagnosis of malignancy. A high index of suspicion and a low threshold for biopsy are the most crucial tools for early detection of vulval cancers.
Conclusion: This report highlights the importance of considering the vulval cancer in the differential diagnosis of any non-healing vulval ulcer, and early biopsy is essential to avoid delays in diagnosis and treatment.
Keywords: vulval ulcer, squamous cell carcinoma

PPC 06

Paradoxical Pneumocystis Jirovecii Pneumonia- Associated Immune Reconstitution Inflammatory Syndrome in Advanced HIV: A Case Report

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Introduction: Pneumocystis jirovecii pneumonia (PJP) is one of the most common opportunistic infections in individuals with advanced HIV disease, particularly when CD4 counts fall below 200 cells/µl. It often presents with respiratory symptoms, fever, and weight loss, and if left untreated, can lead to significant morbidity and mortality. Although rare, initiation of antiretroviral therapy (ART) may trigger PJP associated immune reconstitution inflammatory syndrome (IRIS). This case report describes the clinical course of a diagnosed patient with HIV, PJP and highlights the impact of IRIS on disease management.
Case Report: A 33-year-old male presented with a five-day history of fever, shortness of breath, chest tightness, oral thrush, and weight loss over two months. Investigations revealed HIV infection with a viral load of 1,520,000 copies/ml and CD4 count of 44 cells/µl. Chest X-ray and High-resolution computed tomography showed diffuse interstitial infiltrates and ground-glass opacities suggestive of PJP. Tuberculosis was excluded. He was started on oral Cotrimoxazole (1440 mg tds) with tapering prednisolone. Initial improvement was observed, but on day 10 he developed hyperkalemia and hyponatremia, attributed to Cotrimoxazole. Treatment was switched to intravenous Clindamycin and oral Primaquine. After electrolyte correction, ART (TDF + 3TC + DTG) was initiated on day 11. The patient was discharged on day 15. Four days later, he was readmitted with fever, dyspnea, and hypoxia (SpO_2 86%). High resolution computer tomography showed worsening PJP, and CD4 count had risen to 209 cells/µl, suggesting paradoxical IRIS. Prednisolone 40 mg twice daily was restarted for seven days, resulting in rapid improvement.
Discussion: This case highlights the diagnostic and therapeutic challenges in managing PJP in advanced HIV. The patient diagnosed with PJP under severe immunosuppression initially received Cotrimoxazole the preferred therapy but required switch to Clindamycin and Primaquine due to adverse drug reaction. The patient's clinical deterioration following ART initiation indicated paradoxical PJP- IRIS, supported by the rapid CD4 rise. Prompt diagnosis and corticosteroid therapy successfully controlled inflammation and facilitated quick recovery.
Conclusion: This case emphasizes the importance of early recognition and comprehensive management of PJP IRIS in advanced HIV. Though rare, clinicians should be vigilant about paradoxical PJP IRIS. Early recognition, appropriate use of corticosteroid can mitigate inflammation, prevent further deterioration, and improve patient outcome.
Keywords: HIV/AIDS; Pneumocystis jirovecii pneumonia (PJP); Immune reconstitution inflammatory syndrome (IRIS); Antiretroviral therapy (ART)

PPC 07

Syphilitic Hepatitis in a Newly Diagnosed HIV-Positive Male: A Case Report

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Introduction: Treponema pallidum infection can involve multiple organs, including the liver, where it causes syphilitic hepatitis, a rare but reversible complication of secondary syphilis. In Sri Lanka, syphilis cases have

increased from 666 in 2021 to 1383 in 2023, with a marked rise among males aged 15–49 years. Similar trends are reported globally, particularly among men who have sex with men (MSM). Clinicians should therefore consider syphilis as a differential diagnosis in unexplained hepatitis among young males.

Case Report: A 33-year-old unmarried male presented to the sexual health clinic with a painless penile ulcer and non-itchy rashes on the scrotum and palms of 10 days' duration. He reported unprotected sexual intercourse with multiple male partners and inhalational drug use but denied alcohol or hepatotoxic drug use. Examination revealed macular scaly lesions on the genitalia, a non-tender, indurated penile ulcer, and bilateral firm inguinal lymphadenopathy.

Serology was positive for syphilis with VDRL titre of R 64, TPPA, and HIV. Liver enzymes were markedly elevated—AST 226 U/L, ALT 407 U/L, with disproportionately high ALP 1616 U/L—with normal renal function and negative Hepatitis B and C markers. He was diagnosed with secondary syphilis and treated with intramuscular benzathine penicillin 2.4 million units. Liver enzymes normalized within two weeks, confirming syphilitic hepatitis. Antiretroviral therapy was initiated subsequently.

Discussion: Syphilitic hepatitis, though uncommon, is increasingly recognized, especially among HIV-positive MSM. The condition typically presents with elevated ALP and mild elevations of transaminases, consistent with a cholestatic pattern. Diagnosis relies on abnormal liver function tests, positive syphilis serology, exclusion of other liver diseases, and normalization of enzymes after antibiotic therapy. Liver biopsy is rarely required, as histological findings are nonspecific. This patient met all diagnostic criteria and demonstrated complete biochemical recovery after penicillin treatment.

Conclusion: Syphilis infection is rising in Sri Lanka, especially among young males. As hepatitis is a known complication of secondary syphilis, it should be considered as a possible cause for hepatitis, particularly among young males. In suspicious cases, obtaining a sexual history may be beneficial. Early diagnosis and adequate treatment would lead to complete recovery.

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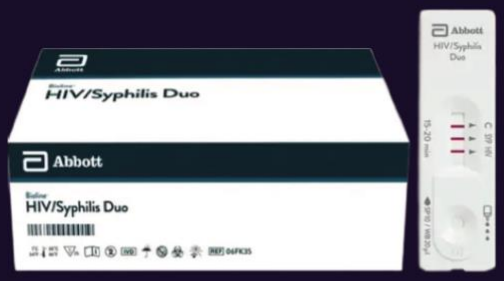

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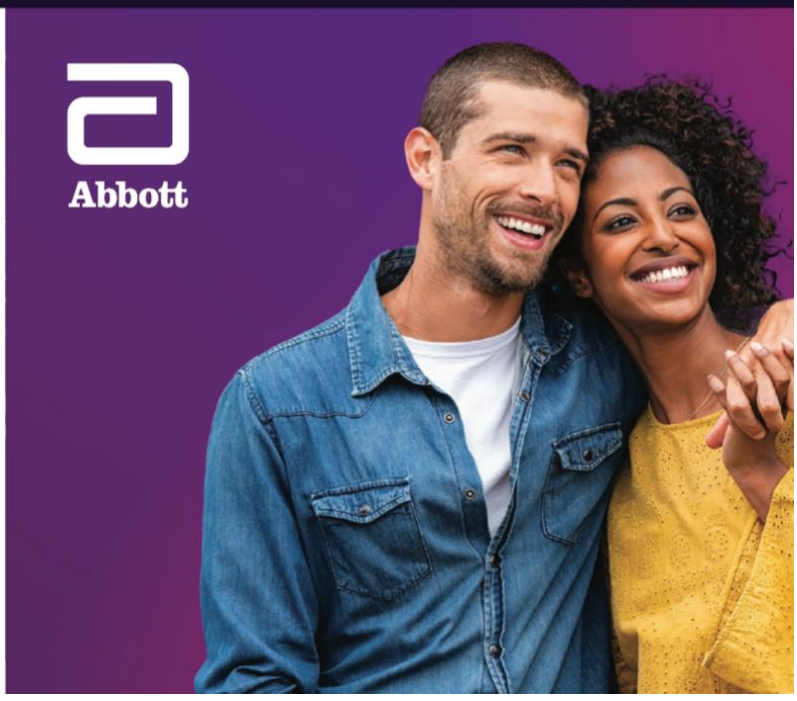

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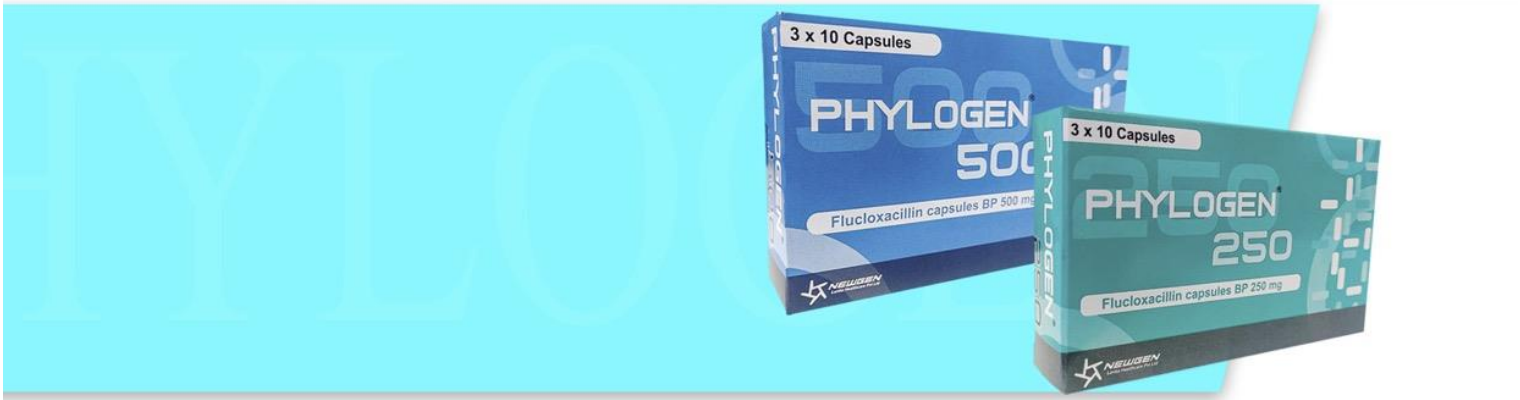

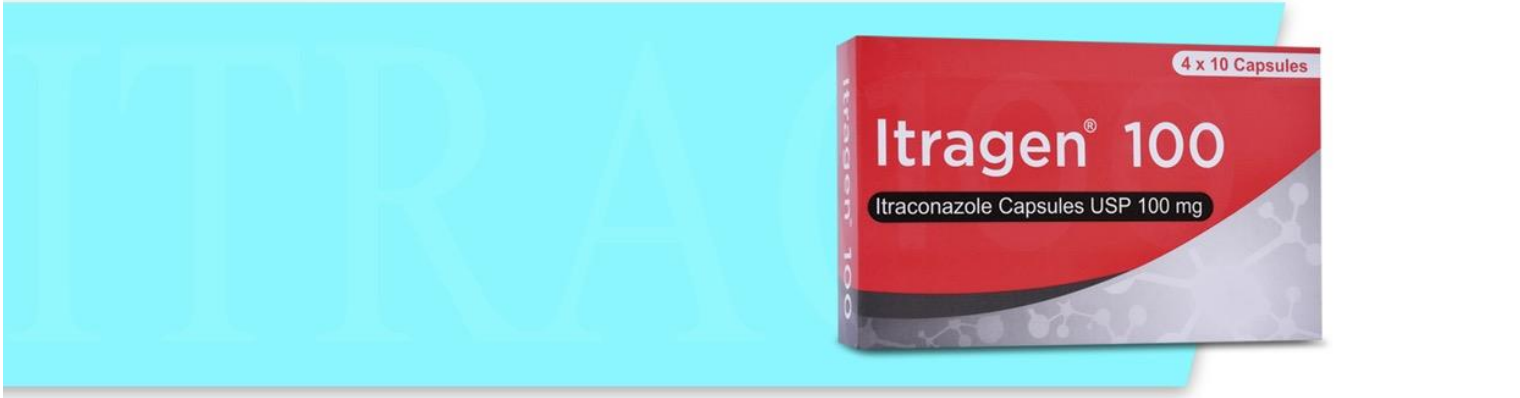

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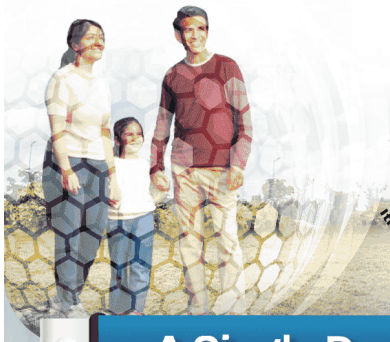

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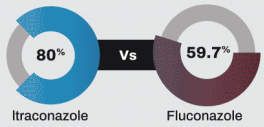

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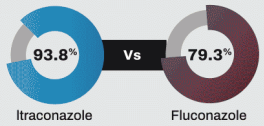

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Hepatic effects: Caution should be exercised when the drug is administered in this patient population. It is recommended that patients with impaired hepatic function be carefully monitored when taking itraconazole. Renal impairment. Caution should be exercised when this drug is administered in this patient population and adjusting the dose may be considered. Immunocompromised patients: The oral bioavailability of SPORANOX capsules may be decreased. Patients with immediately life-threatening systemic fungal infections: SPORANOX capsules are not recommended for initiation of treatment in patients with immediately life-threatening systemic fungal infections. Patients with AIDS: Tresting physician should evaluate the need for a maintenance trestment. Cystic fibrosis If a patient does not respond to SPORANOX capsules, consideration should be given to switching to alternative therapy. Cross-hypersensitivity: Caution should be used in prescribing SPORANOX capsules to patients with hypersensitivity to other azoles. Neuro Neuropathy: If neuropathy occurs that may be attributable to SPORANOX capsules, the treatment ent should be discontinued. Hearing loss. Transient or permanent hearing loss has been reported in patients receiving treatment with itraconazole. Cross-resistance: It is recommended to have their sensitivity tested before the start of itraconazole therapy. Interchangeability. It is not recommended that SPORANOX capsules and SPORANOX oral solution be used interchangeably. Interactions: Itraconazole is mainly metsbolized through CYP3A4. Other substances that either share this metabolic pathway or modify CYP3A4 activity may influence the pharmacokinetics of itraconazole. Pregnancy, lactation and Fertility: Sporanox" must not be used during pregnancy except for life-threatening cases where the potential benefit to the mother outweighs the potential harm to the fetus. The expected benefits of SPORANOX capsules therapy should therefore be weighed against the potential risk of breast-feeding Highly effective contraception should be continued until the menstrual period following the end of SPORANOX therapy. Effects on Ability to Drive and Use Machines: Possibility of adverse reactions such as dizziness, visual disturbances and hearing loss, which may occur in some matances, must be taken into account. Adverse Reactions: Adverse drug reactions frequently reported with Sporanox" include beadache, nausea and abdominal pain. Overdose: In the event of accidental overdose, supportive messures should be employed. Itraconazole caunot be resnoved by hemodialysis, no specific antidote is available. Version: Based on Company Core Data Sheet (CCDS) dated 21 Mar 2022 "Registered Trade Mark.

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Tadalafil Onset 30-45 minutes	Duration 24-36 hrs

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Dosage:
20 minutes before sexual activity

Tadafil in the treatment of erectile dysfunction, bipolt M. Coward et al. Ther Clin Risk Manag. 2008 Dec; 4(6): 1315380

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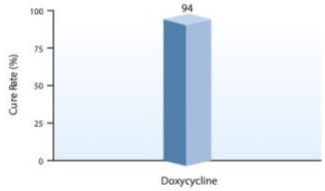
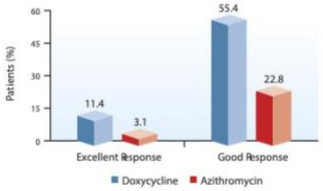


Better option over Azithromycin in acne vulgaris (age group 14 years & above)



Usual Adult Dose:

- Initial dose: 200 mg orally on the first day given in 2 or 4 divided doses
- Maintenance dose: 100 mg orally per day given once a day or in 2 divided doses
- More severe infections: 100 mg orally every 12 hours

1. Acta Obstet Gynecol Scand. 1978; 57(2): 137-9
2. J Ayub Med Coll Abbottabad. 2014; 26(1): 64-7 PID: Pelvic Inflammatory Disease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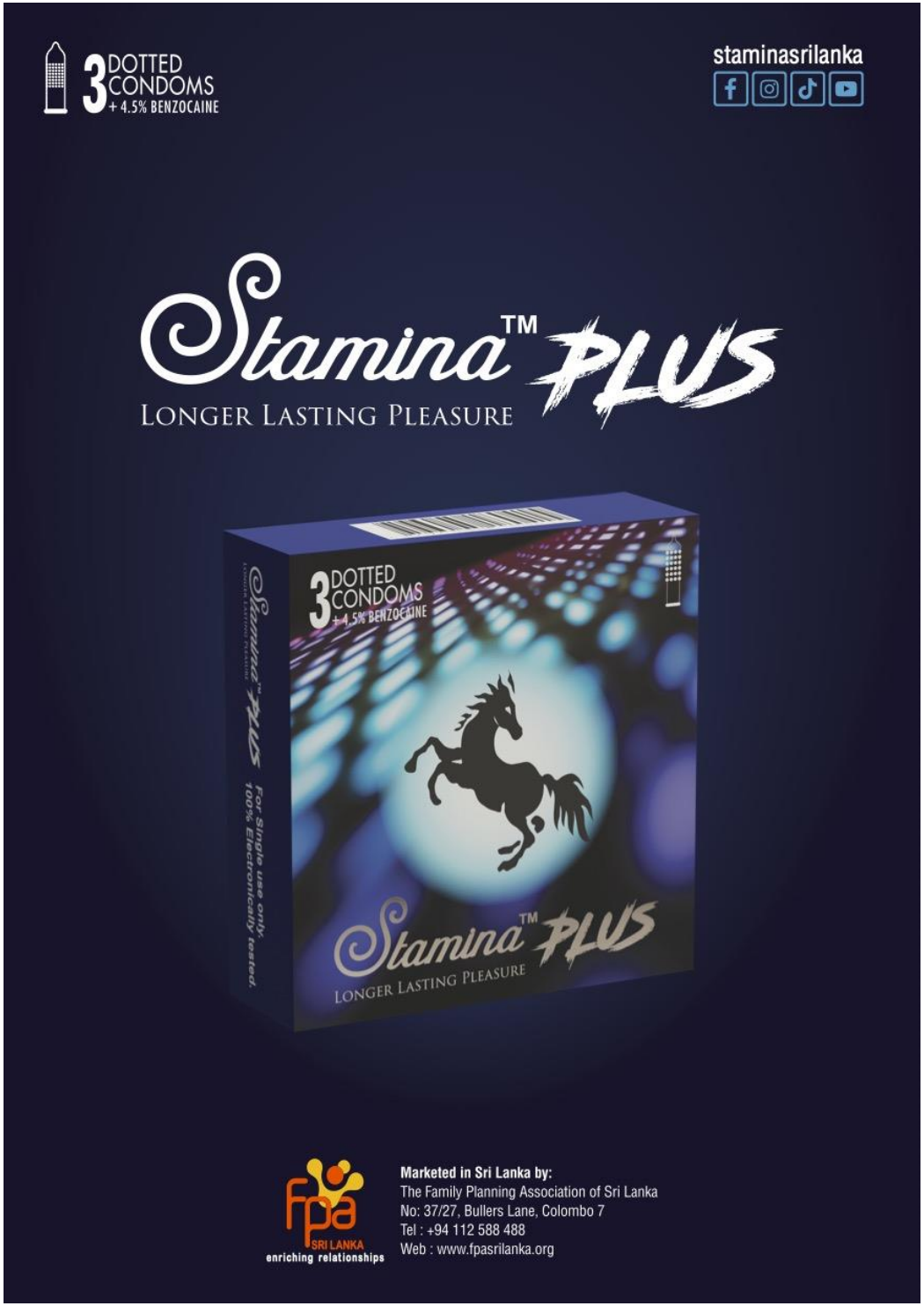
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