

ABSTRACT

Sexually Transmitted Diseases (S.T.D.s) are important public health problems through out the world. The main approaches in the S.T.D. control programmes include early detection of disease and effective management of those infected. This study was aimed at assessing the characteristics of those found 'positive' in the routine screening procedures adopted in the control programme in Sri Lanka as well as attempting to validate the screening procedures themselves by studying the validity of the screening tests used and by assessing coverage.

The methodology included a clinic based study, a field study and an attempt to assess the feasibility of introducing an alternative screening test.

The findings indicate that the prevalence of syphilis varied from 1% in pregnant women to 23% in persons attending a S.T.D. clinic. Higher proportions of 'seropositives' for syphilis were those below 30 years of age, with a poor educational background, unemployed or employed in occupations with low monthly wages and not using any contraception. Homosexuals and promiscuous heterosexuals were also found to be at risk for syphilis.

The screening test used was the Venereal Diseases Research Laboratory (VDRL) test which was found to be of decreased sensitivity in the low prevalence populations, and in persons with late syphilis. Reproducibility of the VDRL test was found to be satisfactory. The assessment of the feasibility of introducing a more sensitive test ( the TPHA ) to the routine screening procedure indicated that it may not be feasible at present due to financial constraints.

The prevalence of gonorrhoea in persons attending S.T.D. clinics was 20.6%. Of this, 33% were penicillinase producing *Neisseriae gonorrhoeae* (PPNG) infections. There was a male preponderance noted among those with gonorrhoea. No difference was observed between sexes in the proportion of PPNG. Socio - demographic characteristics of persons with gonorrhoea were similar to those found 'seropositive' for syphilis, but homosexuality did not emerge as a risk factor.

The gram stain smear test used in screening for gonorrhoea was found to be a test of low sensitivity in females but of high specificity. Repeatability of the gram stain smear was satisfactory. Poor specimen collection, inadequate staining and lack of expertise of the

microscopists reading the slides were probably the reasons for the low sensitivity recorded in this study.

Antenatal VDRL screening coverage was shown to be low, both in respect of the number of institutions which carry out screening as well as the proportion of mothers being screened. The current level of antenatal VDRL screening could be greatly improved by the provision of inexpensive logistics support and improved motivation of health personnel.

This study identified characteristics of persons at risk for syphilis and gonorrhoea, the methods of improving the usefulness of screening tests that are routinely used, the need for consideration of alternative screening tests for special groups, and the approaches that need to be considered to improve existing national level screening programmes. Utilization of these findings are likely to have an impact on the control of S.T.D. in Sri Lanka.