



MOBILE TEAM: AN ALTERNATIVE OUTREACH METHODOLOGY FOR SEXUALLY TRANSMITTED INFECTIONS SCREENING AND TREATMENT OF FEMALE SEX WORKERS.

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Introduction

Female sex workers constitute a core group that plays an important role in transmission of STI to the general population through their clients, and it has been demonstrated that STI preventive interventions targeted to them are among the most cost-effective.

An important limitation to effectively deliver preventive and clinical STI services is the limited access of FSW to them. Some conditioners of access to STI services, in addition to economical ones, are fear of stigmatism and discrimination.

Previous approaches to deliver STI services to FSW in the same sex venue have been restricted because of unavailability of STI rapid test with acceptable performance or because of the need of cervical samples, which are not easy to collect in the field.

Currently, a wide range of STI rapid tests are available, and it has been demonstrated that self-collected vaginal samples perform as well as cervical samples when used for diagnosing *Chlamydia trachomatis* (Ct) and *Neisseria gonorrhoeae* (Ng) by PCR techniques.

Objective

To test the performance and acceptability of one outreach methodology for STI screening and treatment of female sex workers, which will be used in the Urban Community Randomization Trial of STI Prevention in Peru.

Methods

A mobile team consisting of a nurse and a peer field worker visited sex work settings (SWS) at Huacho city offering STI screening and presumptive treatment with metronidazole (MTZ) 2 gr.

Self-administered vaginal swabs were collected for *C. trachomatis* and *N. gonorrhoeae* PCR, *Trichomonas vaginalis* (Tv) InPouch® cultures, and slides for Gram stain.

Results and additional treatment when necessary were delivered during a second visit in the following

Results

- Thirteen SWS were visited in 8 weeks.
- Out of 108 FSW approached, 107 consented to participate and provided vaginal swabs
- One hundred and two participants received MTZ. One was not offered MTZ because of pregnancy and only 4 refused to take it.
- Ct, Ng or Tv was diagnosed in 32 (30%) participants
- Ct, Ng, Tv or BV in 50 (47%)
- During the second visit, the team could re-contact 82%, 48%, 60%, and 57% of the participants in bars, street venues, hotels, and brothels respectively.
- One out of 6 Ct and 9 out of 20 Ng PCR positive participants did not receive treatment in the second visit because they were not re-contacted.
- Forty one out of 72 re-contacted participants (57%) recalled some symptoms attributed to MTZ occurring during the 48 hours following intake, but mostly mild.
- All FSW who suffered any adverse event related to MTZ stated they will take it again.



1. Mobil team in a sex work place



2. Mobile team demonstrating how to collect and manipulate samples

Table 1: STI Prevalence

Diagnosis	Positive results	
	n	%
<i>T. vaginalis</i>	10	9
<i>C. trachomatis</i>	6	6
<i>N. gonorrhoeae</i>	20	19
Bacterial vaginosis	25	23
<i>T. vaginalis</i> or Bacterial vaginosis	32	30
<i>T. vaginalis</i> or <i>C. trachomatis</i> or <i>N. gonorrhoeae</i>	32	30
<i>C. trachomatis</i> or <i>N. gonorrhoeae</i>	26	24
At least one positive	50	47
All tests negative	57	53
n total = 107 for all test performed		

Table 2: Adverse events during the 48 hours after metronidazole intake

Adverse event	Spontaneously recalled		Recalled only after asking for each symptom		Total	
	n	%	n	%	n	%
Any adverse event	17	15	24	33	41	57
Nausea	9	13	11	15	20	28
Headache	6	8	10	14	16	22
Vomiting	5	7	0	0	5	7
Abdominal ache	4	6	4	6	8	11
Dizziness	3	4	0	0	3	4
Somnolence or malaise	2	3	0	0	2	3
Dry mouth	2	3	6	8	8	11
Dysgenusia	1	1	8	11	9	13
Anorexia	0	0	3	4	3	4

Interviewed: n=72

Conclusions

- Mobile team approach is an effective and acceptable methodology to reach FSW for STI screening and treatment.
- It provides outreach to high risk FSW, as shown by the high prevalence of any STI among participants
- Additional measures are needed to ensure treatment for all FSW diagnosed with an STI.
- Adverse events related to MTZ intake are quite common but usually mild
- Presumptive treatment with MTZ is well tolerated, and FSW are willing to take it again despite adverse events.