

Sexually Transmitted Infections (STIs) Control Strategies in Georgia

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Abstract

Epidemiological indicators in Georgia suggest that the number of STIs cases had been on the increase prior to 1998. Although there has been a recent decline from 1998 to 2000 in STIs cases due to the successful control and management of STIs in Georgia, the once extinct disease is now an epidemiologic concern. The problems and constraints facing the country are:

- The concentration of STIs transmission along the Turkish border.
- The lack of a specialized national STIs control service and need for preventive services to be upgraded to deal with the STIs situation.
- Concentration of intense transmission of STIs with poor access to existing health services resulting in high and underreported morbidity.
- Under-equipped, under-supplied and under-staffed health facilities and under-trained and under- paid public health personnel resulting in inadequate quality of disease management and prevention.
- Poor capacities for early diagnosis and prompt treatment of STIs resulting in inadequate coverage of people being at risk of STIs.
- Lack of surveillance particularly at the periphery resulting in untrue reflection of the extent of STIs problem in the country.
- Lack of communities' knowledge and skills to prevent themselves from getting STIs resulting in a rather scanty use of personal protective measures.
- Limited resources invested by the Government and external donors resulting in lack of proper funding to cope with the STIs problem.

The authors suggest new strategies and research in the field of disease management.

Keywords: STIs; Control service; Public Health problems; Social intervention.

Introduction:

Nowadays, sexually transmitted infections are one of the most serious public health problems in the world and one of the major obstacle social and economic developments.

- More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide.
- Each year, there are estimated 357 million new infections with 1 of 4 STIs.
- More than 500 million people are estimated to have genital infection with herpes simplex virus (HSV).
- The majority of STIs have no symptoms or only mild symptoms that may not be recognized as an STI.
- STIs such as HSV type 2 and syphilis can increase the risk of HIV acquisition.
- In some cases, STIs can have serious reproductive health consequences beyond the immediate impact of the infection itself (e.g., infertility or mother-to-child transmission).
- Drug resistance, especially for gonorrhea, is a major threat to reducing the impact of STIs worldwide (1).

Results:

In South Caucasian region, including Georgia, at present, the majority of people is living at risk of STIs. The situation started to improve in 1999, and in 2000 (*Table 1*). Despite of the decrease in the reported STIs incidence, the number of active foci of STIs rose during the last years and there is a trend of spreading over the territory of the country. An explosive STIs epidemic has been a result of disruption of the capacity and capability of both the government and community to implement appropriate STIs control. Movements of migrants driven by social and economic reasons is a potential threat for spreading and re-introducing STIs to other territories of Georgia, where the latter was eradicated in the past.

Table 1 Incidences of gonorrhea infection and syphilis in South Caucasian countries (per 100 000 population)

| Countries | | 1980 | 1990 | 2000 | 2010 | 2011 | 2012 | 2013 |
|------------|---------------------|-------|-------|-------|-------|-------|-------|-------|
| Georgia | Gonorrhea infection | 46.93 | 48.04 | 10.34 | 16.58 | 14.77 | 11.31 | 16.22 |
| | Syphilis | 23.64 | 12.43 | 19.76 | 13.4 | 10.93 | 13.85 | 24.63 |
| Georgia | Gonorrhea infection | 66.68 | 31.42 | 28.2 | 15.05 | 13.65 | 14.65 | 13.53 |
| | Syphilis | 16.28 | 3.73 | 8.12 | 3.01 | 2.72 | 2.38 | 1.82 |
| Azerbaijan | Gonorrhea infection | 32.64 | 14.36 | 11.83 | 13.4 | 8.2 | 7.24 | 5.95 |
| | Syphilis | 7.6 | 2.68 | 6.36 | 3.25 | 5.32 | 4.2 | 4.85 |

A substantial increase in the number of STIs cases in the end of the 90s and the realization that the ongoing epidemic of STIs may assume larger dimensions have shown that STIs problem in Georgia is a matter of great urgency. As a result, the Ministry of Health has taken a lead over the process of consensus building in the country.

The problems and constraints facing the country are:

- The concentration of STIs transmission along the Turkish border;
- The lack of a specialized national STIs control service and need for preventive services to be upgraded to deal with the STIs situation;
- Concentration of intense transmission of STIs with poor access to existing health services resulting in high and underreported morbidity;
- Under-equipped, under-supplied and under-staffed health facilities and under-trained and under- paid public health personnel resulting in inadequate quality of disease management and prevention;
- Poor capacities for early diagnosis and prompt treatment of STIs resulting in inadequate coverage of people being at risk of STIs;
- Lack of surveillance particularly at the periphery resulting in untrue reflection of the extent of STIs problem in the country;
- Lack of communities' knowledge and skills to prevent themselves from getting STIs resulting in a rather scanty use of personal protective measures;
- Limited resources invested by the Government and external donors resulting in lack of proper funding to cope with the STIs problem.

Discussion:

The factors responsible for the current STIs situation and for the recent increase in both incidence in our country are complex and encompass all the ecological, economic, and social determinants of the disease.

The capacity of government to provide adequate STIs control through the general health services is limited due to inadequate financial resources. Effective coordination within different levels and sections of the health system and with the responsible officials in fields such as economic and education is still inadequate in Georgia.

At a national level, a STIs control policy defining the national objectives and organizational responsibilities for STIs control must be formulated early in the process of programmed planing or reorientation. A plan for the implementation of this policy is essential which, with regard to disease management, should focus on: improving diagnosis and treatment, especially for most vulnerable population groups at risk of STIs, strengthening of laboratory services which should become related to patient care and ensuring that health care providers outside the health services

become partners of the general health services. Very limited human resources are available to improve disease management at the community level.

Georgia has committed itself to STIs control. WHO, UNICEF, WFP, IFRC, WB, EC, CDC, UNDP and the governments of Norway and Italy were the major partners for activities in Georgia. These international organizations and agencies, in particular WHO rendered great assistance to the country in order to cope with STIs. The four elements of the Program are as follows:

- Disease Prevention: to plan and implement selective and sustainable preventive measures;
- Disease Management: to provide early diagnosis and prompt treatment;
- Epidemic Control: to detect early outbreaks and prevent further spread of STIs epidemic;
- Program Management: to strengthen institutional capacities of the National.

The National STIs Control Program must be responsible for technical guidance, planning, monitoring and evaluation of STIs control in the country.

The main strategy and priority interventions in the following 5 years must be:

- Strengthening institutions capacities of the national stis control program and general health services;
- Building up NCDC partnership and enhancing capacity for decision-making related to STIs and its control/ prevention;
- Improving capacities for and access to early diagnosis and adequate treatment of STIs;
- Targeting mass drug administration (seasonal and interpersonal chemoprophylaxis);
- Improving capacities for timely response to and prevention of STIs epidemics;
- Promoting cost-effective and sustainable vector control;
- Capacity building;
- Reinforcing STIs country surveillance mechanism;
- Increasing community awareness and participation in STIs control/prevention;
- Enhancing intersectional collaboration.

Conclusion:

The specific objectives of the sexually transmitted infections control strategies in Georgia must be:

- to build up capacities for early detection and radical treatment of all STIs cases;
- to apply epidemic control measures, with particular emphasis on indoor residual control;
- to improve STIs surveillance, with particular emphasis on active cases detection in new foci of STIs;
- to strengthen the STIs prevention and epidemic control capabilities of the Ministry of Health, to apply chemoprophylaxis to special groups, and to promote health education and community participation in STIs control and preventive activities.

While some parts of the STIs Control Strategies under situation analysis and constraints are more specific for the Georgian context, the technical approach outlined in this charger may provide practical and useful guidance for health planners interested in STIs control in other countries.

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