Trichomonas vaginalis found associated with older age in women, unlike other STIs

Trichomonas vaginalis is one of the most prevalent STIs in the world and considered to be the most common nonviral STI in the United States. An estimated 7.1 million new cases of *T. vaginalis* occur annually in women in the U.S. Up to one-half of infected women are asymptomatic.

Studies have identified risk factors and markers for having *T. vaginalis* infection in women. No studies that evaluated prevalence and incidence of trichomonas infection in the population of women have been conducted.

This study described the epidemiology of trichomonas in STD clinics and characterized the risk factors associated with prevalent and incident trichomonas within the same population.

**Methodology**
Data were from visits during February 1999-December 2001 from 3 STD clinics in Newark, NJ; Long Beach, CA; and Denver, CO. Data were analyzed from 1462 women aged 15-39 years tested by culture at their initial visit for *T. vaginalis*, and for 1269 women with at least 1 follow-up visit.

Risk factors for prevalent infections at baseline and incident infections among treated or previously uninfected women were assessed.

**Outcomes of the Study**
Major findings include:
- Both prevalence and incidence of trichomonas infection were high within this population of women: 13% had a prevalent infection and 4.6% acquired an incident infection within a 3-month period.
- On average, sexually experienced single women had sexual intercourse seven of the last 12 months, in contrast to 11 months for married and cohabiting women. About 18% acquired an incident infection within one year.
- Older age was risk factor for both incident and prevalent trichomonas infection. Women who were aged 35-39 years were more likely to acquire incident infection than women 15-19 years; women aged 20-39 years were more likely to have a prevalent trichomonas infection than the 15-19 year olds.
- One of most significant predictors of an incident trichomonas infection was having had trichomonas at the previous visit.
- Having a concurrent chlamydial infection was a predictor of both prevalent and incident trichomonas.
- As in previous studies, black race was found to be a significant predictor of both incident and prevalent trichomonas.
- Having two or more sex partners was a risk factor for infection incidence.
- Most of the incident infections were asymptomatic.

**Implications for Prevention**
This study found that *T. vaginalis* incidence is high among women. Risk factors for prevalent and incident infection in women were similar: older age, black race and concurrent chlamydial infection. Unlike other STIs, such as gonorrhea and chlamydia, *T. vaginalis* was found more in older compared to younger women.

Further studies should assess the benefits of routine screening of women in STD clinics for *T. vaginalis*.

**SOURCE:**
**Southeast Asians reported lower HIV testing**

The Asian and Pacific Islander (AAPI) population is proportionately one of the fastest-growing racial/ethnic groups in the United States. Little is know about the HIV risks of non-MSM AAPI. This study examined the self-reported HIV testing behaviors among a sample of 604 Southeast Asians living in a U.S. urban setting.

The HIV testing rate among this sample was 30.8%, which is lower than the median HIV testing rate in the U.S. adult population by state, lower than that of the general adult testing rate in the study city, and lower than that of the AAPI MSM population. A low sexually transmitted infection testing rate as a proxy for low perceived sexual risks and a dearth of HIV knowledge were associated with low HIV testing rates. Traditional health care access measures did not explain the low HIV testing rate.

Culturally and linguistically appropriate HIV prevention campaigns could increase the awareness of HIV/STI risk in this AAPI population.


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**New HIV/AIDS cases remained steady**

From 2003 through 2006, the total number of new cases of HIV/AIDS remained stable in 33 states, although HIV/AIDS prevalence increased steadily. By end of 2006, about 491,727 persons were living with HIV/AIDS.


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**Most HIV cases can be traced to transmission of a single virus**

Blood samples of 102 people who had recently contracted HIV were analyzed. HIV. 78 subjects (76%) had evidence of productive clinical infection by a single virus, and 24 others had evidence of infection by a minimum of two to five viruses. Findings help explain why it usually takes several exposures for a person to contract HIV, why transmission of the virus is so inefficient, and why condoms help prevent HIV transmission.


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**TFSWs had higher HIV risk than other groups**

Transgendered women are an important risk group for HIV infection, and epidemiological studies have shown high rates of HIV infection associated with sex work in this population. This study was a systematic review comparing HIV prevalence among transgendered female sex workers (TFSWs) with prevalence among transgendered women who do not engage in sex work, male sex workers, and biologically females sex workers. 25 studies of 6405 participants from 14 countries were identified.

Overall crude HIV prevalence was 27.3% in TFSWs, 14.7% in transgendered women not engaging in sex work, 15.1% in male sex workers, and 4.5% in female sex workers. Meta-analysis indicated that TFSWs experienced significantly higher risk for HIV infection when compared to all other groups, particularly female sex workers.

TFSWs could benefit from targeted HIV prevention interventions and HIV testing.


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