

Prevalence of STDs and HIV infection among immigrant sex workers attending an STD centre in Bologna, Italy

Introduction

Recent research (ISTAT: Italian Statistics Institute, data regarding 1998) has shown that in Italy there are about 50 000 street sex workers—20 000 of them are occasional; the remaining full time workers included 5000 Italians, generally not street walking, and 25 000 migrant street walking prostitutes.

Migrant prostitution in Italy represents a real emergency because of their number, which is increasing in proportion to clandestine immigration coming from east Europe and from Africa.

Sex workers are often the focus of control measures for sexually transmitted diseases (STDs) because they are seen as the source.¹

Recent data show that in Bologna city there are about 200 street walking prostitutes every day.

Methods

Our study was conducted on 558 prostitutes who attended the STD centre in Bologna, Italy, during the period from January 1995 to December 1999. The median age was 23.5 years; 424 (76%) came from central and south America and two from Asia.

Most prostitutes attended the clinic to undergo serological tests (HIV, hepatitis B virus, hepatitis C virus), cervical-vaginal plugs for the main pathogen agents, and Papanicolaou test.

If clinical symptoms were present a medical examination was carried out.

Results

We noticed the following pathologies (table 1).

(1) Cervicitis, vaginitis, and vaginosis (including mycoplasma, ureaplasma, streptococcus B, and candida infections): 390 cases (70%). Most of these pathologies are linked to factors other than STDs (stress, distortion of vaginal flora, and immunodeficiency). Nevertheless, the high predominance in the cervical tract of ureaplasma and mycoplasma seems proportional to the sexual activity of the subjects.

(2) Trichomonas infection: 10 cases (the prevalence changes with sexual behaviour and geographical locations).

(3) Gonorrhoea and chlamydial infections: five (0.9%) out of 558 women had positive gonococcal culture; 35 (6.3%) were positive for chlamydia.

(4) Viral pathologies: 24 cases of human papillomavirus infection and 11 of herpes simplex virus infection. In our study there were no African women affected by venereal warts.

(5) Syphilis: two cases of secondary active syphilis, 65 (11.6%) cases of serological non-active syphilis. The infection had often been contracted in the past in their countries of origin (eastern Europe) where the seroprevalence and incidence of syphilis is higher than in Italy.

(6) Serological tests: 150 cases (26.9%) of HBV; 28 cases (5%) of HCV. Nine were HIV

positive—five from Nigeria, two from Ukraine, one from Romania, and one from Serbia (median age: 20 years).

Comment

With regard to our previous data² median age is decreased in the last year (23.5) and the number of east European women has increased, particularly from Moldova.

Our study shows that prostitutes do not have a prominent role in the transmission and diffusion of STDs, in fact only a few of them show clinical symptoms. On the other hand, prostitutes, because of the continuous exposure to risk, and their clients, as receivers or transmitters of STDs, seem to play an important part in transmission. Regarding HIV infection the prevalence is growing (non-condom use) and the access to therapy for HIV+ women is difficult.³ Targeted intervention programmes need to be planned, in that preventive measures are essential to bring these sexual diseases under control.^{4,5}

A D'ANTUONO
F ANDALÒ
E M CARLÀ
S DE TOMMASO

Department of Clinic, Specialistic and Experimental Medicine, Section of Dermatological Clinic, University of Bologna, Italy

Correspondence to: Dr Antonietta D'Antuono, V Massarenti 1, 40138 - Bologna, Italy

- 1 Day S, Ward H. Sex workers and the control of sexually transmitted disease. *Genitourin Med* 1997;73:161-8.
- 2 D'Antuono A, Cocci C, Carlà EM, *et al.* Prevalence of STDs and HIV infection among immigrant sex workers attending an STD centre in Bologna, Italy. *Sex Transm Inf* 1999;75:273-4.
- 3 Biersteker S, Van Gelder P, Ten Hoeve H. Tonight sometimes special is happening in this neighbourhood. *STD Bulletin* 1992;13 (Summer).
- 4 McKegany NP. Prostitution and HIV: what do we know and where might research be targeted in the future? *AIDS* 1994;8:1215-26.
- 5 Covre P, La Marca P. Country report Italy. In: Mak R, ed. *EUROPAP: European Intervention Projects—AIDS prevention for prostitutes*. Gent: Accademia Press, 1996.

Accepted for publication 2 February 2001

Table 1 Characteristics of the study group and the number of cases diagnosed

Period of study	January 1995–December 1999
Total of patients	558 women
Median age	23.5 years
Factor of risk	Street walking prostitution
Origin (35 countries)	
Europe (east)	424
Africa	103
America (central and south)	29
Asia	2
STD diagnosed	
Cervicitis, vaginitis, vaginosis	390
Latent syphilis	65
Chlamydial infection	35
Venereal warts	24
Herpes	11
Trichomonas infection	10
Pox virus infection	5
Gonococcal cervicitis	5
Secondary syphilis	2
Blood samples	558
HBV	150
HCV	28
HIV	9
Pap test 558	Class I or II