

Sexually Transmitted Infections in Nigeria - Professor R. A. Bakare

Prof. Rasheed A. Bakare, an accomplished microbiologist and venereologist; graduated from the premier University of Ibadan Medical School two decades and a half ago. He is a fellow of the National Postgraduate Medical College (1990) and West African College of Physicians (1995). He has since been a resource person and examiner for postgraduate topics covering Bacteriology, Venereology, and Mycology for the West African College of Physicians and Surgeons and the National Postgraduate Medical College.

He regularly supervises Masters degree student research projects in his chosen field. Currently he is one of the few among his peers with a vibrant and enviable research career. His area of research spans antibiotics sensitivity and therapeutics, epidemiology of sexually transmitted diseases and nosocomial infections amongst others. He is the current Clinical Head, Department of Medical Microbiology and Parasitology, University College Hospital, Ibadan. He is also the cur-

rent President, Nigerian Venereal Disease Association, a post he has held since 1994. He has several paper presentations to his credit both at the local and international levels. He rose to the exalted position of Professor in October 2002. He is happily married with children.



Prof. R.A. Bakare

Excerpts

Annals: How has it been so far in Academics?

Prof Bakare: I joined the department after my youth service in 1982. I had the intention of joining the department of obstetrics and gynaecology, but this changed after the service year. On returning from service, I initially joined the pathology department but eventually changed over to the department of microbiology because of the venereology aspect of it, and since then I have had no regrets.

Annals: Venereology is a very large aspect of microbiology, what is the current situation in Nigeria?

Prof. Bakare: Things are not too good. Patients no longer come to the hospital to treat STIs since they can easily buy over the counter drugs. One of my residents who is working on quinolone resistant gonococci, for a whole year he could not get an isolate. Another reason why patients do not come to the hospital is

because of HIV infection. People are more aware of the dangers of illicit and unprotected sex and now use condoms. This has led to a reduction in the prevalence of venereal diseases in the community. These are the two reasons I can tell you now. Although there are other reasons.

Annals: Are there current local research data on STIs?

Prof Bakare: A lot of work has been done in Nigeria, and I have done a lot in this area also. Currently, the commonest agents causing STI in Ibadan are: Chlamydia, trachoma, and herpes virus. These are very common. Chancroid is another common STI. These conditions are also associated with HIV. Gonorrhoea is popular but not very common.

Annals: How has HIV affected the epidemiology of STIs?

Prof Bakare: The fear of HIV has led to awareness in the use of protective means of

prevention of HIV and thus STIs. STIs are gradually disappearing as more and more people are using health promotion strategies people are very careful now.

Annals: Are there any specific STIs that are very strongly associated with HIV.

Prof Bakare: Virtually all STIs are associated with HIV.

Annals: Is it possible that people prefer alternative medical practitioner in the area of STIs?

Prof Bakare: I don't think so. These patients eventually develop complications which cannot be handled by traditional healers and they eventually come back to us. There is also a fall in the prevalence of these complicated cases of STIs. The cost of Health care in the hospitals might also explain why these patients are not coming, in the past when health was free we saw a lot of STI cases, but since the introduction of consultation and other fees they've stopped coming. The alternative medical practitioners charge them more than we do here.

Annals: Sir, can you tell us about some current studies going on in the department here?

Pro. Bakare. Most of the studies we do here are either diagnostic and/or preventive and are community based. Some of my resident doctors are currently in the field gathering data.

Annals: Is there a National Network for monitoring STIs?

Prof Bakare: Yes there is, there are many. There is one on ground now an gonococcal infections. Ideally all cases of STIs should be reported to the FMOH.

Annals: Sir, what can we say is the prevalence rate of STIs in Nigeria?

Prof Bakare: That is a very difficult question only few reports have been made and the data we have is mainly on HIV. We do not know the rates of other STIs, and with the syndromic based management specific data for STIs is very difficult. In addition only very few laboratories

in Nigeria can isolate these organisms. What we are trying to do now is to report cases based on the syndromic based management.

Annals: Is there a change in the pattern of STI symptomatology in this era of HIV-AIDS?

Prof Bakare: I don't think there is any difference in symptomatology apart from the fact that cases may be more severe and more complicated. Treatment of STIs in the background of HIV is the same but one should be more aggressive. These diseases progress more rapidly in the background of HIV-AIDS. There is no difference in presentation or mode of management.

Annals: Are you happy with the level of awareness and use of preventive measures in the general populace? Can we do more?

Prof. Bakare: To get the general populace to adopt preventive measures has been very difficult, sometimes frustrating. It has been our experience here to find a boy with chancroid or genital ulcer disease who still engage in indiscriminate sex with no consideration of preventive measures. The reported prevalence rate of HIV/AIDS in Nigeria is the tip of the iceberg. I believe the prevalence rate is above 5% people refuse to listen or change. They don't believe what they hear about HIV or STIs. You'll find young ladies having sexual intercourse twenty one times a day in seven days. There was one that has 228 sexual intercourse within 30 days. This was part of the day in a study. The average sexual exposure amongst these participants from the study was about seven in a week with some of them having more than 28 partners. This was a study on girls on the streets, polytechnic and undergraduate students. Not commercial sex workers. These are pretty young sexually active ladies. The situation is getting worse.

Annals: Sir, what kind of preventive measures will you advocate?

Prof Bakare: I think we deceive ourselves if we ask these people to abstain from sex. I don't believe in that. I also believe we still deceive ourselves if we ask people to be faithful to their partners. From my experience I have found that people find abstinence and one partner business impossible to comply with. The use of condom is good it is consistently used. Condoms have been found to be protective roughly 92% effective if consistently used. But then some is the avenues of spread of infection is through ulcers or wounds at the base of the penis or scrotum which are unprotected by condoms. However, people are averse to the use of condoms because of the belief that the pleasure of sex is reduced by condoms. Presently we are trying out the efficacy of microbicides both as anti-infective and possibly contraceptive. I will advocate the use of microbicides and condoms. Unfortunately female condoms are hard to get and very expensive. A cheap and affordable female condom has just been introduced but is not presently available in Nigeria.

Annals: Why has it been difficult to change peoples' habits?

Prof Bakare: People refuse condoms because of the belief that it decreases the pleasure of sex. Some people say using condom is like taking sweet with the wrapper on. People don't enjoy sex with condoms. This is why they have refused to change. Microbicides do not decrease the pleasure of sex and they also serve as lubricants. I hope that sexually active individuals will be more favorably disposed to the use of microbicides.

Annals: Sir, what are the recent advances in fields HIV-AIDS?

Prof Bakare: As I mentioned above people are trying out the efficacy of microbicides. Also there are many centre in Africa where

vaccines are being tried. I will complete a trial of microbicides within the next 2 months and hopefully will be in the market. About 5 types of microbicides are being tried 2 of them in Nigeria. Locally here we (I and one of my residents) are trying H2O2 from lactobacilli to prevent bacterial vaginosis. This is a form of microbicide. What it does is to change the pH of the vagina from neutral to acidic creating a hostile environment for microorganisms.

Annals: Why is there a change in nomenclature from STD to STIs?

Prof Bakare: There are so many conditions that are classified as STD, ranging from fixed drug eruptions affecting the genitals to herpes. So the term STIs is more specific. The term venereal disease is being dropped because of stigmatization. STIs are infections transmissible through sexual intercourse.

Annals: Sir, are the cases of MRSA in Ibadan?

Prof Bakare: Yes, there are, with a rate of 7% or so in the past, now is about 28%. There is a committee that monitors the rates of sensitive and resistant isolates in UCH. And this committee, which acts as a sort of surveillance unit, sends regular reports directly to the consultants of every unit in the hospital.

Annals: Did HIV originate from Africa?

Prof Bakare: I and the opportunity of discussion with Robert Gallo the co-discovery of HIV. To the best of my knowledge, I think the virus originated from Uganda, from green monkeys. It is a mutation of the green monkey virus, just like the Bird Flu which is also mutating. Our behaviour has contributed largely to the rapid spread of HIV-AIDS.

Annals: Sir, as Editor-in-Chief of the Nigeria Journal of venereology what are the challenges?

Prof Bakare: The major challenge is marketing and funding. To get papers is not difficult provided authors are aware of your journal. Marketing is the major prob-

lem. Unless one has a regular source of funding, it is very difficult to fund journals. The way out is to have a marketing manager. This also is expensive, it has not been easy.

Annals: Should resident doctors pursue Academic Careers?

Prof Bakare: The fellowship program is as comprehensive as the M.Sc. or PhD programmes and what I think should be done is to emphasize that the postgraduate medical training or fellowship program is equal in every way or even supercedes the PhD programme. This is a fact and should be made very clear to everybody.