

Indian population by sexual route (76%), blood transfusion (65%), injection (12.5%), drug abuse (2.5%) and perinatal and other routes (2.5%). He also reported, that HIV transmission by sexual route which was 1% in 1987 has gone to 40% at the end of 1997 and 76% in 1999; the study emphasised correct diagnosis and proper treatment of STD is the main stay of HIV control in India and the use of condoms.

Chopra et al<sup>10</sup> from Patiala reported maximum awareness about AIDs in 15-25 years of age group, it was higher in male and was more in urban populations. Changing trends of STDs was reported by an earlier study of 500 cases from the same Institution (1983-1988). Earlier *syphilis* had the maximum incidence (29.6%), it came down to 17.2%; *condylomata acuminata* decreased from 12 to 5.1%, genital herpes from 11.6% to 5.5%, gonorrhoea from 10% to 4.2% and chancroid from 8.8% to 1.6% but there was an increase in the number of cases of *balanoposthitis* from 5.4% to 9.4%.

Singh<sup>11</sup> from Delhi during the period from 1955-1961, reported maximum incidence of *chancroid* 22.5% and *Gonorrhoea* 15.9%. Bhargava et al<sup>12</sup> from the same Institution in 1975 reported maximum incidence on *syphilis* in 41.3% *chancroid* in 29.65%. Kapur<sup>13</sup> again reported maximum incidence of syphilis 38.4% in 1971 to 1977 from Command Hospital, Chandigarh. Kumar<sup>14</sup> et al from Chandigarh during 1985 to 1992, reported maximum incidence of *condylomata* in 25.2% and *genital herpes* in 19.7%. Gupta and Jain<sup>15</sup> from Rohtak reported maximum incidence of *syphilis* in 13.2% followed by *chancroid* in 22.1% from 1992-94. Thus various reports from North India showed maximum incidence of *syphilis* during the period 1975-2000 as compared to *chancroid*.

State health minister stated in Lok Sabha in March, 2006 that there were 119445 AIDs patients in India, 43.6% were in Tamilnadu only, Andhra Pradesh, Karnataka, Tamilnadu, Maharashtra, Nagaland. In these states, 1377 AIDs consultation and investigation centres and 37 ART clinics have been set up. In Tamilnadu itself, 54 NGOs, 100 STD clinics and 24 health assistance clinics, are operating for AIDs patients 8 drop centres, 73 consultation and investigation clinics and 13 ART centres, are working.

Like other diseases *genital herpes* is now becoming the most common STD seen in STD clinics (1977 to 1990); It is the most common STD in HIV seropositive individuals. The frequency of HIV seropositivity in patients that *genital herpes* has varied from 5% to 20% in various parts of India.

## DISCUSSION

In a country like ours diversity clinical manifestations of HIV/AIDS commonly observed in different regions like Madurai<sup>6</sup> and Mumbai<sup>9</sup>. Weight loss was the commonest manifestation seen in 95% and 55% individuals, recurrent fever in 50% and 67% patients. In pre HIV era i.e., from 1955-1961 chancroid occurred in 22.3% and gonorrhoea in 15.9%<sup>11</sup> reported from Delhi, as compared to condyloma acuminata (25.2%) and genital herpes (19.7%) reported from Chandigarh<sup>14</sup>. In post HIV era i.e.; syphilis was reported in 13% and chancroid in 22% from Rohtak by Gupta and Jain<sup>15</sup>. Thus, Chancroid and syphilis still remain the commonest STDs in post HIV era; herpes genitalis has also emerged as one of the commonest STDs, in the post HIV era.

Almost all the studies show maximum incidence of STDs in 22-30 years age group with male preponderance. The studies from different parts of the country show syphilis, chancroid, genital herpes, genital warts as the commonest STDs. A study from Patiala (Punjab) during 1983-1988 showed changing trend in the incidence of STDs, syphilis decreased from 22.6% to 17.2%, venereal warts from 12 to 5%; genital herpes from 11.6 to 5.6%; but there was rise in the incidence of balanoposthitis from 5.4 to 9.4%. Mode of transmission of HIV in majority was through sexual route (36%), followed by intravenous injection (12.5), blood transfusion (6.5%) I.V. drug abuse (2.5%), and prenatal and others (2.5%).

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