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Cross sectional study to determine HIV, HBV, HCV prevalence in prison population in Tripoli, Libya

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In some settings, the Human immunodeficiency virus (HIV) prevalence in prison population is 15 times higher than in the general adult population. In some countries, sexually transmitted infections, hepatitis B and C (HBV and HCV) and tuberculosis in prisons may reach up to 10 times and even 50 times as high as in the general population. The aim of this study was to determine the prevalence of HIV, HBV and HCV among prisons inmates in Tripoli, the capital city of Libya. This Cross-sectional study was conducted in the period from 1ST November 2016 to 31ST January 2017 and included four main prisons. in Tripoli. A total of 491 participants were enrolled (430 males and 61 females). The study sample was distributed as follows; 193 individuals from Albarka prison, 175 from Tajoura B prison, 62 from South Tripoli prison and 61 females from Jadayda women prison. Trained staff from the National AIDS Programme (NAP) provided counseling and testing to all the participants who voluntarily presented themselves to the study team during the investigation period. Participants were then offered blood test for HIV, HBV and HCV using rapid test. All positive results were confirmed by Elisa and western blot at the reference laboratory of the NAP. Post-test counseling was provided to all individuals with positive test results for HIV, HBV and HCV. Proper advice and referral for management and treatment was provided and ensured. Data were entered and analyzed using Epi Info 7 program. The prevalence of HIV, HBV and HCV infections among the examined prison population in Tripoli was; 2.3%, 3.1% and 2.9% respectively. The HIV figure (2.3%) in Tripoli prisons was lower than the global estimated prevalence (3%) but much higher than the prevalence among the general population in Libya (2.3% vs. 0.13%). As expected in most prison populations, HBV was higher in prisoners then that in the community (3.1% vs. 2.2%) and HCV results were.

Biography

Nabil Abuamer is the corresponding author and principal investigator. Works as a consultant physician and project officer for UNODC project at the National Centre for Disease Control in Libya

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