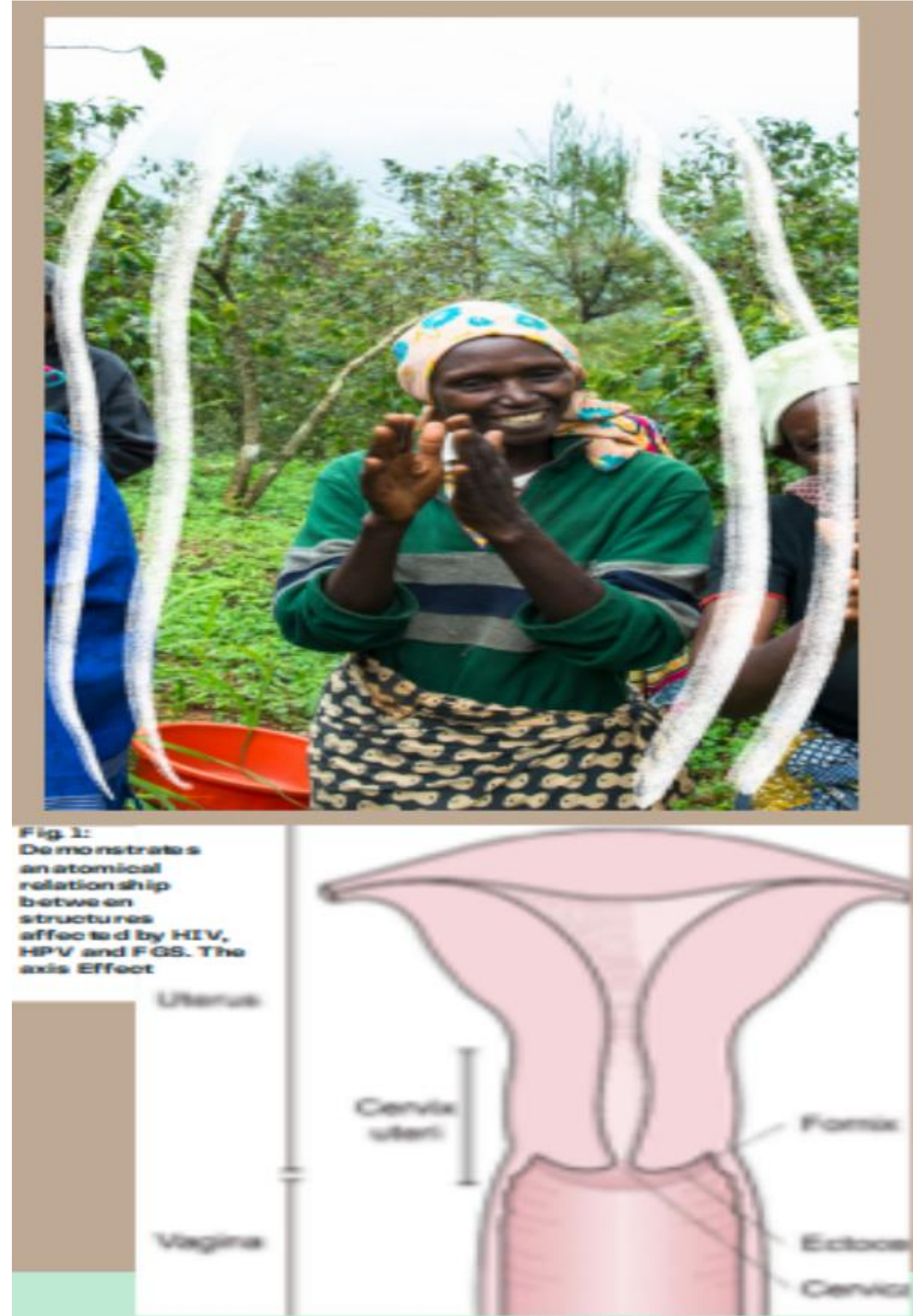


Prevention Approaches Addressing Co-infection of Human Papilloma Virus, Human Immunodeficiency Virus and Female Genital Schistosomiasis.

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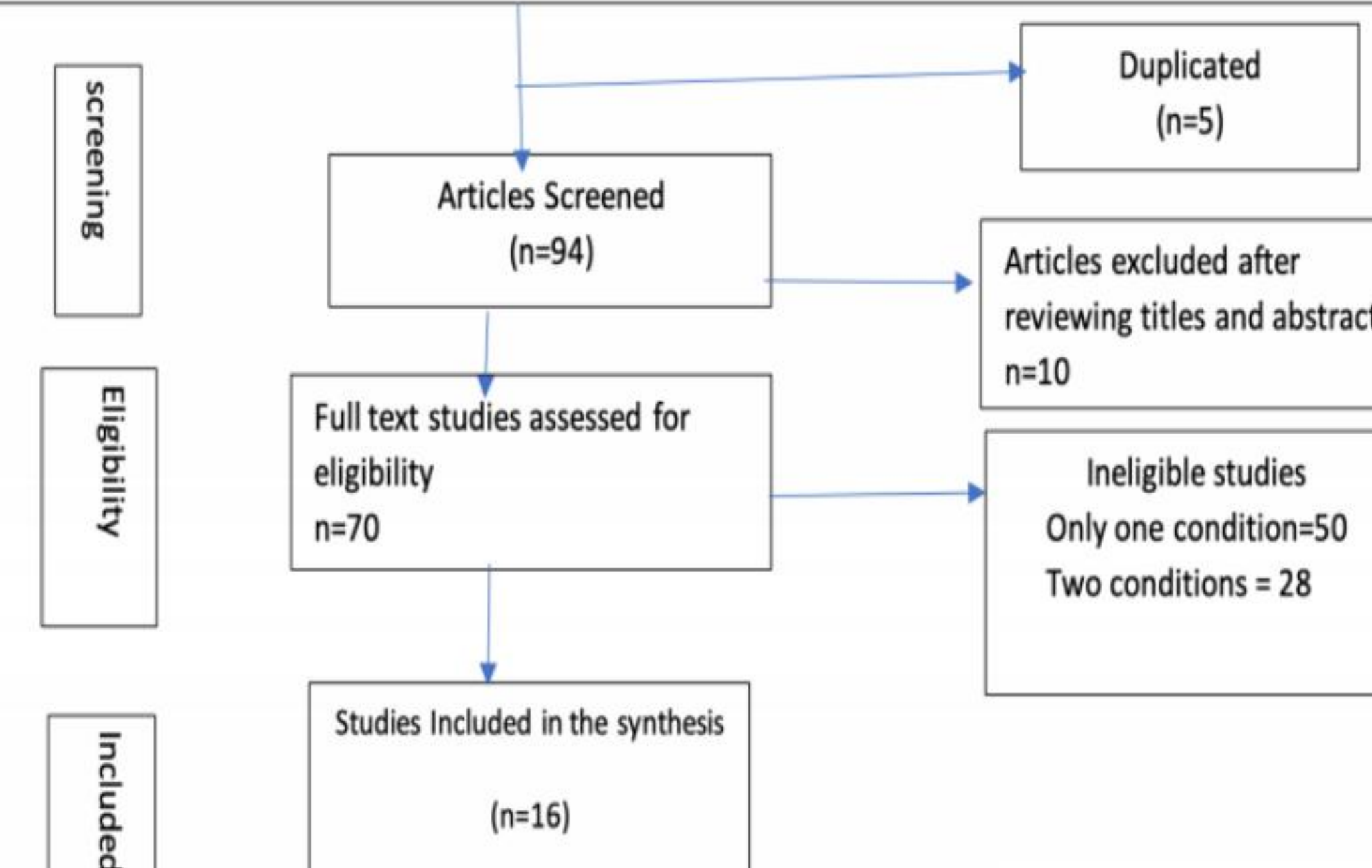
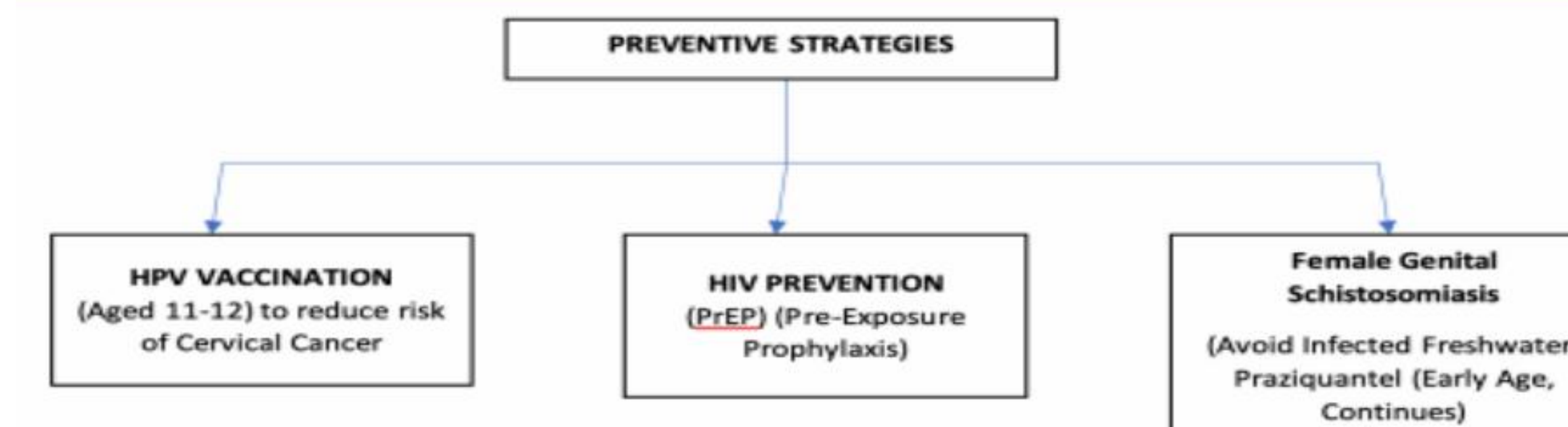


LITERATURE REVIEW A (1) AKANDINDA

METHODS

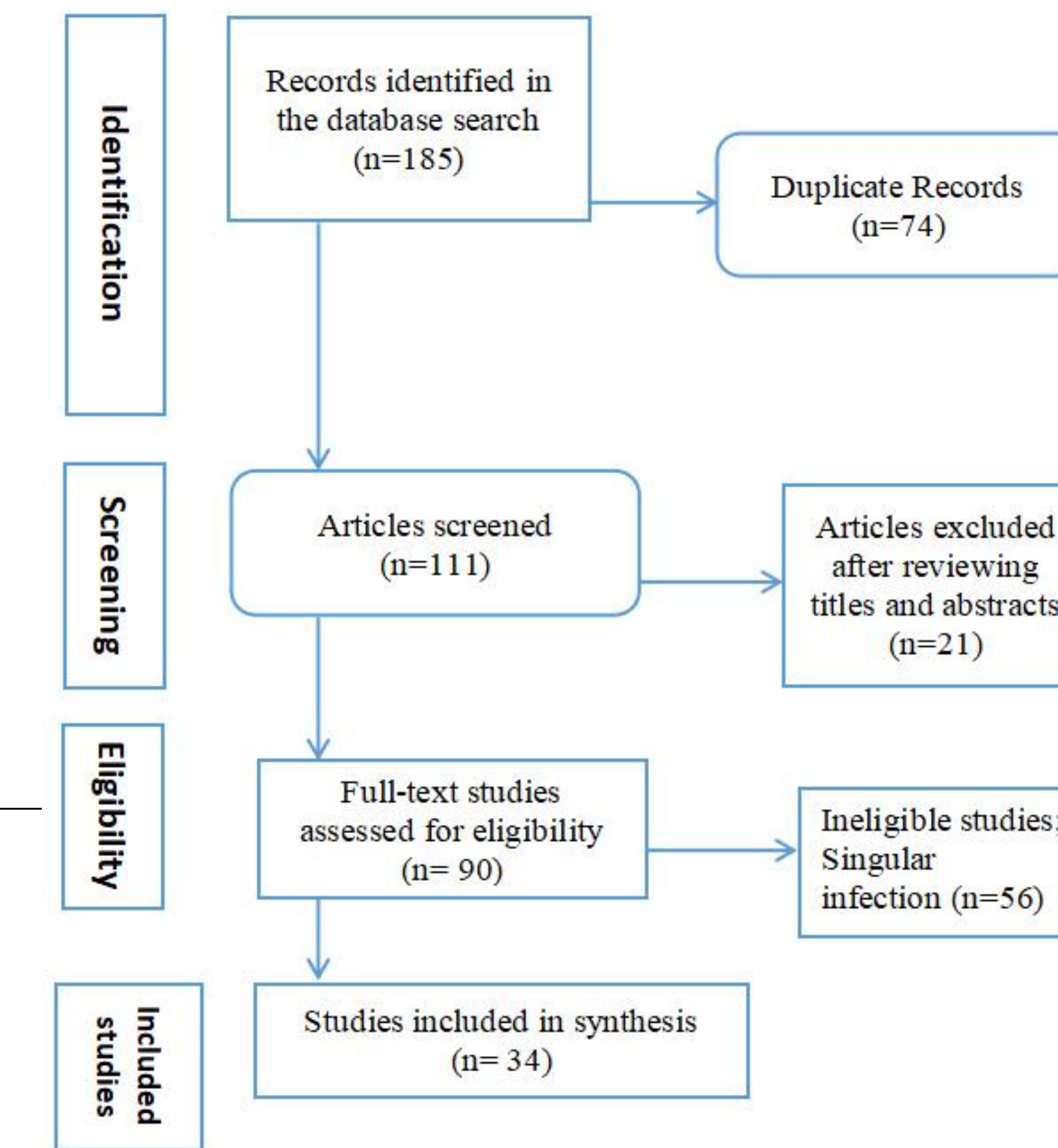
Prevention Approaches Addressing the Co-Infection of Human Papillomavirus, human immunodeficiency virus and Female Genital Schistosomiasis: Literature Review

keywords: HIV, HPV, FGS prevention "HPV prevention" AND "HIV prevention" AND/OR "FGS prevention"
Articles identified through database search: Google Scholar (77) and PubMed (26), Total= 103
Search words used: HIV, HPV, FGS prevention co-infection for articles published from 2013- 2023.
A coding-labelling strategy was implemented to analyse the data on Prevention of co-infection of HPV-HIV-FGS



LITERATURE REVIEW B (2) BWAGA

METHODS: Key words: HIV, HPV, FGS, Co-infection, FAIR-data, Community risk profile. Articles identified through database search within the past 13years. Pubmed (73), Google scholar (25), semantic scholar (10) and Google yielded 77, with a total of 185 articles. HIV-HPV-FGS Co-infection literature analysis by case-coding labeling



RESULTS: The knowledge about HPV, HIV and FGS co-infection is still evolving. 34/90 (37.7%) of the articles had atleast two coinfections described. Only 3/90(3.3%) of the articles reviewed described Coinfection of HIV, HPV and FGS. Treatment for each of the infections is a strong pillar in tertiary prevention of the singular infection, but also helps in reduction of the risk of transmission of the infection. All articles recommended integrated approaches for prevention and treatment of coinfection of HIV, HPV and FGS.

RESEARCH OBJECTIVE

To explore how prevention programs can be designed at community level to address the different risk levels of co-infection of FGS, HPV and HIV in selected communities in Uganda

PROBLEM STATEMENT

- HPV immunization approaches only deal with part of the prevention measures for HPV but do not integrate the FGS and HIV;
- Knowledge about FGS, and the co-infection of HPV and HIV is still lacking, making the co-infection information inadequate;
- There is no policy that integrates HPV, FGS, and HIV to reduce on the co-infection and risk-levels concerning the three diseases of may offer possibilities for disease prrevention and reduction

METHODOLOGY

- Two literature reviews were conducted. The results were triangulated to reach common conclusions.
- An approach is identified for the next steps of the research

NEXT RESEARCH PHASE

Further research is required to investigate the different infection risk levels of communities living in different regions or districts in Uganda.

There is a lack of data on Female Genital Schistosomiasis, but the data on urinary schistosomiasis, intestinal schistosomiasis, HIV and HPV data is collected. Two types of data-sets are indentified:

- The data sources HMIS OPD 105 Health Unit OutPatient Monthly report, HMIS 033B Health Unit Weekly epidemiology surveillance report, and HMIS 108 Health Unit Inpatient monthly registers in the health facility;
- Point of Care datasets containing data on HIV, schistosomiasis and HPV for a period 2013–2022 (9 years) from the MOH Uganda and three districts: Lira, Entebbe and Hoima;

The data will be semantically enriched and machine-actionable, to give them FAIRified qualities, on the basis of which this data will be analyzed.

The dataset contains the fields: district, period, number tested for HIV, number tested positive for HIV, urinary schistosomiasis, intestinal schistosomiasis, HPV1–Dose 1, HPV2–Dose 2 and HPV3–Dose 3 from the three different districts and MOH Uganda which are relevant for the study.

Engels, D., Hotez, P. J., Ducker, C., Gvavong, M., Bustinduy, A. L., Secor, W. E., Harrison, W., Theobald, S., Thomson, R., Ganba, V., Masong, M. C., Lammie, P., Govender, K., Mbabazi, P. S., & Malecela, M. N. (2020). Integration of prevention and control measures for female genital schistosomiasis, hiv and cervical cancer. *Bulletin of the World Health Organization*, 98(9), 615–624. <https://doi.org/10.2471/BLT.20.252270>

