

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

Contents

President's Letter	1
Regional Reports	
Asia Pacific	3
Africa	3
Europe	7
North America	9
Latin America	11
Conference Update	11

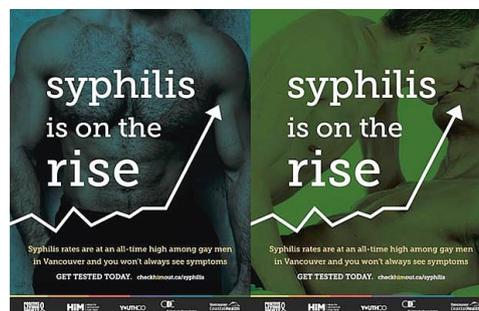


Figure 1. Posters from Vancouver Coastal Health in response to the rising prevalence of early syphilis among MSM.

President's Letter

The rising prevalence of bacterial sexually transmitted infections (STI) continues to be a concern for many countries, particularly within certain key populations. With respect to infectious syphilis, the United States' (US) Centers for Disease Control and Prevention has reported that men-who-have-sex-with-men (MSM) accounted for 83% of US cases in 2014. The CDC also reported substantial increases in the prevalence of early syphilis among MSM, i.e. 48% over the five-year period 2010-2014 and 9% increase in 2014 compared to 2013. The rate of syphilis in MSM has reached its highest level in 30 years in British Columbia, Canada; Vancouver Coastal Health are urging regular testing (Figure 1). Public Health England (PHE) has reported an alarming 46% increase in the number of cases of early syphilis among MSM diagnosed in England in 2014 compared to 2013. In Australia, the Kirby Institute has reported that number of diagnoses of early syphilis has approximately doubled over the four-year period 2011-2014, with more than two-thirds of cases being in HIV-infected MSM. The prevalence of both gonorrhoea and chlamydial infection is also rising substantially among MSM in the same countries. For example, for 2014, PHE reports annual increases of 32% for gonorrhoea and 10% for chlamydial infection. Furthermore, there has been an almost 200% increase in the number of lymphogranuloma venereum infections between 2012 and 2015, although absolute number remain relatively small with under 300 cases diagnosed per year since this MSM-associated epidemic commenced in 2004.

Whilst pre-exposure prophylaxis (PrEP) is an important biomedical advance for HIV prevention, particularly for the subset of high-risk MSM who engage in condomless sex with multiple sexual partners, PrEP is further driving up the prevalence of bacterial STIs within the MSM community within an era of multi-drug resistant gonorrhoea; this can only enhance the threat of untreatable gonorrhoea in the future. Clearly, national STI control programmes will have a lot of work to do during the next decade to try and reduce, or at least minimize further increases in, these trends. This will require increased funding for STI control programmes and the introduction of innovative strategies to increase testing (e.g. appropriate rapid tests to facilitate home-based testing) and improve partner management. In addition, health promotion activities need to be revitalized to educate communities about STIs and the potential complications of antimicrobial resistant bacterial pathogens.



Figure 2. Musicians welcoming guests to the IUSTI-World Congress gala dinner in Marrakech.



Figure 3. Amina Hançali receiving an IUSTI-World silver medal for her contributions to the global fight against STIs.

The current state of STI control in IUSTI's five regions was discussed in a number of presentations at the recent IUSTI-World Congress in Marrakech. This meeting was well attended with over 300 registered delegates who came to learn, to network and to enjoy Moroccan culture (Figures 2 and 3). As is the case with all IUSTI-World congresses, this project required effective teamwork and a willingness to help with the varied tasks required to stage an international congress. There were many who contributed to making the Marrakech meeting a success. I would like to specifically recognize the incredible efforts of Amina Hançali (Congress Organizer and Chairperson) and her local team/contractors, Jo-Anne Dillon (Scientific Committee Chair), Brad Stoner (Scholarship Committee Chair), Dennis Fortenberry (Judging Panel Chair) and all those who developed symposia for the meeting. I would like to thank all our presenters for their well-prepared talks and posters; also, I acknowledge our delegates, many of whom travelled long distances to participate in the Congress. Finally, IUSTI appreciates the generous funding support we received from our sponsors and I would like to thank to those companies who chose to exhibit at our Congress.

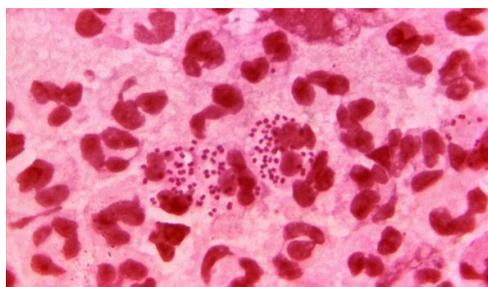


Figure 4. A new WHO Guideline for the management of *Neisseria gonorrhoeae* will be released in July.

Given the alarming trends in bacterial STI prevalence discussed above, I am delighted to announce that new World Health Organization (WHO) Treatment Guidelines for *Neisseria gonorrhoeae* (Figure 4) and *Chlamydia trachomatis* will shortly be made available on-line at the WHO website (www.who.int). Over the past two years, a few IUSTI Executive Board members, including

myself, have been part of the STI Guideline team supporting WHO with this initiative. Importantly, in settings where local resistance data are not available, the 2016 WHO guideline suggests that dual therapy is preferred over single therapy for people with gonorrhoea at ano-genital and oropharyngeal sites. In comparison with the previous WHO STI Guideline (2003), it should be noted that ciprofloxacin has been removed as a recommended first-line therapy for gonorrhoea. This action should improve gonorrhoea management by clinicians practicing in low and low-middle income countries. These countries lack recent local antimicrobial susceptibility data and some still use ciprofloxacin to manage presumptive gonorrhoea through a syndromic approach. The new STI guidelines have been produced through a rigorous systematic review process supported by McMaster University, Canada, as per WHO's stringent requirements for evidence-based guideline development. It is anticipated that more frequent guideline revisions and updates will occur as the need arises.



Figure 5. Participants from June's GARD meeting in Geneva.

Finally, I would like to inform you about a very exciting development in the fight against antimicrobial resistant *Neisseria gonorrhoeae*, namely recent creation of the Global Antibiotic Research and Development (GARD) Partnership. This is a joint initiative between the Drugs for Neglected Diseases *initiative* (DNDi) and WHO. GARD was launched in May 2016 and it is currently in its start-up phase. Commitments of government-derived funding have been secured from Germany, the Netherlands, South Africa and UK; in addition, the GARD initiative is also co-funded by Médecins Sans Frontières. GARD's vision is to work in co-operation with the public and private sectors, to develop new antibiotic treatments addressing antimicrobial resistance and to promote their responsible use for optimal conservation, while ensuring equitable access for all, with a focus on global health needs. The strategic need for new antimicrobials to treat gonorrhoea has been recognized and a Gonorrhoea Expert Meeting was held at the DNDi

Headquarters in Geneva on 27-28 June 2016 (Figure 5). Several IUSTI-World Executive Committee members participated in person or through pre-prepared presentations, including Adele Schwartz Benzaken (Regional Director, IUSTI-Latin America and the Caribbean), Francis Ndowa (Acting Regional Director, IUSTI-Africa), Xiang-Shen Chen (Chairperson, IUSTI-Asia-Pacific), Jo-Anne Dillon (IUSTI-North America representative), Ned Hook (IUSTI-North America representative) and myself. A key objective of this meeting was to develop a road map for the development and introduction of new treatment for gonorrhoea, which will require advances in diagnostics and other laboratory methodologies to support treatment. A Target Product Profile was developed to drive the strategic process required for the development of new gonorrhoea treatments and to assist GARD with its negotiations with industry and other partners.

David Lewis, IUSTI President

Regional Reports

Asia Pacific

The next IUSTI-AP congress is to be held in Okayama, Japan from 1-3 December 2016. This will be the first IUSTI meeting in Far-East Asia. The chairman for the congress is Toshio Kishimoto, General manager, Okayama Prefectural Institute for Environmental Science and Public Health and secretary General is Dr. Ryoichi Hamasuna Department of Urology, University of Occupational and Environmental Health, Fukuoka. The website for the congress is <http://www.med-gakkai.org/19iusti/>. Though the program is tailored to address STI in Asia, international faculty from several parts of the world will make it truly international. All are invited to join three days of intensive academic and social networking.

In the recently concluded 17th IUSTI-World Congress, held at Marrakech, Morocco from 9th to 12th May 2016, A large number of delegates from Asia-Pacific region attended the meeting. Many of them were generously supported by the organizers. Heartening to note was that first prizes in poster and oral sessions were won by the presenters from Asia-Pacific Region, Pakistan and India, respectively.



Indian colleagues with IUSTI President, David Lewis during the 17th IUSTI World Congress held at Marrakech from 9th to 12th May 2016. (From R-to-L) Uma Chaudhary, Manju Bala, Vikram Singh, Kaushal K. Verma (President Elect, IUSTI-AP), Somesh Gupta (Regional Director, IUSTI-AP), David Lewis

The 21st IUSTI World Congress will be held in Bangkok in November 2020. This will be jointly organized by COTTISA, Department of Disease Control, and Phayao University.

Somesh Gupta

Africa

The 17th IUSTI World Congress - Marrakech, May 2016

The 17th World Congress of the International Union against Sexually Transmitted Infections (IUSTI) took place at the Palmeraie Conference Center in Marrakech, Morocco, from 9th to 12th May 2016. This Congress was the second IUSTI meeting in Africa, after Cape Town, South Africa, in 2009.



The theme was "**Health impacts of new STI/HIV technologies and Vaccines**" and the congress programme focused on both classical sexually transmitted infections (STIs) and HIV, from clinical to public health, behavioural and laboratory aspects.



The conference attracted more than 330 International delegates from 28 countries including 15 African countries. The Congress also saw the participation, for the first time, of delegates from the Middle East and North Africa (MENA) region.



An outstanding programme was prepared by the effective support and the ongoing monitoring of Professor Jo-Anne Dillon (Chairperson of the Scientific Committee) who was assisted by an International Scientific Committee bringing together 50 members.



The programme covered several aspects of STIs and HIV, spreading over six state-of-the-art plenary lectures, six mini-plenaries, 10 symposia, 15 oral sessions, three workshops, and two debates. All of these sessions and all the presentations were delivered by renowned international experts in the field of STIs, including HIV.

The opening lecture was delivered by a prestigious lecturer, Professor Glenda Gray, President of the Medical Research Council in Johannesburg. Her talk highlighted the state-of-the-art of recent advances in microbicides new platforms research, and the potent applications of vaginal rings containing antiretroviral medications, as well as long-acting antiretrovirals in preventing HIV

transmission. New promising HIV vaccine approaches were also touched on.

Plenary sessions were addressed by four world class speakers, coming from Africa, Asia, North America and Europe. The themes covered were the epidemiological aspects of STIs in Africa and the Middle East, and raised commonly encountered hurdles in the implementation of STI prevention and control programmes. A special case was devoted to the 21st century means used to counter the pandemic of HPV. New genomic technologies dedicated to the diagnosis of STIs were presented to the delight of attending scientists.

The closing ceremony included a presentation by Professor Chichi UNDIE, Senior Associate in the Reproductive Health Program at the Population Council in Nairobi. She reflected on empowerment of women and approaches to tackle STIs and poverty in several developing countries.

From 330 abstracts received for the congress, 75 were accepted for oral presentations and 178 for poster presentations.

Scientifically, the planned programme was fully realised reflecting the level of global expertise of the presenters and the participants, and the Congress achieved its goal of providing an exchange interface for scientists from around the world.

This conference also served as an opportunity for a meeting of the IUSTI African Region. More than 45 participants from 15 countries attended the IUSTI-Africa meeting which was organized to take place within the congress programme.



Participants of the IUSTI-Africa meeting

The main decision taken during this meeting was to strengthen the participation of Africa in IUSTI. For this purpose, a local champion was designated for different countries, whose role will be to promote IUSTI in their respective countries, and to encourage their colleagues to become members of the Union and to schedule articles regularly for the IUSTI newsletters.

Professor Yaw Adu-Sarkodie, who was stepping down as the IUSTI Regional Director for Africa, was thanked for his diligent work to promote IUSTI in the African Region and his continued interest to work with IUSTI-Africa. In the interim, Dr Francis Ndowa was appointed by the IUSTI Executive Committee as the Regional Director ad-interim, IUSTI-Africa.

Amina Hançali

Data needs from Africa to catch up with the global technological advances in STI prevention and control

Sexually transmitted infections are as perennial as day and night – any hope of eradicating a particular sexually transmitted pathogen has been met with hidden surprises. In the 1970-80s, when it was thought that the scourge of genital herpes was coming under control with the use of antiviral treatments, such as acyclovir, the human immunodeficiency virus (HIV) emerged. In the 21st century, when STI rates in the developed world were seemingly coming under control, thanks to the prevention interventions brought about by shocking deaths from HIV and AIDS, anti-retroviral treatments came to the rescue, but concurrent complacency with HIV infection showed the resurgence of syphilis and lymphogranuloma venereum in Europe, especially among men who have sex with men.

Currently, the world is concerned about the spread of antimicrobial resistance to the most commonly used antibiotics to treat STIs and other infections, particularly, gonococcal infections, tuberculosis, Methicillin-resistant *Staphylococcus aureus* (MRSA) and enteric bacterial infections.

Although many of the most important research findings on STIs in the past 30 years have come from sub-Saharan Africa, with African researchers and their international collaborators leading the way in the development and validation of syndromic STI management, in furthering the understanding of the interactions between HIV and other STIs, and in working with key populations, such as sex workers,¹ Africa has still been trailing behind in the areas of STI prevention, diagnosis, care and data generation to understand what was happening and how to respond effectively to the issues.

This needs to change in Africa, but the call is coming at a time when many countries in Africa are going through financial difficulties and funding from donors is dwindling. Nevertheless, countries in Africa need to rise to the challenge and deliver what is needed to respond adequately to the STI epidemic.

This all needs resources, both human and financial. Some interventions, however, require the bare minimum of resources, and others need much more. There seems to be a glimmer of hope that something will happen in Africa.

One example of an intervention requiring minimal resources has just been conducted in Zimbabwe. Zimbabwe has historically had strong reporting of district-level STI syndromic data. The STI syndromes data were collected and analysed. The data included serological testing for syphilis in pregnant women and treatment and STI syndromic case reports of urethral discharge (UD) in men and genital ulcer disease (GUD) among men and women seeking care at the health-care clinics. In addition, data on vaginal discharge and pelvic inflammatory disease (PID) have also collected and analysed.

These data have been compiled, and have shown that STIs are still of public health proportions in the country. Data were obtained from 2004 until 2015 from the Ministry of Health and Child Care, Monitoring and Evaluation Offices. At a glance, the data look consistent as the trends across the different districts look largely similar, showing an overall decline in reported cases of STI syndromes from 2004 to 2015. All the data show a dipping of reported STI syndromes from about 2008 to 2010. From 2010 to about 2013, there is a general rise in reported STI syndromes, with a sharp rise in some districts such as Gwanda, Harare, Mount Darwin and Mutare districts. The 2010 rise is not so noticeably evident in data records from Chitungwiza and Mutoko districts, Figures 1 & 2. These data will be analysed further and modelled to triangulate them with the HIV epidemic (own source of data, not yet published).

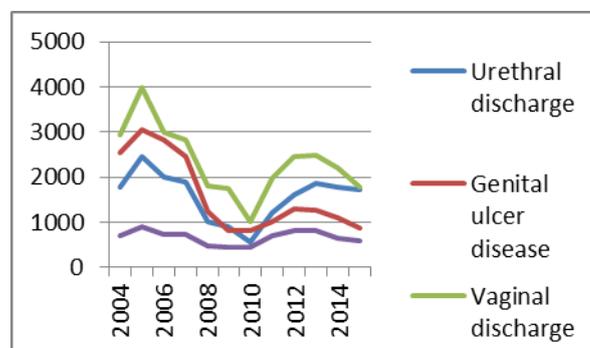


Figure 1. Annual reports of STI syndromes reported from Chitungwiza District, Zimbabwe 2004–2015

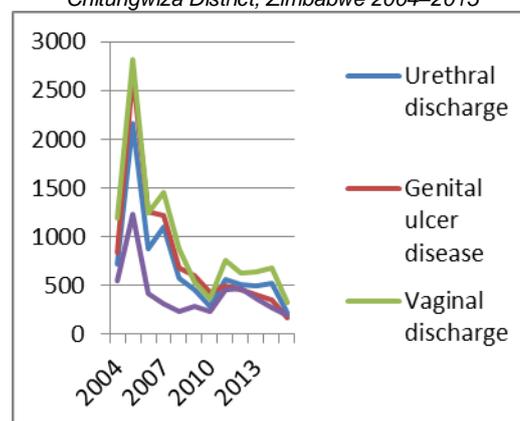


Figure 2 - Annual reports of STI syndromes reported from Gweru District, Zimbabwe 2004–2015

Zimbabwe has also been testing pregnant women for syphilis as part of screening for syphilis during pregnancy and as part of STI surveillance. During the data collection from the districts, data clearly indicating testing with RPR and test results were obtained from 2010 to 2011. These are showing syphilis rates which vary from one district to another and with fluctuating trends, as shown in Figure 3. However, the time period of three years is too short to make any meaningful conclusions about the trend of syphilis over time.

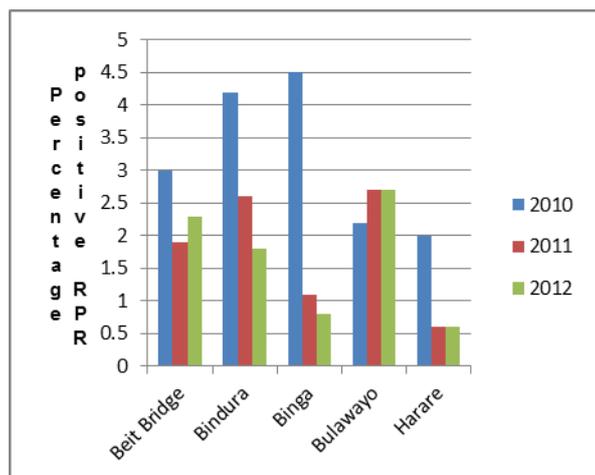


Figure 3 - Percentage RPR Reactive tests in women attending antenatal services, Zimbabwe 2010–2012

Furthermore, a study has recently been concluded to determine the aetiologies of the syndromes of urethral discharge, genital ulcer and vaginal discharge in six geographically distributed sites in Zimbabwe, supported by funds from the President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement between the U.S. Centers for Disease Control and Prevention and the University of Zimbabwe Department of Community Medicine SEAM Project. Enrolment was carried out between June 2014 and April 2015.ⁱⁱ

This study analysed the aetiology of urethral discharge syndrome in men recruited at six sentinel sites utilising the Multiplex PCR. The results showed that *Neisseria gonorrhoeae* was the predominant cause in men (73.5%), followed by *Chlamydia trachomatis* (22.5%), *Trichomonas vaginalis* (4%) and *Mycoplasma genitalium* (3.5%). A previous study conducted in 2010, supported by funds from the World Health Organization, in twelve clinics in the city of Harare, showed a similar distribution of aetiologies in 130 men with urethral discharge, indicating *N. gonorrhoeae* to be the most frequent pathogen detected (82.8%), followed by *C. trachomatis* (11.7%), *M. genitalium* (4.7%), and *T. vaginalis* (1.6%).ⁱⁱⁱ

This aetiology study also showed that in men and women presenting with genital ulcers, 38.5% positive for herpes simplex virus infection, 16% positive for syphilis and 1% positive for lymphogranuloma venereum (LGV). No pathogens were identified in 49% of cases. No cases of chancroid were found amongst this population.

Among women with vaginal discharge syndrome, 24% had *N. gonorrhoeae* infection, 19% had *T. vaginalis*, 14% had *C. trachomatis* and 7% had *M. genitalium*. No abnormal pathogens were identified in 55.8%.

Thus, although cervical infections caused by *N. gonorrhoeae* and *C. trachomatis* are known to be largely asymptomatic in women, it is evident that in this setting, women presenting with abnormal discharge have high rates of gonococcal and chlamydial infections.

These data which give information on aetiologies of the common syndromes in Zimbabwe can be triangulated, or modelled, with the reported syndromes in an attempt to estimate the disease burden of gonorrhoea, syphilis, trichomoniasis and genital herpes in Zimbabwe. In doing so, it should be noted that these data were in symptomatic patients and data from asymptomatic patients would be needed to enhance the accuracy of the estimation process.

With such high rates of gonorrhoea, it is fortunate that Zimbabwe has also embarked on a system of monitoring antimicrobial resistance in STI pathogens, particularly, in *Neisseria gonorrhoeae* (*N. gonorrhoeae*). This is being done as part of the WHO Gonococcal Antimicrobial Susceptibility Programme (GASP). The study has been made possible through funding from the World Health Organization (WHO).

The antimicrobial susceptibilities of these organisms are still being analysed.

In South Africa, in 2015, a total of 379 STI patients presenting to the primary health-care clinic were tested with 169 urethral discharge, 107 vaginal discharge and 103 genital ulcers. Among urethral discharge cases, *N. gonorrhoeae* remained the most common aetiological agent detected (152/169, 89.9%) followed by *C. trachomatis* (31/169, 18.3%).^{iv}

Among women with vaginal discharge, bacterial vaginosis was the commonest cause (68/107, 63.6%), followed by *C. trachomatis* (28/107, 26.2%) and *T. vaginalis* (27/107, 25.2%), respectively. Of the 68 patients with bacterial vaginosis, 32 (47%) were co-infected with one or more STI pathogens.

The prevalence of genital ulcer pathogens was as follows, herpes simplex virus (57/103, 55.3%) and *Treponema pallidum* (4/103, 3.9%). No cases of lymphogranuloma venereum, chancroid and donovanosis were detected for both years.

HIV seroprevalence rates were approximately 30% in patients with urethral discharge, 40% in vaginal

discharge and 55% among patients with genital ulcers.

In this observation, all male urethral discharge specimens demonstrated low Extended-Spectrum-cephalosporin MICs that were within the susceptible range.

Thus, *N. gonorrhoeae* remains the commonest cause of urethral discharge in men in South African and Zimbabwe. Herpes simplex virus remains the commonest detectable cause of genital ulceration, validating the continued use of acyclovir in the syndromic management of genital ulcers. Bacterial vaginosis is the predominant cause of an abnormal vaginal discharge among female patients, however, a significant proportion of the women was co-infected with one or more STI pathogens.

This shows clearly that that monitoring the trends of gonococcal infections and the antimicrobial susceptibility of *N. gonorrhoeae* in this part of Africa and, perhaps, in the African countries further north should be a priority.

Hemophilus ducreyi, the causative agent of chancroid, seems to be on its way out or completely gone in these two countries. However, caution and vigilance are advised. More studies in the region are needed before the treatment for chancroid can be dropped off the syndromic management of genital ulcers.

In Namibia, an aetiological study of STI Syndromes and gonococcal antimicrobial resistance monitoring has been concluded and the outcome is awaited.

In Nigeria, a number activities have been undertaken at the level of the Ministry of Health. There has been a review and formulation of STI treatment guidelines for the treatment of major STI pathogens, including gonorrhoea. This has been accompanied by extensive training of the public health nurses and community health workers on Syndromic Management of STIs in all geo-political zones of Nigeria.

At the institutional level, a proposal is being developed for the surveillance of ceftriaxone resistant *N. gonorrhoeae* in Ibadan and other states in the south western region of Nigeria. This will involve at least three states in the region.

A course on the management of STIs is planned for the second week of August 2016 at the University College Hospital, Ibadan, a centre which serves as a training centre for Physicians, Medical Officers of health, Nurses, Midwives, Primary Health, and laboratory scientists to provide basic knowledge and update in the management and control of STIs.

In conclusion, it is important to have such data to populate the so vastly empty map of Africa when it comes to data on STIs and antimicrobial susceptibility studies. It is hoped that these activities in a few countries will be a catalyst for other countries in Africa to emulate. Africa cannot

continue to fumble in the dark in its management of STIs.

Francis Ndowa

ⁱMabey D, Ndowa F, Latif A. What have we learned from sexually transmitted infection research in sub-Saharan Africa? *Sex Transm Infect* 2010;86:488–92.

ⁱⁱKees Rietmeijer, C. The aetiology of STI syndromes in Zimbabwe. Abstract 015-3 17th IUSTI World Congress, Marrakesh, 9th – 12th May 2016.

ⁱⁱⁱTakuva S, Mugurungi O, Mutsvangwa J, Machiha A, Mupambo AC, Maseko V, et al.. Etiology and antimicrobial susceptibility of pathogens responsible for urethral discharge among men in Harare, Zimbabwe. *Sex Transm Dis*. 2014 Dec;41(12):713-7.

^{iv}Communicable Diseases Communiqué, February 2016, Vol15(2), Centre for HIV and STI, NICD-NHLS, Johannesburg, South Africa.

Europe

Preparations of 30th IUSTI- Europe Conference in Budapest

Budapest Conference President Dr. Viktoria Varkonyi, Vice-President Dr. Karoly Nagy and Chairman of the International Scientific Committee Dr. Marco Cusini (Milan) finalized Program points (Opening speeches, 2 Plenary lectures, 6 Symposia, 8 Workshops, 6 Free Oral sessions, company symposia and a special WHO Symposium) coordinated with the Board of IUSTI-Europe. International and local experts had been asked to the Chair of the relevant programs.

In Marrakesh, at the 17th IUSTI World Congress Dr. Nagy handed over a personal invitation to Budapest for Dr. David Lewis, president of IUSTI, who contributed to offer grants to young local participants. Chairs of sessions had been nominated, and programs involving internationally renowned experts as speakers were completed. Free Oral papers and abstracts for poster presentation were evaluated by the experts of international scientific committee.



ECDC also accepted an invitation to organize a lecture. The main patrons of the Conference are Zsuzsanna Jakab, Regional Director of WHO Regional Office for Europe, and Dr. László Lovasz President of the Hungarian Academy of Sciences. Official website of the Conference is active since February 2016: www.iusti2016.org. Registration is still open. The scientific program will be posted

soon. All further information can be found in the website.

Preparations for the IUSTI- Europe Conference in Helsinki



Chair of the Organizing Committee Eija Hiltunen-Back, secretary Aira Raudasoja, vice-chair for the scientific policy Derek Freedman, regional director Airi Pöder, treasurer Mikhail Gomberg, vice-chair for the international development Mihael Skerlev and chair of the International Scientific Committee Stephan Lautenschlager

IUSTI-Europe officers made a country visit to Finland in June to view the facilities of the 31st IUSTI-Europe congress. The congress will be arranged from August 31 – September 2, 2017 in Helsinki in Marina Congress Center situated by the Baltic Sea. The local organisers and IUSTI guests spent a warm and sunny summer day having fruitful discussions on the theme and preparations of the future congress.



Site Visiting Committees from IUSTI-World of Prof Charlotte Gaydos, IUSTI President-elect, Dr Janet Wilson, IUSTI-World Secretary, and Prof Jonathan Ross, IUSTI chair elect of the Scientific Committee, and from IUSTI –Europe of Dr Ari Pöder, Regional Director IUSTI- Europe, Prof Mikhail Gomberg, IUSTI–Europe Treasurer and Prof Mihael Skerlev, IUSTI-Europe Executive Committee, came to Dublin for a site visit on May 1-2 to assess the facilities, and appoint a PCO for the Congress.

The facilities at Trinity College Dublin were inspected and the Arts Block complex had an excellent range of tiered lecture theatres with built-in audio visual facilities. The Dining Hall complex is very suitable for networking events, especially with the availability of the Long Room/Book of Kells to add an additional cultural opportunity.

The Trinity College Dublin venue was recommended for the Congress with the attributes of the city centre location, the very special atmosphere of the College, and the range of surrounding accommodation.

Three PCOs were interviewed, Abbey Congress Services showed an excellent team approach and had carried out a lot of detailed preparation work and were selected as the PCO. The committee members felt that it was very worthwhile to be involved in the selection process for the PCO, and that it established a direct relationship between IUSTI and the PCO. These decisions were ratified at the IUSTI-World Board meeting in Marrakesh on May 8th.

Work in preparation for the congress continues. Committees are to be set up, and accommodation reserved. Reserve the dates of August 29 – September 1 of 2018 for Dublin.



Preparations for the IUSTI- World/IUSTI- Europe Conference in Dublin in 2018

IUSTI Europe Summer School in Bertinoro

The third IUSTI “Bertinoro” masterclass was held from June 7 June 10 in the spectacular scholastic Rocca di Bertinoro. The course was co-sponsored by the Italian Society of Clinical Microbiology.

It was attended by 75 students and 15 faculty attended. Students came from 7 different European countries and many were supported by their national STI society and IUSTI scholarships.

The course was aimed at trainee specialists and for persons providing primary care. A broad range of topics was covered which included urethritis, drug resistance, warts, herpes, epidemiology and public health approach to STIs. The course was given in English and Italian and simultaneous translation was provided.

There was an excellent learning atmosphere and we were impressed by the enthusiasm of the participants. There was a simple but familiar social programme which allowed a lot of networking and discussion in the evenings at La Rocca. We would hope to continue this IUSTI Summer schools in Bertinoro on a biannual basis, and perhaps in other European regions on alternate years.

We are particularly thankful to IUSTI Europe Council Members, including Angelika Stary, Claudia Heller-Vitouch, Harald Moi, Derek Freedman, Mikhail Gomberg, Mikhael Skerlev, Raj

Patel and Stefan Lautenschlager who gave their time freely.



Activities of IUSTI-Russia

IUSTI-Russia organizes annually around 10 meetings throughout Russia which are called Scientific and Practical Conference “IUSTI-Ru School”. There is also an annual meeting of IUSTI-Ru in Moscow together with Russian Alliance of Dermatovenereologists and Cosmetologists. Since January 2016, there have been IUSTI-Ru Schools organized in Siberia (Krasnoyarsk, Tomsk, Novosibirsk); Northern parts of Russia: St-Petersburg, Tver; Russian South: Rostov-on-Don, Krasnodar, Stavropol, Sochi; Volga region: Volgograd, Kazan. More cities are planned for IUSTI-Russia Schools until the end of the year.

Activities of IUSTI-Estonia

The 18th Conference of IUSTI Estonia took place from June 3 to June 4 in Narva Jõesuu. The conference, with approximately 100 participants, concentrated on viral STIs. All lectures presented at the conference were recorded in full and are available at the site:

<https://www.tervishoiukoolitus.ee>



Airi Põder

North America



ASTDA/IUSTI North America was among the

sponsoring organizations supporting the IUSTI World Congress in Marrakesh last May. Building on the successful young investigators’ meeting “Surviving and Thriving” at the STI/HIV World Congress in Brisbane last year, ASTDA organized a similar meeting at the Marrakesh conference.



Marrakesh

This time, the session featured 5 young investigators for whom ASTDA had provided scholarships based on the quality of their submitted abstracts: Outtaraa Abdoulaye (Cote d’Ivoire), Simon Masha (Kenya); Gertrude Namale (Uganda), Idris Abdullahi Nasir (Nigeria) and Hibak Aadan (United Kingdom). Each gave a short background on career successes and challenges that led to a general discussion with the audience and ASTDA panel members Jeff Klausner (University of California, Los Angeles), Bobbie van der Poll (University of Alabama, Birmingham) and Carolyn Deal (National Institutes of Health). One of the themes emerging from this session was the need for support beyond financial resources, including mentorship. Ongoing discussion within ASTDA and IUSTI is needed to develop effective mentorship models that can be supported by these institutions. Meanwhile, another young investigators session is planned for the U.S. National STD Prevention Conference this September in Atlanta (see below).



Dean Street Clinic

Early June, Bill Smith, the Executive Director of the National Coalition of STD Directors (NCSD), led a delegation of U.S.-based STD and HIV experts to visit the Dean Street Express clinic in London. This clinic is a model of how the alignment of technological advances can be used to enhance STI testing efficiency; from computer-based self-registration, to self-collection of samples, on-site nucleic acid amplification testing for gonorrhea and chlamydia and automated text messaging to convey test results. Patient volume in this clinic (250-300 patients per day) is

impressive and the low overhead at this mostly self-service facility allows it to even make a profit. As president of ASTDA, I was invited on this visit and I have written a detailed description on how Dean Street Express works in a blog on STD Prevention Online available at [this link](#).



Also in June, the Scientific Committee of the U.S. National STD Prevention Conference met in Atlanta to determine the scientific agenda for the meeting that will be held September 20-23 in Atlanta. This meeting is chaired by the Centers for Disease Control and ASTDA and co-chaired by NCSD, the American Sexual Health Association (ASHA), the Pan American Health Organization (PAHO), and the Public Health Agency of Canada. ASTDA will sponsor three sessions at the conference: a partnership luncheon on Wednesday September 21, to discuss collaborations among CDC, ASTDA, NCSD, and ASHA, our annual Awards Luncheon on Thursday, September 22, and the aforementioned young investigators breakfast meeting on Thursday, September 23. More information on the conference [here](#).

As announced in last quarter's IUSTI newsletter, ASTDA issued a request for proposals for its Development Awards program in April. One award (\$50,000 per year for 2 years) will be made and the deadline for applications is July 15, 2016. More information at www.asta.org.

Meanwhile, biennial elections for the ASTDA Executive Committee are under way and the new Committee will be introduced at the National STD Prevention Conference in September.



Ann Rompalo

Finally, but certainly not least, ASTDA has announced the recipients of its annual recognition awards: Anne Rompalo (Distinctive Career Award), Joan Chow (Achievement Award) and Lindley Barbee (Young Investigator Award). Congratulations to all! The awards will be

presented at the ASTDA luncheon on September 22 at the STD Prevention Conference.

Enjoy the summer!

Kees Rietmeijer

IUSTI Canada

IUSTI Canada held its first official meeting via teleconference on Thursday, May 26th. The meeting had over 17 participants from across Canada interested in helping launch the Canadian section. Meeting participants reviewed and confirmed a Terms of Reference and selected individuals to fill interim positions while plans can be made to elect positions to the Executive. The following individuals volunteered, and were agreed to, as follows: Jo-Anne Dillon – Interim Chair; Marc Steben – Interim Vice-Chair; Max Chernesky – Interim Treasurer; Prenilla Naidu - Interim Membership Secretary; Caroline Cameron - Member at large. Marc Steben will also represent IUSTI Canada at ASTDA meetings. The Canadian Public Health Association (CPHA) will act as secretariat for IUSTI Canada. Meeting participants also discussed: Membership Fees and Budget; Upcoming Meetings and Canadian participation; potential for a Canadian IUSTI symposium or face-to-face gathering; and communications with other organizations. IUSTI Canada will be focusing on Action Items resulting from the meeting over the coming months.

Greg Penney



The U.S. National Network of STD Clinical Prevention Training Centers (NNPTC) is a CDC-funded group of training centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual health. The NNPTC provides health professionals with a spectrum of state-of-the-art educational opportunities.

The PTCs are collaborative enterprises, drawing on the expertise of the CDC, universities, and health departments, making each uniquely situated to provide superior, up-to-date training. The NNPTCs support their professional training with evidence-based resources on the latest STD treatment guidelines, research articles, curricula, STD prevention practices, evidence-based prevention interventions, public health strategies, and other educational materials. Training programs are based on adult learning principles including a spectrum of educational methodologies such as

experiential and E-learning. Learn more at www.nnptc.org.

The NNPTC launched the STD Clinical Consultation Network (STD CCN) in June of 2015, the first online medical consultation system for the treatment and management of STDs nationally. This innovative network connects healthcare providers to expert STD faculty from the regional PTC that serves their state. STD CCN is available during business hours, 5 days a week and providers can request consultation services in 1-5 business days based on the urgency of the question. STD medical consultation requests are submitted online at www.stdccn.org.

In recent months the NNPTC has facilitated, distributed information and provided resources on hot topics facing our PTCs and physician's nationwide. Currently the Bicillin-LA shortage has caused concern within the medical community, as it is the only recommended treatment for pregnant women infected or exposed to syphilis. Our Clinical Consultation Network, CCN, has been on the front lines of providing information and treatment alternatives based on the 2015 CDC Treatment Guidelines.

In the near future, the NNPTC will conduct STD 101 as a pre-course for the September STD Prevention Conference in Atlanta, GA. And in December the NNPTC will hold its national meeting of all regional PTC's.

Destiny Kelley

Latin America

In July 2017, celebrated Brazilian city Rio de Janeiro will host a memorable conference in the field of STI/HIV. The STI & HIV World Congress will be a joint meeting by the International Society for STD Research (ISSTD) – its 22nd biennial meeting – and the International Union against Sexually Transmitted Infections (IUSTI) – its 18th World Congress.

From July 9-12, 2017, the joint event will deliver a high quality scientific program containing the latest results in STI/HIV research, and offer the opportunity for vigorous debate and discussion. "Let us work together towards an updated and feasible scientific program that helps us bring benefits to citizens all over the world, since science should serve everyone," says event chair Mauro Romero Leal Passos, professor at Fluminense Federal University (*Universidade Federal Fluminense/UFF*) and head of its Microbiology and Parasitology Department's STD field.

The conference will be followed on July 12-13, 2017 by the 11th Congress of the Brazilian STD Society (*Sociedade Brasileira de DST*) and by the 7th Brazilian AIDS Congress, also in Rio de Janeiro.

STI & HIV World Congress registration can be carried out at the following website: <http://stihivrio2017.com/registration/>.

Adele Benzaken

Conference Update

IUSTI Events:

IUSTI Europe 2016

Dates: September 15-17, 2016

Location: Budapest, Hungary

Website: www.iusti2016.org

World STI & HIV Congress 2017

Dates: July 9-12, 2017

Location: Rio de Janeiro, Brasil

Website: <http://stihivrio2017.com/>

19th IUSTI Asia-Pacific Conference

Dates: December 1-3, 2016

Location: Okayama, Japan

Website: <http://www.med-gakkai.org/19iusti/>

19th IUSTI World Congress

Dates: 29 August – 1 September 2018

Location: Dublin, Ireland

Website: TBA

21st IUSTI World Congress

Dates: November 2020

Location: Bangkok, Thailand

Website: TBA

Other STI or Related

Meetings/Congresses/Courses:

21st International AIDS Conference

Dates: July 17-22, 2016

Location: Durban, South Africa

Website: <http://www.aids2016.org/>

2016 National Ryan White Conference on HIV Care and Treatment

Dates: August 23–26, 2016

Location: Washington, DC, USA

Website: <http://ryanwhite2016.org/>

Rural HIV Research and Training Conference

Dates: September 9-10, 2016

Location: Coastal Georgia Center, Savannah, GA, USA

Website:

<http://academics.georgiasouthern.edu/ce/conferences/ruralhiv-2/>

2016 STD Prevention Conference

Dates: September 20-23, 2016

Location: Atlanta, USA
 Website: <https://www.cdc.gov/stdconference/>

25th EADV Congress
 Dates: September 28 - October 2, 2016
 Location: Vienna, Austria
 Website: <http://eadvvienna2016.org/>

4th International Conference on HIV/AIDS, STDs and STIs
 Dates: October 3-5, 2016
 Location: Orlando, Florida, USA
 Website: <http://hiv-aids-std.conferenceseries.com/>

International conference on Human Papillomavirus
 Dates: October 20-21, 2016
 Location: Chicago, USA
 Website: <http://hpv.conferenceseries.com/>

HIV Drug Therapy Glasgow
 Dates: October 23-26, 2016
 Location: Glasgow, UK
 Website: <http://hivglasgow.org/>

2016 Australasian HIV & AIDS Conference
 Dates: November 16-18, 2016
 Location: Adelaide, Australia
 Website: www.hivaidsconference.com.au

40th National Conference of Indian Association for the Study of STD & AIDS
 Dates: November 25-27, 2016
 Location, Bhopal, M.P., India
 Website: <http://www.asticon2016.com/>

15th Annual Conference on HIV Vaccines & Therapeutics

Dates: December 8-9, 2016
 Location: Philadelphia, Pennsylvania 19153, United States
 Website: <http://hiv.conferenceseries.com/>

National HIV PrEP Summit
 Dates: December 3-4, 2016
 Location: San Francisco, CA, USA
 Website: <http://hivprepsummit.org/>

31st International Papillomavirus Conference (HPV 2017)
 Dates: February 28 - March 4, 2017
 Location: Cape Town, South Africa
 Website: <http://hvp2017.org/>

14th EADV Spring Symposium
 Dates: May 25-28, 2017
 Location: Brussels, Belgium
 Website: <http://www.eadv.org/eadv-meetings>

Somesh Gupta

STI Global Update is published by the International Union against Sexually Transmitted Infections. Its aims are to provide an international perspective on the management and control of sexually acquired infections. Regular contributions from the regional directors of IUSTI and feedback from conferences is supplemented by short reviews of relevant topics and input from the Center for Disease Control (US), Health Protection Agency (UK), European Centre for Disease Prevention and Control, and the World Health Organisation.

Prof. Jonathan Ross, Editor
jonathan.ross@uhb.nhs.uk

Further information on the activities of IUSTI available at www.iusti.org