

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

Dear members of IUSTI and colleagues interested in STIs!

Before you start your holidays, read this newsletter and get updated on IUSTI activities in all 5 regions, about developments in the field of STIs and about news resulting from the recent ISSTD Conference in London few days ago.

The ISSTD was an excellent meeting covering scientific advances related to STIs with almost 900 abstracts, and more than 1400 very enthusiastic delegates. The ISSTD Board held a meeting on Saturday 27 June, before the official meeting started, in order to decide important issues for the future of ISSTD.



Michel Alary, Cathy Ison and Angelika Stary at the ISSTD

I am happy to announce that the board accepted our bid for holding an **ISSTD-IUSTI joint meeting** in Vienna. This will be the 4th joint meeting of the ISSTD and IUSTI.

Highly successful joint conferences of the ISSTD and IUSTI have already been held in Seville, Berlin, and Seattle. We proposed a further ISSTD-IUSTI joint conference in Vienna encompassing global representation of all 5 regional IUSTI branches. We particularly emphasized the extra benefit from having an ISSTD-IUSTI joint conference in Europe, since IUSTI European meetings normally attract about 500 delegates. It is now agreed that IUSTI Europe will not

hold a separate meeting in 2013 but will encourage attendance at the joint meeting.

For the conference venue we propose the Hofburg in Vienna, the historic Imperial Palace right in the centre of the city, which hosts the famous Conference Centre. It is modern, well equipped and certainly the most famous place to hold a conference to accommodate the expected number of participants.

Although there is still some time to go, I would like to ask you now to block the date in your calendar from June 30 until July 3, 2013. It would be great to meet you in 4 years in Vienna!

I hope that you will enjoy your summer vacation after a successful year, and wish you a relaxing time and all the best.



Angelika Stary
IUSTI world president

Research Review

Epidemiology, prevention and management of STI in Russia

Russia is a country with the largest territory in the world and is the most populated country in Europe. Demographic data show that the Russian population has been decreasing every year since 1991. High levels of STI could be one of the reasons for this. There are 6 officially registered STIs in Russia: syphilis, gonorrhoea, Chlamydia, trichomoniasis, anogenital warts and genital herpes. HIV is registered separately from STI, and control of HIV is accomplished by a special service independent of other medical specialties.

Epidemiological data show a relatively low incidence of viral STI, but a very high rate of syphilis in Russia. During the 1990s, after the Soviet republics became independent from each other, all of them experienced syphilis epidemics. This was especially marked in Russia, which at the peak of the epidemic (1997) had an incidence of syphilis as high as 277.3 per 100 000. In 2008 it dropped to 59.9, which is still very high, but a 4-fold decrease from the peak.

During a 10-year period since the peak incidence of syphilis in Russia, the number of tests for syphilis has not changed much, with the testing rate approaching a quarter of the entire population of the country. That is why statistical data on syphilis rates may serve as a marker for other STIs in the country. The low incidence of viral STIs (in 2008, 23/100 000 and 34.3/100 000 for genital herpes and anogenital warts)

is probably inaccurate, but does illustrate an increasing trend for viral STI rates compared to a decline for bacterial STIs.

One of the major factors influencing the syphilis epidemic in Russia is population migration, which has made it difficult to organize an effective system of infection control. A similar problem may be facing Europe now.

In 2007 Russia, for the first time for 10 years, lost its position as the country with the highest rate of syphilis in Europe. This position was taken by Moldova (incidence 77.3 per 100 000) and many migrants from Moldova come to Russia each year looking for jobs. The other country where Moldovans migrate for work is their neighbour Romania, which also has a high rate of syphilis (22.7 per 100 000). Migration of population could therefore be a major factor influencing syphilis rates in this region.

The executive and legislative authorities, both at the federal and state level, have undertaken a major effort, including issuing new laws, government decrees and Health Ministry orders, and other regulatory documents. New forms of patient-doctor interactions based on confidentiality and counseling were introduced into practice. To finance the struggle against STI a federal Targeted Programme "On measures for preventing further spread of sexually transmitted diseases" was adopted in 2002 and is still active. Measures to control STI by Russia's Dermatovenereology (DV) Service are based on the system of "active revelation" of diseases during prophylactic inspections of occupational groups, in-patients at all hospitals, blood donors and on tracing contacts of STI patients, and other inspections.

Monitoring of *N.gonorrhoeae* resistance to antibiotics in different regions of Russia has been part of a Federal Targeted Programme on STI which revealed high-level quinolone resistance (62.5%). The most prevalent mutations were GyrA S91F + D95G and GyrA S91F + ParC S87R. Among clinical strains of *N.gonorrhoeae* isolated from patients there were no strains with single mutations, all had high level resistance with cross-resistance between cipro-, oflo- and moxifloxacin demonstrated.

After new measures to control the level of STI were initiated, the incidence of these infections decreased significantly, dropping by about 50% from their peak in 1997. The proportion of HIV-positives among patients with STI has remained the same (0.4%) during the last 5 years.

The Russian experience of testing for syphilis among high risk groups may be helpful for other European countries that already have outbreaks of syphilis, or may face these outbreaks in the future.

Mikhail Gomborg

Regional Reports

Latin America

Sentinel surveillance for Men Having sex with Men (MSM) in Honduras

During the second quarter of 2009, Honduras implemented the first two sites for sentinel surveillance for STIs in MSM in the country. Dr. Freddy Tinajeros, (Country Manager of Cooperative Agreement Tephinet-CDC/GAP) explained that these two centers will be offering services directed to reduce the risk of transmission of STIs and HIV in this population. The cities where the centres are located are San Pedro Sula and La Ceiba. According to the Central American Survey on Risk behaviour (ECVC), performed by the Ministry of Health of Honduras, CDC and the Global Fund for HIV/AIDS in 2006, the prevalence of HIV in MSM is quite high, 9.9%. So there was a need to start monitoring the epidemic in this population but more importantly to supply services and prevention interventions to this high risk group. These two new centers will guide the development of other centers in the country.

Rapid Point-of-Care Diagnostic Test for Syphilis in High-Risk Populations in Brazil

Dr. Adele Benzaken has been evaluating the acceptability and feasibility of the use of a rapid syphilis test in the Amazon region in Brazil. She has documented interesting findings regarding the barriers for the use of these tests within high risk populations and also from health providers. The description of the work and findings have been recently published in Emerging Infectious Diseases Journal (www.cdc.gov/eid Vol. 15, No. 4, April 2009).

The PanAmerican Association of Infectologists (API) interested in STI in the Region

The API through their committee on obstetrics/gynaecology and peri-natal infections under the direction of Dr. Alicia Farinati, are preparing a Latin American survey targeting infectious diseases and obstetrics/gynaecology physicians assessing their experience, practice and research on STIs.

Courses on STI

The Uruguayan Society against STI (SUCITS) has actively participated in the XV Congress of OBGYN, May 26 to 29. During the congress one of the main topics was Congenital syphilis as a re-emergent disease. Data in Uruguay shows that the number of cases of congenital syphilis and the maternal syphilis seroprevalence rate are rising.

The Argentinian Association for OBGYN Infections and Control of STIs (ASAIGO-ITS) and the Association for OBGYN from Santa Fe (ASOGISFE) organized a Symposium on Infections in Gynecology and Obstetric patients on June 25. Issues related to the diagnosis and management of STIs in pregnant women and vertical transmission were discussed during the meeting.

Patty Garcia

Europe

Following the establishment of the European Branch of IUSTI (IUSTI Europe) as a non-profit association registered in Estonia, I am pleased to report that a

bank account has been opened in Estonia in the name of the Branch.

The International Society for STD Research (ISSTD), in conjunction with the British Association for Sexual Health and HIV (BASHH), jointly held a conference in London between 28 June and 1 July 2009. As previously agreed, IUSTI Europe took the opportunity of this excellent meeting to conduct essential business. On Sunday 8 June there was a meeting of the European STI Guidelines Editorial Board in the morning, followed by a meeting of the IUSTI Europe Board in the afternoon. Full information about the meeting is obtainable from the website: www.isstdlondon2009.com. On Monday 29 June several members of the Board of IUSTI Europe were invited to a special symposium on the subject of sexual health in Europe, hosted by the Royal College of Physicians of London. Mr Robert Madelin, Director General for Health and Consumers at the European Commission will be in attendance. The meeting will be chaired by Simon Barton, Treasurer of IUSTI Europe, and I were invited to present on behalf of the European Branch.

In September 2010 IUSTI Europe is planning to hold a meeting in Tbilisi, the capital of Georgia. A field visit is going to be made in June by our chair, Airi Poder, together with Simon Barton and Mihael Skerlev (Croatian national representative).

The 2011 conference will take place in the capital of Latvia, Riga, 8-10 September 2011, and will be hosted by Andris Rubins. The chair of the international scientific committee for that meeting is Willem van der Meijden.

Bids for future IUSTI Europe conferences, that is, for 2012 and beyond, will be considered at the next IUSTI Board meeting in London in June.

Work continues on updating the European STI guidelines. The guideline on syphilis has been published (*Int J STD AIDS* 2009;20:300-309. French, P, Gomberg M, Janier M, Schmidt B, Van Voorst Vader P, Young H). Guidelines on gonorrhoea and non-gonococcal urethritis have also been completed and are available on the website.

Revision has commenced on the following guidelines: genital warts, scabies, pediculosis pubis, hepatitis, vaginal discharge, chlamydia, tropical genitoulcerative diseases.

Information about the guidelines, including access to the completed guidelines themselves, is available at the IUSTI website. From the homepage navigate via "IUSTI Regions" then "Europe" then "Guidelines".

As Editor-in-Chief I should be very happy to hear from anybody who has any suggestions for new guidelines, or who would like to become involved in writing guidelines.

Keith Radcliffe

North America

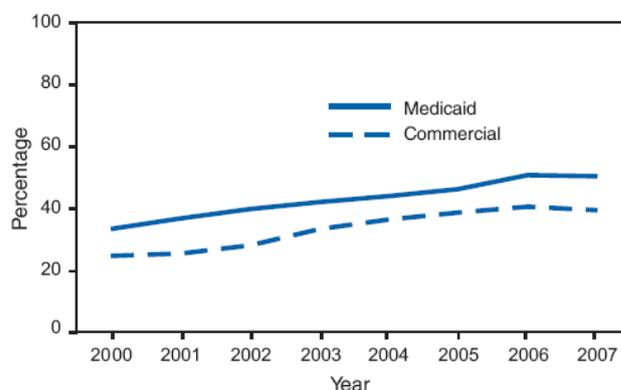
News from the Regional Director

We look forward to seeing many IUSTI members at the 11th IUSTI World Congress with the African IUSTI Branch Nov 9-12, 2009 in Cape Town, South Africa.

This is an exciting year for STIs and we hope that new research for preventing, diagnosing, and treating STIs, as well as new insights into their epidemiology, will assist public health officials in making wise decisions about the control of these infections which affect so many worldwide. New data on STIs, available from the CDC STD Surveillance 2008, indicate that for 2007, 1,108,374 cases of chlamydia were reported, the highest ever, and 356,524 cases of gonorrhoea were reported.

American Society for Microbiology Sunrise Symposium. "Update on Sexually Transmitted Infections" was presented by members of the North American IUSTI at ASM, May 2009 annual meeting in Philadelphia. This symposium featured talks on "The New CDC Laboratory Guidelines for Chlamydia and Gonorrhoea" by Dr. John Papp; "The Molecular Determination of Cephalosporin Resistance in Gonorrhoea" by Dr. Mark Pandori; "How Are the New Treponemal Tests Being Used for the Diagnosis of Syphilis" by Dr. Anne Rompalo; and "Is the New Variant (Mutant) of Chlamydia Present in the U.S." by Dr. Charlotte Gaydos.

From CDC's Morbidity and Mortality: Nationally, the annual screening rate for chlamydia increased from 25.3% in 2000 to 43.6% in 2006, and then decreased slightly to 41.6% in 2007. Clearly we still have challenges ahead of us.



Percentage of sexually active female enrollees ages 16-25 years who were screened for *Chlamydia trachomatis* infection by health plan type and year—Healthcare Effectiveness Data and Information Set, United States, 2000-2007

The North America IUSTI will host a training workshop, "**Translating New Research Findings into HIV and STI Clinical Practice**" at the 11th IUSTI Congress in Cape Town, the North America Regional Branch. This workshop will enable attendees to learn how findings from recent research studies can enhance their clinical ability to care for patients with HIV and STIs. The participants will be able to:

1. Learn new HIV epidemiology and the relationship of HIV and STI interactions.
2. Explain the interactions of HSV and HIV epidemics.
3. Understand the practical role of behavioral interventions in the settings of a developing country.

4. Discover the nature of the association of syphilis in the HIV-infected patient.
5. Explain the role of new molecular diagnostics and point of care tests for HIV and STIs.
6. Discuss the role of bacterial vaginosis in women who are HIV infected.

Speakers include: Dr. Thomas C. Quinn, Johns Hopkins University; Dr. Peter Leone, University of North Carolina; Dr. Charlotte A. Gaydos, Johns Hopkins University; Dr. Sevgi Aral, Centers for Disease Control and Prevention; Dr. Anne Rompalo, Johns Hopkins University; and Dr. Jeanne Marrazzo, University of Washington.

The registration form is available at http://www.iusti.co.za/G_Registration_form.asp

Please note: There will be a limit on attendance of 150 people, and there will be a significant number of places reserved for delegates from resource poor settings.

The Johns Hopkins University Center for Point of Care Tests for STDs www.hopkinsmedicine.org/Medicine/std/awards/index.html is pleased to announce that Meso Scale Diagnostics was awarded a contract to adapt their diagnostic testing platform into a point-of care system for diagnosis of chlamydia infections. This highly competitive award for development of a novel point of care test was made based on a review of a team of experts in the fields of medical technology, sexually transmitted disease and fieldable diagnostics. This technology will represent a significant advancement in the areas of STD testing and in diagnostic devices.

Report on Youth Development, Teen Pregnancy, STI, and HIV Prevention

Available at: http://healthyteennetwork.org/index.asp?Type=B_PR&SEC=%7B2AE1D600-4FC6-4B4D-822-F1D5F072ED7B%7D&DE=%7B8CA05DBC-01FD-48FE-BE3B-8EE38D108240%7D) This report highlights the role of youth development in prevention of teen pregnancy, sexually transmitted infections (STIs), and HIV.

The Internet for testing STIs is in the news.

LA County offers teens home delivery of STD tests <https://www.dontthinkknow.org/> is a new marketing campaign for home collection of self-collected vaginal swabs for testing females for chlamydia in Los Angeles county in California that went live in June. Teenage girls are now a text message away from finding out whether they have sexually transmitted diseases. Health officials unveiled a program that targets young women in Los Angeles County by offering home delivery of STD testing kits and a text message to alert them when the results are ready online. The program expands on a model piloted by Johns Hopkins School of Medicine researchers in Baltimore. Health officials in Los Angeles County hope their program can curb the alarming spread of gonorrhea and chlamydia. According to the most recent statistics available from the Centers for Disease Control and Prevention, Los Angeles County led the nation in 2007 in reported

chlamydia cases at 44,030, and ranked second in the number of gonorrhea cases at 10,063.

Women age 25 and under are recommended for testing once a year. Under the program, women can request testing kits to detect chlamydia or gonorrhea by visiting a website or calling a toll-free number, and the kits are then mailed to addresses provided. To administer the test, women insert a vaginal swab for 10 seconds, seal the swab in a plastic tube and mail it to a testing center. The samples are testable for up to two weeks. Women can opt to receive a text message alert when their test results are available, which they can check via phone or on the Web. If needed, they are referred to a local clinic for help.

Recent data from www.iwantthekit.org in Baltimore, Maryland indicate that about 1800 women and over 500 men have been tested for STIs from Internet recruitment for self-collection of genital samples at home. More than 98% of women said the instructions for collection of a self-obtained vaginal swab were easy, 97% said the collection itself was easy, and 92% said they would use an Internet based program again for STD testing. After a person requests a kit, it arrives at her home in a plain envelope. The kit contains the swab, instructions, a questionnaire, and return pre-paid and pre-addressed mailer. Completed samples can be dropped into any mailbox and are tested by nucleic acid amplification tests for chlamydia, gonorrhea and trichomonas. Positive test results are followed up by referrals to free treatment clinics close to the participant's homes. Demographic and sexual information from women indicated more than one-quarter of all female respondents were aged 15-19 years, and they had the highest prevalence for chlamydia of any age group, at 15%. About one-third of the respondents were aged 20-24 years. In this group, the prevalence was 11%. Sexual risk among women participating in the study was reported, with 55% reporting a history of an STD, 59% reporting more than one sex partner in the previous 90 days, 39% reporting a new partner in the previous 90 days, more than half reporting drinking before sex, 31% reporting anal sex, and 23% reporting a history of forced sex.

For men, recent [www.iwantthekit](http://www.iwantthekit.org) data indicate that the overall prevalence for any STI is 21.2% (chlamydia 12.8%, gonorrhea 0.8% and trichomonas 9.8%). Only 13.2% reported using condoms consistently, 33.3% report a history of STDs; 20.8% report a history of chlamydia. Multiple partners in the previous 90 days were reported by 73.5%, a new partner by 51.4%, anal sex by 55.7%, oral sex by 96.4%, and drinking during sex by 72.0%. Most males reported only female partners (88.8%) and 7.7% reported only male partners, while 3.7% reported both female and male partners.

The "I Want the Kit" testing is currently available via the Internet to men and women in Maryland; West Virginia; Washington, D.C.; Denver; and some counties in Illinois. This strategy may reach a very high-risk group with the educational pages and additionally prompt a means of obtaining a confidential and conveniently accessed, reliable test.

National HIV Testing Day

CDC has launched an updated National HIV Testing Site (http://www.hivtest.org/press_files/default.cfm). National HIV Testing Day (NHTD) is Saturday, June 27. The site includes an NHTD events calendar, innovative tools, and posters to help promote HIV testing.

Fact Sheet on Oral Sex and HIV Risk

The CDC has released a fact sheet on *Oral Sex and HIV Risk*. Go to: www.cdc.gov/hiv/resources/factsheets/oralsex.htm to view the fact sheet.

Study on Power Dynamics and Sexual Risk Taking

A recent study (available at: <http://www.guttmacher.org/pubs/journals/4107409.html>) found that power dynamics in heterosexual relationships-which partner has the higher income, greater control over sexual and contraceptive decisions, and the stronger commitment to the relationship-may play a role in couples' decisions to engage in risky behavior.

"Truth or Consequences: The Intertemporal Consistency of Adolescent Self-Report on the Youth Risk Behavior Survey"

American Journal of Epidemiology Vol. 169; No. 11: P. 1388-1397 (06.01.09): Janet E. Rosenbaum. The author analyzed the consistency of adolescent respondents' self-reported health risk behaviors, noting that while surveys are "the primary information source" about such behaviors, adolescents may not report them accurately. Inaccurate data can undermine the formulation of adolescent health policy, as well as its evaluation, according to the study.

Using test-retest data from the Youth Risk Behavior Survey, the author compared participants' responses to 72 questions regarding risk behaviors at a two-week interval. Individual YRBS questions were evaluated for prevalence of change and three measures of unreliability: "inconsistency (retraction and apparent initiation), agreement measured as tetrachoric correlation, and estimated error due to inconsistency assessed with a Bayesian method." Adolescents reported their sex, drug, alcohol, and tobacco use more consistently than other risk behaviors in a two-week period, "opposite their tendency over longer intervals," Rosenbaum found. Compared with other YRBS topics, "most sex, alcohol, and tobacco items had stable prevalence estimates, higher average agreement, and lower estimated measurement error," concluded Rosenbaum. Inconsistency with respect to adolescent reports about weight control behaviors is "particularly problematic because of the increased investment in adolescent obesity research and reliance on annual surveys for surveillance and policy evaluation."

Charlotte Gaydos

Asia-Pacific

Update of the Epidemiology of HIV/AIDS in the Philippines

HIV Seropositive Cases (1984 to 2009)

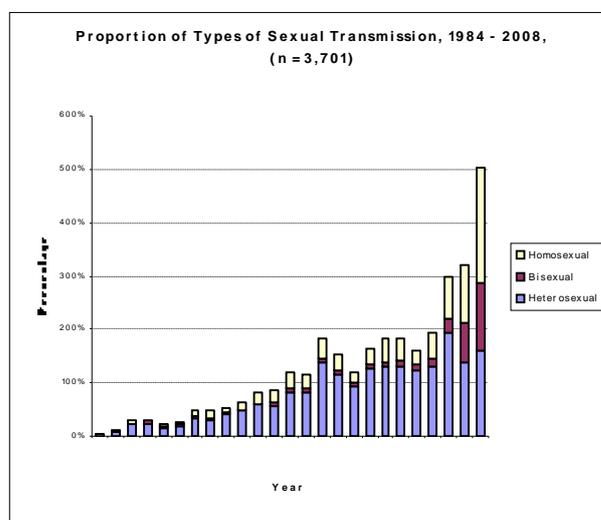
From January 1984 to February 2009, there were 3,701 HIV seropositive cases reported in the Philippines, of which 2,893 (78%) were asymptomatic and 808 (22%) were AIDS cases. The age groups with the most number of cases were: 25 to 29 years (23%), 30 to 34 years (22%), 35 to 39 years (18%). 70% (2,595) were males. Sexual contact (89%) was the leading mode of transmission.

AIDS Cases (1984 to 2009)

Of the 808 AIDS cases reported, 70% (5,646) were males. Median age was 36 years (range 1 to 72 years) and 39% (313) had already died. Sexual intercourse was the most common mode of HIV transmission, accounting for 93% (748) of all AIDS cases. More than half (438) of sexual transmissions were through heterosexual contact, followed by homosexual contact (245) and bisexual contact (63). Other modes of transmission included: mother-to-child transmission (17), blood transfusion (10), injecting drug use (4), and needle prick injuries (2). 3% (27) of the AIDS cases did not report mode of HIV transmission.

Mode of Transmission (1984 – 2009)

Of the 3,701 individuals with HIV, 89% (3,297) were infected through sexual contact and 1% (49) through mother-to-child transmission. Other modes of transmission were: blood/blood products, injecting drug use, needle prick injury. No data was available for 9% (325) of the cases. Cumulative data shows 62% (2,034) were infected through heterosexual contact, 26% (872) through homosexual contact, and 12% (391) through bisexual contact. From 2007, 39% of sexual transmission was homosexual, 36% was heterosexual and 25% was bisexual. See figure below.



Overseas Filipino Workers

There were 1,205 HIV positive overseas Filipino workers since 1984, comprising 33% of all reported

cases, and 19% of cases in 2009. 74% (897) were males. Ages ranged from 20 to 69 years (median 37 years). 27% (286) were in the 30 to 34 years age group and sexual intercourse (95%) was the predominant mode of transmission. 78% (942) were asymptomatic while 22% (263) were AIDS cases.

Of the 263 AIDS cases among overseas Filipino workers, 81% (213) were males. Ages ranged from 20 to 69 years (median 40 years). Reported mode of transmission was mostly (97%) sexual contact for all AIDS cases. Other modes of transmission included: blood transfusion (4) and needle prick injury (2). 2 did not report mode of transmission.

Roy Chan

Conference Update

IUSTI Events:

11th IUSTI World Congress

Dates: November 9-12, 2009

Location: Cape Town, South Africa

Website:

<http://www.iusti.org/regions/africa/default.htm#saconf>

16th IUSTI Asia Pacific Conference

Dates: May 5-6, 2010

Location: Bali, Indonesia

Website: www.iusti.org

25th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe 2008

Dates: September 23–25, 2010

Location: Tbilisi, Georgia

Website: www.iusti.org

26th IUSTI Europe Congress

Dates: September 8-10, 2011

Location: Riga, Latvia

Contact: Prof. Dr. Andris Rubins, Email:

arubins@apollo.lv

12th IUSTI World Congress

Dates: November 2-5, 2011

Location: New Delhi, India

Website: www.iusti2011.org

13th IUSTI World Congress

Dates: To be announced

Location: Melbourne, Australia

Contact: Prof. Christopher Fairley, Email:

cfairley@bigpond.com

Other STI or Related

Meetings/Congresses/Courses:

9th International Congress on AIDS in Asia and the Pacific (ICAAP)

Dates: August 9 - 12 2009

Location: Bali, Indonesia

Website: <http://www.icaap9.org/>

BASHH HIV Focus Meeting

www.iusti.org

Date: September 04, 2009

Location: London, UK

Website: http://www.bashh.org/meetings/289_bashh-hiv-focus-meeting

18th European Academy of Dermatology and Venereology Congress

Dates: October 7-11, 2009

Location: Berlin, Germany

Website: www.eadv.org

Australasian HIV/AIDS Conference 2009

Dates: September 9-11, 2009

Location: Brisbane, Queensland, Australia

Website: <http://www.hivaidsconference.com.au/>

XX World Congress of International Society for the Study of Vulvo-vaginal Diseases

Dates: September 13-17, 2009

Location: Edinburgh, Scotland, UK

Website: <http://www.issvd.org/meetings.asp>

Frontiers of Retrovirology: complex retroviruses, retroelements and their hosts

Dates: September 21 - 23, 2009

Location: Montpellier, France

Website:

<http://www.amiando.com/frontiersofretrovirology.html>

3rd Vaccine Global Congress

Dates: October 4-6, 2009

Bangkok, Thailand

Website: <http://www.vaccinecongress.com>

BASHH STI and HIV course

Dates: October 19-23, 2009

Location: UK

Website: http://www.bashh.org/meetings/213_bashh-sti-and-hiv-course

Eastern Europe and Central Asia AIDS Conference

Dates: October 28-30, 2009

Location: Moscow, Russia

Website: <http://www.eecaac.org/en/index.phtml>

VI Central American Congress on HIV/AIDS and Sexually Transmitted Infections (CONCASIDA)

Dates: November 9 - 14, 2009

Location: San Jose, Costa Rica

Website: <http://www.concasida2009.org/>

12th European AIDS Conference/EACS

Dates: November 11-14, 2009

Location: Cologne, Germany

Website: <http://www.eacs-conference2009.com/>

5th SAHARA Conference on the Social Aspects of HIV and AIDS

Dates: November 30-December 3, 2009

Location: Johannesburg, Gauteng, South Africa

Website: <http://conference.sahara.org.za>

The Intimate Side of Sexual Health

Dates: March 29-31, 2010
Location: Pattaya, Thailand
Website: <http://www.siamcare.org.uk>

**6th annual AIDS Scenario Building Workshop:
planning for a future with HIV and AIDS**

Dates: April 21-23, 2010
Location: London, United Kingdom
Website:
<http://www.ScenarioDevelopment.com/Aidsscenarios>

**26th International Human Papillomavirus
Conference and Clinical Workshop 2010**

Dates: July 2-8, 2010
Location: Montreal, Canada
Website: Not available

**International Conference on Opportunistic
Pathogens**

Dates: September 28-30, 2010
Location: New Delhi, Delhi, India
Website: <http://icopa-india.org>

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) and the World Health Organisation.

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