President’s Letter

The theme of this year’s International Day of the Girl on 11 October was “Girls’ Progress equals Goals’ Progress: What counts for girls”. The UN’s website reminds us that the world’s 1.1 billion girls are ‘part of a large and vibrant global generation poised to take on the future’. However, girls continue face disadvantage and discrimination everywhere on a daily basis. The UN Women’s website put out a related call for action to increase investment in collecting and analysing girl-focused, girl-relevant and sex-disaggregated data. Data are critical for monitoring progress towards achieving the Strategic Development Goals (SDGs). Gender equity is central to the achievement of all of the SDGs. Only by ensuring that we build equitable gender norms will we enable girls to grow and develop to their full potential.

October 11th saw a focus on the International Day of the Girl

Inequitable attitudes and experiences contribute to harmful behaviours which may result in poor outcomes for sexual and reproductive health. For girls, as highlighted by WHO and very much appreciated by IUSTI members, this can mean early pregnancy and complications associated with it, unsafe abortion, infection with STIs including HIV and/or other diseases. Issues related to need for both child assent and parental consent make researching STIs among adolescents under the age to independently participate in research studies further hamper efforts to collect STI data on young girls. All too often, researchers opt for the easy way out by excluding young adolescents from studies. If we are to rise to the challenge of this year’s International Day of the Girl in our professional lives and as a Union, we need each to look for opportunities where we can contribute to global efforts to attain the SDGs by 2030, be that in our clinical practice, our teaching opportunities, our research endeavours or in our personal lives.

Viktória Várkonyi (30th IUSTI-Europe Congress President), David Lewis (IUSTI-World President) and Károly Nagy (30th IUSTI-Europe Congress Vice-President), Budapest.

By the close of this year, there will have been three IUSTI conferences and one IUSTI symposium held in four of our five regions. This is a remarkable achievement for our organization. In the June edition of STI Global Update, I discussed the IUSTI World Congress held in Marrakech in May this year. This World Congress was also an IUSTI-African regional meeting. Subsequently, IUSTI-Europe held an excellent 30th Congress in Hungary’s famous capital city, Budapest, between 15-17 September. The theme of the Budapest meeting was ‘Traditions, advances in STI care: harmony of personal and social prevention’ and the Congress President was Viktória Várkonyi, ably assisted by the Congress’ Vice President, Károly Nagy. Miguel Tilli, one of our Executive Board Members representing Latin America and the Caribbean (IUSTI-LAC), has worked tirelessly with his Argentinian colleagues, including Mária Eugenia Escobar de Fernández, the President of the Argentinian Association for the Study of Gynaecological and Obstetric Infections and STIs (ASAIGO-ITS), to deliver an International Symposium on Sexually Transmitted Infections from 3-4 November in Buenos Aires. Finally, the 19th IUSTI-Asia Pacific Conference will take place between 1-3 December in Okayama, Japan. The Congress Chairperson is Toshio Kishimoto ably assisted by the Secretary General Royichi Hamasuna, another one of our IUSTI-World Executive Board Members. IUSTI is indebted to
the organizing teams responsible for delivering each of these four events for ensuring that the Union continues to play an important role in education and training as well as facilitating international networking opportunities for IUSTI members and other delegates.

David Lewis, IUSTI-World President

References:

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Regional Reports

Africa

Progress with development and implementation of national strategies and action plans for STI prevention and control and antimicrobial resistance monitoring in Africa

In May 2016, at the 69th World Health Assembly, Member States of the World Health Organization (WHO) adopted a number of key global strategies. Of note in the area of prevention and control of sexually transmitted infections (STIs) were the “Global Health Sector Strategy on Sexually Transmitted Infections, 2016 - 2021” and The global action plan on antimicrobial resistance (AMR), reflecting global concern at the profound threat to human health posed by AMR.

In September, 2016, global leaders met at the United Nations General Assembly in New York in to commit to fighting antimicrobial resistance together, making it only the fourth time in the history of the UN that a health topic has been discussed at the General Assembly – the others being HIV, non-communicable diseases and Ebola. The heads of countries and delegations addressed the seriousness and scope of AMR and agreed on sustainable, multi-sectoral approaches to responding to the problem of AMR.

Such agreements have to be followed up by nations to ensure that the strategies and interventions are put into action and the health issues addressed.

To respond to this a number of countries in Africa have taken the task on board and started some activities in response. A few highlights are given in the sections that follow.

South Africa, is currently reviewing its strategy and guidelines for Sexually Transmitted Infections. The existing STI management guidelines were developed during 2004–5.

Aetiological and antimicrobial resistance surveys undertaken in most of South Africa’s nine provinces since 2006 have highlighted the rising importance of Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, herpes simplex virus infections, as well as the emergence of quinolone-resistant N. gonorrhoeae (Mhlongo, Magocca et al. 2010), (Lewis, Scott et al. 2008).

Thus, South Africa has embarked on a review of the national STI strategy to ensure that evidence-based interventions are adopted and incorporated. The STI sub-directorate at the National Department of Health (NDOH), with technical support from Wits Reproductive Health & HIV Institute (Wits RHI) is currently reviewing the National STI Strategy. A team of experts in the field of STIs has been constituted by NDOH to serve on the task team to review and update the current national STI strategy for the period 2016 to 2020. It is expected that this review process will be completed by end December. The revised strategy will be handed over to the National Department of Health and disseminated to all the provinces thereafter to ensure that all key stakeholders and provinces start implementing the revised strategy and guidelines from then on. The revised National STI Strategy will guide STI control and management as well as congenital syphilis elimination and the implementation plan of rapid syphilis testing throughout South Africa.

South Africa has also published in the National Institute for Communicable Disease Bulletin (Communicable Diseases Surveillance bulletin Volume 14. No 3 September 2016) data on gonococcal antimicrobial susceptibility trends in Gauteng Province over a period of eight years (2008 to 2015) which revealed that high-prevalence resistance to penicillin, tetracycline and ciprofloxacin obviates the use of these agents in empiric therapy guidelines for syndromic management. The prevalence of resistance to Extended Spectrum Cephalosporins (ESC) is below 1%, validating continued use of ceftriaxone in dual therapy for gonorrhoea. In its conclusion, it is stated that it is essential that ESC and azithromycin susceptibility trends for representative numbers of isolates are monitored to detect emerging resistance timely.

In Zimbabwe, two key studies in the area of STI prevention and control have just been concluded. One was to assess the magnitude of antimicrobial resistance in Neisseria gonorrhoeae. In the study 348 men with smear positive gonococcal urethritis were enrolled, and N. gonorrhoeae was cultured in the laboratory in only 104 (29.9%) of these. Isolated strains were tested for susceptibility to ciprofloxacin, ceftriaxone, cefixime and kanamycin. A small number of isolates were also tested for...
susceptibility to azithromycin. Results are being analysed for dissemination and publication.

The second study completed in Zimbabwe was to determine the aetiologies of the common STI syndromes of urethral discharge in men, vaginal discharge in women, genital ulcers in men and women. The outcomes showed that *N. gonorrhoeae* was the commonest organism found in men with urethral discharge (over 70%), followed by *Chlamydia trachomatis* (about 22%). *Mycoplasma genitalium* and *Trichomonas vaginalis* infections were also found. In women with vaginal discharge, bacterial vaginosis and yeast infections were the commonest to be identified. Of the STI pathogens found, gonococcal infections were the commonest found (24%), followed by *Trichomonas vaginalis* (19%), then chlamydial infections and mycoplasma genitalium. The full results from this study are being written up for publication.

With respect to Action Plans to implement interventions to contain the spread of antimicrobial resistance, a number of countries have produced their first drafts. A full report of the number of countries with Action Plans for antimicrobial resistance is expected by the end of November.

Francis Ndowa

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Europe

The 30th IUSTI Europe Congress - Budapest, September 2016

The 30th European Congress of the International Union against Sexually Transmitted Infections (IUSTI) took place at the Hotel Hilton Conference Center in Budapest, Hungary from 15th to 17th September 2016. This Congress was the second IUSTI meeting in Hungary, after the one in 2000. The theme was “Traditions, advances in STI care: harmony of personal and social prevention” and the congress program focused on both classic sexually transmitted infections (STIs) and HIV, from clinical to public health, and including laboratory aspects. This European conference attracted more than 430 international delegates from 49 countries including 7 Asian, 5 African, 2 North-American countries, and Australia/New Zealand.

An outstanding program was prepared by the Conference President Viktoria Varkonyi and Vice President Professor Karoly Nagy with the support of Professor Marco Cusini of Milan (Chair of the Scientific Committee) who was assisted by an International Scientific Committee bringing together 35 members. Representatives of IUSTI World including David Lewis President, Charlotte Gaydos President elect, and Raj Patel, Past president, as well as ISSTDR President Angelika Stary were also present.

The program covered several aspects of STIs and HIV, spreading over 3 state-of-the-art plenary lectures, 10 symposia, 8 workshops, 6 free paper sessions, 2 debates, a special WHO Symposium and the participation of ECDC. From over 300 abstracts received for the congress, more than 100 were accepted for oral presentations and 79 for poster presentations.

The sessions and the presentations were delivered by renowned international experts in the field of STIs, including HIV. The opening lecture was delivered by a most prestigious lecturer, Michael Waugh (Leeds), with the title: “Past experience, future lessons”.

Plenary session themes covered syphilis, gonorrhea, epidemiological aspects of STIs including HPV and AIDS, genital dermatology, the challenge of antibiotic resistance, prevention of HIV transmission, HIV PrEP and STI in Eastern Europe. The closing ceremony included a presentation by Raj Patel with the title: “STI future directions”, fulfilling the Conference theme.

Scientifically, the planned program was effectively delivered reflecting the high level of expertise from the presenters and the participants, and the Congress achieved its goal of providing an interface for effective exchange between scientists, clinicians and health care providers.

The cultural and culinary heritage of the Hungarian capital, Budapest, provided an outstanding background for this international conference.

The Council Meeting of IUSTI- Europe

The Council Meeting of IUSTI Europe took place on September 14-15 in Budapest. The main topic for this meeting was the harmonization of the Memorandum of IUSTI - Europe Conferences in Europe and the Council also made the decision to organize the IUSTI- Europe Conference in 2019 in Estonia and in 2020 in Germany.
IUSTI Europe Conference in 2017 in Helsinki
The IUSTI Europe Conference in Helsinki will take place from 31 August to 2 September at the Marina Congress Center. The Congress president is Eija Back Hiltunen

Airi Pöder

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North America

American Sexually Transmitted Diseases Association

2016 National STD Prevention Conference

The North American Region of IUSTI / American Sexually Transmitted Diseases Association (ASTDA) co-hosted the 2016 National STD Prevention Conference from September 20-23 in Atlanta, together with the Centers for Disease Control and Prevention, the National Coalition of STD Directors, the American Sexual Health Association, Public Health Agency of Canada, and the Pan American Health Association. The conference was very well attended with over 1,300 delegates representing STD programs from state and local health departments, and clinicians and academic researchers from around the country. Preliminary evaluation results indicate that the conference was very well received with an appropriate mix of academic and program science that will positively impact STD prevention work in the U.S. and beyond. Audio-visual presentations are available at the conference web site: http://www.cdc.confex.com/std2016.

ASTDA Executive Committee

The biennial election for the ASTDA Executive Committee (EC) took place last June.

The 2016/2018 EC is composed of the following members:
President: J. Dennis Fortenberry, MD, MS
President-Elect: Barbara van der Pol, PhD, MPH
Past-President: Kees Rietmeijer, MD, PhD
Secretary Treasurer (3rd term): Edward W. Hook III, MD
For the American Sexual Health Association: Lynn Barclay, BA
For the National Coalition of STD Directors (NCSD): David Harvey, BA
For IUSTI-Canada: Marc Steben, MD, CCMF, FCMF, DESS
At Large Members:
Laura Bachmann, MD, MPH (2nd term)
Julie Dombrowski, MD, MPH (1st term)
Khalil Ghanem, MD, PhD (1st term)
Kyle Bernstein, PhD (1st term)
Charlotte Gaydos, DrPH (1st term)
Abigail Norris-Turner, PhD (1st term)

On behalf of ASTDA, I want to thank EC members whose terms have come to an end: our former president Brad Stoner and at-large members Peter Kerndt, Peter Leone, and Hunter Handsfield. They have done great work during their years at the EC and I hope that ASTDA will be able to draw on their tremendous expertise and enthusiasm for years to come!

On a bitter-sweet note, NCSD’s Executive Director and ASTDA EC member Bill Smith has left his post at NCSD to become the new director and CEO of the Santa Fe Community Foundation. During his 7-year tenure at NCSD, Bill has transformed NCSD into a national leader in STD prevention and has been an invaluable partner to ASTDA and an EC member for the past 2 years. His EC seat will be filled by his successor at NCSD, David Harvey.
Developmental Awards

One of ASTDA’s objectives is to award 2-year grants to young investigators. To date, ASTDA has awarded over $1.2 million to 12 recipients. This year an additional award was made to Dr. Alexis Roth, PhD, MPH, Assistant Professor of Community Health and Prevention at the Drexel University Dornsife School of Public Health. The title of her project: “Packaging STI/PrEP Care to Prevent HIV Among Women Who Inject Drugs.”

Just Released: 2015 CDC STD Surveillance Report

On Wednesday October 19th, the U.S. Centers for Disease Control and Prevention released its 2015 STD Surveillance Report, noting that the total of combined cases of chlamydia, gonorrhea, and syphilis reported last year reached the highest number ever. The trends call attention to the need for strong and sustained public health commitment in order to ensure widespread access to screening, testing and treatment. Among the key findings: 1,526,658 reported chlamydia cases, an increase of 5.9% over 2014 with youth aged 15-24 accounting for nearly two-thirds of diagnoses; 395,216 reported gonorrhea cases, a 12.8% increase over the previous year; and 23,872 cases or primary and secondary syphilis, a 19% increase over 2014 with gay and bisexual men accounting for the majority of cases. Although women account for less than 10% of all syphilis infections, the rate of congenital syphilis cases increased by 6 percent.

According to a congressional briefing last April by Dr. Gail Bolan, the director for the CDC Division of STD Prevention, over 40 percent of health departments in the U.S. reduced clinic hours for the screening, or tracing people who may have been infected.

Dr. Jonathan Mermin, Director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention said: “If that infrastructure gets eroded, people are more likely to have their STDs for a longer period of time, and that can lead to increased transmission.” If the trend is to be reversed, Mermin says there needs to be a real investment in STD prevention so that clinics can monitor these diseases and quickly diagnose and treat people who are infected. “We’ve seen success in the past where investments have paid off,” he says.” We know what we need to do. We just need to do it more effectively than we’ve been able to do with this eroding infrastructure.”

The report and a slide set are available from the CDC website: http://www.cdc.gov/std

Kees Rietmeijer

Asia Pacific

The 19th AP-IUSTI 2016 conference will be held from 1st-3rd December 2016 at Okayama, Japan http://www.med-gakkai.org/19iusti/. The final scientific program is now available. The conference will have 9 plenary lectures, 12 symposia, 45 oral presentations and 36 posters.


We are planning 10-12 symposia including gonococcal infection, Mycoplasma genitalium, HPV, syphilis, HIV other viral infection, education of prevention for STI, and others. In particular, we are planning a symposium exploring trends in N. gonorrhoeae antimicrobial resistance in Asian counties.

The topics of the symposia are “Antimicrobial susceptibilities for N. gonorrhoeae in Asian-Pacific region”, “New trials for resistant gonorrhoeae”, “Asian Association of urological guideline for STIs”, “Bacterial vaginitis”, “STIs in pregnancy”, “Current trend of epidemiology and diagnosis for syphilis”, “HIV and syphilis in Asia”, “Emerging trends in STIs in Asia”, Detecting M. genitalium: principle for detecting system and its utility”, “Treatment
strategies for *M. genitalium* infection-resistance status and new treatment", “How to publish papers” and “Diagnostic update for sexually transmitted infections: What’s new, What’s hot?”

The late registration in website will be closed until the 4th November. We hope many participants come to the conference, Japan.

*Ryoichi Hamasuna and Somesh Gupta*

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**Latin America**

**Joint ISSTDR & IUSTI Congress**

ISSTDR, IUSTI members from Latin America, and the Brazilian Society of STD along with other Brazilian institutions are working to build a strong scientific program for the STI & HIV World Congress. The joint ISSTDR & IUSTI Congress will be held in the Windsor Barra Hotel, Rio de Janeiro in July 2017. Early registration at reduced cost is open until November 30, 2016. Visit the website at [http://stihivrio2017.com/](http://stihivrio2017.com/).

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**BRAZIL**

**Brazil’s Strategic Agenda for Syphilis**

The Brazilian Ministry of Health (MoH) will have the support of the medical field and of civil society in tackling syphilis in Brazil. On October 20, a letter of commitment was signed alongside 19 health councils and associations, establishing strategic actions for the reduction of congenital syphilis in Brazil. The main focus is early detection of the disease, at the start of the process of antenatal care, with immediate referral for treatment with penicillin.

A campaign calling people’s attention to actions for the prevention of syphilis and the MoH’s *Epidemiological Bulletin* (in Portuguese) with the number of cases in the country were also launched during the ceremony.

Coordinated by the MoH’s Department of STDs, AIDS and Viral Hepatitis (DDAHV), the actions will be carried out over a year. The plan includes stimulus to early antenatal tests in the first trimester of pregnancy; expansion of diagnosis (through rapid testing); quick treatment for expectant mothers and their partners; and stimulus to the application of benzatin penicillin, considered the only medication that is both safe and efficient for the prevention of congenital syphilis. There shall also be permanent educational actions for the qualification of management personnel and health professionals. “Our aim is to bring society together, pooling efforts to tackle syphilis. This way we can encourage testing, and especially the testing of pregnant women, to avoid vertical transmission of the disease. We are offering viable solutions in the commitment we have signed today”, emphasized the Brazilian Minister for Health, Ricardo Barros.

Another action carried out by the Ministry for guiding the health professional in the execution of testing as part of basic health care is the Technical Guidebook for the Diagnosis of Syphilis (in Portuguese), also launched during the event. The Guidebook offers flow charts for the safe diagnosis of the infection; health services and health professional shall be able to choose those that are best adapted to local reality.

To expand access to rapid tests, the Brazilian Ministry of Health has pooled efforts with the Federal Nursing Council (Cofen) for the production of a normative ruling that enables the application of rapid tests also by technicians and other assistants, under the supervision of a nurse.

**EPIDEMIOLOGICAL BULLETIN** – In Brazil, it has been mandatory to inform about all types of syphilis – adult, among pregnant women, and the congenital form (in babies) – in the country for at least five years now. According to data released by the Epidemiological Bulletin of 2016, between the years of 2014 and 2015, acquired syphilis had a 32.7% increase in the number of cases, while syphilis in pregnant women climbed by 20.9% and congenital syphilis also edged up by 19%.

In 2015, the total number of informed cases of syphilis acquired in Brazil stood at 65,878. Over the same period, the detection rate was 42.7% cases per 100 thousand people – most of the cases being men: 136,835 (60.1% of all cases). Between 2012 and June 2016, a total 227,663 cases of acquired syphilis was recorded.

Among pregnant women, in 2015, the detection rate for syphilis was 11.2 cases in pregnant women for every thousand live births. Over the same period, the detection rate was 42.7% cases per 100 thousand people – most of the cases being men: 136,835 (60.1% of all cases). Between 2012 and June 2016, a total 227,663 cases of acquired syphilis was recorded.

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Among pregnant women, in 2015, the detection rate for syphilis was 11.2 cases in pregnant women for every thousand live births, considering a total 33,365 cases of the disease. In the period between January 2005 and June 2016, there were a total of 169,546 informed cases. Turning to congenital syphilis, the total number of cases notified in 2015 came to 19,228 cases – which gives a prevalence rate of 6.5 per thousand live births. Between 1998 and June 2016, a total 142,961 cases in children in their first year of life was recorded. The increase
between 2013 and 2014 came to 26.77%; between 2014 and 2015, it reached 20.91% of the absolute number of new cases diagnosed.

ACCESS TO MEDICATION – As well as encouraging early antenatal care, the action plan also reinforces the need for prompt and appropriate treatment, both of the pregnant woman and also of her sexual partners. For this purpose, the Brazilian Ministry of Health has been encouraging the application of benzathine penicillin, a medication which is safe and efficient for tackling syphilis and which has been recognized at the World Health Assembly (WHA) as being an essential element for the control of vertical transmission.

Since 2014, countries throughout the world have faced depletion of benzathine penicillin supplies, due to a lack of raw materials for the production of this drug. This year, the Brazilian Government has already acquired, on an emergency basis, 2.7 million phials of benzathine penicillin, with priority prescriptions being given to pregnant women and their partners. In addition, the Brazilian Ministry of Health has already begun to purchase 230 thousand ampoules of crystalline penicillin.

According to the National Programme for Improvement in Access to and Quality of Basic Health Care (PMAQ-AB), in 2013/2014, 55% of the Brazilian Federative Units applies benzathine penicillin as part of basic health care. To make sure that this treatment is available for pregnant women, the Brazilian Ministry of Health brought out Ruling No. 3,161/2011, offering guidance to health professionals about the application of penicillin in health care units.

CAMPAIGN – This year, the campaign to tackle syphilis shall be focused on young pregnant women and their partners, making them aware of syphilis testing at the start of pregnancy and also encouraging partners to also take the test, thereby avoiding reinfection.

INSTITUTIONS – The full list of institutions that signed the declaration of commitment is as follows: the National Supplementary Health Agency (ANSS); the Brazilian National Health Surveillance Agency (Anvisa); the AIDS Health Care Foundation (AHF); the Brazilian Nursing Association (ABEn); the Brazilian Association of Pharmacists (ABF); the Brazilian Medical Association (AMB); the Federal Nursing Council (Cofen); the Federal Pharmacy Council (CFF); the Federal Medical Council (CFM); the National Council of Health Secretaries (Conass); the National Council of Municipal Health Secretaries (Conasems); the Brazilian Association of Gynaecology and Obstetrics Associations (Febrasgo); the Pan-American Health Association (PAHO); the Brazilian Society of Sexually Transmitted Diseases (SBDST); the Brazilian Society of Infant and Child Gynaecology and Obstetrics (Sogia); the Brazilian Society of Infectology (SBI); the Brazilian Society of Family and Community Medicine (SBMFC); the Brazilian Society of Tropical Medicine (SBMT); and the Brazilian Paediatrics Society (SBP).

PARAGUAY
Paraguay’s indigenous population is particularly vulnerable to problems resulting from inadequate sexual and reproductive health.
General project objective: To determine the prevalence of HIV and syphilis, and the knowledge, practices and attitudes of the indigenous population according to language families in Paraguay.
Methodology: Type and period of study: confidential, observational, descriptive, cross-sectional, including survey and serological tests for HIV and syphilis, in 2016
Study Population: Men and women over 18 from the indigenous population of the five local linguistic families.
Conclusion: Syphilis prevalence is high; HIV prevalence is low. Condom use is low – and almost null – in certain language families. Information from this study will help advocate for the implementation of prevention, diagnosis and treatment of syphilis and HIV among the indigenous population.

First STI Congress in Paraguay, organized by the Paraguayan Society of STIs (SOPITS) will be held May 22-26, 2017
Adele Benzaken

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- Observations on Chlamydia trachomatis and other microbes in reactive arthritis
  Taylor-Robinson, David; Keat, Andrew

- Prevalence of HIV-1 subtypes among men who have sex with men in China: a systematic review
  Zhang, Li; Wang, Yu-jie; Wang, Bing-xiang; et al.

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Jovie McMillan
Publishing Editor, International Journal of STD & AIDS

Conference Update

IUSTI Events:

19th IUSTI Asia-Pacific Conference

Dates: December 1-3, 2016
Location: Okayama, Japan
Website: http://www.med-gakkai.org/19iusti/

World STI & HIV Congress 2017
Dates: July 9-12, 2017
Location: Rio de Janeiro, Brazil
Website: http://sthivrio2017.com/

IUSTI-Europe congress 2017
Dates: August 31- September 2, 2017
Location: Helsinki, Finland
Website: IUSTI2017.org

19th IUSTI 2018 World and Europe Congress
Dates: June 27-30, 2018
Location: Dublin, Ireland
Website: http://iusti.org/events/default.htm

21st IUSTI World Congress
Dates: November 2020
Location: Bangkok, Thailand
Website: TBA

Other STI or Related Meetings/Congresses/Courses:

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/

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

15th Annual Conference on HIV Vaccines & Therapeutics
Dates: December 8-9, 2016
Location: Philadelphia, Pennsylvania 19153, United States
Website: http://hiv.conferenceseries.com/

Twelfth Annual Amsterdam Chlamydia Meeting (12th A ACM)
Date: February 10, 2017
Location: Amsterdam, the Netherlands
Website: http://www.eu-chlamydia-meeting.nl

12th Joint BASHH and FSRH Conference
Date: February 10, 2017
Location: Royal Society of Medicine, London, UK
Website: https://www.bashh.org/events/training-courses-and-meetings/12th-joint-bashh-and-fsrh-conference/

The annual Conference on Retroviruses and Opportunistic Infections
Dates: February 13-16, 2017
Location: Seattle, Washington, USA  
Website: http://www.croiconference.org

31st International Papillomavirus Conference (HPV 2017)  
Dates: February 28 - March 4, 2017  
Location: Cape Town, South Africa  
Website: http://hpv2017.org/

BASHH HIV Masterclass 2017  
Dates: March 16-17, 2017  
Location: Manchester, UK  
Website: https://www.bashh.org/events/training-courses-and-meetings/bashh-hiv-masterclass-2017/

SYNChronicity 2017 (HIV, HCV, and LGBT health)  
Dates: April 14 – 15, 2017  
Location: Arlington, VA, USA  
Website: https://ww2.eventrebels.com/er/Registration/StepRegistrationInfo.jsp?ActivityID=17572&StepNumber=1

13th Circle of Harmony HIV/AIDS Wellness Conference  
Dates: April 19-21, 2017  
Location: Albuquerque, NM, USA  
Website: http://www.healthhiv.org/what-we-do/education-training/synchronicity-conference/

14th EADV Spring Symposium  
Dates: May 25-28, 2016  
Location: Brussels, Belgium  
Website: http://www.eadv.org/eadv-meetings

The 29th Annual National Conference on Social Work and HIV/AIDS  
Dates: May 25 – 28, 2017  
Location: Atlanta, GA, USA  
Website: http://www.bc.edu/schools/gssw/academics/ce/conferences.html

British Association for Sexual Health and HIV: Annual Conference  
Dates: June 18 – 20, 2017  
Location: Belfast, UK  
Website: https://www.bashh.org/events/annual-conference/annual-conference-2017/

42nd International Herpes Virus Workshop  
Dates: July 22-26, 2017  
Location: Brisbane, Australia  

9th IAS Conference on HIV Science (IAS 2017)  
Dates: July 23-26, 2017  
Location: Paris, France  
Website: www.ias2017.org

2017 Philadelphia Trans Health Conference  
Dates: September 7-9, 2017  
Location: Philadelphia, PA  
Website: https://www.mazzonicenter.org/trans-health

26th EADV Congress  
Dates: September 13-17, 2017  
Location: Geneva, Switzerland  
Website: http://www.eadvgeneva2017.org

ICASA 2017: International Conference on HIV/AIDS and STI’s in Africa  
Dates: December 4, 2017 – December 9, 2017  
Location: Cote d’Ivoire  

22nd International AIDS Conference (AIDS 2018)  
Dates: July 22-27, 2018  
Location: Amsterdam, the Netherlands  
Website: www.aids2018.org

The 32nd International Papillomavirus Conference in Sydney, Australia  
Dates: October 1-6, 2018  
Location: Sydney, Australia  
Website: http://www.ipvsoc.org/conferences

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