President’s Column

The Union will celebrate its 90th anniversary in 2013. In the run up to this major milestone and prior to the celebrations to mark our achievements it would be fitting to take stock of the Union today and consider how we are planning to take its legacy forward.

For the first time in the last 20 years the Union has five fully functioning regions. The Union’s activity in North America had always remained strong with the leadership provided in the Region by the ASTDA. Outside of North America the fortunes of the Union had varied. The Asia Pacific and European regions have over the last 15 years re-established their membership base and developed strong regional leadership. Under the Presidency of Professor Angelika Stary and the leadership of Professor David Lewis, Regional Director for Africa, there was a focus on supporting and establishing the Africa Region. The African Region is now up to strength - it has a growing membership and we are seeing increasing numbers of participants at the regional and international meetings. Africa hosted the successful World Congress in 2010 – the first in Africa and its Regional Director has been elected to the post of President Elect. Professor Holmes, the immediate Past President has made support of the Latin America region one of his key priorities for the Union.

In the last 2 years we have seen, under the Directorship of Professor Patty Garcia, the Region’s links with the Union become stronger and a functioning IUSTI Regional structure develop. IUSTI Latin America co-hosted a major regional Congress in 2011 and is in the early stages of preparing proposals to host a World Congress possibly in conjunction with the North American Region. IUSTI’s regional and international conference program is stronger then ever. The regions meet annually and the World congresses take place at one of the Regional meetings. IUSTI Meetings provide a unique forum where clinicians, policy makers and scientists can meet to discuss patient care and the promotion of interventions that work. Members can build through the networks established at these meetings, structures that can support research and surveillance initiatives. The Union has developed strong working relationships with the WHO, CDC and ECDC. We have and continue to be well supported financially by NIH office of AIDS Research. The recent World Congress in Delhi (November 2011) is a tremendous example of what can be achieved through collaborative effort. Over 600 delegates attended the first international STI congress in India. A high quality educational and scientific program was supported by a series of memorable cultural and social events. Importantly the meeting provided a heavily subsidized attendance rate for local participants and a large number of scholarships to young researchers and those from developing nations. Many of those attending their first IUSTI congress have gone on to join our organisation.

Over the last 4 years the executive committees of the ISSTDR and IUSTI have been working to bring the organisations closer. We recognise that the STI field remains fairly tight and that there is perhaps little need for 2 large international congresses in any one year. The Boards have decided that from 2013 that the World Congress and Biannual ISSTDR meeting in that year will be a single fully joint meeting. We look forward to the combined meeting in 2013 when Professor Angelika Stary will host both organisations in Vienna. The IUSTI and ISSTDR have recently announced the President of the joint meeting in 2015 will be Professor Basil Donovan. Basil has been an IUSTI Executive committee member for over 10 years and is an appointed Senior Counsellor to World IUSTI.
Regional Developments
IUSTI has always championed the cause of STI prevention and care in communities that do not have established specialist societies or networks. Workers in some countries can feel isolated in their efforts and look to IUSTI for support. The EC is delighted that principally through Regional IUSTI support that IUSTI national branches continue to be formed. An important grouping in Eastern Europe and Asia has, with IUSTI Europe’s support, become established. Dr Airi Poder and Prof Gomberg have worked with colleagues to establish the European/Asian Association for DermatoVenerology which will hold its second meeting in Moscow in March 2012. The EC is hopeful that a further grouping in China may be established.

Honours and awards
We are delighted that a number of members of IUSTI have been recognised nationally and internationally for their contributions to the field of STI care. During 2011 Professor Holmes was awarded the IUSTI Gold medal (the 4th ever such award) for his sustained contributions and leadership of the organisation. Professor Somesh Gupta the IUSTI silver award for services to IUSTI, particularly for hosting its World Congress in 2011. Silver medals were also awarded to Prof Sjaiful Dalli and Dr Adele Benzacan for hosting successful regional meetings. Further afield Dr Darren Russell (EC Committee member), and Dr Airi Poder were both awarded the FRCP (London) for their contributions field.

We are delighted that Professor Angelika Stary has been awarded the ILDS Certificate of Appreciation, 2011.

Over the next year we have plans to develop the website to help members manage their membership more easily and to give access to more tailored content. There will also be an increasing amount of members only content. The Executive committee has charged Dr Peter Greenhouse of Bristol to develop a range of International IUSTI undergraduate prizes.

Conclusions
In summary IUSTI is in excellent shape and has an exciting program of activity planned into the next 4 years. Joint working with our partners should rationalise conference attendance for workers in the field. We have a growing and enthusiastic membership base that should form the platform for developing a range of new initiatives. Much of this has been achieved through the efforts and leadership of our recent past Presidents. Having worked as Secretary General for most of the last decade I am aware of the commitment and effort that will be required to lead the IUSTI over the next few years - I am also aware that to hold the post of President is a rare privilege and a great honour and will do my utmost to advance our Union.

Raj Patel

Future developments
IUSTI has collaborated with the WHO to produce a journal supplement on Global Sexual Health. It provides firstly a snapshot of global sexual health with reports from different regions which highlight current STI challenges and what is being done to address them. There then follows a series of papers which describe specific interventions that are being developed to reduce the burden of STIs, and have potential application in a variety of geographical settings. These include how STIs can be prevented through public health policy, behavioural change or vaccination; improving diagnosis by utilising new technologies; and better management by addressing antibiotic resistance, improving partner notification, using information technology and ensuring that partners receive appropriate treatment.

News
IUSTI has collaborated with the WHO to produce a journal supplement on Global Sexual Health.
Regional Reports

Africa
The Regional Director would like to thank Dr. Amina Hançali from Morocco, Professor Sax Sarkodie from Ghana, Dr. Pierre Yassa from Zambia and Dr. Samuel Fayemiwo from Nigeria for their contributions to this report.

During the last quarter of 2011, the Ministry of Health in Morocco has conducted two studies on the prevalence of STIs among women. The first study was conducted on 800 women who attended the maternal and infant health units and also in the family planning units. The second study was conducted on a sample of 1300 female sex workers. As part of the studies' methodologies, a questionnaire was filled in, a clinical examination was performed and genital and blood samples were collected. Culture was performed for identification of Neisseria gonorrhoeae and Trichomonas vaginalis and samples were analysed by PCR to detect Neisseria gonorrhoeae and Chlamydia trachomatis. Serological testing for syphilis and HIV was determined for all the patients.

In the second study tests for infection with C. trachomatis, T. vaginalis and Hepatitis B were performed just on a sub-sample of 330 women.

The objectives of the first study were to (i) study the aetiology and to follow the trends of genital tract infections among pregnant women and among attendees in the family planning units, (ii) to gain updated information on risk factors for STIs among these groups of women and (iii) to develop recommendations that will strengthen the national strategy for prevention and control of STIs, particularly among the populations studied. The objectives of the second study were (i) to measure prevalence of STIs and particularly cervical infection due to N. gonorrhoeae and C. trachomatis among FSW, (ii) to measure the prevalence of HIV, HBV and syphilis and their associated risk behaviors among FSW in Morocco, and (iii) to develop recommendations to guide programs and expand services and identify means to increase FSW programs coverage and update in Morocco.

The Annual Review meeting of the National AIDS/STD Programme took place in Sunyani, Ghana at the end of January 2012. All 10 regions in the country gave reports of their activities over the past year. Over the past 10 years, the Global Fund has been the major funder of activities of the NACP. With the pull back of Global fund support a major discussion issue at the meeting was to look at other potential funding sources and especially how to make maximum and concerted use of Government funding which has been assured. The scale up of antiretroviral therapy, PMTCT and antenatal screening of syphilis were also high on the agenda.

The result of a study conducted in Lusaka by the STIs department at UTH have shown that, out of 177 rapid plasma reagin (RPR) positive sera, 68 sera (39%) were negative when tested with the confirmatory Treponema pallidum haemagglutination (TPHA) assay. The investigators concluded that testing with the RPR alone is not a good predictor of true syphilitic infection in their population due to false positive RPR results (although false negative TPHA results may also have accounted for this study's findings).

The inauguration of the Technical Working Group (TWG) on STIs and other reproductive tract infections (RTIs) took place in Abuja, Nigeria, on November 24, 2011. The TWG consists of specialists in academia and the Federal Ministry of Health in Nigeria. These experts have made significant impacts towards ensuring prevention and control of STIs in Nigeria. The TWG on STIs and RTIs management will serve as a forum to deal with issues related to the coordination, implementation, monitoring and financing of STIs services in Nigeria. Specifically, the TWG will (i) provide technical support to Federal Ministry of Health in the development of policy / guidelines / standard operating procedures / National Plan of Action and annual work plan on STIs/RTIs, (ii) provide technical support on all issues concerning STIs/RTIs including research towards improving STIs/RTIs management and control in Nigeria, (iii) support the government with curriculum improvement and capacity building of health workers on STIs/RTIs with emphasis on syndromic management, (iv) advise the National Programme on advocacy for sustainable and mutually beneficial public private partnership for STIs/RTIs control, (v) support the National Programme with Advocacy to managers and administrators on procurement of commodities for STIs/RTIs management, and (vi) support Government to harmonize and improve coordination of all activities related to STIs/RTIs control in the country.

David Lewis

Europe
The 27th Congress of the European Branch of the IUSTI will take place in Antalya in Turkey, 6-8 September 2012 with the title “STI and HIV: time for protection”. (See: www.iusti2012turkey.org/ ). The local hosts and co-presidents of the congress are Prof Demir Serter and Dr Deniz Gökengin. The International Scientific Committee for the meeting is co-chaired by Prof Michael Skerlev and Dr Derek Freedman. This is the first congress to be held in Turkey so it is a particularly important one for the Branch and we are all looking forward to a very stimulating meeting in a delightful setting.

In 2013 the European Branch will not be holding a separate congress but will be contributing to the
success of the joint meeting of the 14th World IUSTI and the 20th ISSTDTR (International Society for STD Research) which will be held in Vienna, 14-17 July. This meeting has the title “Threatening past – promising future” and the congress president will be Prof Angelika Stary, with the Chair of the International Scientific Committee being Prof Thomas Quinn.

I am very pleased to announce that IUSTI Europe has appointed its first European Membership Secretary to join the ruling council – this is Dr Jackie Sherrard from Oxford in the UK.

On the 3rd February I represented IUSTI Europe at a meeting held by the collaboration “HIV in Europe” in London. This collaboration is supported and hosted by the Copenhagen HIV Programme (CHIP) at the University of Copenhagen and the State University Hospital in Copenhagen, Denmark. AIDS Action Europe, a Pan-European non-governmental organisation is actively involved, and a number of influential international health bodies have observer status including the WHO Regional Office for Europe, the European Centre for Disease Prevention and Control (ECDC), the US Centre for Disease Control and Prevention (CDC) and the Global Fund for AIDS, Tuberculosis and Malaria. The aims of the collaboration are to increase awareness of HIV across Europe in particular with a view to preventing complications of late disease through earlier diagnosis (see: www.hiveurope.eu).

The ECDC held its annual meeting on STI and HIV in the EU/EEA in Stockholm, 15-17 February 2012. Prof Harold Moi from Oslo represented the European Branch at this meeting and his report is included elsewhere in this communication.

The European STI Guidelines Project continues its work. Since my last report the guideline on human papilloma virus infection has been revised and has been published on the website (see: http://www.iusti.org/regions/europe/euroguidelines.htm#Current).

The guidelines on pelvic infection and on a consultation for STI have been revised and drafts are available on the website for consultation and comments.

Revision of the following guidelines is also in progress:

- Balano-posthitis
- Sexually acquired reactive arthritis
- Gonorrhoea

Any comments or suggestions on the work of the European Branch or the guidelines project would be most welcome; email me at k.radcliffe@virgin.net

Keith Radcliffe

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North America

IUSTI is Represented on the National Chlamydia Coalition by Charlotte Gaydos, who is Chairman of the Research Translational Committee.

The National Annual meeting was January 26-27, 2012 in Washington, DC. Annual meeting updates and NCC Newsletters are available at http://ncc.prevent.org/

From December 2011

The release of CDC’s report, Sexually Transmitted Disease Surveillance, 2010, drew attention to the estimated 19 million new sexually transmitted infections that occur each year-almost half of them among young people, aged 15 to 24. Rates of some very common sexually transmitted diseases (STDs), like chlamydia, continue to rise.

Check out this collection of 27 fascinating vintage posters from historical STD intervention programs, profiled by CBS News (http://www.cbsnews.com/sections/48hours/main3410.shtml?tag=hdr;snav).

From February 2012

http://archive.constantcontact.com/fs016/1102402691687/archive/1109067517481.html

Chlamydial Infection Trends and Outcomes
(Commentary by Lizzi Torrone, MSPH, PhD)

In the February 2012 issue of Sexually Transmitted Diseases, Scholes and colleagues report on long-term trends in chlamydial infections and related outcomes among members of a Pacific Northwest health plan. From 1997-2007, among women enrolled in the plan, chlamydia diagnosis rates increased 79% (449 cases to 806 cases per 100,000 person-years). The authors suggest that increasing chlamydia testing rates (increased 23%, from 220 tests to 270 tests per 1,000 person-years) have at least a partial role in increasing diagnosis rates. Concurrently, pelvic inflammatory disease rates declined 43% (823 cases to 473 cases per 100,000 person-years) and ectopic pregnancy rates were stable (131 cases to 124 cases per 100,000 person-years). Although only at the ecological level, these findings suggest that among privately-insured women increases in chlamydia diagnoses were not paralleled by increases in adverse sequelae. In fact, diagnosing more chlamydia cases may be ecologically associated with PID declines, as more sequelae are prevented by early disease detection and treatment. Authors did not control for increasing use of more sensitive diagnostic tests over the study period, which likely further increased diagnostic rates, independent of changes in chlamydia prevalence in the population. This work highlights the utility of routinely collected

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administrative data for chlamydia surveillance and health services research and evaluation.


Ectopic Pregnancy Trends
(Commentary by Karen Hoover, MD, MPH)
In the March 2010 issue of Obstetrics and Gynecology, Hoover and colleagues estimated trends in the incidence and treatment of ectopic pregnancy among millions of commercially insured women in the United States from 2002-2007. An analysis of MarketScan insurance claims data for women aged 15-44 years found 11,989 ectopic pregnancies among 1,851,177 pregnancies, with an overall rate of 0.64% during the six-year study period. The ectopic pregnancy incidence increased with age, from 0.3% among women aged 15-19 years to 1.0% among women aged 40-44 years. A significant increasing or decreasing incidence trend over time was not observed overall (0.67% in 2002 and 0.73% in 2007), or for any age group. Methotrexate treatment increased from 11.1% in 2002 to 35.1% in 2007 (p < 0.001). Surgical management with laparotomy decreased over the study period from 40.0% to 33.1% (p < 0.001). It is important to monitor trends in long term outcomes of chlamydial infection to evaluate the effectiveness of chlamydia screening efforts. Despite several previously published studies with decreasing time trends in the rate of pelvic inflammatory disease, this study did not find an increasing or decreasing trend in the rate of ectopic pregnancy from 2002-2007. Because of its power to detect small changes in the rate of ectopic pregnancy, large databases such as MarketScan may be a useful data source for surveillance in the incidence and treatment of ectopic pregnancy.


CDC Launches New Data Tool, Atlas
CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) recently released Atlas (http://www.cdc.gov/nchhstp/atlas/), a new interactive tool that will allow users to create maps, charts, and tables using HIV/AIDS, Viral Hepatitis, STD, and TB surveillance data. This new tool helps to improve access to public health data and allows the data to be used in a dynamic and innovative way. A video tutorial has been created to help users learn more about the site's current features.

News from ISSSTDR 2011
There is now a ceftriaxone-resistant pharyngeal isolate from Japan, which was collected from a female commercial sex worker in 2009. This is the first ceftriaxone-resistant isolate that has been identified and is of great concern. Additional ceftriaxone-resistant N. gonorrhoeae strains have not been identified, but Japan lacks a surveillance system for gonococcal resistance, hampering detection. A description of cephalosporin susceptibility trends in the US-based GISP surveillance system demonstrated that during 2009 and 2010, minimum inhibitory concentrations (MICs) to cephalosporins increased, particularly in the West and among men who have sex with men. Increasing laboratory MICs suggest declining susceptibility. No treatment failures have been identified in the United States. Increasing MICs to cephalosporins were also reported from Canada, Europe, Kenya, and China. Investigators from Australia described a molecular assay to detect penicillinase-producing N. gonorrhoeae (PPNG), but a molecular assay for cephalosporin-resistance is unlikely to be available in the foreseeable future. Culture-based antibiotic resistance testing is still required. CDC is calling for the development of new antibiotics, enhanced surveillance and international collaboration, coordinated and standardized laboratory testing approaches, and national and regional public health action plans.

Charlotte Gaydos

What's New from the European CDC
An annual meeting on STI and HIV in Europe is arranged by ECDC and was held in Stockholm on 15-17 February 2012. Participants included the nominated contact points for STI and HIV, respectively, in EU and EEA Member States and the EU candidate and potential candidate countries. Invited speakers and experts, including the European Commission, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and representatives of the International Union against Sexually Transmitted Infections Europe (IUSTI Europe) and the Civil Society Forum on HIV.

The European gonococcal antimicrobial surveillance program (Euro-GASP)
Euro-GASP is a surveillance program for gonococcal resistance. 50-60% of the strains are resistant to ciprofloxacin, 10% are PPNG and 8% are resistant to azithromycin. Increasing resistance to cefixime, from 4% to 9%, was observed between 2009 and 2011. The first two cases of ceftriaxone resistance were reported from Germany. Molecular typing of chlamydia and syphilis strains does not have any health benefit, but typing of N. gonorrhoeae may have public health value. There is a strong association between genogroup 1407 and cefixime/ciprofloxacin resistance. Genogroups 1407 and 2992 are more frequent in MSM.

ECDC is concerned about the threat of multidrug resistant gonorrhoea and aims to strengthen
gonococcal AMR surveillance in the EU/EEA and sustain and expand Euro-GASP. The definition of treatment failure and treatment failure management was discussed.

**Chlamydia control**
Cases of *Chlamydia trachomatis* increased 41% between 2006 and 2010, probably due to increased screening programs and improved diagnostic tests. However, there is underreporting from most countries. Gonorrhoea and syphilis are decreasing, especially in Eastern Europe. In some countries, syphilis is increasing in the MSM population. Reported LGV doubled from 2009 to 2010, up to 503 reported cases in Europe, due to an increase in UK. Most countries in in Europe have no STI control programme and the prevalence of genital chlamydia is not known. A working group discussed the possible design of a European chlamydia prevalence study among young adults.

There is also the need for a critical review of the evidence about the long-time sequelae and the cost-effectiveness of chlamydia screening interventions. Are asymptomatic infections as likely as symptomatic infections to result in complications? Sweden has good programs for primary and secondary prevention of chlamydia with easily accessible and free of charge opportunistic screening, partner notification and treatment. Systematic screening for chlamydia is regarded as not justified in Sweden.

**Partner notification**
Partner notification must be improved, especially for MSM. A study from the Netherlands showed that heterosexual index patients with HIV, syphilis or gonorrhoea notified more partners than homosexual index patients. Some of the anonymous gay partners have pseudonyms and may be notified through gay websites.

**Working groups were discussing**
- the response plan to control the threat of multidrug resistant gonorrhoea
- the future of Euro-GASP and a strategy to include more countries in Euro-GASP
- chlamydia control in EU/EEA, interpretation of STI surveillance data and focused reports (MSM, youth)
- prevalence database for hepatitis B and C, HIV/AIDS and chlamydia
- guidance on HIV and STI prevention and control
- sexual transmission of HIV among migrants and implications for effective interventions
- BORDERNET work on STI and HIV: Surveillance of STIs in sentinel sites in Austria, Slovakia, Bulgaria and Romania
- Novel approaches to testing for STIs, HIV and hepatitis B and C in the EU: Remarkable changes in the field of testing for STI and HIV as well as for hepatitis B and C were observed in recent years. NAAT nanotechnology is coming, with highly sensitive and specific POC tests in the near future. Rapid NAAT multiple testing for gonorrhoea, chlamydia, Mycoplasma genitalium, trichomonas, candida etc will be available within a few years. Specificity and contamination of the tests kits will be a problem, as well as the risk for self-medication and reinfection from infected partners. These new technologies have to be linked to access to health care
- HIV modeling: prevalence estimates of HIV in European countries, including those not yet diagnosed. Estimating the likelihood of recent infection through more information in newly diagnosed cases (CD4 cell count and AIDS). It is difficult to measure prevalence and risk group size in Europe

On the second day of the meeting results from the gay internet survey were presented. The European MSM Internet Survey (EMIS) is a joint project of academic, governmental, non-governmental, and social online media partners from 35 European countries (EU and neighbouring countries) to inform European prevention planning for a group highly affected by infections with HIV and other sexually transmitted infections (STIs): gay, bisexual, and other men who have sex with men (MSM). More than 180,000 MSM living in 38 countries across Europe completed the questionnaire. (http://emis-project.eu) A lot of presentations and publications have been and will accumulate from this database. Contributions on behavioral surveillance from 5 different countries were presented.

Harald Moi

What’s New from the UK Health Protection Agency

*Shigella flexneri in men who have sex with men*
The HPA has been investigating an outbreak of *Shigella flexneri* in men who have sex with men (MSM) and are asking health professionals to be alert for cases. Cases in the UK are usually related to travel to endemic countries, but during 2009 an increase in UK-acquired cases occurred in London and has since been observed in North West England (predominantly Manchester) and in other parts of the UK. Cases are typically aged between 20 to 50 years and most are serotype 3a. Reports of numbers of adult male cases with no or unknown travel history and who were known to be serotype 3a rose from 38 in 2008 to 101 in 2011. Outbreaks of Shigella among MSM are well documented. An outbreak of *Shigella sonnei* was seen among MSM in London in 2006 and
was probably linked to a similar outbreak in Berlin. A case control study of Shigella infection among MSM in Australia found an association with visiting a sex venue and concluded that transmission may have occurred during casual sex or indirectly from contact with contaminated surfaces. The HPA has been working with the British Association for Sexual Health and HIV and the Terrence Higgins Trust to raise awareness among clinicians and MSM. Enhanced surveillance was introduced during 2011 to better understand factors associated with transmission and thereby help inform the development of more effective control measures, but so far no definitive risk factors have been identified. The following advice has been given to help reduce transmission: avoid sex until recovery, wash hands thoroughly when preparing and eating food, after going to the toilet and, if patients do have sex, before and afterwards. It has also been recommended that patients with laboratory confirmed infection should be treated with ciprofloxacin, subject to antimicrobial sensitivity. Maximising case ascertainment is crucial to infection control and microbiologists and clinicians have been encouraged to report cases of Shigella infection and infectious bloody diarrhoea.

Ian Simms, Gwenda Hughes, Isabel Oliver

References
http://www.tht.org.uk/informationresources/otherstis/shigella/content.htm

Conference Update

IUSTI Events:

27th IUSTI Europe Congress
Dates: September 6-8, 2012
Location: Antalya, Turkey
Website: http://iusti2012turkey.org/default.asp

13th IUSTI World Congress
Dates: 15-17 October, 2012
Location: Melbourne, Australia
Website: http://www.iusti2012.com/

STI World Congress 2013 Joint Meeting of the 20th ISSTDR & 14th IUSTI
Dates: 14-17 July, 2013
Location: Vienna, Austria
Website: www.stivienna2013.com

Other STI or Related Meetings / Congresses / Courses:

13th International Workshop on Clinical Pharmacology of HIV Therapy
Date: April 16, 2012
Location: Barcelona, Spain
Website: http://www.virology-education.com/index.cfm/t/Welcome/vid/44F9C98F-B702-208F-BFD2D3FA37BE570C

The Tuskegee Experience: The Smithsonian Ethics Education Conference Series
Dates: April 19, 2012
Location: Washington, DC 20560, USA
Website: http://angleproof.com/conference/smithsonian/index.php?c_id=21

8th International Workshop on HIV & Hepatitis Co-infection
Date: May 30, 2012
Location: Madrid, Spain
Website: http://www.virology-education.com/index.cfm/t/Welcome/vid/D2997DC0-CD70-5F13-7D7FBE3D4B19C2E1

9th EADV Spring Symposium
Dates: June 6-10, 2012
Location: Verona, Italy
Website: http://verona2012.eadv.org/

7th International Workshop on HIV Transmission - Principles of Intervention
Dates: July 19-20, 2012
Location: Washington DC, USA
Website: http://www.virology-education.com/index.cfm/t/Welcome/vid/D7EE5CCD-EABE-9FD2-E003F6A4CCB97C50

AIDS 2012
Dates: July 22-27, 2012
Location: Washington DC
Website: http://www.aids2012.org/

21st EADV Congress
Dates: September 27-30, 2012
Location: Prague, Czech Republic
Website: http://prague2012.eadv.org/

Eleventh International Congress on Drug Therapy in HIV Infection
Date: November 11, 2012
Location: Glasgow, Scotland, United Kingdom
Website: http://www.hiv11.com/default.aspx

28th International Papillomavirus Conference
Dates: November 30-December 6, 2012
Location: San Juan, Puerto Rico
Website: http://www.hpv2012pr.org/

10th EADV Spring Symposium

www.iusti.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