

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

The late summer and early autumn have seen two important IUSTI events. The European Branch held their annual meeting in September whilst Melbourne hosted the IUSTI World Meeting in October.

IUSTI Europe

Dr Deniz Gokengin and Dr Demir Serter co-chaired the European annual meeting in Antalya. This was the first IUSTI meeting in Turkey and attracted delegates from across the world. The organisers had arranged multiple tracks to allow delegates the opportunity to attend STI and HIV symposia throughout the meeting.

IUSTI Europe holds practical skill developing workshops at its meetings (an initiative started in 2011) and these were extended this year to include 11 workshops. All the workshops were extremely well attended and feedback has been positive.

The European Region unveiled a major new initiative at this meeting - the European Collaborative Clinical Group (ECCG). This group was established in Riga 2011 and has now formed a network of over 120 clinicians across Europe to regularly conduct questionnaire based research to support guideline development and training initiatives. The ECCG's project on gonococcal disease management was presented at the meeting and stimulated considerable debate. The report is available through our website and will be the subject of an editorial report in the International Journal of STD & AIDS. The ECCG is planning to extend its network into Western Asia and double the number of national representatives over the next two years. Forthcoming projects will look at the management of Chlamydia and NSU.

The Executive Board also announced the venues for forthcoming European meetings over the next

few years - these will include Vienna, Barcelona, Budapest and Malta.

The European meetings always have a tremendous sense of collegiality and the Antalya meeting was no exception. The organisers excelled in making our members welcome and ensuring active participation from all delegates.

World Meeting 2012

The 13th International Union on Sexually Transmitted Infections World Congress took place in Melbourne, from 15-17 October 2012 and attracted nearly 900 delegates from across the globe. Professor Christopher Fairley was the local host and chair of the organising committee supported by the organisational excellence of ASHM. Thanks to a generous grant from the Office of AIDS Research, the organisers were able to provide scholarships to many young investigators and delegates from developing countries. It was heartening to see that the largest overseas delegations were from countries in South East Asia.

The scientific committee (chaired by Prof David Lewis) put together an outstanding programme bridging basic science and clinical practice – major themes included treatment failure for bacterial STIs, preventing HPV related malignancy in men, and the place of genomics in looking at developing epidemics. There was considerable media interest during the conference and an extended video feature was broadcast on national television.

The Union awarded an IUSTI Silver medal to Prof Christopher Fairley in recognition of his tremendous efforts on the Union's behalf.

Plans for 2013

Professor Angelika Stary and I are co-chairs of the forthcoming World meeting in Vienna 2013. This will be a joint meeting with the ISSTD and follows successful collaborations in Berlin and Seattle. Both organisations see merit in working closely together on our world meetings and the Vienna meeting will see an even greater level of programme integration. Prof Tom Quinn of Johns Hopkins, USA is the scientific programme chair and has put together an outstanding programme built around 6 distinct subject tracks - a number of novel features have been introduced including the inclusion of topical controversial debates throughout the meeting. The programme will shortly be available on our website and abstract submission will start in mid November 2012.

Prof Stary is well known as an excellent conference chair and organiser. She has hosted

many academic meetings in Vienna and we have little doubt that she will deliver a memorable event. The conference centre is within the Hoffberg palace in the centre of Vienna - a national monument but also a state of the art conference venue. A number of the social events will be located in historically important buildings.

IUSTI celebrates 90 years

2013 will mark the 90th year of IUSTI's founding. The Executive committee is planning to mark the occasion with a number of events throughout the year. We have much to celebrate - the Union is stronger than ever (five fully functioning Regions) and a growing active membership. National IUSTI groups are developing strength in important regional areas - such as IUSTI Russia. We have a track record of excellent scientific and training events, the production of important Regional guidelines as well as working closely with the partners such as the WHO, CDC, ECDC, UNAIDS and PAHO. It is only with the members' active assistance that we can sustain our output.

Raj Patel

IUSTI President

News

Spanish Article Translation of *Sexually Transmitted Infections*

IUSTI South America is working with *Sexually Transmitted Infections* to translate key research articles from the journal into Spanish. The first translations are now available to members of ALACITS and IUSTI. Please contact Prof Patty Garcia for further information (pattyjannet@gmail.com).

Regional Reports

Europe

The 27th congress of the European Branch of the IUSTI took place in Antalya, Turkey, 6-8 September 2012 with the title '*STI and HIV: time for protection*'. This was a highly successful meeting and the first pan-European STI congress ever held in Turkey. There were approximately 250 delegates, the scientific programme was particularly stimulating and for the first time included a large number of small group workshops which delegates could choose to sign up to. Both the co-presidents of the congress, Prof Demir Serter and Dr Deniz Gökengin, and the co-chairs of the International Scientific Committee, Prof Mihael Skerlev and Dr Derek Freedman, are deserving of much praise and congratulations.

This was reflected by them being awarded the European Medal of Merit at the closing ceremony. Dr Pieter van Voorst Vader of the Netherlands was also recognised for his work in helping to establish the European STI Guidelines Project by being awarded an IUSTI World Medal.

During the meeting two very productive meetings of the IUSTI Council were held and amongst the decisions taken were the locations of future IUSTI Europe congresses as follows: 2014, Malta, local host Dr Joe Pace; 2015, Barcelona, local host Dr Marti Vall Mayns; 2016, Budapest, hosted by the Hungarian STD Society. Attending Council for the first time were Dr Jackie Sherrard from Oxford in the UK (IUSTI Europe Membership Secretary) and Prof Karoly Nagy (new Hungarian national representative). In 2013 IUSTI Europe will be joining with the World IUSTI and the International Society for STD Research (ISSTDR) for what is certain to be a superb meeting in Vienna, 14-17 July. This meeting has the title, '*Threatening Past, Promising Future*' (see: www.stivienna2013.com/). The congress president will be Prof Angelika Stary from Vienna and the chair of the International Scientific Committee is Prof Thomas Quinn, from Baltimore in the USA.

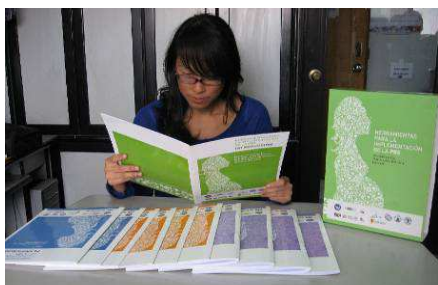
Also in Antalya a meeting of the Editorial Board of the European STI Guidelines Project was held. A new member of the Editorial Board attended this meeting for the first time: Prof George-Sorin Tiplica from Romania, who is the official liaison for the project with both the European Academy of Dermato-Venereology (EADV) and the European Dermatology Forum (EDF). Much time was given over to finalising the revision of the gonorrhoea guideline in light of the problem of increasing antibiotic resistance. It is hoped that this will shortly be published on the website. The following guidelines are also being revised: pelvic infection; epididymo-orchitis; balanoposthitis; sexually acquired reactive arthritis. The editorial board decided to embark upon a revision of the guidelines on: syphilis; proctitis; HIV testing. The Editorial Board also decided to develop a new guideline on partner management. The guidelines on genital warts and on an STI consultation have been revised and posted on the IUSTI website (see:

www.iusti.org/regions/Europe/euroguidelines.htm) and publication in paper journals is pending. The Editorial Board also continues to produce patient information on each condition which is freely accessible from the same website.

Any comments or suggestions on the work of the European Branch or of the European STI Guidelines Project would be most welcome. Please email me at: k.radcliffe@virgin.net
Keith Radcliffe

Latin America**The Rapid Syphilis Test Toolkit: now in Spanish version and available to members of ALACITS**

The Rapid Syphilis Test Toolkit. A Guide to Planning, Implementation and Management is a document developed by The London School of Hygiene and Tropical Medicine (LSHTM) and translated to Spanish by the Unit of Epidemiology STI and HIV from the Universidad Peruana Cayetano Heredia. The document includes the experiences and lessons learned in the Implementation of Rapid Syphilis test from the seven countries participating in a study financed by the Gates Foundation/WHO: 1) The Fundação Alfredo da Matta in Manaus- Brazil; 2) The National Center for Sexually Transmitted Diseases and the Center for Disease Control in Nanking-China; 3) Le Grouped Etude du Haiti en Sarcome de Kaposi et des Infecciones oportunistas in Puerto Príncipe, Haiti; 4) The National Institute of Medical Research in Mwanza-Tanzania; 5) The Elizabeth Glaser Pediatrics AIDS Foundation in Kampala-Uganda; 6) The Center for Research in Infectious Diseases in Lusaka-Zambia and 7) The Unit of Epidemiology STI and HIV from the Universidad Peruana Cayetano Heredia in Lima-Perú. The individual case studies and the lessons learned during the implementation of the Rapid syphilis test contributed to the final version of this manual.



The document has been developed as a practical resource for those who are looking to introduce this point of care test in their countries. The toolkit is divided in 3 sections: a. Planning; b. Implementation and c. Management. The toolkit is organized in ten short booklets. The first two include aspects related to planning including aspects related to advocacy and communication. Booklets 3 to 6 include aspects in Management, including models for the integration of the rapid syphilis tests within the PMTCT programs, at the point of care, supply issues, human resources, algorithms for introduction etc. Booklets 7 to 10, include guidelines for costing the interventions, guidelines for quality assurance, a training package and tools for supervision.

The Spanish version of the Toolkit is being distributed to members from ALACIT in countries of the region and the electronic version can be

downloaded from www.proyectocisne.org. The English version can be downloaded from: <http://globalhealthdiagnostics.tghn.org/articles/rapid-syphilis-test-toolkit/>

Study on the Prevalence of STI/HIV in Female Sex Workers in Honduras

The second study on prevalence of STI/HIV in female sex workers (FSW) has started in three cities from Honduras: Tegucigalpa, San Pedro Sula and La Ceiba. The study aims also to estimate the size of the FSW population and to do genotyping for antiretroviral resistance of new HIV infections. The study will recruit FSW using respondent driven sampling. The study is being performed by TEPHINET under the supervision of Dr. Fredy Tinajeros.

Implementation of STI/HIV Sentinel Surveillance in FSW in Panama

In May 2012, the National STD/HIV Program from the Ministry of Health of Panama, with the collaboration of TEPHINET and CDC, the sentinel surveillance in FSW was started. The purpose of this activity is to monitor the epidemic of STIs and HIV in this population and to promote medical services, including promotion and distribution of condoms.

Participation of members of ALACITS in the Regional Meeting on Access and quality of InVitro Diagnostics for Public Health Programs

This initiative promoted by the Foundation Merieux, LSHTM, Bill & Melinda Gates Foundation and WHO and aims to create a forum for discussion of the

development and improvement of diagnostic tests for Latin America, including those for STIs. One important aspect in this area are the regulatory aspects. The meeting was held in Brasilia in April and was hosted by the Brazilian Government, with Dr. Carlos Gouvea and Dr. Rosanna Peeling guiding the discussions. There were more than 60 participants from over 11 countries, including: Guatemala, Honduras, Panama, Colombia, Cuba, Brazil, Perú, Bolivia, Uruguay, Argentina, Paraguay. ALACITS was present with several of the members of the Directory. There were representatives from government agencies and academia in the meeting and working groups have been created. The next meeting will be held before the end of the year.

Patty Garcia

North America

The American Sexually Transmitted Diseases Association (ASTDA), which is the North America Region of IUSTI has new officers. The new North America IUSTI Regional Chairperson is Bradley Stoner. Charlotte Gaydos remains as the North America Director:

- President: Bradley Stoner, MD, PhD, Associate Professor of Medicine and Anthropology Washington University in St. Louis
- President - elect: Kees Rietmeijer. MD, PhD Rietmeijer Consulting, LLC
- Secretary - Treasurer: Edward W. Hook III. MD Professor of Medicine and Epidemiology University of Alabama at Birmingham, AL

CDC has Modified the Recommended Treatment Guidelines for Gonorrhea

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

The most significant change to the new guidelines is that CDC no longer recommends an exclusively oral treatment regimen for gonorrhea. CDC now recommends a dual therapy of injectable ceftriaxone in combination with a second antibiotic. Ceftriaxone is more potent against gonorrhea than the once recommended oral antibiotic cefixime and, when paired with the additional oral antibiotic, might slow the emergence of drug resistance by ensuring that gonorrhea infections are quickly cured.

Uncomplicated gonococcal infections of the cervix, urethra, and rectum

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose *PLUS* Azithromycin 1 g orally in a single dose or doxycycline 100 mg orally twice daily for 7 days*

Alternative regimens

If ceftriaxone is not available:

Cefixime 400 mg in a single oral dose *PLUS* Azithromycin 1 g orally in a single dose or doxycycline 100 mg orally twice daily for 7 days*

PLUS

Test-of-cure in 1 week

If the patient has severe cephalosporin allergy:

Azithromycin 2 g in a single oral dose *PLUS*

Test-of-cure in 1 week

Uncomplicated gonococcal infections of the pharynx

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose *PLUS* Azithromycin 1 g orally in a single dose or doxycycline 100 mg orally twice daily for 7 days*

* Because of the high prevalence of tetracycline resistance among Gonococcal Isolate Surveillance Project isolates, particularly those with elevated minimum inhibitory concentrations to cefixime, the use of azithromycin as the second antimicrobial is preferred.

STD Prevention Science Series 2012

The American Sexually Transmitted Diseases Association (ASTDA) and the CDC's Division of STD Prevention (DSTDP) have partnered to present the latest research and best practices for STD prevention with the STD Prevention Science Series 2012.

1) **It's Not Just the Pathogen Anymore: The Genital Microbiome and Implications for Sexually Transmitted Infections,** premiered on June 20th and was presented by Jeanne Marrazzo, MD, MPH, a professor in the Division of Infectious Diseases at the University of Washington.

2) **Contraception and STI/HIV: Balancing the Tradeoffs in Different Contexts**

August 29, 2012, 11:30am -12:30pm ET

Willard (Ward) Cates, MD, MPH

Family Health International, Research Triangle Park, NC

3) **The Road From Observation to Intervention to Implementation: Perspectives of a Pragmatic HIV Prevention Researcher**

December 13, 2012, 11:00am – 12:00pm EST

Connie Celum, MD, MPH

University of Washington, Seattle, WA

More information on the STD Prevention Science Series 2012, as well as archived presentations, is available on the ASTDA website at:

<http://www.astda.org/std-prevention-science-series-2012.html>

The Use of Home-Based, Self-Obtained Vagina Swabs for Chlamydia Screening

A randomized trial in family planning clinics and in STD clinics was recently published in *Obstetrics & Gynecology*, Obstet Gynecol. 2011 Aug;118(2 Pt 1):231-9.



Cost Effectiveness of Chlamydia Screening: An NCC Research Translation Committee Hot Topic

The NCC is pleased to introduce a featured Hot Topic, an updated version of the Research Translation Committee's Research Brief. In the first instalment, Tom Gift from the Centers for Disease Control and Prevention (CDC) discusses how increasing chlamydia screening coverage of women could be a cost-effective way to improve women's health and reduce the burden of chlamydia in the population.

<http://prevent.org/data/files/ncc/brief%20%20tom%20gift%20version%202.pdf>

The September newsletter is available at http://campaign.r20.constantcontact.com/render?llr=htiefwcab&v=001KOjYle_zlG864HbtEiYpsOmwbF1JRjendXcpSzjbC79mMtoZXihqXgLB0CKI8kX-vXOSPzkFH_i-KBgwEDvmqoJKt4tai8SNp65NgjvRAPeYzJM751kW8u0o7CAxtq4LYANexMU14FU8EKxfHFlojKmVl1EqiBgatgyTKctec%3D

See NCC Expert commentary on Comparative Effectiveness of Point of Care Tests for Chlamydia in a clinic setting.

http://prevent.org/data/files/ncc/ec_september%202012.pdf

Older NCC Newsletters are available at <http://ncc.prevent.org/>

Meetings:

ISSTD - IUSTI World Joint conference, Vienna, Austria from June 30th to July 3rd 2013.

Chlamydia Basic Research Society 2013 Meeting
Announcing the biennial meeting of the Chlamydia Basic Research Society March 19-22, 2013 in San Antonio, TX.

2014 U.S. National STD Prevention and IUSTI World Conference with North America and Latin America IUSTI
Omni Hotel, Atlanta, GA. USA. June 8-13, 2014
Charlotte Gaydos

Asia Pacific

Hijras in India; An important risk group for STIs and HIV

A culturally identifiable group known by the Urdu term "hijra" lives in most parts of India and are known to depend, at least partly, for their livelihood on working as male prostitutes¹. They live predominantly in the cities of North India, where they find the greatest opportunity to perform their traditional roles, but small groups of hijras are found all over India, in the south as well as the north².

These Hijras are self-identified transgenders They are biological males who dress and socially behave as females. A few are hermaphrodites that are born with ambiguously male-like genitals³. As devotees of the Mother Goddess "Bahuchara Mata", their sacred powers are contingent upon their asexuality. In reality, however, many hijras are prostitutes. This sexual activity undermines their culturally valued sacred role. This group is often stigmatized and may sell sex for a living, thus putting them at a higher risk for acquiring STIs and HIV. Besides, selling sex, they traditionally earn their living by collecting alms and receiving payment for performances at weddings, births, and festivals²⁻³. The central feature of their culture is their devotion to Bahuchara Mata, one of the many Mother Goddesses worshipped all over India, for whom emasculation is carried out. The castration operation is usually performed crudely and under insanitary conditions. It is legally punishable, but reported to be performed secretly in large numbers. This identification with the Mother Goddess is the source of the hijras' claim for both their special place in Indian society and People believe that they have power to bless male infant and newly weds. With the erosion of such beliefs in contemporary India, hijras are reported to increasingly engage themselves as male prostitutes.

The total population of hijras in India is not known, as in censuses many of them report themselves as female. The unofficial estimate¹ of their population in India varies from 50,000 to 500,000. There are myths and folklore associating Bahuchara Mata, the major object of the hijra devotions, with transvestism and transsexuality.

Sexual practices of hijras

Most hijras seem to engage in casual prostitution by offering sexual favors to men in exchange for money. Some of them live in red-light areas of metropolitan cities; many seek male clients by offering massage services in parks, beaches, hotels, and houses. Some others, particularly those with strong feminine identity, are involved in relatively long-term relationships with men who may be known as their "husbands". Having a "husband" in an economically reciprocal and emotionally satisfying relationship is a preferred

alternative for those hijras who openly engage themselves in sexual relations with men. Many of the homeless and poor boys and young men employed are compelled to provide sexual services to their male bosses in return for their job security. Young men who work as helpers to highway truck drivers in their long trips provide such services.

Almost nothing is known about the sexual techniques hijras practice or are asked to practice when they perform the role of a prostitute.³ It is very likely that they are often passive partners in anal intercourse, without the use of condoms, thus making themselves highly vulnerable to HIV and other STD infections. Although these hijras usually engaged in unprotected sex, there are hardly any studies regarding the prevalence of STIs and HIV in this particular population in India.

In a recent study from Pune⁴ the prevalence of HIV (45.2% in Hijras vs 20% in heterosexual men vs 18.9% in MSM, $P < 0.0001$) and warts (10.3% vs 4.6% vs 7.0%; $P = 0.004$) was higher in Hijras as compared with heterosexual men and MSM. In multivariate analysis, receiving money for sex (adjusted odds ratio: 4.49; $P < 0.04$) and having genital ulcer disease (odds ratio: 3.87; $P < 0.08$) were independently associated with high HIV prevalence in Hijras.

A cross-sectional study at two STI clinics in Mumbai⁵ has demonstrated that prior STIs were strongly associated with HIV infection in MSM and Transgenders. In this study 68% of the TGs were HIV infected which was associated with a positive TPHA [OR (95% CI): 9.8 (1.5-63.9)] and HSV 2 IgG [OR (95% CI): 6.7 (1.1-40.4)] in univariate analysis.

In a large study⁶ which was carried out in four high prevalence states of India, HIV prevalence among these hijras was 18.1% and syphilis was 13.6%. Thus, besides MSMs, these Hijras (Transgenders) are an emerging risk group for STIs and HIV in India and there are very scanty studies on prevalence of STIs and HIV in this particular group. These groups should be the focus of intensive intervention programs aimed at STI screening and treatment, reduction of risky sexual behavior and promotion of HIV counseling and testing.

Sunil Sethi

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2006;72:425-31

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Africa



MULTI-DRUG RESISTANT GONORRHOEA IN GAUTENG PROVINCE

A private laboratory has recently identified two cephalosporin-resistant *Neisseria gonorrhoeae* isolates, which have been confirmed at the Centre for HIV and STIs (NICD-NHLS) to exhibit high minimum inhibitory concentrations (MIC) to oral cephalosporins.

spread of multi-drug resistant *N. gonorrhoeae* (MDR-Ng). The first reports of substantial numbers of cases of MDR-Ng came from Japan approximately 10 years ago. MDR-Ng strains have subsequently been reported from other countries in the Western Pacific region, notably Australia and Hong Kong, and more

NICD Communique article describing the first cefixime treatment failure in South Africa

The IUSTI-Africa Regional Director writes that, to the best of his knowledge, the first confirmed gonococcal urethral discharge treatment failure case for cefixime on the Africa continent has been reported in a man who had sex with other men (MSM) in Johannesburg, South Africa. This information has been relayed to the local Provincial and City Health Departments, the National Health Department and the World Health Organisation. In an attempt to define the size of the problem, enhanced patient case management of MSM presenting with urethral discharge has been initiated in both Johannesburg and Cape Town in a collaborative effort involving the National Institute for Communicable Diseases and ANOVA Health Institute's USAID-funded Health 4 Men project. With assistance from CDC Global Disease Detection funding, plans are underway to conduct enhanced aetiological STI surveillance in all nine of South Africa's provinces in 2013. Finally, plans are underway to provide a leadership, through the Centre for HIV and STIs, for a national antiretroviral drug resistance programme which will involve screening newly diagnosed HIV infection to evaluate the prevalence of transmissible resistance, first-line treatment failures and second-line treatment failures.

Dr. Amina Hançali (IUSTI lead, Morocco) writes that the Ministry of Health in Morocco has established a national strategic plan over the next five years to prevent and fight HIV and STIs dissemination. In that framework, during the year 2012, the National Reference Laboratory of HIV at the National Institute of Hygiene, with the support of the National Aids Program (NAP) and the ALCS, which is an NGO working on AIDS, conducted a study to investigate herpes simplex virus 2 epidemiology among HIV positive and HIV negative men who

have sex with men (MSM) in Morocco. For that purpose 657 MSM from Agadir and Marrakech were recruited using respondent driven sampling as a sampling method. Sera from recruits were tested for HIV1+2 and HSV2. The high prevalence of HSV2 among HIV-positive MSM suggests that an increased focus on HSV2 control in the management of HIV among MSM may be recommended in the Moroccan context.



Moroccan HIV/AIDS poster (winner UNESCO 2010 competition for the Arabs States region)
[\[http://portal.unesco.org/en/ev.php-URL_ID=47734&URL_DO=DO_TOPIC&URL_SECTION=201.html\]](http://portal.unesco.org/en/ev.php-URL_ID=47734&URL_DO=DO_TOPIC&URL_SECTION=201.html)

Secondly, Between May and June 2012 a National HIV testing campaign was conducted in Morocco by the NAP all over the country. Several NGOs working on AIDS were involved and a huge panel of risky and non risky groups was tested. Positive recruits were referred to the reference centers for HIV management. Publication of the final report of this campaign is under progress. Finally, the National Reference Laboratory of STIs at the National Institute of Hygiene, in collaboration with the NAP and the Global Fund is in the final stages of preparation for the launch of the GC antimicrobial resistance surveillance program which will start in Morocco in November 2012. This monitoring program will last four months and will involve five regions of Morocco.

Dr. Samuel Fayemiwo (IUSTI lead, Nigeria) reminds us that the incidence of viral STIs has been on the increase with the rising prevalence of HIV/AIDS. Majority of the other viral STIs occur as opportunistic infections against a background of HIV/AIDS. In most STI clinics in Nigeria, the viral STIs remain under-reported as they are not usually tested for among the clinic attendees. This is probably because of lack of technical expertise coupled with the scarcity of equipments required for diagnosis. At the Special Treatment Clinic in Ibadan, Nigeria, Dr. Fowotade and colleagues have been able to carry out serological diagnostic tests for herpes simplex virus (HSV) using the ELISA kits for diagnosis. Of special mention is the case of a 28 year old Nigerian female who was

referred to our Special Treatment Clinic on account of an abnormal pap smear cytology which was in keeping with herpes cervicitis. There was no history of genital ulcer in this patient; however ELISA for HSV 2 IgM was positive in her serum.

Professor Sax Sarkodie (IUSTI lead, Ghana) writes that the 2012 HIV Sentinel Surveillance has began in Ghana. Currently, the population HIV prevalence stands at 1.5% and the median prevalence among antenatal clinic attendees is 2.1%. In addition, the 2012 mid-year review of HIV/STI activities in Ghana took place in August this year. The review process was organized by the National AIDS Control Programme (NACP) with the aim of looking at activities conducted over the previous half year and how these could be optimized. The major issue discussed was the difficulty in the funding of programme activities. Ghana has been a beneficiary of Global fund money which has supported 95% of all AIDS activities. The country was not successful during the Round 10 application and this has led to underfunding of activities. There have been stock-outs of HIV test kits and also anti-retroviral drugs. Many options were discussed on keeping programme activities going.

David Lewis

[Update from the UK Health Protection Agency](#)

Latest findings from the Gonococcal Resistance to Antimicrobial Surveillance Programme (GRASP) in England and Wales

GRASP is a national sentinel surveillance programme which monitors susceptibility to antimicrobial agents used for the treatment of gonorrhoea in England and Wales. This surveillance programme recently provided evidence of emerging decreased susceptibility to cefixime which lead to UK national treatment guidelines changing to recommend a first-line combination therapy of ceftriaxone (500mg) and azithromycin (1g). However, in 2011, data from GRASP showed the pattern of emerging resistance in England and Wales had changed.

For the first time since 2007, decreased susceptibility to cefixime (MIC ≥ 0.125 mg/L) declined, particularly in isolates infecting men who have sex with men (MSM)(Figure). Likewise, the increasing ceftriaxone MIC drift reported in previous years was not evident in 2011, with an apparent rise in the proportion of highly susceptible isolates observed. Following revision of the treatment guidelines last year, ceftriaxone prescribing has increased considerably and cefixime prescribing has decreased, and this may have dampened the emerging decreased

susceptibility and increasing MIC drift to cefixime and ceftriaxone that had been observed in previous years. Improved detection at extra-genital sites and/or increased uptake of test of cure may also have contributed, since frontline treatment algorithms for pharyngeal infections in the UK already recommended ceftriaxone.

While the decline in decreased susceptibility to cefixime in England and Wales may be indicative of the benefits of treating gonorrhoea with a more aggressive combination therapy, the potential for isolates to develop higher level resistance as documented elsewhere in Europe should not be underestimated.^{2,3} It is evident that there can be no complacency concerning treatment of gonorrhoea as there is real potential for failure of ceftriaxone treatment in the future.^{4,5} In the absence of any alternative treatment regimens, it is essential that recommended guidelines are closely adhered to and that any potential treatment failures are identified and managed effectively to prevent further dissemination of resistance.

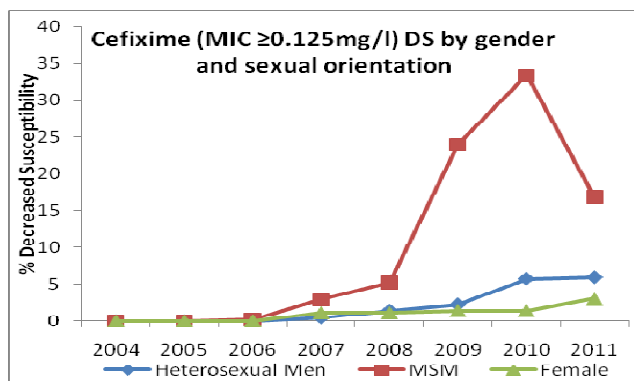


Figure. Percentage of isolates showing decreased susceptibility to cefixime MIC \geq 0.125 mg/L by gender and sexual orientation 2004-2011

Gwenda Hughes & Cathy Ison

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Conference Update

IUSTI Events:

STI World Congress 2013 Joint Meeting of the 20th ISSTD & 14th IUSTI

Dates: 14-17 July, 2013

Location: Vienna, Austria

Website: www.stivienna2013.com

Other STI or Related

Meetings/Congresses/Courses:

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>

Association of Nurses in AIDS Care 25th Anniversary Annual Conference

Our Journey From Novice to Expert: Celebrating 25 Years of HIV Nursing

Dates: November 15-18, 2012

Location: Tucson, Arizona

Website:

<http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=4280>

28th International Papillomavirus Conference

Dates: November 30-December 6, 2012

Location: San Juan, Puerto Rico

Website: <http://www.hpv2012pr.org/>

HIV Vaccines

Dates: February 10 - 15, 2013

Location: Keystone, Colorado

Website: www.keystonesymposia.org

Immune Activation in HIV Infection: Basic Mechanisms and Clinical Implications

Dates: April 3 - 8, 2013

Location: Breckenridge, Colorado, United States

Website: www.keystonesymposia.org

10th EADV Spring Symposium

Dates: May 23-26, 2013

Location: Cracow, Poland

Website: <http://www.eadv.org/nc/news/article/10th-eadv-spring-symposium-1/6/d3c174284f19756946f82f93847b105c/>

Somesh Gupta

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Prof. Jonathan Ross, Editor

jonathan.ross@uhb.nhs.uk

Further information on the activities of IUSTI available at

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