

Message from the Regional Director



IUSTI

INTERNATIONAL UNION AGAINST
SEXUALLY TRANSMITTED INFECTIONS
NORTH AMERICA

grant has been awarded by the national Institutes of Health, national Institute of Biomedical Imaging and Bioengineering to Johns Hopkins University for developing Point of Care Tests for sexually transmitted infections. Small grants for developing POC will be awarded to scientists to develop new assays for STIs.

The North American IUSTI was represented at the Asia-Pacific IUSTI recently in Dubai, United Arab Emirates, which attracted over 500 participants. Symposia were presented by Dr. Frank Judson: "HIV/AIDS after three decades - Lessons learned from USA" and Dr. Charlotte Gaydos: "New methods and tests for STDs: How to reach the infected persons outside the clinic".

The upcoming CDC STD meeting in Chicago, March 10-13, 2008 (www.stdconference.org) will attract over 1100

participants; there will be many presentations by members of IUSTI, North America. Additionally North America IUSTI is supporting the 3rd British Association for Sexual health and HIV (BASHH) and ASTDA joint conference in Brooklyn, New York, May 7-10, 2008, (<http://www.bashh.org/springmeeting.asp>). We hope to see many North America IUSTI members there.

In partnership with the American Sexually Transmitted Diseases Association (ASTDA), the North American Branch of IUSTI is focusing on stressing importance of the relationship between STDs and HIV, concern about antibiotic resistance in gonorrhea, supporting the HPV vaccine initiative, supporting expedited partner therapy, learning more about the interaction between HSV2 and HIV, learning more about other STDs which are being found to play key role in disease, such *Trichomonas vaginalis* and *Mycoplasma genitalium*, and focusing on new technologies that make STIs easier to diagnose.

New information on the ASTDA website (<http://www.ashstd.org/>) presents an animation on condom use.

Lastly, we welcome new members from North America. Please log onto www.IUSTI.org and join us. Associate membership is free and full membership is a bargain. [Membership](#) for IUSTI is open to individuals or organizations with a professional interest in the control of sexually transmitted infections. A medical qualification is not necessary to join IUSTI. Potential Full or Associate members should download and complete the [membership application form](#). The completed form should be sent by post or as an email attachment to the [Membership Secretary](#). An online method of membership application or renewal with integrated secure credit card payment system is expected to be available early in 2008.



Charlotte Gaydos, DrPH
Regional Director &
Editor-in-Chief

Focus on North America: Point of Care Testing for STDs

In 2007, the National Institute of Biomedical Imaging and Bioengineering (NIBIB) gave grants to 4 Centers to develop new point-of-care testing (POCT) technologies to change the way US health care is delivered. The purpose of the grants were to facilitate the assessment of clinical opportunities in POCT and guide the development of

emerging technologies. Each of the four Centers have individual goals for specific types of POCT, but a network will be developed to collectively coordinate emerging and promising new POCT technology platforms and devices.

Centers activities gravitate around five "core" functions: 1) conducting in-house clinical testing of

prototype POC devices; 2) collaborating with physical scientists, biochemical scientists, computational scientists, and bioengineers on exploratory technology development projects; 3) completing clinical needs assessments in areas anticipated to advance the field of POCT and disseminating this information to the technology development community; 4) providing (continued on page 2)



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(continued from page 1) training to technology developers on clinical issues related to the development of POC devices; and 5) providing an adequate administrative structure to ensure that the Centers and national research Network achieve individual and shared goals. The four Centers of the POCT Network are: University of Cincinnati, PI Fred Beyette, who is focusing on Emerging Neurotechnologies; Johns Hopkins University, PI Charlotte Gaydos, who is focusing on Sexually Transmitted Infections; UC Davis-Lawrence Livermore National Laboratory (LLNL), PI Gerald Kost, who is focusing on Rapid Multipathogen Detection for POCT and National Disaster Readiness and PATH, Seattle and the University of Washington, PI Bernhard Weigl, whose focus is on POC Diagnostics for Global Health. The work is in the earliest stages, but the Network hopes to have individual websites with which to share information and



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We're on the WEB!!
www.iusti.org



Train Station, Maputu, Mozambique



Sunset in Maputu, Mozambique

Clinical Laboratory Testing Harmonization and Standardization Meeting, Mozambique

A meeting was held in Maputo, Mozambique January 22-24, 2008 to try to determine consensus for clinical laboratory testing around the world. It was sponsored by the World Health Organization (WHO), the Bill & Melinda Gates Foundation, the Clinton Foundation and the Global Fund. It brought together over 125 clinical laboratory scientists, managers, donors and policy makers from around the world to discuss laboratory testing standardization, especially testing for HIV/AIDS, Tuberculosis and Malaria.

The meeting objectives were to: 1) review and agree on a list of supplies and tests needed at each level of an integrated laboratory network and to classify their importance; 2) develop a consensus to guide standardization of laboratory equipment and 3) to develop a consensus on key considerations to guide maintenance and service contracts for equipment at

various levels of an integrated tiered laboratory network.

This 3-day meeting included talks about laboratory strategic planning in the scaling up of HIV/AIDS/TB and malaria programs worldwide, with a major focus on developing countries, where infrastructure is still in development. The need for standardized equipment and service contracts in these settings was a major component of the talks.

A consensus document is in development as a result of this meeting and is expected by the end of the year.



The Center for Global Health

The Johns Hopkins Center for Global Health is a unique collaboration between three institutions -- the [Bloomberg School of Public Health](#), the [School of Medicine](#), and the [School of Nursing](#) -- that harnesses the expertise of its dedicated health and medical professionals to address a myriad of global health challenges: HIV/AIDS, malaria, tuberculosis, malnutrition, hepatitis and other threats to health, especially in developing countries. The mission of the Center is to facilitate and focus the extensive expertise and resources of the Johns Hopkins Institutions together with global collaborators to effectively address and ameliorate the world's most pressing health issues. The Center provides a forum for innovative, informed, and visionary thinking about global health issues in the 21st century. It promotes collaboration; marshals resources for research, policy, and programmatic initiatives; recruits dynamic faculty and other professionals; and trains the next generation of leaders in global health. The Center has implemented a variety of programming initiatives focused on providing resources and educational opportunities to faculty, staff, and students in order to keep Hopkins on the cutting edge of global health. There is a Center-sponsored global health speakers series, grants for overseas fellowships, full tuition scholarships, and a website full of global health news and resources. Check it out at: <http://www.hopkinsglobalhealth.org/>

The Center also promotes the work of Hopkins faculty by managing the Global Projects Database, a catalog of all of the international projects being worked on across the university. The projects listed in this database are not being sponsored or managed by the Center for Global Health; rather, each individual faculty member is responsible for their own projects and funding. The Center does work to spot potential synergies and organize collaborations where appropriate between faculty members in order to tackle global health issues in new and unique ways.

Hopkins faculty are involved in global health projects that include the following: research on HIV/AIDS, malaria, tuberculosis, avian flu, and other infectious diseases, communication and education programs aimed at changing behaviors to protect populations from disease, clinical trials and laboratory research to test and perfect immunizations and antiretrovirals. Hopkins professionals are stationed across the world, working in the field to realize maximum impact.

In the News

From the NIH: Proceedings of a Workshop on the Importance of Self-Obtained Vaginal Specimens for Detection of Sexually Transmitted Infections. Hobbs M, et. al. *Sexually Transmitted Diseases*, January 2008, Vol. 35, No. 1, p.8-13

On June 27, 2006, the NIH conducted a workshop to review published data and current field practices supporting the use of self-obtained vaginal swabs (SOVs) as specimens for diagnosis of sexually transmitted infections (STIs). The workshop also explored the design of studies that could support FDA clearance of SOVs for STI testing, particularly for specimens collected in nonclinical settings including patients' homes. This report summarizes the workshop findings and recommendations. Participants concluded that self-obtained vaginal swabs are well accepted by women of all ages and that SOVs perform as well as or better than other specimen types for Chlamydia trachomatis and Neisseria gonorrhoea detection using transcription-mediated amplification. In addition, workshop participants recommended the validation of SOV testing by public health practitioners and manufacturers of STI diagnostic tests to expedite incorporation of SOVs as a diagnostic option in clinical and nonclinical settings for Chlamydia trachomatis and Neisseria gonorrhoea testing. Similarly, SOVs should be explored for use in the diagnosis of other sexually transmitted pathogens.

Upcoming Events

CDC- National STD Prevention Conference
March 10-13, 2008 Chicago, IL

BASHH - ASTDA 3rd Joint Conference and co-sponsored by IUSTI North American branch
May 7-10, 2008 Brooklyn, NY

48th ICAAC— 46th IDSA Annual Meeting
October 25-28, 2008 Washington, DC



Updates from Around North America

Update from CDC (from Amy Pulver, MA, MBA, MA Associate Director for Policy, Planning and External Relations)

To address the goal of preventing infertility, at the top of the domestic agenda for CDC's Division of STD Prevention (DSTDP) is increasing chlamydia screening in the U.S. among sexually active women age 25 and younger. To support this priority, CDC is working with Partnership for Prevention on three key activities: 1) Developing a White Paper examining the evidence supporting CT screening and other recommended adolescent preventive health services; 2) Developing a CT screening implementation guide to assist providers in adhering to screening recommendations; and 3) Convening a National Chlamydia Coalition, with the first meeting in May 2008. Because treating partners is a critical part of infertility prevention, prevention of transmission and protection of public health, CDC has also been enhancing approaches to partner services in several areas. The first is a better understanding of the benefits of and promotion of the use of expedited partner therapy (EPT) (eg, approaches to provide partner treatment for chlamydia and gonorrhea delivered by the patient or through a pharmacy without a clinical examination). Based on results of randomized clinical trials, CDC endorsed this approach as an option to augment partner services (<http://www.cdc.gov/std/treatment/2006/clinical.htm#clinical3>) and is working with states throughout the U.S. to reduce legal barriers to its use. A second initiative is the creation of harmonized guidance for partner services for HIV and STD, in an attempt to enhance use of the former and increase clarity about what have often been inconsistent approaches. Finally, there are increasing efforts to explore the delivery of partner services through the internet, such as email notification of anonymous partners and notification through chatrooms. These approaches have been clarified in guidance developed by the National Coalition of STD Directors in the U.S. in collaboration with the CDC (http://www.ncsddc.org/upload/wysiwyg/documents/InternetGuidelinesFC9_27_07.pdf).

In the international arena, CDC has been working closely with WHO and other international agencies and organizations on the WHO global health priority of eliminating congenital syphilis. (<http://www.who.int/reproductive-health/stis/syphilis.html>) At a technical consultation in July 2007, the Statement of Commitment to Saving Newborn Lives and Improving Family Health through the Elimination of Congenital Syphilis was developed, and the initiative was publicly launched in October in London. In December, CDC hosted a Congenital Syphilis Elimination Investment Case Consultation to develop an outline of an investment rationale directed toward ministries of health, potential donors and partner agencies. The first draft of the investment case document is anticipated summer 2008.

Also international, but closer to home, in April 2008, CDC, the Indian Health Service, and the Alaska Native Tribal Health Consortium will host a summit, Sexually Transmitted Diseases among Alaska Native and First Nations/Inuit in Canada: Discovering Opportunities for Collaboration. The summit will bring together experts from the U.S. and Canada in the field of STD research, care, and prevention among Alaska Native and First Nations/Inuit to share knowledge, lessons, and experiences with the common objective of raising the health status of the both Alaska Native and First Nations/Inuit in Canada.

A summary of these and other 2007 CDC STD prevention activities, consultations, new tools, and new scientific and program developments can be found in the annual DSTDP Year End Dear Colleague Letter, available at <http://www.cdc.gov/std/general/DearColleagueYearEnd2007.pdf>.

Update from The American Social Health Association

The American Social Health Association, founded in 1914, is a leading national provider in the area of health communications and sexually transmitted infection prevention, with an advocacy role in Washington and numerous research and educational programs.

ASHA has maintained a primary focus on public education and awareness, informed by its and other research initiatives. Most recently, public outreach efforts have focused on our websites, dedicated to different audiences (general public, teens, Spanish speakers). ASHA also maintains a popular online message board. Over the course of this past year, the message board—with forums focused on herpes, HPV, general STI concerns, and an over-55 audience—has become a popular destination for individuals looking not just for accurate information but emotional support as well. While ASHA continues to operate a national STI hotline as it has for more than two decades, this innovative online program has allowed ASHA's small staff to reach many more individuals with personalized messages.

In March 2008, ASHA staff will present a poster at the 2008 National STD Prevention Conference detailing and evaluating the distinct STI support and information needs of women and men, as determined by a qualitative analysis of message board data.

This poster is in fact one of five ASHA will present at the National STD Prevention Conference. Additional posters focus on results of original research conducted by ASHA. Posters presented at the March conference include results of an innovative online health campaign to motivate men who have sex with men (MSM) to get hepatitis A and B vaccinations, as well as an analysis of patients' unanswered questions about genital herpes. Additional research efforts include an analysis of patient and provider perspectives on the importance of, and barriers to, HSV testing among HIV+ individuals.

ASHA's health policy office in Washington, DC responds to requests for information as well as advocating for decisions that are science based and in support of sound public health. Additionally, ASHA continues to serve as a resource to public health clinics and others around the country who are seeking materials on all subjects related to sexually transmitted infections. For more information, visit our website: <http://www.ashastd.org>. (from Lynn Barclay, ASHA President & CEO)

Update from the ASTDA

The ASTDA has been occupied with some new and recurrent initiatives in the last several months. For the first time, ASTDA solicited applications for the **ASTDA Developmental Award**, which is are intended to encourage new investigators to pursue careers in research related to STI. We intend that these awards, which will fund up to two years of activities at the post-doctoral level, will be used to generate data that young investigators can use as the basis for seeking future independent funding from the NIH or other sources. We had an excellent first run of applications, and are in the process of reviewing them with intent to make a decision on the awardee in early spring. We anticipate offering these awards on an annual basis. For details, see www.astda.org.

The other major activity has been ASTDA's recurring management of the CDC's National STD Prevention Conference (www.stdconference.org), to be held in Chicago, March 10-13, 2008. As in past years, ASTDA has been involved in supporting the logistical and scientific aspects of this meeting; this year's meeting has to date more registrants than any previous such meetings (over 1,100). This is the largest U.S.-based meeting specifically devoted to presentation of STD-related research, and is somewhat unique in its interdisciplinary focus, bringing together a diverse group of academic, program, and policy experts in the field of STD and HIV prevention. Of note, the gala event will be held at the Chicago Institute of Art, which should be an excellent venue.

Finally, ASTDA is partnering with BASHH to offer the 3rd BASHH-ASTDA Joint Conference, co-sponsored by the IUSTI North America branch, entitled "Converging Approaches in STD/HIV Control and Reproductive Health," in Brooklyn, N.Y., from May 7-10, 2008. This meeting should bring together a great group of investigators and practitioners with a combined interest in STD and HIV care from both sides of the Atlantic. For details, please see <http://www.bashh.org/springmeeting.asp>. (from Jeanne Marrazzo, MD, MPH, ASTDA President)

Websites Worth Checking Out!



View ASHA's new animation...

How to Use a Condom



http://www.ashastd.org/condom_use.cfm

[The Chlamydia Song](http://www.youtube.com/watch?v=RfTHio6WREc)

<http://www.youtube.com/watch?v=RfTHio6WREc>

[I Want the Kit](http://www.iwantthekit.org/)

<http://www.iwantthekit.org/>

Recent Publications

- Van der Pol, B, et.al. *Trichomonas vaginalis* Infection and Human Immunodeficiency Virus Acquisition in African Women. **JID**: 2008 Feb; 197; p. 548-54.
- Bauer, H, et.al. California Guidelines for Expedited Partner Therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. **STD**: 2008 March; 35: p. 314-18.
- Gaydos, C, et.al. Chlamydia in the United States Military: Can We Win this War? **STD**: 2008 March; 35: p. 260-262.
- Gaydos, C, et.al. *Chlamydia trachomatis* Reinfection Rates among Female Adolescents Seeking Rescreening in School-based Health Centers. **STD**: 2008 March; 35: p. 233-37.
- Shafer, MA, et.al. Acquisition of *Chlamydia trachomatis* by Young Women During Their First Year of Military Service. **STD**: 2008 March; 35: p. 255-59.
- Miller, M, et.al. Factors Associated with the Prevalence and Incidence of *Trichomonas vaginalis* Infection among African-American Women in New York City Who Use Drugs. **JID**: 2008 Feb; 197; p. 503-09.
- Huppert, J, et.al. *Mycoplasma genitalium* Detected by Transcription-Mediated Amplification is Associated with Chlamydia trachomatis in Adolescent Women. **STD**: 2008 March; 35: p. 250-54.



**CLINICAL AND
LABORATORY
STANDARDS
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Clinical and Laboratory Standards Institute (CLSI) is a global, nonprofit, membership-based organization dedicated to developing standards and guidelines for the healthcare and medical testing community. CLSI's unique consensus process facilitates the creation of standards and guidelines that are reliable, practical, and achievable for an effective quality system.

Formerly known as NCCLS, the Clinical and Laboratory Standards Institute (CLSI) writes and distributes documents and guidelines for best practices in the field of medical laboratory testing. We have an inventory of **over 170 different practice standards** and guidelines ranging in areas from Specimen Collection, General Laboratory Practices, Chemistry, Hematology, Immunology, and Microbiology to areas such as Quality Systems Essentials and reduction of errors. These documents are written by the world's experts in each subject area. CLSI documents are designed to be very specific, but they are adaptable to different languages and cultures.

Working together with local and international partners, CLSI through its **Global Health Partnership program** is improving the lives of people affected by HIV/AIDS through programs targeting the critical areas of need in the laboratories and laboratory systems particularly in resource constrained settings. Our Global Health Program **support services, provide assessment, training, education, and technical assistance to improve the operational quality of the laboratory.** This is especially useful to laboratories that **aspire to accreditation.** In addition, many of our documents have implementation guides, or "tool kits," which help laboratorians make improvements in their specific setting. These tool kits may contain charts, graphs, worksheets and video presentations. Our documents are ISO 15189 compatible.

In developing our best practice guidelines, we seek the input from the users of the documents, the suppliers of the test kits and equipment, as well as representatives of the various government agencies (ministries of health). Although our documents hold no regulatory status, they are **deemed as authoritative** by government agencies and the users.

While CLSI is based in the United States, our organization has members from **over 35 countries** around the world on **5 continents.** CLSI is the convener for the committee of ISO (the acknowledged international standards setting organization) which addresses medical laboratory standards—**52 countries** currently participate on this committee. CLSI is a recognized "WHO Collaborating Center". CLSI is breaking ground to fully integrate programs and services in the fight against HIV/AIDS, by creating new partnerships, and by sharing "best practices" and lessons learned to empower others and foster success.