

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

Contents

Presidents Column	1
IUSTI News	1
Research Review	2
What's New from the Centers for Disease Control	2
Regional Reports	3
Conference Report	6
Conference Update	7

President's Column

Dear members of IUSTI and colleagues interested in STIs!

The year 2008 started with a successful conference of the Asia-Pacific Region of IUSTI. In the beginning of February, Dr. Kamal Faour hosted the 15th IUSTI Asia Pacific Conference as a Joint Congress together with the Annual International Infectious Disease Congress in Dubai under the patronage of H.H. Sheikh Hamdan Bin Rashid Al Maktoum. Since this was the first IUSTI conference in the Middle East it has been a unique and historic event. More than 500 delegates participated in the meeting with an interesting scientific programme including plenary sessions, symposia, workshops and oral presentations. For many participants this was also an opportunity to visit the amazingly growing Emirate of Dubai. Similar to Seattle and Cavtat, we used the chance to inform about our organisation and further IUSTI meetings at the IUSTI Booth, which was organized by Somesh Gupta and his colleagues from India. It needs lots of effort and time to organize a conference and I want to express my thanks to Dr. Kamal Faour, the local organizer, to Dr. Doshi, the past regional Chair, and Dr. Roy Chen, the Regional Director of IUSTI Asia Pacific, to Dr. Verapol, the scientific coordinator of the programme and to all persons involved in the organisation. During the conference, at the speakers dinner, Dr. Kamal Faour and Dr. Verapol were honoured with the silver IUSTI award.



Dr. Faour, Sheikh Hamdan Bin Rashid Al Maktoum and Prof. Stary at the 15th IUSTI Asia Pacific Conference

The second regional IUSTI meeting will be held in September in Milano and I would recommend not to

www.iusti.org

miss this conference in the wonderful city of Milan. It will certainly be an excellent conference on STIs in Europe with international participation. Please join! Furthermore, the BASHH/ASTDA meeting in New York is scheduled for May, and is also supported by IUSTI North America.

I want to provide you with some organisational information:

We have reconsidered our strategy for biannual world meetings in uneven years. This was evaluated in a questionnaire to all Executive Committee Members and we have got full agreement for plans to hold world meetings annually during the next several years in addition to stick to decisions which were already approved in Seattle. The European Region has offered to organize a joint meeting in Tbilisi together with IUSTI worldwide, which we are happy to accept, assuming a stable political situation within Georgia. We will therefore hold annual World Meetings for the next few years in Cape Town in 2009, Tbilisi in 2010, New Delhi in 2011, and Melbourne in 2012. Have a look on our website www.iusti.org, which is regularly updated and provides you with the most recent information. For all meetings we will offer a reduced registration fee to full IUSTI members, which will make the membership subscription even more attractive.

We will also consider working towards annual membership fee collection but not until the new website collection system is established by the webmaster and we have recalculated the costs. Due to unexpected difficulties in setting up a merchant account for IUSTI this has been delayed. It is far more complicated than expected and we have to carefully reconsider its availability. Until that time we will continue to ask Somesh Gupta to take care of membership fee collection.

I want to invite you to join IUSTI activities over the year and thank all colleagues contributing to the success of our union.

Angelika Stary
IUSTI world president

IUSTI News

Holmes Chair in STDs and AIDS

The University of Washington in Seattle is seeking \$1.5 million to endow a Holmes Chair in STDs and AIDS, and thereby ensure the future of this important centre of excellence in STD research. There can be few individuals who have made a greater contribution to the field of STD research and practice than King Holmes and those who wish to contribute to the

appeal can find further information at:
<http://www.iusti.org/sti-information/holmes.htm>.

Research Review

Sex trafficking and HIV in South Asia

The link between sex trafficking and HIV is emerging stronger than ever in South Asia.

The spread of sex trafficking has fuelled the spread of HIV infection posing a serious threat to community health, poverty alleviation and other crucial aspects of human development. Sex trafficking also has direct cause and effect linkage to the spread and mutation of the AIDS virus and the global dispersion of HIV subtypes.

Some estimates suggest that every year 1 to 2 million women, men and children are trafficked worldwide, around 225,000 of them are from South Asia (India, Nepal, Pakistan, Bangladesh, Sri Lanka, Afghanistan, Maldives, and Bhutan). These trends were summarized by S. Huda in a World Report on Women's Health 2006 that appeared in the 'International Journal of Gynecology & Obstetrics' Sept 2006. Other estimates show that over the last 30 years, trafficking for sexual exploitation alone has victimized some 30 million Asian women and children. Men and boys are also affected. There are incidences of boys being traded for sex, as in Sri Lanka where foreign pedophiles lure beach boys with money. In some parts of one South Asian country richer families buy girls from poor families of lower social castes and give them to local temples as so-called "presents to god". A recent study of the International Labor Organization estimates that 43% of all victims are trafficked for sexual exploitation, another 32% are victims of economic exploitation, the rest being undetermined. (*A global alliance against forced labor, ILO 2005.*)

Afghanistan is both a source and transit country for women and children trafficked for the purposes of sexual exploitation and labor. Children are trafficked to Pakistan, Iran, and Saudi Arabia for begging, labor, and prostitution, often with the consent of their parents who are told they will have better educational and job opportunities abroad. Over 200 Afghan children were repatriated from Saudi Arabia in early 2004. (*US Department of State. Trafficking in persons report. 2004 Jun*). Boys are trafficked internally mainly for labor and sexual exploitation. Iranian women transit Afghanistan to Pakistan where they are forced into prostitution. Human rights groups in Bangladesh estimate that 10-20,000 women and girls are trafficked annually to India, Pakistan, Bahrain, Kuwait, and the United Arab Emirates (UAE). (*Revisiting the human trafficking paradigm: the Bangladesh experience, International Organization for Migration; 2004.*)

In India the majority of trafficking, both trans-border and in-country, happens for the purpose of sex work, and over 60% of those trafficked into sex work are adolescent girls in the age group of 12-16 years (UNDP, 2005). In many Indian cities, girls as young

as eight or nine years are sold at auctions. There are an estimated 2,000,000 prostitutes in India and 60% of these women in prostitution in Mumbai are HIV positive. One common myth fuelling the demand for young girls in South Asia is that sex with a virgin can cure sexually transmitted infections (STIs) and HIV/AIDS.

The growing menace of sex tourism and pedophilia has also been a matter of serious concern for the region. As a number of countries in the Far East (such as Indonesia) have begun to close their doors on Western sex tourists, they are increasingly turning to South Asia. There are about 100,000 Nepali girls working in Indian brothels and an estimated 5000-7000 Nepali girls trafficked annually to India. "Nepal runs the risk of an increased epidemic due to an active sex trade and high rates of girl trafficking to India for sex work". (*The World Bank, Nepal HIV/AIDS Update; 2002.*) Sri Lanka is renowned as a pedophile's paradise and their numbers increase every year. Tourist resorts of the country are well known in the western world as easy and cheap sources of young boys, and one can find names and addresses of agents and children in publications, particularly in some gay magazines.

The SAARC (South Asian Association for Regional Cooperation) Convention on trafficking in Women and Children has been an important breakthrough, however most of the countries in the region do not have anti-trafficking legislation or means to protect the victims. It is thus crucial to adopt right protective strategies in combating the crime of sex trafficking, reducing vulnerabilities of victims including stigmatization, which results in multiple burdens for HIV-positive survivors. It is important to main-stream sex trafficking and HIV/AIDS with a multisectorial approach that maximizes linkages and ensures coordination between national and regional programs related to trafficking. Special attention is needed on legal, social, physical and psychological protection of people who are affected by, or exposed to, sex trafficking and HIV/AIDS

Sunil Sethi

What's new from the Centers for Disease Control

We Have Efficacious Interventions; Why Do We Have Trouble Preventing the Spread of STI and HIV in Populations?

"We should be winning in HIV prevention. There are effective means to prevent every mode of transmission; political commitment on HIV has never been stronger; and financing for HIV programs in low-and-middle income countries increased six fold between 2001 and 2006....If comprehensive HIV prevention were brought to scale, half of the infections projected to occur by 2015 could be averted."
Global HIV Prevention Working Group; June 2007.⁽¹⁾

Since the recognition of Human Immunodeficiency Virus (HIV) as the cause of Acquired Immune Deficiency Syndrome (AIDS) considerable resources – both human and economic – have been allocated to the development and evaluation of efficacious interventions to halt the transmission of the virus and the progression of the disease. For an even longer period researchers have worked to develop and evaluate efficacious interventions to prevent the transmission of other sexually transmitted pathogens and to treat and cure the diseases caused by them. The interventions studied have included behavioural interventions, treatments, vaccines, vaginal microbicides and male circumcision. A recent review of trials of interventions to prevent sexual transmission of all sexually transmitted infections (STI) including HIV identified 83 trials of individual, group or community level interventions and concluded that although many interventions have been found to be effective against STI including HIV, few have been replicated, widely implemented or carefully evaluated for effectiveness in other settings.⁽²⁾

In order to stop the spread of an infection in populations the right intervention must be delivered to the right people at the right scale; the delivery of interventions must be sustained; and the adherence of individuals must be ensured. The gap between the development and evaluation of an efficacious intervention and the implementation of the correct mix of interventions at the right scale in populations, so as to achieve population level impact, is considerable. Even in the case of individual level biomedical interventions, such as drug therapy, efficacy under clinical trial conditions may differ importantly from effectiveness in real life, usual clinical conditions. A number of factors may contribute to differences between efficacy under ideal trial conditions and effectiveness under real-life conditions. Many people may be screened before a few who fit the inclusion criteria are chosen to be included in a study, yet the results of the study are often applied to the very people who were excluded.⁽³⁾ The population studied in trials tends to be young, male and white; they tend to suffer from a single condition and use a single treatment. Most patients do not fit the description of study populations. They often have multiple illnesses, take multiple medications and may be younger or older or a different gender or ethnicity than trial subjects. A treatment is effective if it works in real-life in non-ideal circumstances. In real life, medications will be used in doses and frequencies which were never studied and in patient groups which were never assessed in the trials. Drugs may be used in combination with other medications that have not been tested for interactions. "Effectiveness cannot be measured in controlled trials, because the act of inclusion into a study is a distortion of usual practice."⁽³⁾ It is important to note that drugs are licensed for use based on the results of controlled trials, but withdrawn from use because of observational data that would not be acceptable for licensing purposes.

The gap between efficacy and effectiveness of interventions may be even wider for social and behavioural, group or community level interventions. The recent focus of public health circles in Canada, U.S.A. and Europe on operational research and the implementation of interventions in real world circumstances gives one hope. The future may bring STI prevention successes globally.

Sevgi Aral

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Regional Reports

Europe

We are all very excited about the arrangements for the 24th IUSTI-Europe Congress, which are proceeding extremely well. The lead is being taken by Marco Cusini as Conference President, and by Claudia Heller-Vitouch as Chair of the International Scientific Committee. The meeting is going to take place in the University of Milan in Italy between 4th-6th September 2008. Please visit the website for full information (www.oic.it/iusti-europe2008).

In 2009 we are encouraging all Europeans with an interest in STI to attend what will be an excellent meeting to be held in London that year – the meeting of the International Society for STD Research (ISSTD), jointly with the British Association for Sexual Health and HIV (BASHH) in London.

In 2010, there will be a joint European Branch / World IUSTI Congress in Tbilisi, the capital of Georgia. The Congress President will be Josphe Kobakhidze. This is a very exciting initiative as it will be the first major international STI conference to be held in a former Soviet Union country. A team of key people to lead on organising this with Dr Kobakhidze is being assembled, and will include Simon Barton and Airi Poder, the Treasurer and Chair respectively of IUSTI-Europe.

In 2011, the European Congress will take place in Riga, Latvia, in the Latvian Congress Centre in the Hotel Reval. The provisional dates for this are April 29-30 2011. The Congress President is Prof Andris Rubins.

Work continues on European STI Guidelines. The following guidelines are currently in the process of revision:

- Syphilis
- HIV testing
- Gonorrhoea
- Chlamydia
- Urethritis

Tropical Genital Ulcerative Diseases

The full published guidelines, and updates on work in progress, can be accessed at the IUSTI website (www.iusti.org then "IUSTI Regions, then "Europe", then "Guidelines").

Another very important piece of work is currently in progress which will affect the future of the European Branch. I, together with Airi Poder, are working to regularise the official status of the European Branch as a non-profit association registered in Estonia. This is a long and complex task, but we are hoping that we shall complete it successfully in 2008.

Keith Radcliffe

North America

2007 was a year of change for IUSTI, North American Branch. We have a new Regional Director, Dr. Charlotte A. Gaydos, as well as a new Regional Chair Person, Dr. Jeanne M. Marrasso. Committee members include: Bradley P. Stoner, Richard Rothenberg, Sevgi O. Aral, Ralph J. DiClemente, Anne Rompalo, Jane Schwebke, Dennis Fortenberry, Lynn Barclay, and Jonathon Zenilman. The joint meeting with the International Society for Sexually Transmitted Diseases in Seattle last July was a huge success. The site of the next ISSTD 2009 will be in London 28 June-1 July 2009 in conjunction with the British Association for Sexual Health and HIV (BASHH). www.isstdlondon2009.com. There will be a May 7-10 2008 meeting of the BASHH-ASTDA-IUSTI North America, 3rd joint conference in Brooklyn NY, "Converging Approaches in STI Control and Reproductive Health". See www.bashh.org.

See also www.stdconference.org for the CDC STD March 10-13, 2008 meeting information.

IUSTI North America is producing a newsletter which will give more detail of the North America update information listed below, as well as more featured articles.

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, worrying about antibiotic resistance in gonorrhea, stressing the importance of supporting the HPV vaccine debut, 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.

News from ASTDA. The ASTDA has some new and recurrent initiatives. For the first time, ASTDA solicited applications for the ASTDA Developmental Award, which is intended to encourage new investigators to pursue careers in research related to STI. 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. We had an excellent group 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 CDC's National STD Prevention Conference (www.stdconference.org), will be held in Chicago, March 10-13, 2008. The ASTDA is involved in supporting the logistical and scientific aspects of this meeting. This year's meeting has to date more registrants than any previous such meeting with over 1,100 expected to participate. This is the largest U.S.-based meeting specifically devoted to the presentation of STD-related research, and is unique in its interdisciplinary focus, bringing together a diverse group of academic, program, and policy experts in the field of STD and HIV prevention.

Charlotte Gaydos

Asia-Pacific

Report from 8th International Congress on AIDS in Asia and the Pacific, Colombo 2007

"Update on epidemiology of HIV in the region"



The conference was held from the 19th to the 23rd of August 2007 in the charming city of Colombo, capital of Sri Lanka. It was the second time the meeting was held in South Asia, the first was in New Delhi in 1991. The conference was attended by close to 2500 delegates from within and outside the region.

In the 3 years since the 7th ICAAP in Kobe, although overall estimates of the total number of PLWA have been revised downwards (from 8 million to 5.4 million) 940,000 new infections still occurred, 680,000 lives were lost, and 0.5 million young people were newly infected.

In spite of this revision downwards, there are many reasons to worry about AIDS in this region. There continues to be increasing numbers of new infections in countries like China, Vietnam, Indonesia, Nepal, Bangladesh and Pakistan. The recent household level survey in Papua province of Indonesia shows an adult prevalence of more than 2%. In Papua New Guinea, revised estimates put national prevalence at 1.3%, and there is evidence that the epidemic is spreading fast in areas outside the capital and several sites are reporting prevalence of HIV higher than 2% among the adult population.

There was some good news - Thailand and Cambodia are no longer the only countries with a progressive decline in the incidence of HIV, the epidemic has also not shown any sharp increase in the Philippines or Sri Lanka, and it appears there has been some decline in HIV in Myanmar.

However the most exciting news is in India where there is strong evidence that prevalence in the most affected regions in the South and West of the country have either stabilized or come down. The Indian estimate for 2005 was considered to be 0.9% among the adult population (translating into 3.4 million – 9.4 million people living with HIV). However, with more accurate household survey data, the 2006 estimate showed the figure was closer to 0.4% adult prevalence (translating into 2.0 – 3.1 million people living with HIV). The unfortunate result of these revisions has been renewed debate on the accuracy of estimates and also on the intentions of UNAIDS in supporting them year after year. However even with revised estimates, nearly 6 million people in the Asia-Pacific region are likely on present trends to be infected with HIV by 2010; the overall number of sex workers, IDUs, MSM, women and, young people who need to be protected from becoming infected has not changed at all.

There are newly emerging threats viz. political instability in several areas in the region; continued attacks by opponents of prevention programmes like condom promotion and sex education for youth; and continuing high levels of stigma against infected persons and high risk groups. Victories included scaling up of universal access to prevention and treatment, increased funding from donor agencies, emerging networks of marginalized groups.

The chief challenges in our fight against AIDS in Asia Pacific include fighting complacency and denial, promoting and sustaining AIDS activism, prioritizing resources for prevention, universalizing coverage of ART services, and promoting educational programmes on sex for youth, and scaling up interventions.

Roy Chan

Africa

Membership in the African Region continues to slowly grow and has now reached over 100 with 77 Associate members and 28 Full members. We know there are many more people than this working in the fight against HIV/AIDS and STIs in Africa, so more members are still needed and this will be a regional challenge for 2008!

A successful 13th Annual CME Conference with Past-graduates' Reunion was held at the Regional Dermatology Training Centre (RDTC) in Moshi, Tanzania from January 16th - 18th, 2008. This conference is devoted to Skin Diseases, Leprosy, HIV / AIDS and other STIs. The Regional Director attended in place of IUSTI's former World President, Dr. Michael Waugh, was unable to give his annual lecture on STIs. The meeting was extremely well run and the hospitality from the RDTC staff exceptional. Several students gave excellent presentations about HIV/AIDS, dermatological manifestations and inter-relationships with STIs. Dr. Christabel Akiso Mayienga, a new IUSTI-AFRICA member from Kenya won both the Michael Waugh and the Terence Ryan Prizes for her project work and dissertation on

HIV/STIs. The Regional Director spoke about challenges to the on-going success of syndromic management, including issues relating to a) changes in genital ulcer aetiology with the rise of genital herpes and a lack of acyclovir in the syndromic management flow charts of many African countries, b) rising levels of ciprofloxacin-resistant gonorrhoea, c) the challenge of testing men with STIs for HIV, and d) the role of acute HIV in sustaining the on-going HIV epidemic in Africa.



Dr. Christabel Akiso Mayienga receiving the Michael Waugh Prize from Professor Henning Grossman for the best STI dissertation at the 13th Annual CME Conference, RDTC, Moshi, Tanzania

Plans for the forthcoming ICASA 2008 conference in Africa from December 3rd - 7th this year are well underway. The Regional Director attended the 2nd steering group meeting in Dakar in February 2008. The conference will now be held at Le Méridien Président in Dakar. Further details are available in the IUSTI-AFRICA December 2007 newsletter and at <http://www.icasadakar2008.org/>.



The 1st ICASA 2008 Steering Group Meeting held in 2007

The IUSTI-AFRICA region produced its second regional newsletter in December 2007. This regional newsletter is available on the IUSTI website in the African Region's web-pages and is produced in English, French and Portuguese. Special thanks go to Dr. Ricky Ilunga (French translation), Professor Filomena Martins Pereira (Portuguese translation) and Mrs Aulette Goliath (Production) for their enormous contributions to making this possible.

David Lewis

Conference Report

Report on the 15th IUSTI Asia Pacific Conference in Dubai 2008



Burj al Arab, Dubai

For the first time in UAE, The Joint Congress of the 15th International Union against Sexually Transmitted Infections and the 2nd Annual International Infectious Disease Congress was held in Dubai International Convention and Exhibition Centre (Dubai World Trade Centre) from 3rd to 5th February 2008.

The Joint Congress 2008 was held under the patronage of H.H Sheikh Hamdan Bin Rashid Al Maktoum and hosted by Dubai Health Authority, in cooperation with the International Union against Sexually Transmitted Infections and the Harvard Medical School Dubai Center. The conference attracted more than 500 attendees from 47 countries. There were plenary and parallel sessions, free oral and poster sessions and a minor commercial exhibition.

The conference was a great success and was excellent in getting the concept of STI control across in a new area.

Dr Kamal Faour

Conference Co-chair

The recent 15th IUSTI was one of many firsts. It was the first time IUSTI Asia-Pacific was held in a Middle East country and the first time it was a joint congress, co-supported by IUSTI-AP and the Harvard School Dubai Centre. Under the patronage of HH Sheikh Hamdan bin Rashid Al Maktoum, deputy ruler of Dubai, it was hosted by the Dubai Department of Health & Medical Services.

Under the chairmanship of Dr Kamal Faour, the programme included a balanced mix of international and Asia-Pacific speakers covering various aspects of STI & HIV. There were also workshops on dermatology, STI and HIV case scenarios. There were about 400 delegates to the joint congress.

Apart from the excellent overviews of new developments in the field, I would like to highlight two lectures that I found particularly interesting.

Quality improvement in STI/HIV prevention & control by Verapol Chandeying, Thailand

I found this a refreshing plenary as NSC/DSC (Singapore) was successfully certified by the Joint Commission International recently. Dr Verapol provided some of the basic definitions & principles of quality improvement (QI).

QI involves both *prospective and retrospective* reviews. It is aimed at improvement – measuring where you are and figuring out ways to make things better. It specifically attempts to avoid attributing blame and aims to create systems to prevent errors from happening. QI activities can be very helpful in improving how things work. Trying to find where the “defect” in the system is and figuring out new ways to do things can be challenging; it is a great opportunity to “think outside the box”.

He outlined the 17 elements used in STI/HIV control in Thailand. He then shared the lessons learned. Thailand clearly was able to reduce the scope of HIV/AIDS epidemic. The key factors contributing to the success of the HIV/AIDS programmes include:

- Effective intervention works and requires national leadership, political and financial commitment at the highest level.
- Early and pragmatic action is needed especially when there are substantial economic, social or cultural barriers
- Systemic epidemiological surveillance, social and behavioural research are critical tools that sustain political commitment and effective intervention
- Multi-sectorial involvement contributes by raising the HIV/AIDS problem in society and focuses it as a national priority

He highlighted several of the challenges ahead for Thailand

- to maintain and strengthen national STI/HIV prevention and control programme, focusing on the 100% condom-use programme, behaviour intervention and effective diagnosis and treatment for STI patients
- to ensure continual access to medical care for HIV/AIDS patients including ARV drugs
- to initiate and strengthen effective prevention programmes among injecting drug users, CSW, MSM and adolescents
- to expand, multi-sectorial partnership in the design, implementation and evaluation of HIV/AIDS related policies and program
- to promote research which will provide valuable information on the factors influencing the epidemic and development of effective counter measures

Contemporary ethical issues in STI/HIV by T Thirumoorthy

Although ethics is pivotal in all aspects of STI/HIV management, it is an issue that is rarely mentioned. Dr Thiru started off by introducing the point that human sexuality is the most morally controversial of human physiologic functions and STIs/HIV are the most stigmatising and criminalised of medical conditions. The impact of these are manifold:

- Rational thinking is impaired
 - Impedes effective & ethical care of patients
 - Creates ineffective and inequitable public health policies
 - Shifts the focus from humans vs microbes in the battle against STI/HIV to humans vs humans
- I will highlight just two aspects of his presentation.

Electronic medical records (EMR) & medical confidentiality in STI/HIV

EMR has allowed easy & rapid access to large amounts of intimate & personal medical information. A single lapse can lead to catastrophic and damaging effects especially in our specialty.

Medical confidentiality issues in STI/HIV medicine are best dealt in an environment of patient's trust & knowledge. Assurance of confidentiality enhances trust which results in free exchange of information. Systems that do not inspire confidence & trust can potentially result in failure to disclose vital medical information, false/inaccurate information to protect confidentiality, avoidance of contact with healthcare workers, distortions in quality and accuracy of medical data and thereby negative impact in clinical care & public health. Measures to ensure confidentiality would require a high level of healthcare worker awareness, technological security measures, transparency & patient participation and a legal framework to prevent and remedy breaches of confidentiality.

Medical confidentiality is both an individual human rights and public health interest issue. It is essential to develop a culture of trust & confidence both in the EMR & healthcare system.

Routine screening for HIV infection

Dr Thiru outlined his concept of achieving beneficence in widespread HIV testing:

- Access to HIV testing should not be prohibitive
- Accessible & affordable ARV therapy
- Effective methods to effect behaviour change
- Social, psychological & economic risk of HIV positive status can be mitigated
- Knowledge of HIV status does not lead to stigmatisation & criminalisation

It would be ideal if testing occurs in a social & legal environment that is supportive & safe. There should be equitable access to ART and medical care. In the presence of the above condition- opting in or opting out- becomes a secondary consideration as Beneficence outweighs Maleficence and Respect for persons (Autonomy) is preserved. Dr Thiru also discussed issues with regard to male circumcision, the recently introduced HPV vaccines and STI/HIV sexual health education & prevention in the context of religion, conscience & professionalism.

He concluded by stating that practicing clinicians in our field must be aware & be equipped with rational arguments to be effectively assertive in advocating for our patients & the community.

The above will be written up in a journal soon. Do look out for it.

Dr Martin Chio

Conference Update

IUSTI Events:

IUSTI-N America-ASTDA-BASHH Joint Meeting

Dates: May 7-10, 2008

Location: New York, USA

Website: <http://depts.washington.edu/astda/>

24th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe 2008

Dates: September 4-6, 2008

Milan, Italy

Website: <http://www.oic.it/iusti-europe2008/>

11th IUSTI World Congress

Dates: November 9-12, 2009

Location: Cape Town, South Africa

Website:

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

12th IUSTI World Congress

Dates: November 2-5, 2011

Location: New Delhi, India

Contact: Dr. Somesh Gupta,

someshgupta@hotmail.com

Other STI or Related

Meetings/Congresses/Courses:

9th International Workshop on Clinical Pharmacology of HIV Therapy

Dates: April 7, 2008

Location: New Orleans, United States

Website: <http://www.virology-education.com/>

HIV/AIDS on the Front Line

Date: April 23, 2008

Location: Anaheim, CA, United States

Website: <http://hivconference.com>

HIV Management 2008: The New York Course

Dates: April 25-26, 2008

Location: New York, New York, United States

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

25 Years of HIV

Dates: May 19 -21, 2008

Location: Paris, France

Website:

<http://www.pasteur.fr/infosci/conf/sb/25yearsHIV/index.html>

Immunopotentiators in Modern Vaccines

Dates: May 21, 2008

Location: Montego Bay, Jamaica

Website:

http://www.meetingsmanagement.com/imv_2008

Leadership in Strategic Health Communication - Africa

Dates: May 21-23, 2008

Location: Somerset West, Western Cape, South Africa
 Contact Michelle Munro, E-mail: lshc@sun.ac.za
20th Annual National Conference on Social Work and HIV/AIDS
 Dates: May 22-25, 2008
 Location: Washington, DC, United States
 Website: <http://socialwork.bc.edu/outreach/hiv-aids/>

5th Spring Symposium of the European Academy of Dermatology and Venereology
 Dates: 22-25 May, 2008:
 Location: Istanbul, Turkey.
 Website: www.eadv.org

Fourth VIRGIL Symposium on Antiviral Drug Resistance
 Date: May 27, 2008
 Location: Lyon, France, France
 Website: <http://virgilmeetings.org/>

3rd National Conference on Peer Education, HIV and AIDS
 Dates: June 18-20, 2008
 Location: Nairobi, Nairobi, Kenya
 Website: <http://www.nope.or.ke>

4th International Workshop on HIV and Hepatitis
 Date: June 19, 2008
 Location: Madrid, Spain
 Website: <http://www.virology-education.com/>

International Symposium on Infections in the Immunocompromised Host
 Dates: June 22-25, 2008
 Location: Thessaloniki, Greece
 Website: <http://www.ichs.org>

3rd International Workshop on HIV Transmission - Principles of Intervention
 Date: August 01, 2008
 Location: Mexico City, Mexico
 Website: <http://www.virology-education.com/>

XVII International AIDS Conference
 Dates: August 03-08, 2008
 Location: Mexico City, Mexico
 Website: <http://www.aids2008.org>

Pan Pacific HIV+ People's Conference 2008
 Dates: September 02-05, 2008
 Location: Auckland, New Zealand
 Website:
<http://www.bodypositive.org.nz/PanPacific08/>

Australasian Sexual Health Conference 2008
 Dates: September 15-17, 2008
 Location: Perth, Western Australia, Australia
 Website: <http://www.sexualhealthconference.com.au>

20th Australasian Society for HIV Medicine (ASHM) Conference
 Dates: September 17-20, 2008
 Location: Perth, Western Australia, Australia

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

17th Congress of European Academy of Dermatology and Venereology - EADV 2008
 Dates: September 17-21, 2008,
 Location: Paris, France
 Website: www.eadv.org

World HIV/AIDS Conference
 Date: October 16, 2008
 Location: Johannesburg, South Africa
 Website: <http://www.mcguireglobalrecruitment.com>

6th Australasian Viral Hepatitis Conference
 Dates: October 20-22, 2008
 Location: Brisbane, Queensland, Australia
 Website: <http://www.hepatitis.org.au/>

16th Annual HIV/AIDS Update Conference
 Dates: October 29- 31, 2008
 Location: South Padre Island, Texas, United States
 Website: <http://www.valleyaids.org>

7th Louis Pasteur Conference on Infectious Diseases
 Dates: November 11- 13, 2008
 Location: Paris, France, France
 Contact: Elodie Pysson E-mail: clp7@pasteur.fr

15th International Conference on AIDS and STIs in Africa
 Dates: December 03-07, 2008
 Location: Dakar, Senegal
 Website: <http://www.icasadakar2008.org/>

12th Bangkok International Symposium on HIV Medicine
 Dates: January 14- 16, 2009
 Location: Bangkok, Thailand
 Website: <http://www.hivnat.org>

6th Spring Symposium of the European Academy of Dermatology and Venereology
 Dates: 23-26 April 2009
 Location: Bucharest, Romania
 Website: www.eadv.org

25th International Papillomavirus Conference
 Dates: May 8 – 14, 2009
 Location: Malm, Sweden
 Website: Website: <http://www.hpv2009.org>

International Society for Sexually Transmitted Diseases Research
 Dates: June 28 - July 1, 2009
 Location: London, United Kingdom
 Website: <http://www.isstdr.org/index.php?id=62>

18th European Academy of Dermatology and Venereology Congress
 Dates: 7-11 October, 2009
 Location: Berlin, Germany
 Website: www.eadv.org

Somesh Gupta

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

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