

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

Dear members of IUSTI and colleagues interested in STIs!

This is my last letter as the IUSTI president to be delivered for the presidents' column, since I will step down at the next IUSTI World conference in Cape Town. It is letter number 11! I can hardly believe it.

I want to take the opportunity to thank all those who have contributed to the success of IUSTI during the last 4 years of my presidency! I have had permanent support from Raj Patel, the Secretary General, from Janet Wilson, Assistant Secretary, and from Somesh Gupta, the membership secretary, and from many others on the IUSTI Board. I appreciate all the efforts and have to admit, that it was a challenge and a real pleasure for me to chair this organisation.

I have to especially thank Jonathan Ross, who has established the newsletter "STI Global Update" in 2006 and since then takes care that it is published regularly. A difficult task! He has always been patient with authors and gently sends out reminders to get all reports delivered in time, including mine. Have a look at www.iusti.org and you will find all newsletters published since 2006. Have also a look at regional newsletters, listed on the regional pages!

Since I took over the presidency from Frank Judson, IUSTI changed its logo and has therefore a new face, signalling the global coverage of STI issues over all 5 regions. IUSTI has a new homepage, which is regularly updated by the webmaster Michael Ward. He has clearly improved its structure and level of information on IUSTI, STI events, STI guidelines and regional developments.

IUSTI World Conferences are scheduled for 2011 in New Delhi and for 2012 in Melbourne. The IUSTI Conference in 2013 will be again a joint meeting with the ISSTD and will take place in Vienna. Those, who have attended the IUSTI-Europe conference in 2002 in Vienna, may remember the famous Conference Centre in the Hofburg in Vienna, which is proposed as the venue for the 2013 meeting. Please block the date in your calendar from June 30 until July 3, 2013. It would be great to meet you in 4 years in Vienna!



Regional Director of IUSTI Africa - Prof David Lewis

The 11th IUSTI World Congress Africa 2009 will take place in Cape Town, South Africa, and has been prepared by David Lewis, the Regional Director of Africa, together with his local team and with international experts. I would like to mention Kit Farley, the cochair of the Scientific Committee, and Janet Wilson, the contact person for the international organisation. The programme sounds extremely interesting with experts from all over the world. You can get all the important information on the homepage. We all are excited about going to Cape Town, and it is only a few days left until we meet there! It is not only science which will be important at the conference but also the atmosphere of friendship and understanding among IUSTI members, which will make this meeting a memorable one.

See you at the IUSTI World Congress AFRICA 2009!



Angelika Stary
IUSTI world president

Research Review

Social and Behavioral Aspects of STD/HIV Epidemiology and Prevention: What is New?

The most important developments influencing social and behavioral aspects of STD/HIV prevention currently involve changes in strategies for HIV prevention. The recent focus encompasses a number of approaches including: combination prevention; know your epidemic, know your response; test and treat; prevention for positives; male circumcision and prevention of disinhibition. Availability of antiretroviral therapy (ART) for persons diagnosed with HIV and the recent (perhaps

controversial) view that all such people should be given ART treatment irrespective of cell counts have changed the planning, implementation and evaluation of STD and HIV prevention. In addition, the controversy around concurrent partnerships is occupying the time and attention of many behavioral scientists.

Over the past couple of years many prevention experts have been re-thinking the targeted approach to prevention that was recommended in the past (1). Rather than focusing resources on a single prevention intervention or population at risk, experts now recommend a combination of interventions in a prevention package tailored to the local epidemic. The recommended approach is a synergistic combination of various approaches including biomedical strategies; antiretroviral treatment for HIV – infected persons; treatment for sexually transmitted infections; and behavioral change and structural approaches. The specific combination of interventions (the intervention mix) needs to be tailored to the local context. Thus, it is important to “know your epidemic” including the distribution of prevalence and incidence in the population, the behaviors that drive the spread of infection and the subpopulations most affected. Knowledge of local community epidemiology will facilitate decisions regarding the choice of prevention interventions to be included in the intervention mix and the strategies for targeting the general population and/or those at highest risk. Such knowledge will also help determine the parameters that surround issues of scale-up such as required and achievable coverage. (2)

After three decades of research it is now increasingly recognized that there is no “magic bullet” for prevention of sexually transmitted infections including HIV. Thus, combination intervention packages, which combine interventions with partial effectiveness targeted to populations most at risk may be the most effective available alternative. Combination prevention packages need to include biomedical interventions, such as condom use and male circumcision; behavioral approaches, such as voluntary counseling and testing and behavior change; and structural interventions which address the underlying social, cultural, economic, physical and policy aspects. Inclusion of multiple interventions in the same prevention package, gives rise to concerns regarding interactions among specific interventions. Such interactions may be antagonistic where the effects of one intervention may cancel out the effects of other interventions; additive where intervention effects may simply be added to each other; or synergistic where one intervention may magnify the preventive effects of another. (2) In addition, introduction of effective interventions that prevent acquisition of STI including HIV, such as male circumcision, may give rise to disinhibition where circumcised individuals may feel safer and increase other risk behaviors such as increased number of partners or unsafe sexual practices. Such unintended consequences may have the net effect of increasing the spread of STI.

Finally, recent efforts to prevent multiple concurrent partnerships in Africa have brought about a controversy in the literature where some behavioral researchers question the availability of evidence that shows the effectiveness of such interventions, while others argue for these interventions based on results of mathematical modeling exercises. It is important to remember that mathematical models provide powerful evidence that a particular behavior or parameter CAN increase or decrease spread of infection but are limited in demonstrating that a particular behavior DOES have such impact in a particular context.

At this point in time, important issues in social and behavioral aspects of STI and HIV involve the determination of appropriate intervention packages for particular epidemics going through specified phases; the nature of interactions among various interventions; the feasibility of achieving required coverage in the delivery of specific prevention packages and the monitoring and evaluation of overall prevention impact.

The author thanks Patricia Jackson for her outstanding support in the preparation of this article.

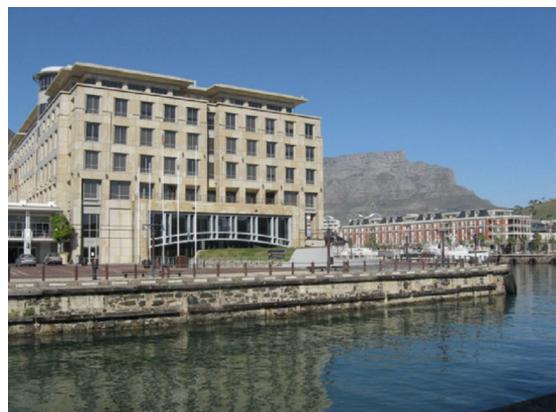
Sevgi Aral

Regional Reports

Africa

Update on the forthcoming 11th World IUSTI Congress

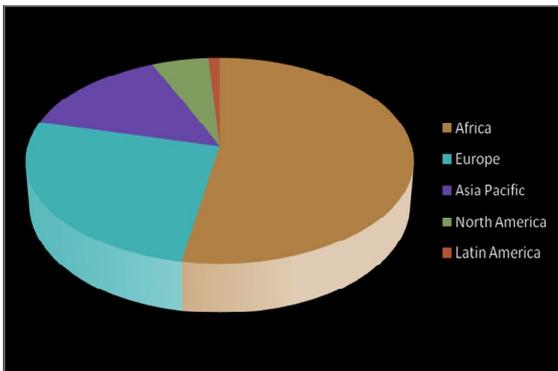
The 11th IUSTI World Congress will take place in Cape Town, South Africa from 9th to 12th November 2009. This is the first IUSTI meeting in Africa for 10 years and will focus on both traditional STIs and HIV from clinical, public health, behavioural and laboratory aspects. The conference has proved very popular and registrations are now closed. It is expected that approximately 320 delegates will attend the meeting, which will be held on the Waterfront in Cape Town at the Nedbank (former Board of Executives) building.



The Conference Venue at the Cape Town Waterfront with Table Mountain in the background

On the opening day, the IUSTI North America branch will offer a free half day update course on STI/HIV with five internationally respected US scientists presenting on a variety of topics. The course has

been put together and organised by Dr. Charlotte Gaydos, the Regional Director for North America. Three satellite symposia follow on from this, organised and supported by Abbott Molecular, Siemens Healthcare Diagnostics and the Public Health Agency of Canada. The three symposia will cover challenges and new approaches in managing STIs, innovations for infectious diseases management and sexual health promotion. The opening ceremony will take place in the late afternoon, at which Dr. Francis Ndowa (WHO) will discuss the global burden of STIs followed by the opening lecture, given by Professor David Mabey from the London School of Hygiene and Tropical Medicine. Professor Mabey will discuss what we have learned from STI/HIV research in Africa.



Distribution of free oral and poster presentations by IUSTI Region (N = 184)

During the remaining 3 days of the Congress, there will be 7 plenary lectures, 44 symposium talks in 13 themed symposia, 48 oral presentations and 139 posters. Among the 184 free oral and poster presentations, just over 50% have been submitted by Africans as illustrated in the pie chart. There are substantial contributions expected from both the European and Asia Pacific Regions too. The strong presence of delegates from African and Asia Pacific Regions was made possible through the generosity of a number of organisations and persons to the scholarship fund, namely the National Institutes of Health (USA), PEPFAR (GAP South Africa), WHO, the Wellcome Trust (UK), GenProbe (USA), Diagnostics for the Real World (USA/UK) and the Society for the Study of Sexually Transmitted Diseases in Ireland.

The plenary sessions will cover rapid diagnostic tests for STIs, prevention of mother to child transmission of HIV, biological drivers of the HIV epidemic, sexual networks and the internet, male circumcision, HIV vaccines and how to use information technology (IT) in novel ways to improve STI/HIV clinical practice. The symposia will cover men-who-have-sex-with-men, STI bacterial typing, STI/HIV public health interventions, HIV treatment approaches, condoms, STI/HIV behavioural interventions in Africa, roll out of rapid tests for syphilis screening of pregnant women, updates in STIs and IT, challenges to effective STI syndromic management, HPV vaccination and HPV clinical disease, commercial sex work, STI treatment as a component of HIV prevention, and finally IUSTI global challenges. The conference will conclude with

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a closing lecture by Professor King Holmes from the University of Washington (Seattle, USA) on emerging multi-component STI/HIV prevention strategies. Professor Holmes will take over as IUSTI World President from Professor Angelika Stary at the end of the meeting.

David Lewis

Latin America

During the 18th ISSTD: Researchers presented encouraging results from the PREVEN trial

A special symposium was dedicated to the outcomes of the PREVEN trial at the 18th ISSTD. PREVEN is a community randomized trial of a hybrid intervention for the prevention of STI in Peru developed as a joint effort of the Universidad Peruana Cayetano Heredia, the University of Washington, and Imperial College of London. The study was conducted in 20 Peruvian cities, 10 control and 10 intervention, with populations of 50,000 to 300,000.

The intervention included 3 main components: intensive outreach among female sex workers (FSWs) including STI testing and treatment, condom promotion, and risk reduction by peer educators; the development of a referral network of pharmacies, midwives and physicians to strengthen syndromic management and prevention of STIs in the general population (the PREVEN Network); and a social marketing campaign to improve recognition of STIs and condom promotion. The intervention ran for 3 years and was evaluated through baseline and 2 and 3-year follow-up surveys, including STI testing among convenience and time/location samples of FSWs and three-stage random cluster household samples of 18-29 year-olds in the general population. Results showed a 34% reduction of STI among FSWs and a 23% reduction among general population heterosexual women. However, no effect was seen among heterosexual men in the general population. These results are very encouraging, specially for Latin American populations, but further analyses and modelling studies are ongoing to better understand the dynamics of the intervention effects.

More information on the PREVEN trial: www.proyectopreven.org



PREVEN Presentation at ISSTD

Brazil has launched a new campaign for the prevention of STIs: “Muito Prazer-Sexo sem DST” (Lots of pleasure-Sex without STIs)

The Brazilian department of STD and AIDS recently, in August, launched a campaign against Sexually Transmitted Diseases directed at the general public with a focus on men.

Recognizing the difficulty in the population to identify the signs and symptoms of STDs, to talk about sexuality with their partners and to seek treatment in the health service, the campaign focuses on three aspects: to recognize STIs, to promote early treatment and to alert partners to get treated. The initial strategy of communication focuses mainly on the male population, heterosexual or not.

With the slogan "Lots of pleasure, sex without STD" the campaign refers to the imagined pleasure and shows the public that without STDs and their complications, sex can be much better. The main element of the logo has a pepper, "warming up" message. The main part of the campaign is the jingle. A song was created from the theme of the campaign and recorded by major names in Brazilian country music. The campaign also includes posters, brochures, stickers for the bathroom, small business cards, and postcards for partners.



“Muito Prazer-Sexo sem DST”



The Uruguayan Society against STIs (SUCITS) promoting research in STIs

SUCITS will support young researchers to develop a case control study to understand better the characteristics and risk factors for patients with syphilis and co infection with HIV in Uruguay. The study will be performed in one of the main hospitals, the University Hospital under the guidance of Dr. Silvina Gurgitano, Magdalena Vola, Caroline Agorio and with participation of several members of SUCITS.

ALAC-ITS Argentina actively training professionals in STIs

During the past months the Argentinian Society for the study of infections in OBGYN and the control of STIs (ASAIGO-ITS) has been organizing several

courses including aspects of the management and control of STIs as the XII Multidisciplinary Course on Infections on OBGYN, the symposium on infections in gynaecology and STIs and the intensive course of infections during menopause.

The web page of ASAIGO-ITS has been recently launched and includes information for professionals and also for the general public.

ALAC/IUSTI Latin American meeting - joint with the 8th STD and 4th AIDS Brazilian Congress 2011 in Curitiba.

This joint meeting will be a great opportunity for both Institutions to work together, sharing experiences and increasing knowledge about IUSTI world activities in Brazil and Latin America.

Patty Garcia

Europe

Preparations for the 2010 IUSTI Europe conference are now accelerating. It will take place 23-25 September 2010 in Tbilisi, the capital of Georgia. The congress theme is: “Broadening your horizons”. The co-presidents of the congress will be Drs Josephe Kobakhidze and Georgi Galdava from Georgia, and the chair of the international scientific committee is Dr Simon Barton (London, UK). A field visit is going to be made later this year by our chair, Airi Poder (Tartu, Estonia), together with Simon Barton and Mihael Skerlev (Croatian national representative).

Work is also under way in arranging the 2011 conference which will take place in the capital of Latvia, Riga, 8-10 September 2011, and will be hosted by Prof Andris Rubins. The chair of the international scientific committee for that meeting is Dr Willem van der Meijden from Rotterdam in the Netherlands.

At the most recent meeting of the Council of IUSTI Europe, held at the time of the ISSTDR/BASHH conference in London in June, the decision was taken to hold the 2012 congress in Turkey.

Dr Marti Vall (Barcelona, Spain) will be representing IUSTI Europe at a technical consultation convened by the European Centres for Disease Prevention and Control (ECDC) in Stockholm, Sweden, 8-10 October 2009. The meeting is entitled: “ECDC Assessment on HIV Testing in Europe: from Policy to Practice”.

Work on updating many of the European STI guidelines continues. In the July edition of the International Journal of STD & AIDS, revised guidelines on gonorrhoea¹ and non-gonococcal urethritis² were published. These guidelines are also available on the IUSTI website.

The following guidelines are currently out for consultation, and can be accessed via the website. All comments received will be given serious consideration.

Chlamydia – lead editor Willem van der Meijden (email: w.i.vandermeijden@erasmusmc.nl)

Scabies – lead editor Michel Janier (email: michel.janier@sls.aphp.fr)

Pediculosis pubis – lead editor Michel Janier

(email: michel.janier@sls.aphp.fr)

Hepatitis – lead editor Raj Patel

(email: prj466@aol.com)

Work is also underway on revising the following guidelines: LGV, chancroid, donovanosis, genital herpes and vaginal discharge.

I am also pleased to announce that three new members have joined the European STI Guidelines Editorial Board. They are: Dr Angela Robinson (London, UK) who will act as liaison with the EADV; Dr Jackie Sherrard (Oxford, UK) and Prof Karen Babayan (Yerevan, Armenia) – they have been recruited specifically to work on developing patient information leaflets in English and Russian linked to the treatment guidelines, and also to act as liaison with the IUSTI webmaster.

As always, I should be interested to receive any comments, questions, or suggestions about the European Branch or the European guidelines (email: Keith.W.Radcliffe@hobtpct.nhs.uk).

1. 2009 European (IUSTI/WHO) Guideline on the Diagnosis and Treatment of Gonorrhoea in Adults. Bignell C. Int J STD AIDS 2009; 20: 453-457.

2. 2009 European Guideline on the Management of Male Non-gonococcal Urethritis. Shahmanesh M, Moi H, Lassau F, Janier M. Int J STD AIDS 2009; 20: 458-464.

Keith Radcliffe

North America

Challenges to reducing STIs continue to be numerous. One such example is the provision of *Chlamydia trachomatis* screening for sexually active women under the age of 26 years, as recommended by professional organizations. The CDC Morbidity and Mortality Weekly Report reported information from the National Committee for Quality Assurance (NCQA). Surveys from 583 health plans with 2.8 M sexually active young females indicated that according to HEDIS data, the annual screening rate for chlamydia increased from 25.3% in 2000 to 43.6% in 2006, and then decreased slightly to 41.6% in 2007 (25% increase since 2000). For the United States, the screening rate was 41%. By Region: Midwest: 38.5%; Northeast; 45.5%; South 37.3%; West 45.0%. Barriers for providers included: lack of reimbursement; lack of awareness that patients are sexually active; lack of knowledge that screening can be performed without a pelvic exam.

In 2007, there were 356,524 cases of gonorrhoea reported to the CDC. There is increasing awareness of the ability of *N. gonorrhoeae* to develop resistance to antibiotics. Fluoroquinolones are no longer recommended for treatment in the U.S. The next challenge is to be cognizant of the need to monitor resistance to third generation cephalosporins. Given that no new antimicrobials are being developed to treat *N. gonorrhoeae* infections and reports of ceftriaxone resistance have been accruing, scientists are concerned. Clinical needs assessments from expert scientific advisors, as well as clinicians, using surveys and focus groups, reported the increasing acquisition of resistance to quinolones and

cephalosporins was one of the most important global health problems in diagnosis and treatment of gonorrhoea.

Another tremendous challenge for the U.S. is undiagnosed HIV infection. The CDC estimates that approximately 1–1.2 million people in the U.S. are infected with HIV, and one quarter of these are unaware of their infection. See “HIV and AIDS in the United States: A Picture of Today’s Epidemic” at http://www.cdc.gov/hiv/topics/surveillance/united_states.htm.

Early diagnosis of unrecognized infection increases the opportunity for patients to receive clinical treatment and can decrease HIV transmission in the community. Emergency departments and primary care sites are most frequent sites for encountering ‘late testers’ (i.e. patients diagnosed with AIDS within 1 year of initial HIV diagnosis). These sites are the most common healthcare setting where ‘missed opportunities’ for HIV testing occur. Our challenge is to increase testing and identify newly infected persons in order to link them to preventive services, clinical care, and social services. CDC guidelines recommend an “opt out” policy under which HIV testing be normalized and that it be offered routinely for those patients 15-54 years of age who are in contact with primary care, unless the patient specifically “opts-out”. Implementation of these recommendations has been exigent.

Mycoplasma genitalium has been recently associated with urethritis in men and cervicitis in women. While there is consistent evidence of the association with urethritis, not all studies support a role for the relationship with cervicitis. It may be time to systematically institute more routine screening studies for this organism in order to determine the causal association with sequelae in female reproductive tract infection. Widespread ability to screen for this infection, however, is hampered by the lack of a commercially available test. Researchers anticipate that manufacturers will develop such an assay in order to facilitate longitudinal studies to answer the causal association of *M. genitalium* with upper tract disease. See editorial “Has the time come to systematically test for *Mycoplasma genitalium*?” By Lisa Manhart, PhD, Sex Transm Dis 2009;36:607608.

Another STI challenge for the U.S. is the high prevalence of *Trichomonas vaginalis*, which goes undiagnosed because there are not highly sensitive NAAT-type tests commercially available. Since it is not a reportable infection, estimates of incidence are largely unknown except by research studies. *Trichomonas* has been associated with PID and preterm delivery, as well as elevated risk of acquiring other STIs and HIV. Insurance claim studies have estimated the direct cost per case and overall annual economic burden of trichomonas to be \$18.9 million among all women from the U.S. The incidence rate for female enrollees in privately insured companies and having claims was 92/100,000. For women aged 25-29 years incidence rates were the highest (185/100,000). See Owusu-Edusei, K. et al. Sex

Transmit Dis 2009;36:395-39. "Is it time to make trichomonas a reportable infection?"

Clearly we still have challenges ahead of us as the epidemic burden of STI/HIV continues in the U.S. For more information about North America Centers for Global Health see:

- www.hopkinsglobalhealth.org
- <http://thunder1.cudenver.edu/ctr/globalhealth/>
- <http://www.healthsystem.virginia.edu/internet/cgh/>
- <http://chge.med.harvard.edu/>
- http://www.seattlepi.com/globalhealth/151858_global10.html

Charlotte Gaydos

Asia-Pacific

Report from the 9th International Congress on AIDS in Asia and the Pacific

Taking a theme on Empowering People, Strengthening Networks, the 9th International Congress on AIDS in Asia and the Pacific held from 9 to 13 August 2009 in Bali provided the stage for vibrant community of empowered people, linked by strong networks that reach across Asia and the Pacific and beyond.



9th International Congress on AIDS in Asia and the Pacific

One of the highlights was the opening ceremony hosted by the Ministry of Tourism and Culture on 9 August 2009. The congress was officially opened by President Susilo Bambang Yudhoyono, the President of the Republic of Indonesia who also hosted 40 AIDS Ambassadors & Champions meeting prior to the opening and called to nations to work towards implementing the Declaration of Commitment adopted at the UN General Assembly Special Session on AIDS in 2001 and the Political Declaration of 2006, despite the pressures of the global economic crisis.

Eight pre-congress community fora took place over three days. About a thousand civil society representatives from the Asia Pacific region with experts, donors, other stakeholders participated. The 9th ICAAP proper had over 3800 delegates from 78 countries in the region and beyond, and was held at the Bali International Convention Centre in Nusa Dua, Bali. There were over 260 media delegates and 122 exhibitors, with several hundred other members of the local organizing committee, volunteers, and technical staff.

Three hundred and forty nine abstracts were selected for 64 oral abstract sessions, while 1932 for poster presentations. There were also 32 skills building workshops. The 9th ICAAP Scholarship Program

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sponsored 130 delegates who received full scholarships and 99 delegates who received partial scholarships.

There were 5 plenary sessions that highlighted critical discussions, viz. Overview of the Epidemic: Progress & Challenges to Achieving Universal Access; Strengthening Health System & Sustaining the Response; Inequity, Vulnerability and AIDS; Power Dynamics and AIDS Governance; and Empowering People, Strengthening Networks. There were also 24 symposia sessions, 68 satellite meetings and 60 exhibition booths.

The 9th ICAAP also hosted an Asia Pacific Village that provided a place where delegates could interact and engage on a personal level, sharing experiences, knowledge and skills, build coalitions, and promote interactive learning among communities living with and affected by HIV and AIDS including policy makers, researchers and other groups in the community. The Asia Pacific Village also hosted a Youth Corner and a Community Dialogue Space, and art exhibitions.

Roy Chan

Conference Update

IUSTI Events:

11th IUSTI World Congress

Dates: November 9-12, 2009

Location: Cape Town, South Africa

Website:

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

16th IUSTI Asia Pacific Conference

Dates: May 5-6, 2010

Location: Bali, Indonesia

Website: www.iusti.org

25th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe

Dates: September 23–25, 2010

Location: Tbilisi, Georgia

Website: www.iusti.org

26th IUSTI Europe Congress

Dates: September 8-10, 2011

Location: Riga, Latvia

Contact: Prof. Dr. Andris Rubins, Email:

arubins@apollo.lv

12th IUSTI World Congress

Dates: November 2-5, 2011

Location: New Delhi, India

Website: www.iusti2011.org

13th IUSTI World Congress

Dates: To be announced

Location: Melbourne, Australia

Contact: Prof. Christopher Fairley, Email:

cfairley@bigpond.com

**Other STI or Related
Meetings/Congresses/Courses:**

**Keystone Symposia-HIV Biology and
Pathogenesis**

Dates: January 12-17, 2010
Location: Santa Fe, New Mexico, United States
Website: <http://www.keystonesymposia.org/10A6>

**9th International Conference on New Trends in
Immunosuppression and Immunotherapy**

Dates: February 4-7, 2010
Location: Prague, Czech Republic
Website: <http://www.kenes.com/immuno>

8th European HIV Drug Resistance Workshop

Dates: March 17-19, 2010
Location: Sorrento, Italy
Website: <http://www.virology-education.com>

Keystone Symposia-HIV Vaccines

Dates: March 21-26, 2010
Location: Banff, Alberta, Canada
Website: <http://www.keystonesymposia.org/10X5>

**16th ISHEID - International Symposium on HIV &
Emerging Infectious Diseases**

Dates: March 24-26 2010
Location: Marseille, France
Website: <http://www.isheid.com>

The Intimate Side of Sexual Health

Dates: March 29-31, 2010
Location: Pattaya, Thailand
Website: <http://www.siamcare.org.uk>

**16th Annual Conference of the British HIV
Association (BHIVA) with the British Association
for Sexual Health and HIV (BASHH)**

Dates: April 21-23, 2010
Location: Manchester, United Kingdom
Website: <http://www.bhiva.org/cms1224236.asp>

**6th annual AIDS Scenario Building Workshop:
planning for a future with HIV and AIDS**

Dates: April 21-23, 2010
Location: London, United Kingdom
Website:
<http://www.ScenarioDevelopment.com/Aidsscenarios>

7th EADV Spring Symposium

Dates: May 13-16, 2010
Location: Cavtat, Croatia
Website: <http://www.eadvcavtat2010.com/>

**International Symposium on Human Chlamydia
Infections**

Dates: June 20-25 2010
Location: Hof, near Fuschl, Salzburg
Contact: angelika.stary@meduniwien.ac.at

**26th International Human Papillomavirus
Conference and Clinical Workshop 2010**

Dates: July 2-8, 2010
Location: Montreal, Canada
Website: Not available

**International Conference on Opportunistic
Pathogens**

Dates: September 28-30, 2010
Location: New Delhi, Delhi, India
Somesh Gupta

STI Global Update is published by the International Union against Sexually Transmitted Infections. Its aims are to provide an international perspective on the management and control of sexually acquired infections. Regular contributions from the regional directors of IUSTI and feedback from conferences is supplemented by short reviews of relevant topics and input from the Center for Disease Control (US), Health Protection Agency (UK) and the World Health Organisation.

Prof. Jonathan Ross, Editor
jonathan.ross@hobtpct.nhs.uk

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