

# STI Global Update

## Newsletter of the International Union against Sexually Transmitted Infections

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### President's Column



King Holmes (President) and Janet Wilson (Secretary General)

IUSTI activities during the past few months include convening and planning of several important IUSTI events, and the continued growth of the global IUSTI network and membership.

- 25<sup>th</sup> IUSTI Europe Congress in Tbilisi, Georgia**  
 Congratulations to organizers Joseph Kobakhidze and George Galdava and Scientific Program Chair Simon Barton for the highly successful 25<sup>th</sup> IUSTI Europe Congress in Tbilisi, Georgia on Sept 23-25, 2010. The IUSTI European Branch recognized the great importance of holding a congress in Eastern Europe [See July 9, 2010 special section on HIV/AIDS in Eastern Europe (Science 2010; 329: 159-180), published just prior to the July 18-23, 2010 International AIDS Society meeting in Vienna, which also underscores the importance of efforts in this region]. The venue was beautiful and historic and the scientific program was excellent. The social program and entertainment featured wonderful Georgian cuisine and wine and spectacularly athletic Georgian dancers. The congress coincided with the 75<sup>th</sup> anniversary of Institute of Dermatology and Venereology, and the 40<sup>th</sup> anniversary of the Georgian Association of Dermatologists and Venereologists.
- IUSTI World Executive Committee** Following the 25<sup>th</sup> IUSTI Europe Congress, the IUSTI World

Executive Committee met at the Hotel Old Tbilisi on Sept 26<sup>th</sup>. Highlights included:

- New IUSTI National Society** Dr. Mikhail Gomberg presented the following request for formal recognition of the Russian Union Against Sexually Transmitted Infections (known as USTI RU), and for its designation as an IUSTI-affiliated national society. The IUSTI Europe Branch had approved this request earlier in the week. The request is reproduced here as a model that could be used for future formation of other new IUSTI-affiliated national societies:

*Prof. King Holmes President  
 Dr. Janet Wilson Secretary General  
 Dr. Keith Radcliffe Europe Regional Director  
 Dr. Airi Poder Europe Regional Chair*

*Dear colleagues,  
 I would like to request a formal recognition of the Russian Union Against Sexually Transmitted Infections (known as USTI RU) by the World IUSTI and the IUSTI European Region Branch, as well as an approval for its designation as an IUSTI-affiliated national society. The objective of USTI RU is providing assistance in setting up and consistently improving thereafter a program of multi-aspect control of STI and HIV/AIDS in Russia, including implementation of IUSTI recommendations on STI management, as adapted to Russian conditions. We also aim to improve access to IUSTI information for those Russian specialists who do not speak English. The USTI RU is formally organized under the Russian law as a Non-Commercial Partnership. Our proposed activities include:*

- 1. Designing and popularizing educational programs for the target audience of medical professionals including STD/AIDS specialists, dermato-venereologists, gynecologists, urologists, infectologists, virologists, molecular biologists, nurses, technicians and pharmacists.*
- 2. Participation as expert group in designing, approval and implementation of National standards for management of STD and AIDS, translation into Russian of IUSTI recommendations on management of STI.*
- 3. Special social projects aimed at fighting stigma and discrimination against patients diagnosed with STD and AIDS and at improving the information access for the general population.*

*As a part of IUSTI organization in Russia we do not plan to create a separate membership, but would like to encourage new members to join IUSTI, while providing them with help and support needed. We understand that USTI RU will be financially independent from either IUSTI- Europe and IUSTI- World, both of which bear no financial responsibility for National or Regional societies in keeping with Article 19 of IUSTI Constitution. We look forward to further collaboration with IUSTI and its branches worldwide*

*Sincerely*

*Mikhail Gomberg*

*President, "USTI RU"*

The IUSTI World Executive Committee discussed the proposal, and commended Dr. Gomberg and his colleagues on the potential contributions of USTI RU to supporting and strengthening STI programs for the profession, helping to set national standards, and serving the public in Russia.

The Committee also commended the formal process for seeking approval and recognition of the new society, and agreed with recognition of USTI RU as an IUSTI-affiliated society affiliated with the World IUSTI. The committee also thought the process followed by Dr. Gomberg represents a model that can be used in the future in recognizing other existing or newly formed national STI societies as affiliates of IUSTI Regional Branch and the World IUSTI.



*IUSTI World Executive Committee at European IUSTI 2010*

- **IUSTI Membership** Membership Secretary Somesh Gupta reported that the numbers of IUSTI members have grown substantially from about 700 members last year to 2,361 members as of Sept 1, 2010, including 441 Full Members and 1,920 Associate Members. Approximately 300 more North American members from ASTDA are expected to become IUSTI members soon. The growth in membership has thus occurred across all IUSTI regional branches. This is credited to the efforts of Dr. Gupta and to all of the

regional branch chairs and directors. Congratulations, and keep recruiting!

- **Benefits of IUSTI Membership** The formation of a major new IUSTI-affiliated national society, and more than a tripling of the global IUSTI membership, present an opportunity to reflect on the benefits of IUSTI membership. Dr. Gomberg's letter succinctly described the potential benefits – essentially, the aspirational goals – of forming a national STI society. Affiliation with a Regional IUSTI Branch and the World IUSTI further provides cross-border amplification of these benefits and goals at regional and global levels. For the stigmatized and often neglected sexually transmitted infectious diseases, international cross-border synergies are essential in education, training and mentorship; in surveillance and other public health efforts; in setting regional and global standards for all aspects of clinical services; in sharing experiences in translating new evidence into clinical and public health practice; and in concerted advocacy and support for affected populations.

The growing number of scientific conferences on STI, including HIV/AIDS, convened by IUSTI's national societies and regional branches, and the recent World IUSTI Congresses have been of very high quality, and are often accompanied by satellite workshops and conferences offering specific clinical, laboratory, and public health training. Additional benefits include the web-based publication of reports highlighting interesting developments in each region; publication and dissemination of regional STI guidelines; and the new agreements from the editors of four leading journals to select one article of particular global interest from each issue and make that article available at no cost via our IUSTI website.

- **Communications** Given the growing importance of communication in informing IUSTI members and the public about new developments in the field of STI, I'm happy to report that Kevin Fenton has agreed to chair, and Angela Robinson to co-chair, our new World IUSTI Communications Committee. This committee will help prioritize our communications mission, objectives, and priorities for the IUSTI.
- **Upcoming Conferences:**
  - o The first conference of the new USTI.RU will be held in Moscow on November 25-26, 2010.
  - o The first Latin America and Caribbean IUSTI ALAC ITS Conference, organized by Dr. Adele Benzakea, will be held in Curitiba, Brazil May 18-21, 2011 – the first IUSTI meeting in Latin America for many years.

- The next ISSTD Conference, organized by ISSTD President Michael Alary, will be held in conjunction with IUSTI North America in Quebec City, Canada on July 10-13, 2011. Dr. Alary has offered to allow conference participants to apply for membership in the IUSTI.
- The 26th IUSTI Europe Conference will be convened in Riga, Latvia September 8-10, 2011.
- 12<sup>th</sup> World IUSTI Congress. The next World IUSTI Congress will be held in Delhi on November 1-5, 2011 at India's premier conference center, Vigyan Bhavah. Congress co-chairs are Drs. Somesh Gupta and Vinod Sharma; Charlotte Gaydos and Bob Bollinger co-chair the scientific program committee. The theme of the congress is Promoting Sexual Health: Basic Science to Best Practices. Among the agencies that will support the Delhi congress is the US NIH Office of AIDS Research, which gave a major contribution to support the Capetown IUSTI World Congress, and has recently awarded a \$125,000 to support the Delhi Congress. The IUSTI greatly appreciates the sustained NIH OAR support. The deadline for abstract submission to the Delhi Congress is June 15, 2011. I met with Dr. Gupta in Delhi in October, 2010 to discuss ongoing planning for the meeting, which is proceeding very well.
- 13<sup>th</sup> IUSTI World Congress will be co-chaired by Professor Kit Fairley in Melbourne, Australia in 2012 at the Melbourne Convention and Exhibition Center.
- 14<sup>th</sup> World IUSTI/ISSTD Congress will be chaired by Professor Angelica Stary in Austria in 2013, convened jointly by ISSTD and IUSTI, at the Hofburg Congress Center, a former Imperial Palace in the center of Vienna.
- Future joint ISSTD/IUSTI Conferences: The ISSTD and IUSTI have previously collaborated on organizing scientific conferences in North America and Europe; and plans for collaborations with the 2011 Conference in Quebec City and the 2013 Conference in Vienna are well underway. A meeting between representatives of ISSTD and IUSTI was convened in Tbilisi immediately following the World IUSTI Executive Committee meeting to discuss plans for additional collaborations in the future. Participants were enthusiastic about continuing these discussions and about the potential for further joint IUSTI/ISSTD meetings.

In summary, scientific programs of the World IUSTI, Regional IUSTI Branches and affiliated national society programs continue to increase in number,

scope of regional outreach, and quality. Collaboration with ISSTD has been very encouraging and appreciated. Recent growth in numbers of IUSTI Associate Members has been remarkable. Progress in communications programming is anticipated. Janet Wilson has been a great asset to IUSTI as our Secretary General since the 2009 Capetown meeting. We would both welcome further suggestions as to how the IUSTI can best serve our membership, affiliated organizations and the public.

*King Holmes*

## Regional Reports

### *Africa*

For this STI global update, the IUSTI Africa region reports on activities and data from Ghana, Zimbabwe, Cote d'Ivoire and Tunisia. The Regional Director would like to thank Professor Yaw Adu-Sarkodie (Ghana), Professor Hortense Faye-Kette (Cote d'Ivoire) and Colonel Major Nejib Doss (Tunisia) for their contributions.

Every year the National AIDS/STD Programme of Ghana conducts surveillance of HIV among antenatal clinic attendees in the country. This monitors trends of HIV in this population and it is premised that this is proxy indicator of the spread of HIV within the population. A total of 40 sentinel sites including urban and rural populations will be surveyed between October and December 2010. Last year, the average HIV prevalence nationwide was 2.9%. In terms of research, studies are also required to better define and understand barriers to universal screening of syphilis in pregnant women. Screening for syphilis in pregnancy has been part of the reproductive health policy of the Ghana Health Service for over 10 years. Anecdotal reports indicate that this is not being undertaken nationwide as expected, hence the importance of these studies. In addition, in order to further control HIV prevalence in the country, the Ghana AIDS Commission and its partners are looking at factors predisposing some populations in the country to HIV acquisition. This includes female porters, prison populations and young female sex workers.

A survey to determine the aetiological cause of male urethritis and the antimicrobial susceptibility of *Neisseria gonorrhoeae* isolates in Harare, Zimbabwe is now underway. This joint initiative of the Ministry of Health and Child Welfare and the City of Harare Health Department is being supported by the World Health Organisation and the South African National Health Laboratory Service's STI Reference Centre. Training of nurses and laboratory staff took place in October and patient recruitment within all 12 of Harare City's polyclinics is expected to begin in November. At present, within the public health services, presumptive gonorrhoea is treated mainly

with a single dose of oral norfloxacin (800 mg) but 2g kanamycin i.m. is used for pregnant women and for some non-pregnant patients. Given the recently reported rises of quinolone resistance in South Africa, Namibia, Kenya and Uganda, this surveillance activity is timely.



*Rachael Mandishora packing survey materials in Harare for the surveillance study*



*Laboratory training at the Biomedical Research and Training Institute (BRTI), Harare (right to left: Dr. Fatim Cham, WHO; Moses Souta, BRTI; Rachael Mandishora, BRTI; Agness Nhidza, BRTI)*

The second annual Zichire update course on STIs was also held in October in Harare. Approximately 120 delegates, mainly doctors and nurses, attended the three day course which covered local STI epidemiology, a review of the main STI syndromes, antimicrobial resistance in gonorrhoea, genital dermatology, detection and management of acute HIV infections, male circumcision, barriers and microbicides, STI/HIV interactions, pre- and post-exposure HIV prophylaxis, prevention counseling, community interventions and multi-component prevention strategies.

The syndromic approach in Côte d'Ivoire was locally adapted and implemented from 1996. This strategy was revised in 2001 and 2007 to take into account the different levels of health facilities and to allow broad access to STI services. Reference manuals have been developed and training on a large scale was performed. In addition STI treatment kits, based on the antimicrobial agents used in the treatment algorithms for various STI syndromes were made by the Pharmacy of Public Health. These kits contain generic drugs in order to reduce the cost of treatment. Due to the importance of HIV/AIDS epidemic, few agencies concentrated on or were involved in STI programme. Accordingly, the National

Programme against AIDS and STI (PNPEC) planned to reinforce STI interventions by improving coordination among public health workers and technical partners. Since 2009, a biannual coordination team meeting is organized in the country. A summary of the first meeting of 2010 in Abidjan will be the subject of a more detailed contribution by Professor Faye-Kette in the next IUSTI Africa newsletter.

In contrast to sub-Saharan Africa, the numbers of cases of HIV/AIDS are relatively low. According to the WHO/UNAIDS/UNICEF 2008 update (available at [http://apps.who.int/globalatlas/predefinedReports/EF\\_S2008/full/EFS2008\\_TN.pdf](http://apps.who.int/globalatlas/predefinedReports/EF_S2008/full/EFS2008_TN.pdf)), the number of individual living with HIV/AIDS in 2007 was 3,700, with a low estimate of 2,700 cases and a high estimate of 5,400 cases. The prevalence in adults (15+) is approximately 0.05% for the same year. Within Tunisia, most cases of HIV/AIDS are heterosexually acquired (38%); other routes of infection include intravenous drug use (27%), blood transfusion (8%), sexual intercourse between men (5%), other causes (5%) and unknown (17%).

*David Lewis*

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### Europe

The 2010 IUSTI Europe conference took place between 23-25 September 2010 in Tbilisi in Georgia. The congress theme was: "Broadening your horizons", and the meeting was an enormous success, attracting many international delegates as well as a large number of Georgians. As the first major international STI congress held in a former Soviet Union country, this meeting represented a landmark in the history of the specialty, and the council of IUSTI Europe wishes to express its gratitude to all those who worked so hard to make it such a success. At the closing ceremony the Regional Director (Dr Keith Radcliffe) and Chair of the ruling council (Dr Airi Poder) were pleased to make the first presentations of a number of newly-created IUSTI Europe awards to recognise meritorious contributions to its work across the continent of Europe. These medals and certificates carry the motto of IUSTI Europe, attributed to Leonardo Da Vinci, both in Latin (*scientia est lux lucis*) and in English (*scientific knowledge is enlightenment*).

Four Medals of Merit were awarded to those individuals who has played leading roles in organising the meeting in Georgia (see photograph).

In addition, four Certificates of Merit were awarded to the following people:

- Dr Tatiana Ibanova from Russia, for the best free oral presentation entitled: "Genital mycoplasmas: impact on neonatal pathology".
- Dr Lana Kvitsinadze from Georgia, for the best poster presentation entitled: "HIV/AIDS

prevalence and risk factors: comparison in three Caucasian countries: Georgia, Armenia and Azerbaijan”.

- Dr Lali Khotenashvili from Georgia, for her work in the STI section of the European Office of the World Health Organisation.
- Dr Marius Domeika from Sweden, for his work in improving standards of laboratory diagnosis of STI in former Soviet Union countries.



Recipients of the first IUSTI Europe Medals of Merit. From left to right: Dr Simon Barton (Chair, International Scientific Committee); Prof George Galdava (Congress Co-President); Dr Oleg Kvlividze (Congress General Secretary); Dr Joseph Kobakhidze (Congress Co-President)

During the meeting in Tbilisi a number of important business meetings were conducted, including: a meeting of the ruling council of IUSTI Europe; a meeting of the executive committee of the World IUSTI; a meeting of the European STI Guidelines Editorial Board.

At the IUSTI Europe council meeting plans for future European congresses were advanced, including:

- Riga, Latvia between 8-10 September 2011 (Congress President Prof Andris Rubins, Chair of the International Scientific Committee Willem Van Der Meijden)
- Antalya, Turkey, September 2012
- Joint meeting between IUSTI Europe, World IUSTI and the International Society for STD Research (ISSTD) in Vienna, between 30 June and 1 July 2013 (Congress President Prof Angelika Stary).

Work on updating the European STI guidelines continues. Since my last report in June, the following guidelines have been completed and published on the IUSTI Europe webpage (<http://www.iusti.org/regions/europe/euroguidelines.htm>): genital herpes, hepatitis, chlamydia, chancroid, donovanosis. These guidelines have also been submitted for publication in the International Journal of STD & AIDS.

The following patient information leaflets in English have also been completed and are available on the same webpage: chlamydia, gonorrhoea, lymphogranuloma venereum, pubic lice, scabies, syphilis. Work is now ongoing to produce Russian language versions of these leaflets.

Following the decision of the Editorial Board, two new members have accepted invitations to join it; they are Dr Marco Cusini (Milan, Italy), and Prof Mikhail Gomberg (Moscow, Russia).

During the meeting approval was given by both the World Executive Committee, and the IUSTI Europe Council, for an IUSTI Russian national association to be established, under the leadership of Mikhail Gomberg. Its inaugural meeting will take place in Moscow in November 2010. This is only the second IUSTI national association to be established, the first one being that set up by Airi Poder in Estonia. The Estonian branch continues to thrive, having held a very successful meeting in Tartu, Estonia, in June of this year, in conjunction with a meeting of the Baltic Association of Dermatovenereologists (BADV).

As ever, I should be happy to receive any comments, suggestions, or questions about the work of the European Branch or the European STI Guidelines Project ([k.radcliffe@virgin.net](mailto:k.radcliffe@virgin.net)).

Keith Radcliffe

#### Asia-Pacific

##### **Subregional Perspectives on STI - South Asia**

Sexually transmitted infections in South Asia presents great challenges. While the region has made spectacular technological and medical advances, large sections of its population have little or no access to basic health facilities and medical care. Contraceptive choices are out of reach for large chunks of population, and thousands of women die every day from abortions carried out in unhygienic conditions or by quacks. South Asia has yet to come to terms with HIV/AIDS and is facing an HIV epidemic that is severe in magnitude and scope, with an estimated 2-3.5 million people currently infected (*World Bank July 2010*) and India alone has 2.5 million cases of HIV. The epidemic is heterogeneous and diverse, requiring well informed, prioritized, and effective responses. A diverse range of structural factors amplify HIV vulnerability and risk in the region, including widespread poverty and socioeconomic inequality, illiteracy, low social status of women, trafficking of women into commercial sex, and a large sex work industry. The region's borders are porous, permitting widespread rural-urban, interstate, and international migration. High rates of sexually transmitted infections and limited condom use prevail, and social stigma is an important impediment to delivering effective programs. (*Centre for Health Education Training and Nutrition Awareness, Samvaad Heritage Conference Centre, 3010, Desai Ni Pole, Khadia, Ahmedabad*). Tuberculosis has further worsened the situation along with HIV.

WHO estimated that that in 1999, 340 million new cases of STD occurred worldwide and the largest number of new infections occurred in region of South and South East Asia (48 million). South Asia is also

home to the largest number of adolescents and teenage mothers in the world. They have little access to reproductive and sexual health knowledge, and the region accounts for high numbers of Sexually Transmitted Diseases and Reproductive Tract Infections. There is urgent need to provide them with knowledge and health facilities that they can access. However, making the task difficult are cultural taboos and the reluctance to talk about issues relating to sexual and reproductive health, domestic violence and abuse within the family. Violence against wives is common among Bangladeshi men (*Sex Transm Infect* 2007;83:211-215). Men who perpetrate such abuse represent an increased risk regarding their wives' sexual health because they are more likely to both participate in extramarital sexual behaviour and contract an STI compared with non-abusive husbands. Given the growing epidemic of HIV infection among monogamous South Asian women based on intercourse with infected non-monogamous husbands, research and intervention regarding men's violence in marriage and implications of such behaviour for women's sexual health should be prioritised. (*Sex Transm Infect* 2007;83:211-215)

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) (*Int J of Gyneacol and Obstetrics* 2006 Sep;94(3):374-8). 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, girl children as young as eight or nine 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 (STI) 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*). 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 Stat .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. Throughout South Asia, homosexuality has been a taboo subject. There are many anecdotal reports of young men in South Asia who have sex with men and/or women in exchange for money or other tangible goods. By early 1997, 1232 cases of HIV infection had been reported in Pakistan, of which 88.4% were in men (*Sex Health Exch* 1998;(2):12-3,15). These data come from the National AIDS Program, and consist largely of cases reported from 4 provinces. Very little is known about the practice of homosexuality in contemporary India. According to Ashok Row-Kavi, a self-acclaimed homosexual activist (*HIV/AIDS awareness in the self-identified gay community and its implications. Workshop on Sexual Aspects of AIDS/STD Prevention in India, Tata Institute of Social Sciences, Bombay, 23-26 November, 1993*) the number of exclusively or predominantly homosexual men in India may be over 50 million. Strong prejudices against homosexuality in India, enhanced by the popular misconception that it is at least partly responsible for the spread of HIV/AIDS in India, and the awareness among some Indian homosexual activists that the government should not continue to ignore homosexuals' needs in its AIDS prevention programs, prompted them to organize homosexuals in formal groups for social and political purposes. The Government of India has already recognized the need for intervention programs among homosexuals and has taken the initiative to collect information necessary for the purpose.

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 prostitutes. Most hijras are castrated males and dress as females. A few are hermaphrodites that are born with ambiguously male-like genitals. 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. Almost nothing is known about the sexual techniques hijras practice or are asked to practice when they perform the role of a prostitute. 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 STDs. Male prostitution is increasingly visible in India. MSM in India are at

significant risk of HIV infection because of frequent anal sex (45-55% of MSM in India practice anal sex), infrequent use of condom for anal sex (5-20%), large number of partners (between 11-28 casual partners per month), and poor health-seeking behavior, with only 20-30% of MSM going for STI checkup ( *Kavi AR Criminalising high risk groups such as MSM (cited on 30/03/08)*. Available from [http://www.infochangeindia.org/agenda10\\_08.jsp](http://www.infochangeindia.org/agenda10_08.jsp)).

Mapping studies from Pakistan demonstrate that, as with female SWs, large urban areas contain dense concentrations of men having sex with men (MSM) and male SWs (MSW). Those studies suggest that Karachi has almost 5,000 male SWs and 7,626 hijras (NACP 2005a), whereas Lahore has 7,500 male SWs and 2,000 hijras (NACP and Naz Foundation International 2005). These sites are therefore appropriate for HIV testing and surveillance among MSM, which Pakistan has initiated through the selection of populous cities for both serological and behavioral surveillance. Homosexuality was considered criminal in India. This law (Section 377 of the Penal Code of India) had led to serious discrimination against people engaging in homosexual acts, who were subjected to frequent beatings and blackmail attempts by police, who used the threat of prosecution against them. But recently in 2009 (BBC News ,2 July 2009, <http://news.bbc.co.uk/2/hi/8129836.stm>) gay sex has been decriminalised in India. A court in the Indian capital, Delhi, has ruled that homosexual intercourse between consenting adults is not a criminal act. The ruling overturns a 148-year-old colonial law which describes a same-sex relationship as an "unnatural offence". Homosexual acts were punishable by a 10-year prison sentence. Delhi's High Court ruled that the law outlawing homosexual acts was discriminatory and a "violation of fundamental rights". The court said that a statute in Section 377 of the Indian Penal Code, which defines homosexual acts as "carnal intercourse against the order of nature" and made them illegal, was an "antithesis of the right to equality".

To date, however, generic approaches have failed to address the major epidemic drivers in local contexts, undermining HIV programmes and STI programmes in some countries. Informed approaches would encompass prioritized and tailored activities for a more effective response. In India, more targeted interventions managed by nongovernmental organizations (NGOs) have been funded for migrant men than for female sex workers (SWs), even though the latter group is much more central to HIV and STI transmission dynamics. HIV/AIDS integrated prevention and treatment programmes are frequently isolated from other health services, defeating the very purpose for which they are designed. If these programmes were to be linked and integrated with basic reproductive health care, awareness would spread faster. This is all the more necessary in South

Asia where HIV is largely spreading through heterosexual contact with husbands, as women have little ability to refuse unsafe sex. The spread of the virus is deeply entrenched in gender inequalities. Stigma reduction through multi-sectoral approaches is essential to provide a supportive environment for risk reduction and to increase access and use of prevention and care services. Implementation should occur on a large scale and reach a majority of those people who really need it.  
*Sunil Sethi*

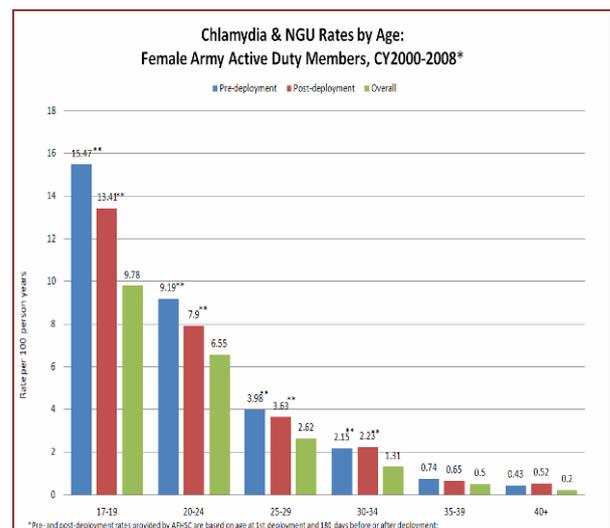
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North America

**Institute of Federal Health Care**

The Institute of Federal Health Care recently held a roundtable to discuss the "Health Issues Affecting Women In Military Service". One of the topics was STIs affecting women in the military, which was presented by Dr. Brian Agan, Director, HIV/STI, Infectious Disease Clinical Research Program, Uniformed Services University of the Health Sciences, Bethesda, MD.

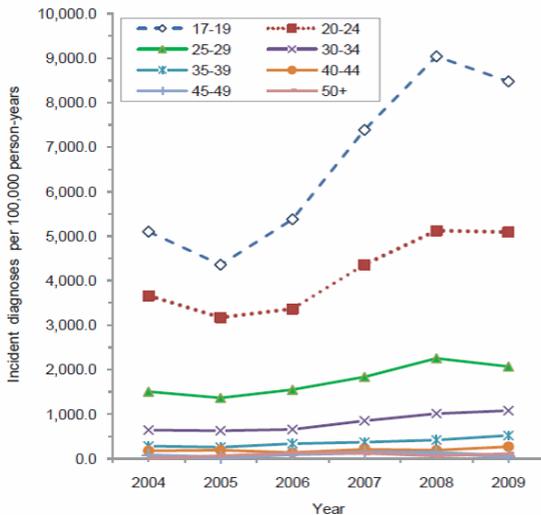
<http://www.fedhealthinst.org/roundtables.html> is the URL. Results were presented from the MSMR (Medical Surveillance Monthly Report).

The Institute of Federal Health Care, a nonprofit 501(c)(3) organization, stimulates and promotes analysis, interaction and dialogue on critical issues in healthcare. It works to enhance communication among public- and private-sector officials and to provide insights that can help them translate innovative thinking into policy and practical application. Nancy Tomich is the Managing Director [tomich@fedhealthinst.org](mailto:tomich@fedhealthinst.org)

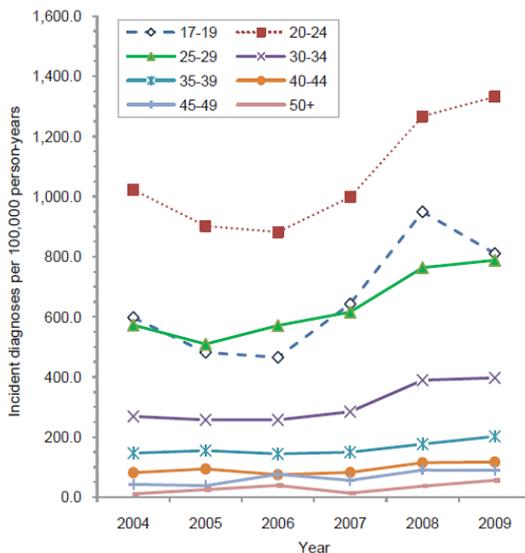


Active Duty Female Rates

b. Females, by age group



Female by age group



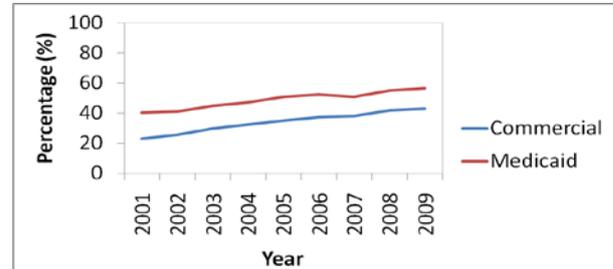
Males by age group

**Research article:**

*Uptake of Regular Chlamydia Testing by U.S. Women: A Longitudinal Study. Heijne et al Am J Prev Med 2010;39:243-250.*

A recent study analyzed data related to chlamydia testing for women aged 15-25 years who were enrolled in 130 commercial health plans from January 1, 2002 to December 31, 2006. In total, 2,632,365 women were included. The study examined rates of annual chlamydia testing and the factors associated with repeat testing in a population of U.S. women. Among women enrolled for the full five years of the study, 25.9% had at least one chlamydia test. Only 0.1% had a chlamydia test every year. These low rates of annual chlamydia testing do not comply with national recommendations and would not be expected to have a major impact on the control of chlamydia infection at the population level.

**New HEDIS chlamydia Trends data are now available.** Women enrolled in commercial or Medicaid plans who had a visit where they were determined to be sexually active The State of Healthcare Quality, 2010: <http://www.ncqa.org/portals/0/state%20of%20health%20care/2010/SOHC%202010%20-%20Full2.pdf>



Chlamydia Screening Coverage\* Trends (Women Aged 15-24, HEDIS)

**ncc National Chlamydia Coalition**

The National Chlamydia Coalition (NCC) held its annual meeting on October 28-29 2010 in Washington, DC. The coalition met to hear new research findings, discuss new initiatives, report on completed and ongoing projects, and allow members and guests to network and coalesce.

Keynote speaker, Bill Novelli, McDonough School of Business at Georgetown University, and formerly in leadership positions at AARP, Campaign for Tobacco-Free Kids, and CARE, opened the meeting by discussing the toxic media environment and ways in which we could influence behavior change through the use of social marketing. While Mr. Novelli recognized the difficulty in talking about "S-E-X" in a national campaign, he used examples from the successful "Truth" antismoking campaign and provided suggestions on how to begin to create change. His take-home message: *there is a desperate need for a national, media-driven campaign, developed using reliable primary research, to encourage teens and young adults to practice safe sex and get tested regularly for chlamydia and other STDs.*

Next was a panel presentation on adolescent risk behaviors. About half of high schoolers have no or one behavioral risk; the other half of high school students have two or more, with 15% having 5 or more. These risk factors tend to co-occur in patterns, with two low-prevalence behaviors (smoking frequently and having intercourse before age 13) likely to predict very high occurrence of other risks. (Fox et al Significant multiple risk behaviors among U.S. high school students, The National Alliance to Advance Adolescent Health, Fact Sheet, March 2010 - <http://www.thenationalalliance.org/jan07/factsheet8.pdf>). Research on adolescent use of preventive health services showed that less than 2% of adolescents who had continuous medical insurance coverage

during their teens received the recommended annual preventive health visit.

Day two began with an update from CDC providing an update on chlamydia trends, new models to gauge impact of screening, and updates to CDC treatment guidelines. As well, information about the new CDC lab guidelines for chlamydia screening were presented. There was an update on the Get Yourself Tested (GYT) campaign, (April is STD Awareness month for 2011). There was a panel presentation, which focused on implementation of health reform legislation and its implications for STD prevention. A speaker from the Guttmacher Institute, provided a national perspective and offered concrete examples of how the legislation will impact STD prevention and treatment and reproductive health, overall. Another speaker from the Academy of Health and the Robert Wood Johnson Foundation's State Coverage Initiatives Program, shared detailed information from the state perspective, enabling meeting participants to gain a better understanding of approaches to and implications of the essential benefits package, medical homes, health insurance exchanges, and other health reform provisions. See the NCC website for more information about the National Chlamydia Coalition: <http://ncc.prevent.org/members.aspx>

**12th IUSTI World Congress** will be held in New Delhi, India from 2nd to 5th November 2011 and is being organized by Somesh Gupta and Vinod Sharma. Co-chairs of the international scientific committee for this meeting are Dr. Charlotte Gaydos and Dr. Robert Bollinger from Johns Hopkins University. Our theme is Promoting Sexual Health: Basics Science to Best Practices.

*Charlotte Gaydos*

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### Latin America

#### **1st Latin American IUSTI/ALAC-ITS Congress**

In May 18th to 21st IUSTI-Latin America will hold its first Congress in Curitiba, Brazil.



We expect to attract a large number of Brazilian health workers interested in STIs as well as

professionals from other Latin American countries. The main theme of the Congress is "Impact of STIs in women", and will include experts from all around the World discussing issues as STI interventions, HPV, new diagnostics and other interesting topics.

Curitiba is the capital city of Parana, in the southern part of Brazil, and is well known for its beautiful historical center and incredible botanical gardens. We hope to see you in Curitiba!!!



*Curitiba*

#### **The Uruguayan Society against STIs (SUCITS)**

The SUCITS has been very active meeting with members and developing courses. In May 2010, they had their "VI Course on STIs" with participants from institutions around the country. SUCITS has been advocating increased screening for syphilis in antenatal care as a way to eliminate congenital syphilis in Uruguay. A study sponsored by SUCITS in a city in Uruguay, Maldonado has showed a prevalence of maternal syphilis of 5.3%.

SUCITS members will participate in the activities planned for the "Day of Elimination of Congenital Syphilis" in Uruguay which will be celebrated on October 16th.

*Patty Garcia*

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### What's New from the WHO

At the beginning of July 2010, the WHO Director-General restructured the WHO Cluster of Family and Community Health. She announced that Mrs Daisy Mafubelu, who had led the work of the Family and Community Health Cluster since early 2007, was returning to South Africa at the end of July, and that Dr Flavia Bustreo would succeed her as Assistant Director-General, Family and Community Health (FCH), with effect from 1 October 2010. Dr Bustreo is from Italy, and is currently the Director of the Partnership for Maternal, Newborn and Child Health (PMNCH).

The second key announcement was that, in view of the heightened commitment to maternal, newborn and child health, and in order to consolidate and strengthen WHO's work in this important area, the departments of Making Pregnancy Safer (MPS) and Child and Adolescent Health (CAH) in the Family and Community Health Cluster, will be merged to create

the department of Maternal, Newborn, Child and Adolescent Health (MCH), under the leadership of Dr Elizabeth Mason, who is currently Director CAH. Dr Monir Islam, who was the Director of MPS, would be moving to the WHO South East Asia Regional Office to be Director of Family Health and Research.

### Implementation of the Global Strategy for the Prevention and Control of STIs: 2006-2015

All the six WHO Regions have now elaborated their Regional Strategies for the prevention and control of STIs adapted to regional specificities. In 2010-2011 priority areas of work will include the following:

1. Strengthen STI surveillance at the global, regional and national levels and enhancing the components of STI surveillance within Second Generation HIV Surveillance framework.
2. Global collaboration and working with national and regional laboratories to monitor multi-drug resistance of *Neisseria gonorrhoeae* and other sexually transmitted pathogens.

The Kesho Bora multi-country project on the safety and effectiveness of using combination antiretroviral drugs to reduce the risk of HIV transmission during late pregnancy and the breastfeeding period had been completed. Between June 2005 and August 2008, at five sites across Africa, researchers enrolled 1,140 pregnant women with HIV. Women with a CD4 count below 200 cells/mm<sup>3</sup>, or experiencing symptoms of AIDS, were offered long-term ARV therapy. Women enrolled with a CD4 count above 500 cells/mm<sup>3</sup> were offered the current WHO-recommended treatment of prophylactic ARVs until one week after delivery. Women with CD4 counts between 200 and 500 cells/mm<sup>3</sup> were randomly assigned to one of two groups. In the first (or "intervention") group, 413 women were provided with a combination of three ARVs for the last two months of pregnancy, through delivery and while breastfeeding (for a maximum of six months after delivery). The women were advised to stop all breastfeeding before they stopped taking ARVs. In the second (or "standard") group, the women were given 24 [www.iusti.org](http://www.iusti.org) the standard WHO-recommended short-course of ARVs, which stops one week after delivery. Blood samples were taken from all infants for HIV testing at birth, and then periodically throughout the study, until they were 12 months old. At 12 months of age, 9.5% of infants in the "standard" group had acquired HIV, and 16.3% were either HIV-infected or had died. By comparison, 5.5% in the "intervention" group were infected and 10.4% were either HIV-infected or had died. This corresponds to a 42% decrease in HIV infection and a 36% decrease in HIV infections or deaths. The best results, with the largest number of infections averted, were in the group of women enrolled with a CD4 count between 200 and 350 cells/mm<sup>3</sup>. The study authors concluded that providing the combination of three ARVs to breastfeeding mothers is a safe and effective way to reduce HIV infection among infants, especially those born to women with CD4 counts

between 200 and 350 cells/mm<sup>3</sup>. The mothers and babies in the study are still being followed to assess the long-term safety of the intervention.

Based on the results of the Kesho Bora study a consultation was held in October 2009 and the WHO guidelines on prevention of mother-to-child transmission of HIV were revised.

### HIV Dept Plans for HIV prevention, 2010

The HIV Department, in collaboration with the STI Team in the Department of Reproductive Health and Research, are holding a series of consultations to develop guidance for delivering an evidence-based, essential package of interventions for the prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people and female and male sex workers in the health sector in low- and mid-income countries. As part of this process, WHO has formed a *WHO Guideline Working Group and External Review Membership* comprising HIV and STI experts, civil society representatives (men who have sex with men, transgender people and people living with HIV), national AIDS and STI programme managers, methodologists in Grading of Recommendations Assessment, Development and Evaluation (GRADE), UNAIDS Secretariat, United Nations Development Programme (UNDP), World Health Organization, and the World Bank. The *Guideline Development Group for sex workers* to oversee the guidelines process and to review evidence and reach consensus on recommendations for sex worker prevention interventions comprises a mix of representatives of sex worker associations selected by the Network of Sex Workers Projects, scientists, researchers, programme managers, health-care providers, implementing partners and UN staff dedicated to HIV/STI and sex work.

Francis Ndowa

## 19th ISSTD 2011



### The Québec City "Rendez-vous"

From July 10 to 13, 2011, Québec City will host the 19th Biennial meeting of the International Society for Sexually Transmitted Diseases Research on the theme of '*From research to intervention: successes and challenges*'.

The Conference will take place in the Québec City Convention Centre located in the heart of the city across from the Parliament Building, and just a few steps from tourist attractions. The facilities are comfortable and modern, and the Centre boasts

leading-edge equipment, spacious exhibit halls and impeccable service.

The Conference is being held during the Québec City Summer Festival. Over the past 40 years, the Québec City Summer Festival has put on hundreds of exciting and varied shows and concerts, making it Canada's biggest outdoor artistic event. With more than 300 shows in 11 days, the excitement that builds in the heart of Québec City is contagious. It's a must!



Michel Alary – Chair of ISSTD Board

### About the Conference

Opinion leaders, researchers and clinicians from around the world provide leadership in STI/HIV prevention, diagnosis and treatment. The ISSTD Québec 2011 will bring them together to share their latest research results, innovation, good practice and expertise. As the theme of the conference is "From research to intervention: successes and challenges", many sessions at the conference will focus on the use of research results to inform the implementation of better and more efficient clinical and public health practices. The meeting will also focus on rigorous scientific evaluation of clinical and preventive interventions and will emphasize what works best in these fields. Further information is available at [www.isstdquebec2011.com](http://www.isstdquebec2011.com).

Five main tracks will guide the preparation of the scientific program:

1. Epidemiology track
2. Social and behavioral aspects of prevention track
3. Clinical sciences track
4. Basic sciences track
5. Health services and policy track

### Key Dates

- **Early Bird registration:**  
From November 1, 2010 to April 22, 2011
- **Call for abstracts:**  
From November 1, 2010
- **Deadline to submit an abstract:**  
February 21, 2011
- **Notice of acceptance or rejection of abstracts:**  
April 13, 2011
- **Standard registration:**  
From April 23 to June 9, 2011

Michel Alary

## Conference Update

### **IUSTI Events:**

#### **26th IUSTI Europe Congress**

Dates: September 8-10, 2011

Location: Riga, Latvia

Contact: Prof. Dr. Andris Rubins, Email:  
[arubins@apollo.lv](mailto:arubins@apollo.lv)

#### **12<sup>th</sup> IUSTI World Congress**

Dates: November 2-5, 2011

Location: New Delhi, India

Website: [www.iusti2011.org](http://www.iusti2011.org)

#### **13th IUSTI World Congress to be held jointly with 17th IUSTI Asia-Pacific Regional Conference**

Dates: October 15-21, 2012

Location: Melbourne, Australia

Contact: [info@iusti2012.com](mailto:info@iusti2012.com)

#### **14th IUSTI World Congress, to be held jointly with ISSTD Congress**

Dates: To be announced (2013)

Location: Vienna, Austria

Contact: Prof. Dr. Angelika Stary, Email:  
[angelika.stary@meduniwien.ac.at](mailto:angelika.stary@meduniwien.ac.at)

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

#### **20th World Congress for Sexual Health**

Dates: June 12-16, 2011

Location: Glasgow, United Kingdom

Website: [www.kenes.com/was](http://www.kenes.com/was)

#### **The 19th Meeting of the ISSTD**

Dates: July 10-13, 2011

Location: Québec City, Canada

Website: [www.isstdquebec2011.com](http://www.isstdquebec2011.com)

#### **10th International Congress on AIDS in Asia and the Pacific (ICAAP10) 'Different Voices, United Action'**

Dates: August 22-26, 2011

Location: Busan, South Korea

Website: <http://www.icaap10.org/>

#### **13th European AIDS Conference / EACS**

Dates: October 12-15, 2011

Location: Belgrade, Serbia

Website: <http://www.eacs-conference2011.com/>

#### **16th International Conference on AIDS and STI in Africa (ICASA)**

Dates: December 4-8, 2011

Location: Addis Ababa, Ethiopia

Website: <http://www.icasa2011addis.org/>

**International Symposium on HIV & Emerging Infectious Diseases**

Date: May 23-25, 2012

Location: Marseille, France

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

**21st EADV Congress**

Dates: September 5-9, 2012

Venue: Riga, Latvia

Contact: Andris Rubins Email: [arubins@apollo.lv](mailto:arubins@apollo.lv)

<http://www.congresmtl.com/en/index.aspx?lg=en>

*Somesh Gupta*

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*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*

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Further information on the activities of IUSTI available at

[www.iusti.org](http://www.iusti.org)