

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

This has been a year of remarkable developments in the STI field, a year of exceptional challenges as well as progress. It has also been a time period when IUSTI has been making remarkable contributions globally.

Communications, Publications and Website

- The transition of the website administration to Christopher Fairly and his team at the University of Melbourne has been very successful. Dr. Fairly has a strong interest in information technology, and an excellent team to manage the website. He indicates there has been considerable interest in the provision of free access via the website to high profile articles from the leading journals on sexually transmitted infections. These articles have been selected from each issue of these journals by the editor of each journal. Please visit: <http://www.iusti.org/sti-information/Journals/access.htm> and provide feedback on the website at the bottom of the page.
- The special IUSTI Supplement for Sexually Transmitted Infections is progressing nicely and publication at the end of 2011 is anticipated.
- The IUSTI Communications Committee is chaired by Kevin Fenton and co-chaired by Angela Robinson. The committee has established priorities for future communications efforts.

IUSTI Membership

IUSTI membership has continued to grow at a remarkable pace in all the IUSTI Regional Branches. For example, at the recent Congress of the newly formed Latin America and Caribbean Regional Branch of IUSTI, held in Curitiba, Brazil in conjunction with the Brazilian Societies for AIDS and for STD, over 800 participants of the Congress chose to join IUSTI as new members at the invitation of IUSTI Regional Director, Professor Patricia Garcia, and ALAC President Adele Benzaken. Further IUSTI membership growth at the Asia-Pacific Regional

Branch is anticipated at the upcoming IUSTI World Congress in New Delhi in November 2011.

Recent Conferences:

- The first Latin America and Caribbean (ALAC) IUSTI Conference, was held in Curitiba, Brazil May 18-21, 2011 and was a huge success! My congratulations to Dr. Newton Sergio de Carvalho, President of the Congress, for a terrific job. Approximately 2,000 congress participants from throughout Latin America attended the Congress, which focused on the theme of "The impact of HIV/STIs in Women." A special thanks to the US NIH Office of AIDS Research for their support for the Curitiba meeting; and specifically to Dr. Gina Brown of the OAR, who chaired a workshop on Women and HIV/AIDS during the meeting.
- The 19th International Society of STD Research (ISSTD) Conference, convened in conjunction with the North American Branch of IUSTI, has just taken place in Quebec City, Canada, July 10-13, 2011. Professor Michel Alary, ISSTD President, served as conference Chair; and Professor Marie-Claude Bailey served as Scientific Program Committee Co-Chair. The conference theme was "From research to intervention: successes and challenges". Over 1,100 participants took part, with approximately 850 oral presentations and posters. This has been a year of extraordinary progress in STI/AIDS research, as well as many new challenges – and Drs. Alary and Boily did an outstanding job of capturing these in an exceptional scientific program. The highlights included an inspiring update from Paul Delay of UNAIDS on new opportunities, strategies and challenges for HIV/AIDS programs. Gail Bolan, new Director for STD Prevention at the US Center for Disease Control, discussed reframing the public health approaches to STD and Sexual Health in the United States; Myron Cohen presented results of the HPTN052 global randomized trial of early initiation of antiretroviral therapy (at CD4 counts of 350-550) in the HIV-infected partners of HIV sero-discordant couples, the study showed that early therapy of the HIV infected partner reduced HIV transmission to the sero-negative partner by 96%. At the American STD Associations Awards Ceremony, Connie Celum announced for the first time the results of the Partners in PrEP Study, a large randomized trial showing that pre-exposure prophylaxis with tenofovir or with tenofovir plus emtricitabine (Truvada) to the sero-

negative partner within heterosexual HIV sero-discordant couples, reduced acquisition of new HIV infections by 62% and 72%, respectively, compared with placebo recipients.

These and other recent scientific breakthroughs formed the basis of a presentation by Thomas Quinn, entitled "The 30 year war against HIV/AIDS: Have we reached the tipping point?" Taken together with the iPREX study of PrEP in MSM and the recently announced results of the trial of PrEP in high risk heterosexuals in Botswana, the near future will bring very interesting and important considerations of prevention options, and need for careful program planning and evaluation of preventive intervention combinations in a wide variety of different settings and contexts.

Another exciting development was the evaluation of rapid syphilis diagnostic testing in seven countries in Africa, Latin America and Asia, funded by the Bill and Melinda Gates Foundation and WHO and coordinated by Rosanna Peeling. Remarkably all of these evaluations improved the detection and treatment of syphilis and equally remarkably resulted in prompt policy changes to adopt rapid point of care testing in all seven countries.

Of great concern was the re-emergence of several STIs documented in several settings, and especially the slow but steady incremental increase in the proportion of isolates of *N. gonorrhoeae* showing lessened susceptibility to third generation cephalosporins. The report at the conference of a so-called "superbug" – a ceftriaxone resistant strain of *N. gonorrhoeae* – therefore received considerable media attention.

Upcoming Conferences:

- The 26th IUSTI Europe Conference will be convened in Riga, Latvia September 8-10, 2011. The theme of this conference is "Staying alert for sexual health."
- 12th World IUSTI Congress. The next World IUSTI Congress will be held in New 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, the World Health Organization and the India Council for Medical Research. The IUSTI greatly appreciates the support from these organizations for this important IUSTI Congress.
- The 13th IUSTI World Congress will be chaired by Professor Kit Fairley in Melbourne, Australia from 15-17 October 2012 at the Melbourne Convention and Exhibition Center. This meeting will be both the IUSTI World Congress and the

Australian Sexual Health Conference, and will be held back-to-back with the Australasian HIV/AIDS Conference which will run from the 17-19 October 2012.

- The 14th World IUSTI/ISSTD Congress will be chaired by Professor Angelica Stary in Austria July 14-17, 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: An ISSTD/IUSTI Joint Planning Committee has been formed to plan future joint World Congresses. Members are Raj Patel, Janet Wilson, Jeanne Marrazzo, Bobbie Van der Pol, Charlotte Gaydos, Keith Radcliffe, Kit Fairley, Michel Alary, and King Holmes. Benefits of joint meetings can include avoidance of separate conflicting international meetings, and synergies of the complementary strengths of the two organizations.

In summary, the emerging challenges and opportunities in the STI field are exceptional. We need to work together to frame and reframe our responses in this era of restricted resources and to become more efficient, more cost-effective. We also need to work together across borders, across professional disciplines, and with affected communities to adapt quickly to new challenges such as emerging antimicrobial research. We also can work together to insist on the resources needed to implement new, effective technologies, such as HPV vaccines, rapid testing, and new preventive approaches. And it will be particularly useful to share experiences on what works and what doesn't work in implementing new technologies and approaches. We look forward to the upcoming IUSTI conferences in the near future. As always, we welcome suggestions as to how IUSTI can best serve our membership, affiliated organizations and the public.
King Holmes

Research Review

Sexual Transmission of Hepatitis C – is Blood to Blame?

The question of the sexual transmission of hepatitis C continues to be researched with more information suggesting that this virus is only rarely sexually transmitted – and that blood rather than genital secretions is the usual route of transmission. Reports of sexual transmission have predominantly occurred in cohorts of gay men - and HIV-positive gay men - in particular. These reports have arisen from Western Europe, Canada, the United States, and Australia. Recent media commentary in the state of Victoria, Australia, reported that from May 2010 to April 2011 37 cases of incident hepatitis C in HIV-positive men were diagnosed – a significant rise on previous years. Of these 37 cases, at least 19 were highly likely to

have been as a result of sexual transmission, as opposed to injecting drug use.

Matthews et al from Australia enrolled 163 individuals (29% of whom were HIV-positive) with recent hepatitis C infection. Transmission through injecting drug use accounted for 73% of the subjects, whereas sexual transmission was responsible for 18% of transmissions (92% of whom were HIV-positive). Phylogenetic analysis revealed clustering of the infections that were both injecting drug use-related and sex-related. All these clusters, however, involved individuals identifying as men who have sex with men.¹

The authors conclude that clustering is common among gay men who have recently acquired hepatitis C and that both injecting drug use and sexual risk behaviours exist for these men in the same social networks. These findings have implications for public health messages aimed at gay men, and particularly at HIV-positive gay men.

Given that there is now clear evidence of sexual spread of hepatitis C among gay men, and particularly among HIV-positive gay men, how does this transmission occur? This question has resulted in many theories to explain the route of transmission, and several groups have attempted to find hepatitis C virus in semen. This search has been largely fruitless, although the virus has been detected rarely in seminal fluid. Small quantities of hepatitis C-containing blood have also been thought to be involved in many cases of sexual transmission, and recently German researchers have added evidence to this theory. Between 2006 and 2008 Schmidt and German colleagues collaborated to recruit HCV/HIV co-infected gay men (the cases) and others who were not co-infected (controls) in an attempt to understand sexual transmission of hepatitis C virus.²

Thirty-four HCV/HIV co-infected men and 67 HIV-positive men who were not infected with HCV were recruited – all 101 men were of similar age, employment and relationship status, and other characteristics. The researchers collected a large amount of data that provided information about hepatitis C transmission in sexual situations. The behaviours that were linked with HCV infection were rectal trauma with bleeding, frequent receptive fisting without the use of gloves, group sex, and nasally-administered drugs. Of great interest are their new findings that many of the co-infected men had a history of multiple episodes of anorectal surgery and rectal bleeding during sex, or the use of oral drugs for erectile dysfunction. Such drugs allow for prolonged bouts of sex to take place.

The researchers theorised that the high frequency of anorectal surgery was probably for the treatment of warts or other lesions caused by human papillomavirus (HPV). This surgery could traumatise delicate mucosa and lead to bleeding post-surgery. If anal intercourse were to occur during this time the bleeding could lead to transmission of HCV, HIV, and other pathogens.

They go on to conclude that, “We suggest that blood rather than semen is the critical medium. An insertive partner’s fist (or penis), contaminated with blood, might serve as a vector for subsequent receptive partners in a group sex session, when condoms or gloves are either not applied or not changed for every sex partner...”

These findings will be useful for clinicians talking with gay male patients who partake of adventurous sexual activities, and for public health agencies and community-based organisations to devise educational messages and campaigns. In addition, regular testing of HIV-positive gay men for HCV is now recommended by many clinicians.

Darren Russell

1. Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, Marks P, van Beek I, Rawlinson W, Kaldor JM, Lloyd A, Dore GJ, White PA; ATAHC Study Group. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. *Clin Infect Dis* 2011;52(6):803-11

2. Schmidt AJ, Rockstroh JK, Vogel M, An der Heiden M, Baillot A, Krznicar I, Radun D. Trouble with bleeding: risk factors for acute hepatitis C among HIV-positive gay men from Germany – a case-control study. *PLoS One* 2011;6(3):e17781

Regional Reports

Asia-Pacific

A national STI reporting system has been in place in Thailand since 1967. The five reportable diseases at the national level are syphilis, gonorrhoea, NGU, chancroid and LGV. Anogenital herpes, warts and trichomoniasis are reportable from STI clinics at the regional level. Government STI clinics submit monthly reports to Venereal Disease Division of the Department of Communicable Disease Control, which was reformed to be the Sexually Transmitted Infections (STI) Cluster, Bureau of AIDS, TB and STI, Department of Disease Control in 2002. Another source of data is Bureau of Epidemiology which was under office of Permanent Secretary of MOPH; this was changed to be under the Department of Disease Control in 2002. It should be noted that these national figures underreport the true incidence of infections since they do not include STI cases treated in private clinics / hospitals or those self treated with antibiotics from drug stores.

The national trend for 5 STIs for people who visited public STI clinics increased from 25.2 / 100,000 population in 2002 to reach 37.22 / 100,000 population, the highest in 10 years, in 2009. The rise can be attributed to increased unprotected sex in especially youth, an improved reporting (passive surveillance) system, or a revitalization of STI clinics by Bureau of AIDS, TB and STI and 12 regional offices of Disease Prevention and Control (DPC).

Gonorrhoea is still the most commonly reported STI in Thailand. The trend of gonorrhoea increased from 5.08 / 100,000 population in 2000 to 11.33 / 100,000 population in 2009. Nongonococcal urethritis (NGU),

the second most commonly reported STI in Thailand fell slightly from 6.2 / 100,000 population in 2000 to 4.09 / 100,000 population in 2009. Syphilis increased slightly from 2.71 / 100,000 population in 2000 to 3.27 / 100,000 population in 2009. Most syphilis patients in Thailand were latent syphilis diagnosed during blood donation, in ANC, and STI clinics, following routine screening. Data from STI clinics reported by STI cluster showed that early syphilis fell gradually from 3.35 / 100,00 population in 2000 to 0.66 / 100,000 population in 2009. It is noted that primary and seconding syphilis occurred predominately in men who have sex with men (MSM).

year	Gonorrhea*		Early syphilis**	
	number	Rate/100,000 populations	number	Rate/100,000 populations
2000	3137	5.08	2072	3.35
2001	3037	4.89	1811	2.92
2002	3714	5.94	1559	2.49
2003	3834	6.09	935	1.49
2004	5256	8.41	1044	1.67
2005	4572	7.35	1297	2.08
2006	5257	8.39	574	0.92
2007	5647	8.97	630	1.001
2008	6168	9.76	569	0.90
2009	7188	11.33	419	0.66

Trend in incidence of gonorrhea and early syphilis reported cases / 100,000 populations between 2000-2009

The incidence of chancroid has been on the decline since the early 1980. and is rarely seen in Thailand now. Cases of chancroid are clinically diagnosed and there is a recent slight increase, this may be the result of over-diagnosis in GUD. The rate of LGV has been declining since 1989 and is also rarely seen now in Thailand. All cases of LGV are clinically diagnosed.

Age group

The predominant age group for 5 reportable STI was 15-24 years old in whom there has been an increase from 30.31 / 100,000 population to 76.12 / 100,000 populations in 2009. The second predominant age group was 25-34 years, with a infection prevalence of 51.70 / 100,000 population. This data also reflects an increasing rate of unprotected sex in 15-24 year-old persons - the behavior sentinel surveillance in grade 8 male students reported only 50.7% used condoms when having sex.

Occupation

Most STI patients reported their occupation as employees (39.8% in 2003 to 31.21% in 2009) The second most common was agriculture (38.3% in 2003 to 19.59 in 2009) The third most common was 'unidentified' which included sex workers. (10.39% in 2003 to 24.53% in 2009), students were the fourth commonest (4.53% in 2003 to 10.96 % in 2009). The number of STI in sex workers declined from 3,749 in 2000 to 1,662 in 2009.

Syphilis screening in pregnant women and sex workers

The prevalence of syphilis in sex workers has increased from over 2% (in 2000-2006) to over 5% in 2009. Prevalence of syphilis in pregnant women has remained unchanged in this time period.

Prevalence of HIV infection

Men who have sex with men (MSM): In Bangkok the prevalence of HIV increased from 17.3/100,000 to 30.7/100,000 in 2008. In 2009, the prevalence fell to 24.7. In Chiangmai (north of Thailand) the prevalence of HIV in MSM fell from 16.9/100,000 in 2007 to 8.3/100,000 in 2009. In Phuket (south of Thailand) the prevalence fell from 20/100,000 in 2007 to 6/100,000 in 2009. It should be noted that sentinel surveillance in 2009 is routine surveillance supported by Thai government, there have been no incentives for voluntary HIV testing.

Pregnant women. HIV prevalence declined since 1990 (1.74%). In 2009 the prevalence was 0.65%.

Direct sex workers. HIV prevalence dropped since 2000 (18.46%) to 2.76% in 2009.

year	Pregnant women	
	HIV incidence rate	lower-upper limit
2004	0.25	0.15-0.34
2005	0.2	0.11-0.29
2006	0.22	0.12-0.31
2007	0.29	0.2-0.38
2008	0.32	0.22-0.42
2009	0.41	0.28-0.54

Trend in incidence of HIV in pregnant women

Pregnant women. HIV prevalence declined since 1990 (1.74%). In 2009 the prevalence was 0.65%.

Direct sex workers. HIV prevalence dropped since 2000 (18.46%) to 2.76% in 2009.

year	Direct sex workers		Indirect sex workers	
	HIV incidence rate	lower-upper limit	HIV incidence rate	lower-upper limit
2004	2.26	1.44 - 3.08	0.24	0.12 - 0.37
2005	0	0 - 0	0.34	0.18 - 0.5
2006	0.39	0.1 - 0.67	0.42	0.21 - 0.62
2007	1.69	1.06 - 2.31	0.73	0.47 - 0.99
2008	0.76	0.39 - 1.12	0.67	0.4 - 0.94
2009	0.48	0.2 - 0.76	0.3	0.13 - 0.46

Trend in incidence of HIV direct and indirect sex workers

Indirect sex workers. HIV prevalence declined since 1990 (6.56%) to 1.71% in 2009.

Incidence of HIV.

In pregnant women, the incidence of HIV has risen. In 2008, the incidence was 0.18 % which is 3.6 times higher than the incidence in 2005.

In military conscripts the incidence gradually increased from 0.14% in 2005 to 0.26% in 2008.

In direct sex workers, the incidence of HIV varied from zero / 100,000 population in 2005 to

2.26/100,000 population in 2004. The incidence in 2008 was 0.76/100,000 population.

In indirect sex workers, the incidence of HIV increased continuously from 0.25/100,000 in 2004 to 0.67/100,000 in 2008.

Behavioral sentinel surveillance (BSS)

Data on sexual intercourse in grade 8 male students from 2004-2009 showed that the average age of first sexual intercourse declined from 13 years old to 12.9 years. Condom use for first sexual intercourse increased from 42.8% to 50.7%. In female students, the average age at first sexual intercourse rose from 12.7 years old to 13.0 years old but condom use for first sexual intercourse fell from 60% to 41.5%

The STI cluster of the Bureau of AIDS, TB and STI Department of Disease Control is the national program manager for STI. We publish the STI treatment guidelines in Thailand which are being drawn up and will be distributed in 2011. The previous one was published in 2007. 2011 guidelines will consist of STI treatment, flow-charts on the management of STI, comprehensive case management protocols, laboratory diagnosis guidelines and easily understood as well as practical and implementable posters. This guideline will be posted on www.stisthai.org. STI cluster also takes responsibility for antibiotic resistance surveillance with help from our own STI clinics and STI clinics in 9 regional offices of DPC. Currently ceftriaxone and cefixime are still effective in eradicating *Neisseria gonorrhoeae*.

Emerging issues, challenges and opportunities

Closure of STI clinics in provincial health centers in 2002 had a lot of impact on STI prevention and control in general population and especially in sex workers. Many sex workers couldn't access STI screening in public hospitals. The STI cluster and 12 regional offices of Disease Prevention and Control provided training to staff in general hospitals to provide friendly STI services, screening and treatment for sex workers and other at risk populations. We have advocated "one province one standard STI clinic based in hospitals" since 2007. In 2010 this target is nearly achieved. We have 73/75 provinces that provide STI special clinic at least once a week for STI screening of sex workers. From October 2009, Thailand received a grant from the Global Fund round 8 for HIV prevention in most at risk populations (MARPs). This is the first time a Global Fund project in Thailand put STI intervention (screening, diagnosis and treatment) for HIV prevention in the work plans and activities. The project "Comprehensive HIV Prevention among MARPs by Promoting Integrated Outreach and Networking (CHAMPION)" has been implemented in 18 months in 43/76 provinces in Thailand. The highlight is the networking of outreach work provided by NGOs, and STI screening, treatment and HIV pretest counseling and testing provided by public hospitals. A referral system, provincial coordinating mechanism (PCM) and national monitoring and evaluation (M&E) system are examples of indicators

of achievement. The STI/HIV prevention program - 100% condom use in sex workers - is still supported by the government but the amount of condom use has declined. Condom service organization (CSO) is another intervention program targeting MSM meeting places such as saunas and gay bars.

Angkana Charoenwatanachokchai

North America

HIV/AIDS.

June 2011 marked the 30th anniversary of HIV/AIDS, a truly global pandemic. New international partnerships have developed to combat the disease. The world has forged new inroads into government and private donor commitments, human rights, and treatment advances. Global Health Centers have formed at many universities. See "Reflections on 30 years of AIDS", a historical review by De Cock, Jaffe and Curran, EID 17: 1044-1048, 2011. At this year's ISSTD meeting in Quebec, the 2011 recipient of the Parran award, Dr. Thomas C. Quinn delivered a lecture entitled "*The 30 Year War Against HIV/AIDS: Have We Reached The Tipping Point?*"

Gonorrhoea. In memoriam: John W. Tapsall 1945-2010

A sexual health medicine leader, whose laboratory was the WHO collaborating Centre for STD, Dr. Tapsall was the Coordinator of the WHO Western Pacific Region Gonococcal Antimicrobial Surveillance Program. Since 1981 he led the bacteriology section of the Microbiology Department of the South Eastern Area laboratory Service based at Prince of Wales Hospital in Sydney, Australia.

This last year has brought the International STI world to the stark realization that we now have gonorrhoea isolates that are resistant to cefixime and now to ceftriaxone. See:

- Is *Neisseria gonorrhoeae* Initiating a Future Era of Untreatable Gonorrhoea?: Detailed Characterization of the First Strain with High-Level Resistance to Ceftriaxone. Makoto Ohnishi, Daniel Golparian, Ken Shimuta, Takeshi Saika, Shinji Hoshina, Kazuhiro Iwasaku, Shu-ichi Nakayama, Jo Kitawaki, and Magnus Unemo Antimicrobial Agents And Chemotherapy, July 55:3538-3545, 2011
- Cefixime-resistant *Neisseria gonorrhoeae* in the UK: a time to reflect on practice and recommendations S Forsyth, P Penney and G Rooney, I J STD AIDS 22:296-297, 2011.
- Ceftriaxone-resistant *Neisseria gonorrhoeae*, Japan. Ohnishi, M., et al. Emerg. Infect. Dis. 17:148-149, 2011

Chlamydia

High chlamydia and gonorrhoea incidence and reinfection among performers in the Adult Film Industry. Goldstein et al STD 38:644-648. Lower bounds for annual cumulative incidences of CT and GC among adult film industry performers in Los Angeles, CA were estimated to be 14.3% and 5.1%

respectively. The reinfection rate in 1 year was 26.1%. Control strategies are needed. Since the legalization of adult (X-rated) film production, it is estimated that 2000-3000 performers are employed by ~200 production companies.

Mycoplasma genitalium

Nice review was recently published by Weinstein and Stiles in *Sexual health* 8:143-158, 2011.

Trichomonas

We now have a FDA cleared molecular NAAT assay for trichomonas, Gen-Probe, April 2011

Charlotte Gaydos

Europe

Planning is proceeding very well for the 26th IUSTI-Europe Congress to take place in Riga, Latvia 8-10 September 2011. The local host is Prof Andris Rubins, and the Chair of the International Scientific Committee is Dr Willem van der Meijden. This is going to be a very popular meeting with a scientific programme of the highest international quality, and held in a beautiful city in the Baltic. For further information see: <http://www.iusti-europe2011.org/>

Some of you will have been present at the highly successful 2010 conference in Georgia, on which Dr Simon Barton has published a meeting report in *Expert Reviews in Anti-infective Therapy* (2011; 9: 19-20).

In March the Chair of IUSTI Europe, Dr Airi Poder, attended the inaugural conference of the Europe / Asia Association of Dermatovenereology in Kiev in the Ukraine. Several national representatives from the Council were present and it was a very fruitful and promising meeting in terms of furthering the links of the European Branch with former Soviet Union countries.



Keith Radcliffe and Airi Poder on the occasion of the latter's election to the fellowship of the Royal College of Physicians of London

I am also pleased to report that Drs Airi Poder and Angelika Stary (Austrian national representative) have been elected Fellows of the Royal College of Physicians of London which was founded in 1518 (for

further information see: <http://www.rcplondon.ac.uk/>) Airi is the first-ever Estonian fellow of the college.

In May I was privileged to present a plenary lecture at the congress of the Italian Dermatology/STD Society in Verona.

Work on updating the European STI guidelines continues at a very rapid pace. Since my last report the following guidelines have been published in the *International Journal of STD & AIDS*, which is the official journal of the IUSTI:

- Genital herpes
- Chlamydia
- Hepatitis
- Donovanosis
- LGV

Guidelines on scabies, pediculosis pubis and chancroid have been published on the website and accepted for publication in the journal. The following guidelines are currently being updated:

- A consultation for STI
- Epididymo-orchitis
- Balano-posthitis
- Sexually acquired reactive arthritis

Consultation on draft updated guidelines for genital warts and vaginal discharge has been completed and the final versions are in the process of production.

The national representative from Italy, Dr Marco Cusini has recently led an initiative in his own country to translate the guidelines into Italian. Prof Michael Gomberg, Chair of the Russian national IUSTI association, is leading a team translating our patient information leaflets into the Russian language.

All European guidelines and the patient information leaflets based on them are freely accessible at: <http://www.iusti.org/regions/europe/euroguidelines.htm#Current>

As ever I should be happy to receive any comments, suggestions or questions about the work that the European Branch or the European STI Guidelines Project by email at: k.radcliffe@virgin.net.

Keith Radcliffe

Latin America

Opportunities for Implementation of Rapid Syphilis Tests (RST) in Latin America for the Elimination of Congenital Syphilis

Workshop, November 18-19th, 2010- Lima Peru

Syphilis remains a major public health problem worldwide especially in developing countries and the countries in the region of Latin America (LA) and the Caribbean. Many of the countries of the region have committed to reduce cases of congenital syphilis to less than 0.5 cases per 1,000 live births, however many of them are very far from achieving this objective prior to 2015.

The reduction or elimination of congenital syphilis can be performed with simple, cost-effective interventions. The use of rapid diagnostic tests could increase screening of pregnant women early in antenatal care and avoid lost opportunities for

diagnosis of the disease. However, rapid tests for syphilis (RST) could also be used among many other populations.

In an effort to try to increase awareness about rapid testing in the region, the Universidad Cayetano Heredia (UPCH) and ALACITS/IUSTI Latin America with support from the World Health Organization (WHO) and the London School of Hygiene and Tropical Medicine (LSH&TM) organized a workshop called Opportunities for implementation of Rapid Syphilis Tests (RST) in Latin America for the Elimination of Congenital Syphilis held on November 18-19th, 2010 in Lima, Peru. Peru welcomed representatives from the 17 countries of the region to participate in this regional workshop.

Prior to the workshop, a survey was completed by each of the participating countries. The survey included questions regarding information about regulations and regulatory issues for rapid testing in each country. During the workshop the group discussed the technical aspects, the role of quality control of rapid tests, and the cost-effectiveness of tests. Some countries shared their experiences with RST implementation. Brazil showed that RST can be implemented among different populations, such as indigenous groups. Peru had the opportunity to present the "CISNE" project (www.proyectocisne.org), which showed two intervention models used in different Peruvian public health sector establishments.

The workshop also enabled interaction between participants in work groups in order to identify opportunities, challenges and needs of Latin American countries related to RST. Finally, during the two day period, the participants noted the need to share experiences and to find ways to make use of the lessons learned as a region.

In conclusion, participants addressed the topics of advocacy and political commitment, awareness and training of health personnel, technical knowledge about the RST, communication, and dissemination of research findings. These are important steps towards the implementation of RST as a strategy for the elimination of congenital syphilis.

I Latin American IUSTI/ALACITS Congress

The I Latin American IUSTI-ALACITS Congreso which was held on May 18th to 21st in Curitiba, Brazil. The main theme of the Congress was "Impact of STIs in women". Experts from Latin America and other parts of the world discussed issues related to STIs.

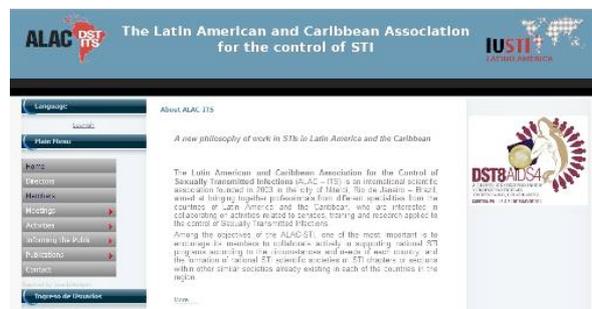
For more information: www.dstaid2011.com.br

The new website for ALACITS/IUSTI Latin America has been launched

The Latin American and Caribbean Association for the Control of Sexually Transmitted Infections (ALACITS) is an international scientific association founded in 2003, aimed at bringing together professionals from different specialities from the countries of Latin America and the Caribbean, who are interested in collaborating on activities related to services, training and research applied to the control

of Sexually Transmitted Infections. ALACITS/IUSTI Latin America just recently has launched its website, where information about the association and activities can be found (both in English and Spanish). It also has an online system for registration of associate members.

Visit our website at www.alacits.org



Patricia Garcia

What's New from the CDC

New Director of STD Prevention Division at CDC

Dr. Gail Bolan was named the new DSTDP Director in late December and started at CDC in the beginning February. Bolan previously served as the Chief of the STD Control Branch at the California Department of Public Health. Under Bolan's leadership DSTDP will focus upon antibiotic-resistant gonorrhea, congenital syphilis, adolescents, and men who have sex with men (MSM). One of Bolan's priorities is to create and enhance relationships with DSTDP partners, including international partners.

Update from the CDC: STD Prevention in a Transformed Health Care System

STD programs in the United States (US) are at a crossroads, at the point where a new vision defining how to provide the greatest value to protect and improve health and identify new service delivery models is needed. A declining public health infrastructure and competing health priorities are forcing major changes in public health programs, including STD prevention programs. According to a study conducted by the American Social Health Association and the National Coalition of STD Directors, a majority (69%) of state/local STD programs experienced funding cuts and reduced services in 2008-09. At the same time, the US is experiencing a transformation of the health care delivery system as a result of the Affordable Care Act. These changes have created new opportunities to expand STD prevention and control programs by enhancing interaction of STD prevention with the health care delivery system and substantially strengthening their focus on assessment, assurance, and policy development. This situation raises major questions about how best to alter public health

programs that have existed for over 60 years.

Most STD prevention services in the US currently involve individual interventions that are provided through the private sector, though some are provided by specialty clinics, and community-based clinics. STD prevention tools available at these sites include health education, vaccination of at-risk individuals, and identification and treatment of infected individuals through screening and linkage to care, or partner notification and treatment.

Opportunities:

The Patient Protection and Affordable Care Act (ACA) was signed into law March 23, 2010. The ACA expands access to health insurance, including an expansion of Medicaid that will cover all persons who meet the new national income limit of 133% of the federal poverty level. In addition, since September 23, 2010 it requires coverage of clinical preventive services with no co-payment for persons with new health insurance plans or insurance policy. Covered services include those recommended by the US Preventive Services Task Force (with an A or B recommendation), the Advisory Committee on Immunization Practices and the Health Resources and Services Administration.

Moreover, the expansion of community health centers and school-based health centers, and increased investments in primary care will expand access to quality prevention services for individuals at risk for HIV and STDs. We anticipate that these activities will advance Program Collaboration and Service Integration (PCSI), a strategic priority for the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. PCSI aims to strengthen collaborative work across disease areas and integrate services that are provided by related programs, especially prevention activities related to HIV/AIDS, viral hepatitis, other sexually transmitted diseases (STDs), and tuberculosis (TB) at the client level.

In addition, increased investments in electronic health records (EHR) and health information technology (IT) may also provide new mechanisms for disease surveillance, assessment, assurance, and monitoring of quality indicators. EHRs that provide comprehensive, longitudinal data on well-defined patient populations could dramatically improve infectious disease surveillance.

Challenges:

Because insurance coverage does not equal access, CDC and partners must continue to assess ongoing need for safety-net STD prevention services and obtain resources, as needed, to sustain them. Other challenges include ensuring ongoing assessment of coverage and quality of STD prevention services (including services provided by community clinics and Medicaid providers) and overcoming obstacles to the delivery of critical services such as treatment with intramuscular antibiotics.

The adoption of health IT tools and meaningful use of data to strengthen disease surveillance must consider the varying resources and IT capacities of state and local health departments. Other obstacles include a lack of interoperability between IT systems, the size and complexity of potential new data sources, and concerns about privacy and confidentiality.

New Approaches:

It is critical that we address infrastructure challenges and advance STD prevention through the healthcare system. Depending on local conditions, “safety-net” issues may be addressed by STD prevention services into “medical homes”; by maintaining specialty clinics in communities where the need is especially high; by designating “essential community providers” to serve high-risk and underserved individuals; and/or by fostering collaborations between public health programs and healthcare providers who serve at-risk populations. Other actions might include upgrading IT and EHR systems; providing guidance, tools, training, and technical assistance; and identifying reimbursement mechanisms for risk counseling, diagnosis, treatment, and partner services.

At the same time, public health departments can play an expanded role in assuring the quality of STD prevention services and assessing their impact; in monitoring access to prevention services and identifying “safety-net” needs; and in developing better metrics to measure health outcomes. These changes will require realignment of public health staff to meet new responsibilities related to disease surveillance, data analysis, evaluation, quality assurance, and policy.

Conclusions:

STD prevention programs in the US need to expand their focus on assessment, assurance, and policy development, with less investment on services delivery, except for safety net services. More focus is also needed on expanding the use of EHR and health IT to strengthen surveillance, assessment, and assurance activities and realigning public health staff to meet these new challenges.

Gail Bolan

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@uhb.nhs.uk

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