

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

Preparations are now well underway for the 2014 STD Prevention Conference which will be held at the Omni CNN Center in Atlanta from the 9th to the 12th of June this year. This Conference will be joint 15th World IUSTI Congress and 2nd Latin America IUSTI-ALACITS Congress. Several partners, including the CDC's Division of STD Prevention, the American Sexual Health Association, the American STD Association, the National Coalition of STD Directors, the Public Health Agency of Canada and the Pan-American Health Organization/WHO Regional Office for the Americas are all working together to ensure that this Conference achieves its aims by employing a programme science orientated approach to develop the Conference theme of 'More STD prevention for the money'. We live in economically challenging times and we are repeatedly required to re-evaluate our varied practices in order to ensure continued delivery of high quality sexual health services in a cost-effective manner. It is anticipated that approximately 1,500 domestic and international STD and HIV prevention program managers, researchers, public health authorities, clinicians and advocates will come together to promote an interdisciplinary dialogue on best practices to enhance the quality of STD/HIV prevention and care during the Conference. A networking event is planned at the world famous Georgia Aquarium. The conference website is hosted by the CDC at <http://www.cdc.gov/stdconference>. The deadline for early bird registration is 15th April, so I would encourage you all to register ahead of this deadline to ensure you benefit from the early bird rate.



Omni CNN Convention Center, Atlanta, GA

Information on other IUSTI regional conferences is available on the IUSTI website (<http://www.iusti.org/events/default.htm>). I would just like to highlight the forthcoming 28th IUSTI-Europe Conference in Malta (18-20 September), which will explore the theme of migration, recreation and sexual health, and the 18th IUSTI-Asia Pacific Conference in Thailand (11-14 November) which has as its theme 'STI, HIV and Sexual Health Global Collaboration for Effective Prevention'. In addition, I would like to inform members that forthcoming IUSTI World Congresses will take place in Australia in 2015, Morocco in 2016 and Brazil in 2017. The 2015 and 2017 meetings will be held as joint meetings with the International Society for STD Research. The choice of these venues highlights the global influence of IUSTI which is one of our organization's key strengths.

We are very proud to see that IUSTI's Secretary General, Dr. Janet Wilson, was profiled in March's issue of *Lancet Infectious Diseases* in an article entitled 'Janet Wilson: keeping the spotlight on sexual health services' (*Lancet Infect. Dis.* 2014;14:195). The article portrays the concerns of some UK-based STI physicians that services will fragment and care standards might fall as a result of new legislation in England which has split commissioning of HIV care from other STI and HIV screening and prevention. Local authorities, rather than the National Health Service, are now commissioning STI services whilst the NHS retained HIV care. Janet successfully used her recent term as President of the British Association of Sexual Health and HIV to ensure that the greater anonymity enjoyed by users of sexual health services has been preserved in the deployment of this new legislation.



King Holmes, IUSTI President (2009-2011), accepting his Gardner Global Health Award

Congratulations also go to Professor King Holmes, William H. Foegen Chair at the Department of Global Health at the University of Washington and a past IUSTI President (2009-2011), who received the 2013 Canada Gairdner Global Health Award, in October last year, for global scientific contributions to the field of sexually transmitted disease and their effective treatment and prevention. The Gairdner Foundation is dedicated to recognizing the world's most creative and accomplished biomedical scientists and King's award is a tremendous honour and once more puts the spotlight back on sexual health. The Gairdner Foundation organized one-day symposium on STIs in King's honour on the day preceding the award ceremony. During the award ceremony, in order to add a personal touch, each recipient was asked walk up to the podium to music of their own choice. Most present would agree that King stole the show with his choice of Marvin Gaye's 'Sexual healing'.



World Health Organization logo, Geneva

Finally, I would like to inform IUSTI members that WHO has initiated a formal process to revise the 2003 Guidelines for the Management of STIs. A STI Guideline Development Group (GDG), consisting of technical experts from a number of countries, was established in the latter part of 2013 and the STI GDG had its first meeting in Geneva in December. Several IUSTI members, including myself, are represented on the committee and we wish to thank Dr. Marleen Temmermann and her team at WHO for enabling IUSTI to contribute to this important piece of programmatic work. The goal of the first STI GDG meeting was to lay the initial groundwork for the well-established WHO

guideline development (GRADE) process. WHO staff proposed, and the STI GDG agreed, on a phased approach to STI guideline development.

- **Phase 1** (Nov 2013-Nov 2014): treatment for selected STIs, updates of selected syndromic management and syphilis screening algorithms, and clinical management, including counselling, condom promotion and partner services;
- **Phase 2** (June 2014-Feb 2015): prevention guidelines (e.g., health education, HPV vaccine, condoms);
- **Phase 3** (2015): treatment of STIs and conditions not addressed in phase 1;
- **Phase 4** (2015): the use of tests, including new rapid diagnostics, for screening and diagnosis.

A number of PICO (Populations, Interventions, Comparators, Outcomes) questions were identified and a number of systematic reviews will be conducted as part of the guideline process by a team from McMaster University, Canada. Initial efforts will address treatment recommendations for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Treponema pallidum*, *Trichomonas vaginalis* (use in pregnancy) and herpes simplex virus infections. The algorithms for STI syndromes will be addressed later this year. The importance of this work cannot be underestimated as many countries rely on WHO STI guidelines to inform their own national guidelines, which in turn form a critical component of countries' STI control programmes.

David Lewis
IUSTI President

News

2014 STI Prevention Conference



The 2014 STD Prevention Conference will be held in collaboration with the 15th IUSTI World Congress and 2nd Latin American IUSTI-ALACTIS Congress on June 9-12, 2014 in Atlanta, USA. More than 1,500 domestic and international STD and HIV prevention program managers, researchers, public health authorities, clinicians and advocates will come together to promote an interdisciplinary dialogue on best practices to enhance the quality of STD/HIV prevention and care during the

Conference. The theme for the upcoming conference is “More STD Prevention for the Money: Maximizing Impact, Efficiency and Return on Program Investments.”

For further information see www.cdc.gov/stdconference/.

Call for Applications for Editor-In-Chief: Sexually Transmitted Diseases

Sexually Transmitted Diseases, the journal of the American Sexually Transmitted Diseases Association, is now accepting applications for the position of Editor-in-Chief.

A worldwide forum for state-of-the-art research in the field of sexually transmitted diseases, Sexually Transmitted Diseases publishes high-quality original studies, reviews, case reports, notes, and editorials which address the broad impact of sexually transmitted diseases on the human condition. Included within this rubric are studies which emphasize basic science, epidemiology, behavioral science, clinical care, and programmatic activities. The journal is published monthly, with twelve numbers in one volume per year.

The Editor-in-Chief is responsible for soliciting manuscripts for publication; selecting associate editors and editorial board members; communicating with authors; making editorial decisions regarding acceptance, rejection, and the extent of revision of reviewed manuscripts; and securing copyright agreements from authors of accepted manuscripts. The Editor-in-Chief has final responsibility for the editorial content of Sexually Transmitted Diseases. We anticipate this position will require approximately 10-15 hours per week. The journal publisher (LWW) will provide all necessary technical and legal support, as well as appropriate training for the position. Annual financial support of up to US\$50,000 is provided.

Applicants for the position of Editor-in-Chief should have an accomplished career in the field of STD, a distinguished publication record, and appropriate editorial experience. International applicants are welcome to apply. We anticipate hiring a single Editor-in-Chief for this position; joint or combined applications are discouraged.

Applications for the position should include the following:

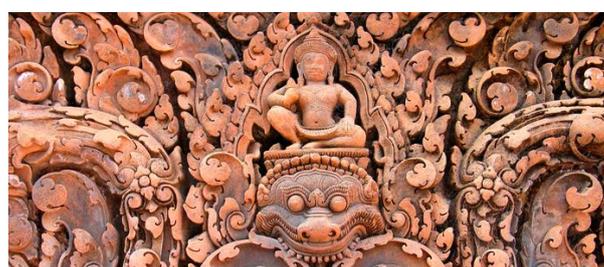
1. Letter of application outlining the candidate's editorial experience and vision
2. Current CV addressing publication, editorial, and administrative experience
3. The names of 3 references who can address the candidate's suitability for the position
4. Outline of possible institutional support

We anticipate that the new Editor-In-Chief will work closely with the current Editor for three months prior to assuming the position.

Initial review of applications will begin April 15. Inquiries, nominations, and applications are invited, and will be accepted until the position is filled. Please direct all queries and applications (electronic submission preferred) to Lynn Barclay, American Sexual Health Association (lynnbarclay@ashsexualhealth.org).

Regional Reports

Asia Pacific



The Branch is preparing for its annual meeting in the coming November (<http://iusti2014bangkok.com/cms/>). An elaborate Scientific Program is being prepared by Kit Fairley and Chavalit Mangkalaviraj. The theme of the conference is “**STI, HIV and Sexual Health: Global Collaboration for Effective Prevention**”. The congress is likely to be attended by over 500 delegates from different parts of the Asia-Pacific and other regions as well.

Dr. Sunil Sethi, Hon. Secretary of IUSTI-AP is organizing this year's 38th National Conference of IASSTD & AIDS - ASTICON 2014 which is being held at Chandigarh, India from October 31st to November 2nd 2014. The theme of the conference is “**Recent advances in the diagnostics and therapeutics in STI and HIV/AIDS**”. This will be attended by a large number of colleagues from IUSTI-World and WHO, including IUSTI-World President David Lewis, Angelika Sary, Verapol Chandeying, Magnus Unemo, Kaushal Verma (IUSTI-AP President Elect) and Manju Bala. We hope that this will further strengthen IUSTI's base in India.

The Urological Association of Asia is in the process of framing the “Asian guidelines for UTIs and STIs” and have invited the IUSTI-AP Regional Director to cover the STI components. We hope that these guidelines will be of significant help to physicians and health workers in deciding the therapeutic approach to STI in the region. This is important in view of rapidly developing antimicrobial resistance to some bacterial STI in the region. Anne Robertson from New Zealand has reported that in view of antimicrobial resistance, their National

guidelines are being revised; this is being sponsored by the New Zealand Sexual Health Society with support from the Ministry of Health.

Somesh Gupta

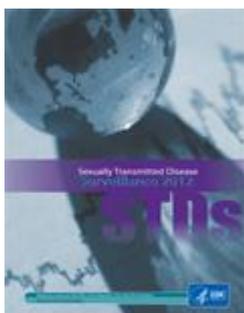
North America



Early Bird Registration Open for the 2014 CDC/Global IUSTI STD Prevention Conference

Early bird [registration](#) for the 2014 STD Prevention Conference is open until April 15th. The theme for the upcoming conference is "More STD Prevention for the Money: Maximizing Impact, Efficiency and Return on Program Investments," and will attract a diverse array of STD and HIV prevention professionals. Conference attendees may attend all plenary, mini-plenary, and concurrent sessions, along with the Welcome Reception, Exhibition Grand Opening, and Networking Event on the final evening of the conference. Also included is admission to the exhibition hall and poster presentations.

News from the CDC



New surveillance data for STIs 2012 were published Jan 2014

<http://www.cdc.gov/std/stats12/toc.htm>

The report finds that STDs continue to threaten the health and well-being of millions of Americans, particularly young people, as well as gay, bisexual, and other men who have sex with men (MSM). Data from the report show that cases and rates of chlamydia and gonorrhea infection are highest in Americans between the ages of 15 and 24. The rate of chlamydia per 100,000 people is 456.7, an increase of 0.7% since 2011. Both young men and young women are heavily affected by STDs, but young women face some of the most serious long-

term health consequences. It is estimated that undiagnosed STDs cause infertility in 24,000 women each year.

Gonorrhea GISP News

The Gonococcal Isolate Surveillance Project (GISP) is a national sentinel surveillance system established in 1986 to monitor trends in antimicrobial susceptibilities of *Neisseria gonorrhoeae* in the United States. The 2012 GISP Profiles include results from 29 sentinel sites.

The site-specific profiles depict the demographic and clinical data of the men with gonorrhea enrolled in GISP, and the antimicrobial susceptibility results of the *Neisseria gonorrhoeae* isolates submitted. Annual reports were published for the years 1998–2007. Starting in 2008, site-specific GISP profiles have been published online each year.

The link for the newest data is http://www.cdc.gov/std/gisp2012/default.htm?s_CD=govd-std-031

Susceptibility to Antimicrobial Agents

Susceptibility to cefixime

Susceptibility testing for cefixime began in 1992, was discontinued in GISP in 2007, and was restarted in 2009. The distribution of cefixime MICs each year from 2009-2012 is displayed in Figure 1 and Table 1 on the website. Each year, over 70% of isolates exhibited cefixime MICs ≤ 0.015 $\mu\text{g/ml}$. The percentage of isolates with elevated cefixime MICs (≥ 0.25 $\mu\text{g/ml}$) increased from 0.1% in 2006 to 1.4% in 2010 and 2011, and declined to 1.0% in 2012. Additional data on susceptibility to cefixime can be found in Sexually Transmitted Disease Surveillance 2012.

Susceptibility to ceftriaxone

Susceptibility testing for ceftriaxone began in 1987. The distribution of ceftriaxone MICs each year from 2008-2012 is displayed in Figure 2 and Table 2 on the website. Each year, over 76% of isolates exhibited ceftriaxone MICs ≤ 0.008 $\mu\text{g/ml}$. The percentage of GISP isolates that exhibited elevated ceftriaxone minimum inhibitory concentrations (MICs), defined as ≥ 0.125 $\mu\text{g/ml}$, increased from 0.1% in 2008 to 0.4% in 2011, and decreased to 0.3% in 2012. Additional data on susceptibility to ceftriaxone can be found in Sexually Transmitted Disease Surveillance 2012.

Susceptibility to azithromycin

Susceptibility testing for azithromycin began in 1992. The distribution of azithromycin MICs each year from 2008-2012 is displayed in Table 3 and Figure 3 of the website. The median azithromycin MIC (MIC₅₀) was 0.25 $\mu\text{g/ml}$ each year. The proportion of GISP isolates with azithromycin MICs of ≥ 2.0 $\mu\text{g/ml}$ increased from 0.2% in 2008 to 0.5% in 2010, and then decreased to 0.3% in 2012.

Susceptibility to ciprofloxacin

Susceptibility testing for ciprofloxacin began in 1990. The proportion of GISP isolates with ciprofloxacin resistance (MIC ≥ 1 $\mu\text{g/ml}$) peaked in 2007 at 14.8%. Following a decline in 2008 and 2009, the proportion increased from 9.6% in 2009 to 14.7% in 2012. The prevalence of resistance increased sharply among isolates from men who have sex with men (MSM) during the 2000s, and peaked at 38.9% in 2006. In 2012, 27.1% of isolates from MSM exhibited ciprofloxacin resistance. The prevalence of ciprofloxacin resistance increased during 2000–2007 among isolates from men who report sex exclusively with women (MSW), decreased during 2008 and 2009, and increased during 2010–2012. In 2012, 8.7% of isolates from MSW exhibited ciprofloxacin resistance.

News from the American Sexual Health Association (ASHA)



2014 marks the American Sexual Health Association's 100th birthday. While our centennial celebration will span the year, our big birthday bash will take place this spring during the STD Prevention Conference in Atlanta, GA (ASHA is a conference co-sponsor along with IUSTI, CDC, and other organizations), beginning with a party during the Welcome Reception the evening of June 9. Activities to highlight milestones from our history will continue throughout the conference, including displays in the exhibit hall and a showing of our documentary *What Does a Sexually Healthy Nation Look Like?*

As our centennial year began in January 2014, we changed our name from the American Social Health Association to the American Sexual Health Association, a single-word alteration that established (and announced to the world) ASHA's focus on a broader sexual health agenda. Broader in the sense of expanding our work to focus on a more comprehensive sexual health and wellness model beyond the realm of sexually transmitted infections (STIs), ASHA's primary (but certainly not exclusive) focus for much of our first century ago.

A key part of our work – then and now- is to normalize discussions around sexual health matters. Today that involves videos, websites, and discussion guides to serve a diverse constituency: our microsite for parents offers tips on talking with reluctant teens about sex; our health care provider resources include patient counseling toolkits to efficiently cover common questions following STI diagnosis; and ASHA's STI Resource Center has

webpages dedicated solely to psychosocial support.

What about in the early days? How did we work to make taboo, uncomfortable sexual health subjects more accessible? It was often a matter of simply starting the conversation and driving home the message "This is normal. You are normal. It's ok, really!" For example, in 1952 ASHA published *You're a Big Girl Now*, a guide for girls entering puberty that covered what to expect with the onset of menstruation. The book offered tips on things such as hygiene and choosing the correct sanitary napkin, and did so in a way that made it clear that having one's period should not cause fear, shame, or embarrassment. From the book: "After all, menstruation is so right and so normal....[being fearful and fretting about it] makes about as much sense as brooding about your breathing."

This honest, direct approach was also evident a couple of years earlier when ASHA held a panel discussion in 1950 on *Sexual Behavior - How Shall We Define and Motivate What Is Acceptable?* A roundtable of experts and an audience of over 100 delved into numerous aspects of sexual development including the role of the family. In the document that ASHA published to chronicle the discussion, Dr. Luther Woodward has this to say about the necessity of parents putting sexuality in a positive light: "Only so can the child accept sexual interest and activity as he does sight, hearing or speech – as normal, wholesome, God-given and to be used for the enrichment of life."

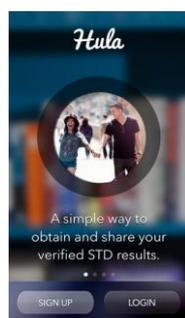
That sex and reproduction is a natural, healthy, desirable part of life was an ASHA theme even before the 1950's. A series of ASHA's educational materials dating back to the 20s and 30s, including our public health posters, offered forward-looking messages to encourage young men to treat their girlfriends well ("like you'd want someone to treat your sister or mother"), tout the value of prenatal exams to expectant mothers, and to encourage the embrace of the "sex instinct for a richer, fuller life." Honestly, not all the posters were great: many of the World War II-era posters depicted women as STD-carrying hussies to be approached with caution by any amorous soldiers and sailors. And the sex instinct poster mentioned above had an odd "sex is like riding a wild horse" analogy. Well, over a century you'll get some clunkers...

In reviewing 100 years of ASHA history, it seems we're coming full circle with our positive sexual health message. During our second century we'll reconnect with our roots, learn from our shortcomings, and build on what we've done right. If you're attending the STD Prevention Conference we hope you'll join our celebration during the Welcome Reception. Stop by and we'll even save you a slice of birthday cake.

News from the National Chlamydia Coalition (NCC)



→ STD Tests: There's an App for That



Hula, a new [iPhone app](#), points users to the best STD testing centers, can receive test results, and can even privately share said results with partners through the app (a process with the kitschy title: "unzipping"). Once a lab uploads a user's test results to Hula (with the user's permission), a trained Hula employee translates the lab report into an understandable diagnosis. For example, a "nonreactive" result for a syphilis test shows up as simply "negative" on the user's app. These results can be messaged to a partner, urging them to get tested or sending them the "all-clear."

News from the American Sexually Transmitted Diseases Association (ASTDA)



The American STD Association (ASTDA) Developmental Awards program is in full force, and the fruits of the program are beginning to show. Now in its seventh year, the program provides financial support to promising young investigators focusing on laboratory, clinical, and epidemiological aspects STD research. Past winners conducted investigations on such disparate areas as HPV acquisition and vaccination, genomic epidemiology of gonococcal

infections, and trichomonal infections among incarcerated women. Preliminary research findings of several Developmental Award winners were presented at a preconference symposium at the STI & AIDS World Congress 2013 in Vienna. The 2014 Developmental Awards program is now soliciting applications. Applicants should be PhD or MD investigators at U.S. institutions who have recently achieved faculty rank, but who have not yet served as a principal investigator on an STD-related NIH or other grant or contract. Applicants must be U.S. citizens or permanent residents. Applications will be accepted until April 25 – see the ASTDA website for more information, as well as details about past winners of this prestigious award. (www.astda.org).

Charlotte Gaydos

Europe

IUSTI Europe Council

Starting right after meeting in Vienna, IUSTI Europe have carried out a review in order to make the organization stronger and to improve the work of its management.

We all know that IUSTI-Europe in 2013 is not the same as it was ten years ago and definitely not the same as it was at the very beginning in 1995 (remember Paris!)

During all these years IUSTI-Europe has undergone an impressive development and now requires far more day-to-day work to keep going ahead successfully. To arrange this work in an optimal way, we understood that there is an urgent need for looking for new approaches to the management of the organization.

Having pondered thoroughly on the question of how to enhance the efficacy of the management of IUSTI-Europe, we came to the idea that the best we could do now is to involve more people into the active sharing of the responsibility for the smooth functioning of our organization.

To achieve this aim IUSTI Europe have decided to change the Rules and Regulations of IUSTI Europe and to extend the number of IUSTI-Europe officers. In the new version of the Rules and Regulations of IUSTI Europe there are four new positions:

1. The Editor-in-Chief of the European STI Guidelines
2. The Secretary General
3. A Vice-Chair of International Development
4. A Vice-Chair of Scientific Policy

In case of the first two positions we essentially just formalised the status quo. Keith Radcliffe has been an excellent Editor-in-Chief of the European STI Guidelines and we are delighted that the national representatives understood the importance of this work and agreed that the Editor of European STI

Guidelines should be a full member of the group of IUSTI officers. The post of Secretary General combines two posts: that of the present Secretary and the recently added post of Membership Secretary. With her efficiency and dedication, Jackie Sherrard has proved that she will be perfectly capable of handling the additional tasks involved in the new, combined, post. Vice-Chair of International Development and Vice-Chair of Scientific Policy are new posts which we have opened for nomination:

Vice-Chair of International Development

It is very important for IUSTI that this officer represents the interests of IUSTI-Europe in European scientific organisations related to our specialty, such as EADV and EAAD. The officer should be member of these organisations, preferably a member of their boards, and should have participated and would continue to participate actively in EAAD and all EADV conferences (EADV, EADV-Spring, EADV-Winter). The post also presupposes keeping close ties with the branches of IUSTI-Europe and providing advice and assistance to new countries that wish to establish their own IUSTI-Europe branches. The national representatives have nominated Mikhail Skerlev for this position.

Vice-Chair of Scientific Policy

The primary duty of this officer is to participate consistently in the work of the Scientific Committees of the Conferences of IUSTI-Europe – i.e., to serve as a link and a bearer of continuity between the Scientific Committees of different IUST-Europe conferences. Also, this officer should create a database of the presenters and presentations of our conferences. The aim is to ensure an innovative approach in our organisation as regards the choice and treatment of topics, particularly with a view to preventing repetitiveness in the topics and presentations at consecutive conferences.

All the changes in Rules and Regulations will be discussed and voted on at our next Council meeting and confirmed at the General Assembly during our next IUSTI Europe Conference in Malta.

European STI Guidelines Project

The work of the European STI Guidelines Project continues. The following guidelines are currently being updated: balanoposthitis; sexually acquired reactive arthritis; syphilis; HIV testing; non-gonococcal urethritis; genital herpes; chlamydia. In addition, two new guidelines are in the process of development: a guideline on partner management is nearing completion and work has commenced on producing a new guideline on the management of genital mycoplasmas. As each guideline is updated or developed patient information is being produced about that condition. The guideline on lymphogranuloma venereum has been updated

and posted on the website; it has also been accepted for publication by the *Journal of the European Academy of Dermatology and Venereology*.

The guidelines can be accessed at www.iusti.org/regions/Europe/euroguidelines.htm and the patient information at www.iusti.org/regions/Europe/PatientInformation.htm. Any comments or suggestions on the work of the European STI Guidelines Project would be gladly received by the Editor-in-Chief, Dr Keith Radcliffe (email: k.radcliffe@virgin.net).

Eastern European Network for Sexual and Reproductive Health

During the last few decades, the Eastern European countries have undergone substantial changes, which have had a large impact on the development of health care as well. In response to the needs of the Eastern European countries the multinational Eastern European Network for Sexual and Reproductive Health (EE SRH Network) has been developed which includes representatives from 15 participating countries. The main objective of this network is to facilitate improvements in reproductive health care in Eastern Europe, firstly via the improvement, harmonisation, and the quality assurance of diagnostic testing and the management of sexually transmitted and other reproductive tract infections (STIs/RTIs). This is initially being achieved by: (i) the development of evidence-based protocols for the diagnosis of STIs/RTIs and (ii) subsequent formal recognition of these protocols by individual countries; (iii) evaluation of performance characteristics of diagnostic test systems used in these countries; (iv) introduction and formal legal adoption of quality control, e.g. ISO standards in the practice of clinical microbiology; and (iv) introduction of computer based systems for surveillance of communicable diseases.

Countries represented in the EE SRH Network have completed a comprehensive inventory regarding national management principles and surveillance of STIs/RTIs. In collaboration with international experts, efforts have been made to harmonise methods used for the laboratory diagnosis of STIs/RTIs with those of international organisations such as IUSTI, World Health Organization (WHO), and the United States Centers for Disease Control and Prevention (CDC). A number of participating countries have adopted consensus EE SRH guidelines on the laboratory diagnosis of the main STI (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Treponema pallidum*, *Trichomonas vaginalis*, *Mycoplasma genitalium*, and genital herpes) and published nationally-adapted versions.

Many countries represented in the network depend upon commercial test systems for the laboratory diagnosis of STIs produced by local or Russian manufacturers. Appropriate evaluations of these

reagents and tests are crucial for further developments of STI diagnostics for these countries, which commonly cannot afford the majority of tests approved by Federal Drug Administration (FDA). Demonstration of the performance characteristics of regionally-produced tests for the diagnosis of *C trachomatis* and *N gonorrhoeae*, *T vaginalis* and *M genitalium* infections have already been conducted with encouraging results.

In addition to laboratory guidelines, guidelines for STI patient management have been developed within the framework of the EE SRH network, namely in Lithuania, Bulgaria, Russia and Belarus, respectively. Novel approaches to facilitate screening for STIs in EE countries have also been investigated, e.g. the possibility of using vaginal samples for detection of *C. trachomatis*, advertising services in local newspapers to publicise screening for these infections and improving screening coverage among military recruits and university students. Significant cost savings were demonstrated when sample pooling approaches were introduced for screening of *C. trachomatis* infections.

Only a minority of the EE SRH Network countries have previously adopted the international standards for laboratory quality management systems, e.g. ISO 15189. The network is encouraging these standards to be adopted in all network countries. A standard protocol for accreditation of laboratories has been developed, adopted and published in both Russia and Belarus. In order to standardize and integrate data collection and analysis, an electronic system for communicable disease surveillance has been devised and implemented in Lithuania and Belarus. Current priorities for the EE SRH Network include implementation of guidelines for the laboratory diagnosis and treatment of STIs as well as the optimisation and standardisation of the existing surveillance systems. For the first time in many countries, the monitoring of the antimicrobial resistance of gonococci has been established. The implementation of the treatment guidelines (produced by IUSTI) is conducted in tight collaboration with the leading experts of IUSTI.

In conclusion, Eastern Europe and its health care systems are experiencing significant change. Modern technologies, sophisticated assays, and diagnostic strategies are being introduced. Therefore collaboration with countries with well functioning health care structures are crucial. Adoption of internationally acknowledged, evidence-based standards and technologies will develop and improve local standards of medical care. Since its formation, the Eastern European Sexual and Reproductive Health (EE SRH) Network has been effective in facilitating this process.

Acknowledgements

This project is supported by grants from the SIDA, and Swedish

institute, Stockholm, Sweden. EE SRH Study Group have had meetings in Uppsala in January and March to improve the quality assurance of laboratories detecting STIs. Marius Domeika has done marvelous work to establish the EE SRH Network and coordinating its work.

11th Congress of the Baltic Association of Dermatovenereology

The 11th Congress of BADV (yearly organized meetings taking place in one of the Baltic Republics) was hosted by Kaunas University Department of Dermatovenereology (Chair, Prof Skaidra Valiukeviciene), in Lithuania in October 17-19, 2013.

On the agenda of the 11th BADV one could see such topics as cryosurgery, dermatitis and skin allergy, autoimmune and inflammatory skin diseases, psoriasis, mycotic infections of the skin, acne, skin oncology, aesthetic and cosmetic dermatology.

The present meeting, in contrast from the number of the previous meetings, had devoted many hours for the management of sexually transmitted infections. This became possible due to the tight collaboration between the organizers of the BADV Congress and the Eastern European Network for Sexual and Reproductive Health. During the first day of the meeting, two workshops were conducted, devoted IUSTI STI treatment guidelines and their implementation by the countries of the Eastern Europe (EE). This is a part of the ongoing EE SRH project, to be implemented in 15 EE countries. During the first workshop, the management of syphilis, *T vaginalis* and BV and genital herpes were discussed by M Janier (France), G Donders (Belgium), R Patel (UK). The second workshop was devoted management of *C trachomatis* and *N gonorrhoeae* and *M genitalium*, discussed by M Unemo and C Bjartling (Sweden). The workshop was provided with the parallel translation into the Russian language, kindly provided by Dr S Glazkova (Belarus). The short presentations were followed by two hours of discussions, when about sixty participants could directly talk to the experts, contributing to the preparation of the international guidelines.

During the following day, the three hour long plenary session was devoted STI management, namely: epidemiological management of STIs: Swedish example (S Sylvan, Stockholm, Sweden), importance for using the evidence based guidelines for the diagnosis of STIs (M Domeika, Uppsala, Sweden), news in management of syphilis and chlamydial infections (A Rubins, Riga, Latvia and V Kucinskiene, Kaunas, Lithuania), importance of the AMR surveillance of gonococci (M Unemo, Örebro, Sweden), Clinical manifestations of STIs in oral cavity (A Pöder, Tartu, Estonia) and European guidelines for the management of STIs (K Radcliffe, Birmingham, UK).

The conference served as a good example of how a meeting of the international experts can facilitate

great discussion with practitioners working in the field and boost the implementation of international standards into different European regions.

Airi Pöder

Latin America

Translation to Spanish of Editor's choice articles from STI journal available for Latin American members

IUSTI-LA/ALACITS in agreement with the editors of the STI Journal has been translating since August 2012 the Editor's choice articles from the journal and making it available to the members through the web (www.alacits.org). Members receive reminders through email about new translated articles when available.



Activities in Argentina lead by ASAIGO – ITS

Dr. Miguel Tili is the actual president of the Latin American Association against STIs in Argentina (ASAIGO-ITS). They have been very active in training activities and advocacy for STI Control. An online course on Infections in Ob-Gyn and STIs is now available in Spanish at www.asaigo.org.ar.

In addition to their advocacy activities, ASAIGO-ITS has (1) developed and promoted a theater presentation promoting STI and HIV prevention "El bicho en la pensión"; (2) has launched a website for information on STIs for community members and health providers; and (3) has been working with the Ministry of health promoting the use of rapid syphilis tests.



Activities reported by the Uruguayan Society against STIs (SUCITS)

Raquel Ballestes member of ALACITS and SUCITS reported several activities occurring in Uruguay. The VII Journey of the Uruguayan Society against STIs brought professionals from different areas of Uruguay to Montevideo to discuss issues related to Herpes infections. The Clinical Guideline for the Diagnosis, Monitoring and treatment of Syphilis in Pregnant women and Congenital Syphilis was released by the Ministry of Health. Also the National Plan for Elimination of Congenital Syphilis was launched with the support of the National Government and International Cooperation Agencies.

Through a National Supreme N° 316/012, Congenital Syphilis has been declared a risk for Public Health and a priority for the Ministry of Health.



The Bolivian Association for the Control of STIs (ABITS) reports

The National STI/HIV Program and ABITS have been working on prevention campaigns on STIs and HIV, starting from primary care centers but moving into communities e.g. regional festivities. Condoms have been promoted and distributed not only for general population but for vulnerable groups. Hepatitis B vaccination is now offered through the Ministry of Health.

Just recently, Bolivia launched the new Guideline for the Prevention of the Mother to child prevention transmission of HIV and syphilis.

Panama, working with high risk populations (PEMAR)

Dr. Aurelio Nuñez, responsible of the Panama STI Program and member of ALACITS, has been working actively creating the Friendly Clinics for high risk populations (PEMAR) (FSW, MSM and Trans populations) in the provinces of Panamá, Colón y Chiriquí. They offer HIV, syphilis, GC and BV testing with results on the same day and stigma free care. Panama is also working in a revision of the HIV law; a new diagnostic algorithm for HIV; revision of the national guidelines for STIs; studies directed to understand better high risk populations: e.g. KAPs and estimations of the size of the population. Cost estimations of treatment as prevention are also being performed.

Chile: Working towards the elimination of Congenital Syphilis and more ...

The country has signed a proposal for the elimination of Congenital Syphilis and the reduction of the vertical transmission of HIV. Regional committees are working in guidelines, clinical services, monitoring etc.

The government also announced the commitment to start HPV vaccination in 2014 for girls 9 years old through schools. The goal is to reach 125,000 girls with a schedule of 2 doses in a period of 12 months during the school year.



Honduras: Studies on STIs and HIV in indigenous populations: Garifuna Indians

In 2012 Honduras started a Prevalence study on STIs and HIV and sexual behavior in the Garifuna populations, an afrodescendant group in Honduras. The results were presented in November 2013. The study included rural and urban populations. Reports of condom use at last sexual intercourse with casual partners was over 70% in all participants. Condom use with stable partners was 40% in urban areas and 15% in rural zones. Only one in three women has had an HIV test during pregnancy. Reports of STIs symptoms were very high, 39% and 31% rural and urban women and 17% and 11% in rural and urban men respectively.

STI	Urban	Rural
HIV		
Men	4.5%	1.7%
Women	4.3%	4.9%
Syphilis		
Men	3.5%	2.2%
Women	5.2%	6.0%
HSV-2		
Men	34.9%	48.7%
Women	53.9%	62.1%

HIV prevalence in urban men was 4.5% (IC95: 0.6-26.6) and 4.3% (IC95%: 2.1-8.7) in women. In rural areas HIV prevalence was 1.7% (IC95%: 0.3-10.6)

and 4.9% (IC95%: 0.8-24.2) in men and women respectively. Syphilis prevalences were very high in women.

Other analysis of the data are ongoing, as well as the discussion of the possible interventions to be implemented with these populations.

Peru: Surveillance on GC resistance

Gonorrhea (GC) is a common sexually transmitted infection (STI) and a challenge due to emergence of resistant strains. Peru started a GC antibiotic surveillance system in the 1990s with technical support of the Gonococcal Antimicrobial Surveillance Program from WHO. However data collection has been limited. Through the PREVEN Study data GC strains collected have shown very high levels of resistance to ciprofloxacin, which is still the recommended treatment of GC infections in Peru. Lead by the Universidad Peruana Cayetano Heredia (UPCH) in coordination with the National STI/ HIV Program, and regional governments in Peru, with the presence of Dr. Joanne Dillon, we had a workshop to discuss the issues on GC resistance, review the available data, review national STI guidelines and plan how to create a functional surveillance system for GC in the country.

Sixteen Countries from Latin America met in Lima at a Workshop entitled “SHARING EXPERIENCES IN THE USE OF RAPID TESTS IN LATIN AMERICA FOR THE PREVENTION OF CONGENITAL SYPHILIS AND THE VERTICAL TRANSMISSION OF HIV”

In February 20 and 21, 2014, representatives from ministries of health, academia and members of ALACITS from 16 Latin American Countries met in Lima, Peru to review the technical aspects of the Dual rapid syphilis and HIV tests, share the experiences in the implementation of rapid syphilis tests, including dual tests, in several countries in Latin America and discuss challenges and opportunities and how as a region we could work together. We reviewed other aspects referred to the strategy for the elimination of congenital syphilis: e.g. treatment of maternal syphilis and myths regarding penicillin use, review the concepts of desensitization in cases of penicillin allergy, discuss algorithms for the introduction of the rapid tests, economic analysis, quality control issues etc. The meeting also included representatives from International Cooperation Agencies and the London School of Hygiene and Tropical Medicine. Important conclusions have been drawn from the meeting and a plan for working together as a region.

Patty Garcia

Africa

At the last World IUSTI Congress in Vienna, the leadership of IUSTI-Africa changed with the election of Yaw Adu-Sarkodie (Sax from Ghana) as Director of IUSTI- Africa to replace David Lewis who has assumed Presidency of World IUSTI. Amina Hansali from Morocco replaces Ayishetu Gaye (Senegal) as Regional Chairman. On the World Executive Committee (EXCO) are Sam Phiri (Malawi) and Francis Ndowa (Zimbabwe). IUSTI-Africa is grateful to the IUSTI-EXCO for the selection of Morocco to host the 2016 International Congress. With its support, IUSTI-Africa will work hard to put on a good conference in Marrakech. Marrakech never disappoints and we believe we will all have a worthwhile experience.

HIV key populations including men who have sex with men, female and male sex workers, intravenous drug use populations etc. continue to be marginalized on the continent with respect to interventions to reduce HIV incidence in those populations. Many countries on the continent criminalise same sex relationships making it difficult for such interventions to be mounted. Recently the parliament of Uganda passed a law criminalizing such relationships with very stiff penalties. In a statement to mark last years' world AIDS day, GALZ, an NGO in Zimbabwe with a focus on HIV programming to improving access to prevention, treatment and care services for the Lesbian, Gay, Bisexual, Transgender and Intersex Community in Zimbabwe, whilst congratulating the Zimbabwean Government for its great work in HIV prevention, treatment and care in the general population and also especially activities of the Government towards Prevention of HIV Mother to Child Transmission (PMTCT), expressed concerns that key populations such as listed above continue to be marginalized. GALZ implored the health service of Zimbabwe to address negative structural factors that prevent the disclosure of sexual orientation as well as maintaining confidentiality that will encourage these populations to seek health services. In order to attain the three zeros target – zero new infections, zero discrimination and zero AIDS related deaths- GALZ urged that HIV surveillance systems in Zimbabwe should not ignore these key populations and that the use of evidence specific to the key populations was important in designing appropriate prevention programs and services.

Ghana keenly awaits the dissemination of research reports on HIV key populations including MSM, female sex workers, females in tertiary institutions, bar girls, prison populations, people who inject drugs and intimate partners of sex workers. The National Strategic Framework of the Ghana AIDS Commission prioritises research on these populations to better inform any interventions in the populations. With funding from

PEPFAR and other partners, researchers from Boston University and the Kwame Nkrumah University of Science and Technology in Ghana have been looking at the vulnerability of these populations to HIV/AIDS over the past 3 years.

Like many African countries, sexual transmission is the main mode of HIV transmission in Ghana. STIs are important co-factors for the transmission of HIV. The National Guidelines for STI Diagnosis and Management, which have been in use for a number of years was reviewed this year and health workers have been educated on its use. The National Strategic Plan requires that 50% of cases of STIs should be managed according to the national guidelines by 2015, up from 7% in 2010. The targets for STI management have not been met for 2011 (31% actual vs. 43% target) and 2012 (35% vs. 44% target). However, the performance for 2013 improved greatly and met the target of 46% . Many stakeholders believe the reported data on STI is grossly inaccurate and request careful evaluation of the program to identify bottlenecks and provide remedies.

Yaw Adu-Sarkodie

Conference Update

IUSTI Events:

2014 STD Prevention Conference in collaboration with the 15th IUSTI World Congress and the 2nd Latin American IUSTI-ALACITS Congress

Dates: June 9 – 13, 2014

Location: Atlanta, Georgia

Website: <http://www.cdc.gov/stdconference/>

XXVIII IUSTI Europe Congress

Dates: September 18-20, 2014

Location: Malta

Website: <http://www.iustimalta2014.org/>

38th national Conference of Indian Association for the Study of STD & AIDS

Dates: October 31-November 2, 2014

Location: Chandigarh, India

Website: <http://asticon2014.com/>

IUSTI-AP congress 2014

Dates: November 11-14, 2014.

Location: Bangkok, Thailand

Website: <http://iusti2014bangkok.com/cms/>

World STI & HIV Congress 2015

Dates: September 13-16, 2015

Location: Brisbane, Australia

Website: <http://www.isstdr.org/future-meetings.php>

IUSTI Europe 2015

Dates: September 22-24, 2015

Location: Barcelona
 Website: <http://www.iusti.org/events/default.htm>

2016 World IUSTI Congress

Dates: To be announced
 Location: Morocco
 Website: <http://www.iusti.org/events/default.htm>

IUSTI Europe 2016

Dates: September 15-17, 2016
 Location: Budapest, Hungary
 Website: <http://www.iusti.org/events/default.htm>

Other STI or Related Meetings:

2014 HIV in the Americas

Dates: May 7-10, 2014
 Location: Rio de Janeiro, Brazil
 Website: <http://www.hivamericas.org/>

2014 American Conference for the Treatment of HIV (ACTHIV)

Dates: May 8-10, 2014
 Location: Denver, USA
 Website: <http://www.acthiv.org/>

Joint West Midlands & Trent BASHH HIV Interest Group

Dates: May 16, 2014
 Location: Derby, UK
 Website:
[:http://www.bashh.org/BASHH/Education/BASHH_Training_Courses_and_Meetings/BASHH/Education/BASHH_Training_Courses_and_Meetings/Joint_West_Midlands_Trent_BASHH_HIV_Interest_Group.aspx#sthash.4c4KM1w6.dpuf](http://www.bashh.org/BASHH/Education/BASHH_Training_Courses_and_Meetings/BASHH/Education/BASHH_Training_Courses_and_Meetings/Joint_West_Midlands_Trent_BASHH_HIV_Interest_Group.aspx#sthash.4c4KM1w6.dpuf)

15th International Workshop on Clinical Pharmacology of HIV & Hepatitis Therapy

Dates: May 19-21, 2014
 Location: Washington DC, USA
 Website: <http://www.virology-education.com/event/upcoming/15th-international-workshop-on-clinical-pharmacology-of-hiv-hepatitis-therapy/>

11th EADV Spring Symposium

Dates: May 22-25, 2014
 Location: Belgrade, Serbia
 Website: <http://eadvbelgrade2014.org/>

15th World Congress for Cervical Pathology and Colposcopy (IFCPC 2014)

Dates: May 26-30, 2014
 Location: London, United Kingdom
 Website: <http://ifcpc2014.com/>

15th World Congress for Cervical Pathology and Colposcopy (IFCPC 2014)

Dates: May 26-30, 2014
 Location: London, United Kingdom
 Website: <http://ifcpc2014.com/>

7th Regional HIV and AIDS conference

Dates: June 5-6, 2014
 Location: Sarajevo, Bosnia and Herzegovina
 Website: <http://www.balkanshivconference.com/>

Women's Sexual Health Course for NPs,

Dates: June 27-29, 2014
 Location: Dallas, Texas,
 Website:
<http://www.isswsh.org/pdf/NPWH%20ISSWSH%20Course2.pdf>

Title: 6th International workshop on HIV Pediatrics

Dates: July 18-19, 2014
 Location: Melbourne, Australia
 Website: <http://www.virology-education.com/event/upcoming/6th-hiv-pediatrics-workshop-2014/>

20th International AIDS Conference

Dates: July 20-25, 2014
 Location: Melbourne, Australia
 Website: <http://www.aids2014.org/>

22nd Annual Principles of STD/HIV Research Course

Dates: July 21-31, 2014
 Location: Seattle, Washington, USA
 Website: <http://pshrcourse.org>

The 29th International Papillomavirus Conference

Dates: August 20-25, 2014.
 Location: Seattle, Washington
 Website: <http://www.hpv2014.org/>

21st World Congress of World Association of Sexual Health

Dates: September 21-24, 2014
 Location: Porto Alegre, Brazil
 Website:
<http://www.2013was.com/ingles/index.php>

2nd Southern African HIV Clinicians Society Biennial Conference (SAHIVSOC)

Dates: September 24-27, 2014
 Location: Cape Town, South Africa
 Website: <http://sahivsoc2014.co.za/>

3rd Eastern Asia Dermatology Congress

Dates: September 24-26, 2014
 Location: Jeju, Korea
 Website: www.eadc2014.org/

23rd EADV Congress

Dates: October 8-12, 2014
 Location: Amsterdam, The Netherlands
 Website: <http://www.eadv.org/nc/news/article/23rd-eadv-congress/6/bf6f4b66d75f39375ffaa2e9e4d6384d/>

2014 Australasian Sexual Health Conference

Dates: October 9-11, 2014

Location: Sydney, Australia

Website:

<http://www.sexualhealthconference.com.au/>

International Pathogenic Neisseria Conferences

Dates: October 12 - 17, 2014

Location: Asheville, North Carolina, USA

Website: <http://neisseria.org/ipnc/>

4th BASHH Genital Dermatology Course

Date: October 24, 2014

Location: London, UK

Website:

http://www.bashh.org/BASHH/Education/BASHH_Training_Courses_and_Meetings/BASHH/Education/BASHH_Training_Courses_and_Meetings/Meetings/4th_BASHH_Genital_Dermatology_Course.aspx

9th International Workshop on HIV Transmission – Principles of Intervention

Dates: October 25 – 26, 2014

Location: Cape Town, South Africa

Website: <http://www.virology-education.com/event/upcoming/9th-hiv-transmission-workshop-2014/>

HIV R4P

Dates: October 28- 31, 2014

Location: Cape Town, South Africa

Website: <http://hivr4p.org/>

HIV Glasgow Drug Therapy

Dates: November 2-6, 2014

Location: Glasgow, United Kingdom

Website: <http://hivglasgow.com/>

International Society for the Study of Women's Sexual Health 2015 annual Meeting

Dates: February 19-22, 2015

Location: Austin, TX - USA

Website:

<http://www.isswsh.org/pdf/2014Meeting.pdf>

23rd World Congress of Dermatology

Dates: June 8-13, 2015

Location: Vancouver, Canada

Website: <http://derm2015.org/>

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), European Centre for Disease Prevention and Control, and the World Health Organisation.

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