

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column



IUSTI medal - The back of the medal is engraved 'Promoting International co-operation in the fight against STI'

The international Union's medals of achievement extol the Union's guiding mantra 'Promoting International co-operation in the fight against STI' and as President one gets a unique insight into our work to achieve this end. There are I think 4 major stands by which we deliver this hope.

Over the last few months 3 of our national IUSTI societies (Russia, Estonia and soon to formalise Ukraine) have held national and joint international meetings. These events have been supported by a large number of IUSTI's international members providing a wide range of expertise to the scientific committees for these conferences. The result has been extensive knowledge sharing and the harmonisation of practice. Our regional guidelines have found new readers and there continues to be considerable interest in translating our work into local languages.

Secondly as co-president of the world STI Conference 2013 in Vienna I have seen the efforts the organisation goes to so as to ensure truly global participation in our meetings. Considerable energy is expended by executive committee members to generate the scholarship fund which has been used to support the attendance of delegates from low and middle income countries as well as young researchers. Our major donor

has again been the National Institutes of Health, North America whose generous support has allowed over 70 international delegates to attend.

Thirdly, the last eight years has seen a radical review of the Union's structure and executive committee. We have truly global representation with five engaged and active Regional Directors, Regional Chairs and elected regional members. Equal weight has been given to the regions so that no one group dominates.

Finally the Union has been working on developing an international training scholarship fund for young members in the developing world to attend centres of research and clinical excellence. These Fellowships will be unveiled at the Vienna meeting and details will shortly be released on our website – again funding for these has only been possible through the efforts of our Executive Committee members especially those from India.

Plans for 2013 and beyond

Immediate attention is rightly focussed on the World Conference in Vienna - Prof Stary, past IUSTI President is my conference co-chair and we have extremely high expectations for the meeting. This will be the 4th Joint meeting of the Union with the ISSTD. Previous meetings have been highly successful and the executive committee has lent its support to continuing this winning formula into the future. The 2015 and 2017 World IUSTI meetings will also be joint meetings with the ISSTD.

In 2014 the union will hold its World meeting in North America. Our regional Branch, the ASTDA, is organising the meeting with the CDC in Atlanta. This meeting will be the largest World meeting we have ever had since we anticipate over 2000 delegates.

Most of our regions are planning annual meetings and nearly all of the IUSTI country groups are holding events. I would encourage the membership to support these meetings.

IUSTI at 90

This year marks the 90th year of our foundation and our members should be proud to celebrate not just our past achievements but also look forward to a strong active future. Thanks to the foresight of our Treasurers we are financially secure and have a modern democratic structure that is working well to support the Union's core functions. The organisation is flourishing and we have an active participating membership - our output if measured through training, guidelines, expert reports and conferences is greater than ever before. During

the Vienna meeting there will be a number of reflective pieces on the history and achievements of the Union and we hope to make these available on our home pages as a lasting record of our endeavours.

Vienna will mark the end of my Presidential term – during this time I have seen the Union at work, met regularly with its officers and national representatives and seen the very real contribution that our members make to our achievements. My two years have been a wonderful experience and I am grateful to have been allowed the opportunity to lead the Union.

Raj Patel
IUSTI President



Roche invites you to an educational satellite symposium at STI & AIDS World Congress 2013 in Vienna

Integrated approaches in the management of sexually transmitted infections

Speakers:
Cécile Bébéar, MD, PhD
Raj Patel, MD, FRCP
Barbara Van Der Pol, PhD, MPH

Date: Monday, 15 July
 Time: 13:00 - 14:00 (lunch provided)

Join colleagues and friends at this informative session to discuss the latest developments in testing for STIs. Chlamydia and Gonorrhoea screening from the VENUS Clinical Trial and the importance of identifying *Mycoplasma genitalium* will be discussed. The speakers will also give perspectives on patient management and laboratory testing with molecular and serological applications for Herpes Simplex Virus infections.

STI & AIDS World Congress -- Vienna, Austria

Transmitted Diseases is to create and test unique methods for the diagnosis of sexually transmitted diseases, including the home delivery of over-the-counter tests to end-users via the Internet. For more information see:

<http://hopkinsmedicine.org/medicine/std>

Regional Reports

Asia Pacific

An Informal Survey on Partner Notification in Asia- Pacific

Notifying and testing sexual partners of patients with sexually transmitted illnesses are important components of STI/HIV programmes. Asia-Pacific region consists of countries and territories with a broad range of social and legal structures and environments, and it is therefore expected that the practice of partner notification and challenges would be varied and diverse. It is therefore interesting to collate and document partner notification (PN) practices, and the reporting and collating of PN statistics in the region. We undertook an informal survey of STI/Sexual Health practitioners in the Asia-Pacific region.

A questionnaire of 11 items was drafted and pre-tested at the Department of STI Control Clinic in Singapore. The questionnaire collected information from the respondents on - the nature of the clinical practice, type of clinics, partner notification statistics for various STIs, identified potential barriers and the use of newer partner notification strategies. General comments were also collected about their partner notification strategies and suggestions on possible improvements. Questionnaires were sent via email to sixty-one individuals who were members of IUSTI Asia-Pacific or known STI practitioners between 29 Feb 2012 and early Mar 2012. Two rounds of reminders were sent on 12 March and 03 April 2012.

There were a total of twenty-four respondents from various types of practices in seventeen countries and regions in Asia-Pacific. The majority (80%) of the respondents were from public STI/sexual health or dermato-venereology clinics, the remaining included respondents from public health departments, community based organizations and private clinics. There were nine respondents from Australia, two respondents each from Hong Kong, New Zealand, Papua New Guinea and United Arab Emirates as well as one respondent each from Bangladesh, China, India, Indonesia, Japan, Korea, Malaysia, Philippines, Singapore, Taiwan, Thailand and Vietnam.

All respondents routinely provided PN for cases with HIV infection while almost all respondents (about 96%) provided PN for cases of gonorrhoea, chlamydia and syphilis, 78% provided contact

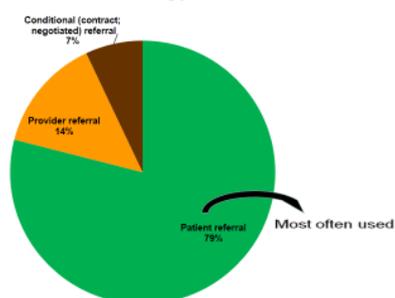
News

Center for Point-of-Care Tests for Sexually Transmitted Diseases

The mission of the Johns Hopkins University Center for Point-of-Care Tests for Sexually

tracing for non-gonococcal urethritis. These were comparable to PN in the Singapore STI clinic where in 2011, 92% of syphilis cases and 81% of gonorrhoea cases were interviewed. Patient referral was the partner notification strategy most commonly employed (79%) in the region, this was followed by provider referral (14%) and then conditional referral (7%). (Figure 1)

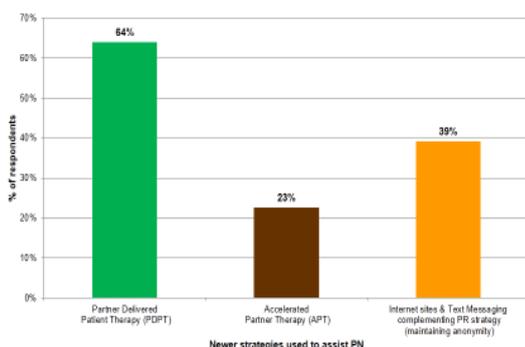
Figure 1 - 'Which PN strategy is most often used'



Compiled by IUSTI Asia-Pacific Branch, 2012

More than 70% of respondents reported that more than 75% of their patients were interviewed for partner notification. However, there were fewer partners who were actually notified, and even fewer partners who actually reported to the clinics for tests and treatment. Taking gonorrhoea as an example, only 24% of respondents reported more than 75% of their patients' partners were notified, and only a minority (21%) reported 51% to 75% of the partners actually reported to the clinic for treatment. In Singapore, the number of traceable contacts per interview case ranged from 0.29 for syphilis to 0.20 for chlamydia.

Figure 2 - Newer PN Strategies



Compiled by IUSTI Asia-Pacific Branch, 2012

Barriers to partner notification reported by respondents were classified into client reported barriers and provider or structural barriers. The top client reported barriers to PN were - difficulty in locating partners, fear of marital/family conflict and rejection, fear of embarrassment, and stigma

surrounding STI/HIV; a few reported that patients did not feel that informing their casual partners was important. The top provider or structural barriers to PN reported were - mobile populations, lack of funding, lack of trained manpower, limited clinic opening hours, and lack of complimentary dedicated networks of primary care centres.

Newer strategies that have been proposed to improve PN results and impact include partner delivered patient therapy, accelerated partner therapy and the use of internet sites and text messaging to enhance existing partner notification approaches. Respondents from 12 countries reported using partner delivered patient therapy (Figure 2). Respondents from 4 countries reported employing accelerated partner therapy, a strategy that may reduce barriers to treatment whilst working within existing prescribing regulations by providing a limited interaction between contacts and medical/health care providers. Also of interest is the fact that respondents from 6 countries reported routinely using internet sites and text messaging in their partner notification system.

Anonymous sex, uncontactable casual partners, mobile populations and sexual encounters across borders are frequently encountered in most countries in the region. These factors can significantly reduce the impact of PN efforts. Furthermore less developed countries of the Asia-Pacific region face the problems of inadequate basic health care facilities, lack of designated trained staff and limited accessibility of STI services. Few countries have legal provisions that allow implementation of newer strategies such as partner delivered patient therapy or accelerated partner therapy. The use of internet sites and text messaging to assist the partner notification system are useful and should be scaled up everywhere.

Yew Yik Weng & Roy Chan

North America

ASTDA Awards

The ASTDA recognition awards will be presented at the ASTDA awards luncheon Wednesday July 17, 2013 in Vienna. The ASTDA is the official representative of the North American Branch of IUSTI.

Each year the ASTDA presents three awards to recognize high achievement in the field of STD research and prevention. The winners of the awards for 2013:

- The ASTDA Distinguished Career Award: Dr. Jonathan Zenilman (Johns Hopkins University)

- The ASTDA Achievement Award: Dr. Jane Schwebke (University of Alabama at Birmingham)
- The ASTDA Young Investigator Award: Dr. Jesse Clark (University of California-Los Angeles)

The **Distinguished Career Award** is ASTDA's highest honor, and is presented for long and distinguished contributions in our field. Dr. Zenilman, a professor of medicine at Johns Hopkins University and chief of infectious diseases at Johns Hopkins Bayview Medical Center, has made major research contributions in areas including STD epidemiology, antimicrobial resistance, and behavioral research. He served on the seminal Institute of Medicine (IOM) committee which published the groundbreaking report on STDs as a "hidden epidemic." He was also a consultant to the US Presidential Commission for the Study of Bioethical Issues which focused on unethical STD research studies carried out by US investigators in Guatemala from 1946-1948.

The **Achievement Award** is presented to recognize a single recent major achievement in the field of STD research and prevention, or as a mid-career acknowledgement of an outstanding body of research in sexually transmitted diseases. Dr. Schwebke, professor of medicine and epidemiology at the University of Alabama at Birmingham, focuses primarily on bacterial vaginosis and trichomoniasis. Her work includes several high-impact randomized controlled trials for STD diagnosis and treatment.

The **Young Investigator Award** is presented to an outstanding STD researcher who is no more than five years beyond fellowship training. Dr. Clark, assistant professor of medicine at the David Geffen School of Medicine, University of California – Los Angeles, has established an important record of investigation in STD/HIV prevention and treatment among men who have sex with men (MSM) in Lima, Peru. His work also addresses issues of partner notification and treatment, and the use of partner management strategies to limit the spread of infection through high-risk sexual networks.

The American Social Health Association became the American Sexual Health Association in January 2013.

Founded in 1914, ASHA is the nation's non-profit authority on sexual health, including sexually transmitted infections (STI).

The new name reflects the evolution of the field from a focus on disease to one that focuses more broadly on health, wellness, and relationships.

ASHA's Centennial will be celebrated in 2014.

Moving forward with a new name and focus, ASHA will continue to be a leader in sexual health and STI prevention. ASHA will continue de-stigmatizing the stigmatized; opening up conversation about

what it means to be sexually healthy; and encouraging people to lead informed and fulfilled lives.



Joint IUSTI/CDC STD Prevention Meeting; Atlanta, Georgia / June 9-12, 2014

The upcoming CDC STD/ world IUSTI meeting will be held in Atlanta Georgia in July 2014. CDC, ASTDA, World IUSTI, Latin America Region, NCSD, and ASHA will be partners for this meeting, which will be an excellent partnership meeting for the World STI field.

- 2014 STD Prevention Conference, in collaboration with the 15th IUSTI World Congress and the 2nd Latin American IUSTI-ALACITS Congress
- Will be held in Atlanta, Georgia, United States
- June 9-13, 2014
- Check www.cdc.gov/stdconference for updates



National Chlamydia Coalition:

<http://ncc.prevent.org/>

Expert Commentaries and Hot Topics

- May 2013 - Subclinical PID and Decreased Fertility; April 2013 -New Rapid Real-Time Assay for Chlamydia & Gonorrhea Screening
- Use of NAATs to Detect Chlamydia in Children Being Evaluated for Suspected Sexual Abuse. The 2010 CDC STD Treatment Guidelines recommend that NAATs can be used for detection of chlamydial infection in children being evaluated for suspected sexual abuse, with some limitations. This research brief discusses the testing of extra-genital sites for chlamydia and gonorrhea, especially within the high risk MSM community

In February 2013, CDC published two papers^{1,2} that provided an in-depth look at the prevalence and incidence estimates and economic burden of STIs in the United States. CDC's new estimates show that there are about 20 million new infections in the United States each year, costing the American healthcare system nearly \$16 billion in direct medical costs alone. CDC's new data suggest that there are more than 110 million total

prevalent STIs among men and women across the nation. Eight common STIs were included: chlamydia, gonorrhoea, hepatitis B virus (HBV), herpes simplex virus type 2 (HSV-2), human immunodeficiency virus (HIV), human papillomavirus (HPV), syphilis, and trichomoniasis¹. Total lifetime direct medical costs were estimated to be \$15.6 billion.²

1 Satterwhite CL, et al. Sexually transmitted infections among U.S. women and men: Prevalence and incidence estimates, 2008. *Sex Transm Dis* 2013; 40(3): pp. 187-193.

2 Owusu-Eduesei K, et al. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sex Transm Dis* 2013; 40(3): pp. 197-201.

Charlotte Gaydos

Europe

We in Europe are very much looking forward to a series of excellent annual European STI congresses starting of course with the combined IUSTI/ISSTD meeting in Vienna 14-17 July.

In 2014 the IUSTI Europe Congress will take place in Malta, 17-20 September. The president of the congress will be Dr Joe Pace. The conference venue will be the Radisson Blu, St Julian's (see: www.radissonblu.com/stjuliansresort-malta). Since my last report the chair of the International Scientific Committee, Dr Jackie Sherrard, has made a visit to Malta following which an International Scientific Committee has been drawn up and a draft scientific programme produced. In 2015 the IUSTI Europe Congress will take place in Barcelona and the President will be Dr Marti Vall Mayans - the meeting will be held 24-26 September. In 2016 the European Congress will be held in Budapest hosted by the Hungarian STD Society under its President Prof Viktoria Varkonyi.

There are currently only two IUSTI national associations in the world and I am pleased to say that both of these are European; both have held meetings since my last report.

Prof Mikhail Gomberg held a meeting of IUSTI.Russia in Moscow and Dr Airi Poder held a meeting of IUSTI.Estonia in that country.

This successful model of national associations is being viewed with interest in other European countries and serious expressions of interest in setting up further national associations have been received from the Ukraine and from Azerbaijan.

The third congress of the Euro-Asian Association of Dermato-venereologists (EAAD) took place in Odessa, Ukraine 31 May-4 June. As part of the meeting a very strong one day STI course was organised by Prof Mikhail Gomberg in which many international speakers participated. The EAAD has been established as a non-profit association registered in Latvia.

The work of the European STI Guidelines project continues. A summary of its work, which involves producing both guidelines and patient information, can be found at:

<http://www.iusti.org/regions/europe/euroguidelines.htm>. Currently the following guidelines are under review: LGV, epididymo-orchitis, HIV testing, balanoposthitis, sexually acquired reactive arthritis and proctitis. Work is also ongoing on producing a new guideline on partner management.

If anyone has any suggestions or comments on the work of the European Branch then please email me at: k.radcliffe@virgin.net.

Keith Radcliffe

Africa

Dr. Samuel Fayemiwo (IUSTI-Nigeria representative), and his colleagues Drs. Anaedobe and Fowotade, write from the Department of Medical Microbiology and Parasitology at Ibadan's University College Hospital to tell us about the latest HIV trends in Nigeria. Nigeria is the most populated country in sub-Saharan Africa, a region which carries the globe's heaviest burden of HIV/AIDS. The National HIV/AIDS Strategic Plan 2010-2015 is focused on the prevention of new infections while sustaining the momentum in HIV treatment, care and support for adults and children infected. In addition, efforts are still required to reduce HIV-associated stigma which prevents many people from testing and knowing their HIV serostatus (Figure 1).

Federal Ministry of Health works in conjunction with the National Agency for the Control of AIDS to undertake national HIV prevalence surveys. The most recent HIV seroprevalence data report that approximately 3.5 million people are infected with HIV within the country. This ranks Nigeria third among the countries with the highest HIV/AIDS burden in the world, surpassed only by India and South Africa. These national HIV seroprevalence data are derived from sentinel surveys of antenatal care attendees. The first such survey was conducted in 1991 and reported a national HIV prevalence of 1.8%. Over the years, the prevalence rose to 4.5% in 1995/96, and peaked at 5.8% in 2001 from whence prevalence gradually declined to 4.1% in 2010. The annual number of new HIV infections in the country has been on a steady decline, decreasing from 340,015 in 2008 to 310,620 (2.7%) in 2011. In the most recent survey, Benue state still leads other states in the federation in HIV prevalence with a prevalence rate of 10.7%, while Kebbi state, with 1.0%, recorded the lowest prevalence rate in the country. The number of infections in children declined in 2011

by about 6.2% as a result of recent scale up activities to improve PMTCT uptake. The number of persons requiring ART stands at 1,449,166 in 2011 and Nigeria has witnessed a massive scale up in initiation of PLHIV on ART. New infections in females continue to surpass that in males, necessitating the need to further improve prevention of mother to child transmission (PMTCT) coverage. There has been a substantial increase in the proportion of pregnant women receiving antiretroviral prophylaxis for MTCT of HIV (45% of women in 2010). This is due to an improved network of traditional birth attendants and health facilities providing PMTCT services.

Dr. Amina Hançali (IUSTI-Morocco representative and IUSTI-EXCO member) reports the following activities in Morocco. In the middle of 2012, the National Aids Program (NAP) of Morocco and the National Reference Laboratory for HIV, in collaboration with non-governmental organisations, launched an HIV screening campaign. This operation enabled persons at high risk to be HIV tested and counselled. Lately, by the end of the year, another campaign was performed in the framework of the PMTCT program among pregnant women. More than 100,000 people were tested in both operations. Regarding STIs, the NAP has set up a national surveillance program of AMR in *Neisseria gonorrhoeae*. This program will provide key information to the Ministry of Health concerning the prevalence of gonococcal infections and will regularly monitor the resistance of *N. gonorrhoeae* to various antimicrobial agents, in particular ceftriaxone, which is used in the syndromic approach for the treatment of gonorrhoea infections. This gonococcal antimicrobial susceptibility programme commenced in Morocco in March 2013 and has been implemented in 5 cities within the country. The surveillance will be conducted for 5 months every two years. The urethral specimens will be collected from men who consult for urethral discharge in basic health services in the 5 cities. The *N. gonorrhoeae* strains will be isolated and identified in the hospital laboratory in each city then sent to the National Reference Laboratory in the National Institute of Hygiene to perform the antimicrobial susceptibility testing. The protocol of this surveillance system has been discussed and validated by experts from the World Health Organization (WHO), Dr. Francis Ndowa and Dr. Ivana Bozicevic.

Prof. David Lewis (IUSTI-South Africa representative and IUSTI-Africa Regional Director) reports on the successful implementation of the quadrivalent human papillomavirus (HPV) vaccination (Gardasil) and screening programme in Rwanda by the Ministry of Health, which has been enabled with support from Merck (HPV vaccination) and Qiagen (HPV screening).

Rwanda has very high rates of cervical cancer (49/100,000) and this cancer contributes almost a quarter of all cancers detected in females within the country. Before 2011, neither cervical cancer screening nor HPV vaccination was available in public health facilities in Rwanda; only a few private clinics and nongovernmental organizations offered screening services. The approach has been to undertake a mass sensitization campaign through community education and advocacy, to screen for pre-cancerous lesions as secondary prevention and to increase the quality of treatment for cervical cancer and palliative care within Rwanda. There was high level profiling of the project by Rwanda's First Lady and the Minister of Health, Hon Dr. Agnes Binagwaho. The target population for HPV vaccination is 10-14 year old girls and the vaccine is primarily administered through a primary school-based programme (Figure 2). Primary school is free in Rwanda for all children and it is estimated that 95% of girls attend primary school. In addition, clinic-based vaccination was also possible for those out-of-school. On 26 and 27 April 2011, 93,888 Rwandan girls in primary grade six received their first shot of Gardasil. Data collected by the Ministry of Health during the first round of vaccination showed that 94,141 girls were present at school and that 4,651 girls were either absent or not enrolled, resulting in a total of 98,792 eligible girls across Rwanda. The programme's first round achieved 95.0% coverage, the second 93.9% and the third, 93.2%. Further information may be obtained in the WHO's Bulletin (Dr. Binagwaho *et al.*, Bull. World Health Organ. 2012;90:623-628. doi: 10.2471/BLT.11.097253).



Figure 2: Rwandan school girls receiving their HPV vaccinations at school

From South Africa, Prof. David Lewis reports on the continued emergence of cefixime resistant gonorrhoea among men-who-have-sex with men (MSM). Four cases have been reported to date in three South Africa cities although epidemiological investigation reveals that three of the four cases were acquired in Johannesburg. One of the patients failed two consecutive treatments with cefixime 400 mg, given orally as a single dose as South Africa's first-line gonococcal agent. All isolates have the same antibiogram and identical NG-MAST genotypes. The first two isolates were

further tested by multi-locus sequence typing in Prof. Magnus Unemo's laboratory in Sweden and were found to belong to a highly successful international cephalosporin resistant *N. gonorrhoeae* clone, which has also been associated with transmission within MSM networks. In terms of educational activities, the 6th South African AIDS conference was held in Durban on 18-21 June. The Regional Director spoke in two symposia addressing (i) the inadequacy of syndromic management to deal with continued high numbers of asymptomatic STIs in women and (ii) the value of the new dual HIV-syphilis rapid tests in enabling better integration of PMTCT and antenatal syphilis testing in pregnant women. Finally, the 17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2013) will take place in Cape Town, South Africa on 7-11 December and will be the major event for the African continent (Figure 3).



Figure 3: The 17th ICASA will be held in South Africa (7-11 December)

David Lewis

Conference Update

IUSTI Events:

STI World Congress 2013 Joint Meeting of the 20th ISSTD & 14th IUSTI

Dates: 14-17 July, 2013

Location: Vienna, Austria

Website: www.stivienna2013.com

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

Dates: 9 – 13 June, 2014

Location: Atlanta, Georgia

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

Other STI or Related

Meetings/Congresses/Courses:

38th Annual International Herpesvirus Workshop

Dates: 20 – 24 July, 2013

Location: Michigan, USA

Website:

<http://www.herpesvirusworkshop.com/2013/>

International Congress on Clinical and Counselling Psychology - CPSYC

Dates: 6- 9 August, 2013

Location: Istanbul, Turkey

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

A multi-disciplinary approach to infectious diseases

Dates: 28- 31 August, 2013

Location: Valencia, Spain

Website: <http://www.medical-credits.com/Valencia.html>

I ENCUENTRO SUDAMERICANO DEL VIRUS PAPILOMA HUMANO

Dates: 4-6 September, 2013

Location: Santiago

Website: www.hpvchile2013.com

2013 United States Conference on AIDS (USCA)

Dates: 8-11 September, 2013

Location: New Orleans, LA, USA

Website: <http://nmac.org/events/2013-u-s-conference-on-aids/>

North American Housing & HIV/AIDS Research Summit VII

Dates: 24-27 September, 2013

Location: Montreal, Québec, Canada

Website: www.hivhousingsummit.org/

22nd EADV Congress

Dates: 2-6 October 2013

Location: Istanbul, Turkey

Website: <http://www.eadvistanbul2013.org/>

2013 Australasian HIV & AIDS Conference

Dates: 21- 23 October, 2013

Location: Darwin, Australia

Website: <http://www.hivaidsconference.com.au/>

2013 South Carolina HIV/STD Conference

Dates: 23-24 October, 2013

Location: South Carolina

Website: <http://www.schiv-stdconference.org/>

International Conference on HIV/AIDS, STDs, & STIs

Dates: 24-25 October, 2013

Location: Orlando, FL, USA

Website:

<http://www.omicsgroup.com/conferences/hiv-aids-std-sti-2013/>

11th International Congress on AIDS in Asia and the Pacific (ICAAP11)

Date: 18-23 November 2013

Location: Bangkok, Thailand

Website: <http://www.icaap11.org/index.html>

6th International Workshop on HIV Persistence, Reservoirs and Eradication Strategies

Dates: 3-6 December, 2013
Miami, Florida, United States of America
Website:
<http://www.informedhorizons.com/persistence2013>

17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2013)

Dates: 7-11 December, 2013
Place: Cape Town, South Africa
Website: www.icasa2013southafrica.org

11th EADV Spring Symposium

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

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

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

The 29th International Papillomavirus Conference

Dates: 20-25 August, 2014.
Location: Seattle, Washington

Website: <http://www.hpv2014.org/>

23rd EADV Congress

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

International Pathogenic Neisseria Conferences

Dates: 12 - 17 October, 2014
Location: Asheville, North Carolina, USA
Website: <http://neisseria.org/ipnc/>

Somesh Gupta

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