



STI GLOBAL UPDATE

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

In July 2006 a meeting of leading international STI experts and representatives from relevant organisations on "STI interventions for preventing HIV: appraisal of evidence" was organized by WHO/Geneva to discuss the role of STI treatment and prevention as an essential component for the prevention of HIV infections. The objectives of this meeting were to review the opportunities for STI control and to explore how, when and in which population groups STI interventions are most effective for the prevention of HIV infection. The programme included several excellent overviews on this topic, with a review of evidence including old and new perspectives on STI control for HIV infection by K. Holmes, an insight of biological synergies of STIs and HIV by M. Cohen, followed by a detailed discussion on STIs and circumcision and the relationship between HIV and genital HSV infection. Country and regional perspectives were reported by WHO officers, and the outcome of community intervention trials in African areas was explained. J. Wasserheit presented an excellent overview on "When, where & for whom does STI treatment prevent HIV infection" which was the basis for further workshop discussion.

Epidemiological trends of STIs are certainly a marker for trends of HIV infections but there were suggestions that in addition, there is some more evidence for influences of STI on HIV: over past decades our knowledge of the role of STIs, and especially of GUD for HIV transmission, has increased and indicates that HIV shedding in the genital tract is amplified and HIV infectiousness increased in individuals infected with STI. At the individual level syndromic management of GUD and urethral discharge as well as partner treatment of gonococcal and chlamydial infections has shown an impact on STI treatment and HIV transmission. Genital herpes infection may upregulate HIV viral load in the genital tract of infected persons, and the suppressive treatment for HSV-2-infections significantly reduces genital and plasma HIV-1 RNA. The interaction between STIs and HIV at the population level is more complex and dependent on the phase of the HIV and STI epidemics. In contrast to low-level or concentrated HIV epidemics, the population impact of STI treatment on HIV incidence might be lessened in a generalized HIV epidemic. However, the maintenance of STI control and prevention programmes is important because of their individual prevention

benefits. Infection management approaches in low-level or concentrated epidemics, as well as in generalized epidemics, should include: syndromic management strategies (especially for GUD and urethritis), periodic presumptive treatment of female sex workers, a focus on partner services and targeting of key groups.

Key populations include persons at high risk for HIV and STI acquisition such as female sex workers, MSM, STI infected individuals and their partners, HIV positive persons, and sexually active adolescents. Key infections are GUD, chlamydial and gonococcal infections, trichomoniasis and especially genital herpes. In addition, components of a comprehensive STI control package include education and counselling of core groups, supportive diagnostic facilities, consistent supply of medicine, surveillance of STI epidemics and bacterial resistance surveillance, as well as identifying the etiology of syndromes, training, supervision, quality control and screening strategies. It was pointed out that the phase of the HIV epidemic, the profiles of existing treatable STIs, the population to be targeted, and the STI treatment options should be at the centre of STI control.

Angelika Stary

IUSTI world president

IUSTI News

European Guideline on Gonorrhoea

The European Guideline on gonorrhoea is currently being updated by Chris Bignell (Nottingham, UK) - lead author, Airi Põder (Tartu, Estonia), and Peter Kohl (Berlin, Germany). Jørgen Skov Jensen (jsj@ssi.dk) has been appointed as the guideline editor. Interested parties should contact the editor if they wish to contribute to the process.

Research Review

Continuing Clinical Conundra

Reflecting on the last 20 years almost to the day that I have been in the specialty there clearly have been some extraordinary advances in many aspects of sexually transmitted infections and HIV. The same I fear cannot be said of two syndromes 'Cervicitis' and bacterial vaginosis. Their interaction is the subject of a recently published paper by Marrazzo et al on risk factors for cervicitis in women with bacterial vaginosis (1).

BV is the most common cause of vaginal discharge in women attending sexually transmitted infection clinics. Many women ask simple questions about bacterial vaginosis: What is it? Why I have I got it? What causes it? My ability to answer these questions in a way that women can understand has possibly improved over

20 years but is more dependent on my communication skills than a better understanding of the pathophysiology of BV. My 'patter' includes "overgrowth of bacteria, imbalance in the vagina, lack of 'good bugs', perhaps hormonally related, potential trigger factors can include antibiotics, change in sexual partner, immune system changes, don't know". But are we any closer to answering these fundamental questions?

There seemed much confusion about non-specific cervicitis to me in 1986. It took a few months for me to realise that cervicitis actually required the taking of an endocervical sample using a white swab, removing it from the vagina and then assessing its colour rather than counting pus cells on the cervix with a defined cut off point for treatment. The former seems a highly subjective process dependent on many variables, not least of all a decent light. Case selection for cervicitis is problematic because of the difficulty in ensuring that many clinicians working in the clinic identify and record cervicitis consistently. The sample size in Marrazzo's study of 424 women with BV of whom 63 had cervicitis was no mean feat. BV cases were recruited on the basis of clinical and microscopic criteria and cervicitis defined with grading of moderate or severe. The demographic information collected was comprehensive as were other variables including douching, smoking, gynaecological history etc. Culture of vaginal swabs for aerobic and anaerobic organisms was quantitative. Lactobacillus isolates were tested for H₂O₂ production.

Of 63 women with cervicitis, 4 had chlamydial and 4 gonococcal cervicitis. On univariate analysis, the likelihood of having cervicitis with BV was higher with increasing age, higher number of recent male or female partners, a new male sex partner, recent receptive oral sex and previous tubal ligation. Women using DMPA in the month preceding and having cervical ectopy had a lower likelihood of developing cervicitis. The only significant association between cervicitis and individual bacterial species was a lower likelihood of cervicitis with H₂O₂ producing lactobacilli present in the vagina. This remained significant in the multivariate model; adjusted OR 0.4, CI 0.2-0.8, p=.01. Douching, cervical ectopy and smoking previously reported to be associated with cervical inflammation and infection were not independently associated with cervicitis.

The authors point out limitations such as failure to look for Mycoplasma genitalium and viral causes of cervicitis. They suggest a role for an intrinsic local host immune response to mediate cervical inflammation. Cytokine information was not available. Exogenous hormonal therapy may have direct effects on inflammation but the inverse association between DMPA and cervicitis whilst it was associated in the univariate analysis was not significant in the multivariate analysis. The critical role of H₂O₂ producing lactobacilli requires further elucidation in the context of the immune response. Discovering how to sustain vaginal colonisation of these organisms would be a breakthrough.

Given the adverse outcomes of BV in relation to pregnancy, possible association with PID and potential role in transmission of HIV the failure to invest in more research in this very common, recurrent and distressing condition is hard to believe. Non

gonococcal, non chlamydial cervicitis may increase risk of poor pregnancy outcome and upper genital tract disease. No doubt non-specific cervicitis could also play an important role in HIV transmission if it were possible to diagnose it in large scale studies. Hopefully before I retire, my explanation to women about bacterial vaginosis will be based more on substance than patter. As for cervicitis... what causes it? Does it matter?

Ref : 1. Marrazzo Jeanne M, Wiesenfeld HC, Murray PJ, Busse B, Meyn L, Krohn M and Hillier S L. JID 2006: 193; 617-624

Angela Robinson

Regional Reports

Europe

In common with many colleagues across Europe and indeed beyond, I am very much looking forward to the 22nd Conference of the European Branch of the IUSTI to take place in Versailles, France in October. I refer you below where the local organiser Michel Janier gives more information. At this point I would like to express enormous gratitude to Michel Janier, and also to Willem van der Meijden as the Chairman of the International Scientific Committee, as well as to the many others involved in the organisation of this meeting.

Those of you who have yourselves been responsible for organising an international meeting of this scale will realise the enormous amount of work that has to go in over months, indeed years, in order to put on a first-rate convention. I have absolutely no doubt that this is going to be an unforgettable meeting, both scientifically and socially, for all of us fortunate enough to attend.

Whilst on the subject of conferences, please may I give you another date for your diaries the 23rd IUSTI-Europe Conference will take place in Dubrovnik between the 11th and 14th October 2007. Our local host is Mihael Skerlev, and the Chairman of the ISC will be Derek Freedman from Dublin, Ireland. I know that both Mihael and Derek are already putting in a big effort to make this meeting a worthy successor to the one in Versailles, and it is anticipated that more information will be available at the Versailles meeting.

Work is ongoing on revising some of the IUSTI-WHO European STD Management Guidelines as follows:-

- Revision of syphilis guideline lead author Pieter van Voorst Vader (Netherlands), Editorial Board lead Raj Patel (United Kingdom)
- Gonorrhoea lead author Chris Bignell (United Kingdom), Editorial Board Lead Jørgen Skov Jensen.
- Pelvic infection lead author Jonathan Ross (United Kingdom), Editorial Board lead Jorgen Skov Jensen.

In addition a new guideline on proctitis has being commissioned lead author Sandy McMillan (United Kingdom), Editorial Board lead Jonathan Ross.

Individuals who wish to contribute or comment on these guidelines are invited to visit the WHO-Europe website at: www.euro.who.int/aids/login where they can do so in a restricted

site kept for this purpose (login: sti, password: sti 2006).

If at anytime colleagues have suggestions for guidelines they feel are in urgent need of updating, or ideas for the development of completely new guidelines, then I shall be very happy to hear from them.

Keith Radcliffe

IUSTI-Europe-Versailles 19-21 October 2006

The next IUSTI-Europe Conference will be held in the Palais des Congrès of Versailles, just beside the Aile du Midi of the Château. It promises to be a wonderful opportunity for European and International STI experts to present their scientific works, undoubtedly of a high standard when we consider the provisional program of 6 plenaries, 47 speakers in symposia from 14 countries, updated IUSTI/WHO guidelines and more than 200 abstracts received from 47 countries for oral and poster presentations. It will also be a good opportunity for us to highlight international friendship with a special social program in the marvellous surroundings of Versailles.

Organizing such an event is a big challenge for the 17 colleagues of the STD Section of the French Society of Dermato-Veneorology involved in the Organizing Committee. In our country, the current resurgence of bacterial STIs (2000 early syphilis and 200 LGV, mostly in MSM) and a still high HIV-incidence in migrants are worrisome. French dermatoveneorologists are devoted to both ano-genital dermatology and STI-management within a new surveillance network.

See you soon in Versailles

Michel Janier

Africa

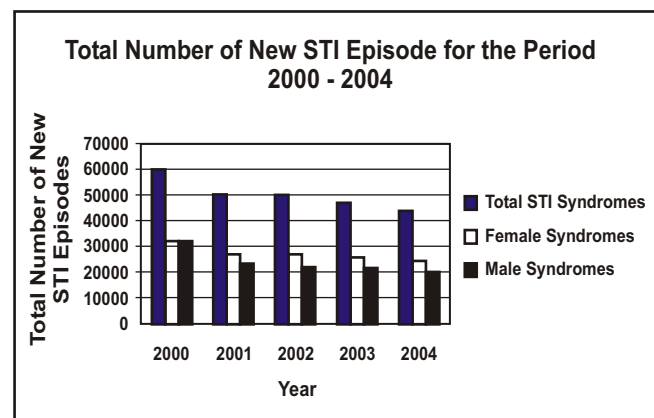
Membership of the IUSTI-Africa Region is slowly increasing and a large database of prospective IUSTI members has been established with the help of the World Health Organisation (Dr Francis Ndowa). Attempts to contact prospective members are now underway. IUSTI-Africa looks forward to holding the IUSTI World Congress in November/December 2009.

During the past year, there have been increased efforts in several countries to enhance clinical surveillance and to initiate microbiological surveillance on a national level.

Clinical surveillance of STI syndromes presenting to primary health care clinics has been strengthened in Namibia, Swaziland, Lesotho and Botswana through an initiative funded by the United Kingdom's Department for International Development and coordinated by the Health Systems Trust in conjunction with the Sexually Transmitted Infections Reference Centre (STIRC) of the National Institute for Communicable Diseases in South Africa. In-country training and workshops have been helpful in all four countries.

Within South Africa, the only available STI surveillance data come from the yearly national RPR screening survey of pregnant women and the Gauteng STI Surveillance Programme, run by STIRC in collaboration with the Gauteng Provincial Health

Department. The Gauteng STI Surveillance Programme has been in existence for almost 10 years and has proven to be sustainable. It reports on the main STI syndromes seen in 20 sentinel primary healthcare clinic sites within Gauteng Province. From 2000 to 2004, there has been a clear downward trend in the total STI syndromes recorded at the clinics in both men and women (see figure below).



Above: Five year trends in STIs within Gauteng Province, South Africa

Within South Africa, with the assistance of PEPFAR funding channelled through the Centers for Disease Control and Prevention, a National STI Clinical Surveillance Programme modelled on the Gauteng Surveillance Programme has been established. The first annual report (2004-05) has been submitted to the National Department of Health by the STIRC and will hopefully soon be available on the Department's website. This enhanced surveillance collects data on male urethritis syndrome, vaginal discharge syndrome, genital ulcer syndrome, genital blisters alone, lower abdominal pain syndrome and genital warts from 30 sentinel clinics per province within South Africa (270 sites in total).

David Lewis

North America

The major event of 2006 was the CDC National STD Prevention Conference which was held in Jacksonville, Fla. Over 1,400 persons attended, with over 300 research abstracts and presentations. There were approximately 1/3 academics, 1/3 public health professionals, and 1/3 practitioners. Themes of the conference included an increasing epidemic of a variety of STIs among homosexual men, as well as a lively debate over the policy implications of federal abstinence only education.

The most exciting event was the story of HPV vaccination. The Merck HPV vaccine (Gardasil) was approved by the Food and Drug Administration in May. The advisory committee on immunization practices, which has major policy authority over immunization practice, in late June recommended routine vaccinations for 11-12 year olds, which is consonant with public health practice recommendations. There was expected opposition from conservative groups, but largely, this dissipated in the face of the high efficacy of the vaccine. It is anticipated, however, that there will be debates over mandatory vaccination

for schools, reimbursement programs, and programmatic implications.

Rachel Winer from the University of Washington Seattle published a land mark paper in the New England Journal of Medicine, which demonstrated that condoms were effective for preventing HPV. This paper was critical in the domestic policy debate because "Lack of evidence" for HPV has been cited by congressional conservatives in their promotion of abstinence only campaigns, and in the promotion of warning labels for condoms, which are regulated by the FDA as a medical device. Nevertheless, I anticipate that the debate will continue.

Jonathan Zenilman

Asia-Pacific

During 27-30 July 2006, the 14th IUSTI Asia Pacific Conference was held in Kuala Lumpur, Malaysia. The main organizers were the Academy of Family Physicians of Malaysia, and Malaysian Medical Association and the local organiser was Dr. HK Doshi, E-mail: doshihk@streamyx.com

The Indian Association for the study of Sexually Transmitted Diseases and HIV/AIDS (IASSTD & AIDS) in association with Resource Centre on Sexual Health and HIV/AIDS (RCSHA), and Consortium of Thai Training Institutes for STDs and AIDS (COTTISA) conducted the STIs Certificate Course, which is a 9-day course for medical practitioners. The organizers run four courses yearly most recently in Chennai, India between 1-9 July 2006.

The main coordinators from IASSTD & AIDS are Dr. G. Chandrasekhara Rao, E-mail: gcrao@eth.net Dr. T. Ram Manohar Rao, rmlprao@gmail.com whereas, the RCSHA staffs includes Dr. Thomas Philip, Dr. Anup Gurung, Dr. Meena Gandhi, and Ms. Sucheta Rawat. The course faculty comprises of Dr. N. Usman, Dr. Bhushan Kumar, Dr. Yogesh S. Marfatia, Dr. D. M. Thappa, Dr. M. Balasubramanian, Dr. R. Ganesh, Dr. Mukul Sharma, Dr. K. Venkateswaran, Dr. K. Mahadevan, in addition to an overseas faculty comprising Dr. Verapol Chandeying (COTTISA - Thailand), Dr. Imtyaz Ahmed (UK), Dr. Veerakathy Harindra (UK), and Dr. Ratish Basu Roy (UK).

Verapol Chandeying

Latin America

UPACITS is constituted of branches in 14 countries of Latin America. Most of the members of these branches are health professionals who work in an area of public health or in universities. They are giving assistance for health problems at a municipal, provincial and national level. All 14 branches are actively participating in the elaboration of guidelines, programs and projects.

Relations with PAHO: at the moment UPACITS is not yet reincorporated into official relation with PAHO. UPACITS is hoping for further strengthening of the new UPACITS by help of special actions. On a personal level UPACITS is having excellent unofficial relations with PAHO.

Activities

A) Argentina

- International scientific meeting: STI's present and future - Buenos Aires, Argentina.
- HIV round table, International meeting in Buenos Aires, Argentina, with participation of Chile, Uruguay, Columbia, Argentina and Mexico.
- Auspices and participation in meetings of the Argentine Association of Infectious Diseases, Gynaecology and Obstetrics.
- Program on update on STIs, Faculty of Medicine Buenos Aires, Argentina: for the first time the Faculty of Medicine in Buenos Aires organized a course of 2 years duration with total of 512 teaching hours on the subject of STI's. The director of this program is Dr Antonio Parisi.
- Working projects on HIV in prisons financed by the global fund.
- Weekly television program on prevention of STIs.
- Project on community prevention with the help of the Argentine Federation on AIDS and Health.

Brasil

- Dr Naud: Multicenter investigation on HPV vaccine.

Chile

- National program on STI's: elaboration of guidelines of diagnosis and treatment and surveillance of congenital syphilis.
- Participation in national and international meetings with presentation of studies on STIs.

Dominican Republic

- Dr Montero: assistance to the Ministry of Health and to the program of STD's, HIV and AIDS

Honduras

- Dr Urquia: responsible for program on STI's, HIV and AIDS: campaign for elimination of congenital syphilis

Mexico

- Dr Gonzalez: UPACITS round table at Mexican Congress of Infectious Diseases
- Dr Torres: President of the Mexican Congress of Dermatology

Uruguay

- Course on the empowerment in STIs.
- Ceriodic bulletin on STIs, development of national guidelines on STI's in Uruguay.

Peter Kohl

Conference Update

IUSTI Events

1. **22nd Conference of IUSTI-Europe on Sexually Transmitted Infections** will be held at Versailles, Palais des Congrès, FRANCE from 19th to 21st October 2006. www.iusti2006.com
2. **10th IUSTI World Congress** to be conducted jointly with the 17th Meeting of the ISSTD, in Seattle, Washington, USA, July 29 to August 1, 2007. More details are available at: <http://www.isstd.org/>
3. **23rd Conference of IUSTI-Europe** on Sexually Transmitted Infections to be organized in Dubrovnik, Croatia, between the 11th and 14th October 2007. Contact: Dr. Mihael Skerlev mskerlev@kbc-zagreb.hr
4. **11th IUSTI World Congress** is scheduled in early November/December 2009 at Spier Wine Estate, Cape Town. The theme of the meeting is "STIs: old problems and new solutions". Contact : Dr. David Lewis, Regional Director for IUSTI-AFRICA E-mail: davidl@nicd.ac.za

Other STI or Related Meetings/Congresses/Courses

- 9th Annual Meeting of the European Society for Clinical Virology (ESCV 9)
Location: Birmingham, UK
Dates: September 36, 2006
More details are available at: www.escv2006.co.uk/home/
- Reproductive Health 2006 Location: La Jolla, California United States
Dates: September 7-9, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=6009>
- 18th Annual Denver STD/HIV Update
Location: Denver, Colorado United States
Dates: September 14-15, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5990>
- The 2nd European Female Sexual Dysfunction
Location: London, U.K.
Date: September 21, 2006
For more details, Mail to: Sally Hackett, Sally.hackett@virgin.net
- 46th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)
Location: San Francisco, California, USA
Dates: 27-30 September 2006
For more details, Mail to: ICAAC@asmusa.org
- 15th European Academy of Dermatology and Venereology Congress
Location: Rhodes, Greece
Dates: October 4-8, 2006
More details are available at: www.eadv.org/rhodes2006
- Sexual Health 2006 Conference
Location: Melbourne, Victoria, Australia
Dates: October 9-11, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=6010>
- STD Intensive Three-day Course
Location: Denver, Colorado United States
Dates: October 10-12, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5967>
- Scenario Building: Planning for a Future with HIV/AIDS
Location: London, United Kingdom
Dates: October 10-12, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=6051>
- 44th Annual Meeting of the Infectious Diseases Society of America
Location: Toronto, Ontario, Canada
Dates: October 10-12, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5897>
- 18th Annual Conference of the Australasian Society for HIV Medicine
Location: Melbourne, Australia
Dates: October 11-14, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5932>
- 24th Annual Conference of the Gay and Lesbian Medical Association
Location: San Francisco, US
Dates: October 11-14, 2006
More details are available at: www.glma.org
- 13th Annual Meeting of the International Herpes Management Forum
Location: Prague, Czech Republic
Dates: October 27-29, 2006
More details are available at:
<http://www.ihmf.org/IHMFActivities/13thAnnualMeeting.ap>
- BASHH Sexual Dysfunction SIG: One Day Masterclass
Date: November 1, 2006
For more details, Mail to: Pippa.Green@pat.nhs.uk

- **9th Asia Oceania Congress of Sexology**
Location: Bangkok, Thailand
Dates: November 1-4 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5503>
- **8th International Congress on Drug Therapy in HIV Infection**
Location: Glasgow, United Kingdom
Dates: November 12-16, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=6012>
- **STD Intensive Three-day Course**
Location: Denver, Colorado United States
Dates: November 13-15, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5968>
- **Disease State Management and HIV/AIDS**
Location: Sydney, Australia
Dates: November 15-30, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=6032>
- **'HAART and HIV: Today's Treatment and Management', A joint meeting organized by The Royal Society of Medicine and The National Institutes of Health in association with BASHH, RSM, London**
Dates: December 7-8, 2006
Location: London, UK
For more information, contact: Tori Bennett,
tori.bennett@rsm.ac.uk
- **The Medical Management of AIDS: A Comprehensive Review of HIV Management**
Location: San Francisco, California United States
Dates: December 7-9, 2006
More details are available at:
<http://www.cdcnpin.org/scripts/display/ConfDisplay.asp?ConfNbr=5954>
- **XVIII Congress of the World Association for Sexual Health**
Location: Sydney, Australia
Dates: April 15-19, 2007
More details are available at: <http://www.sexo-sydney-2007.com>
- **16th EADV Congress**
Location: Vienna, Austria
Dates: May 16-20, 2007
More details are available at:
<http://www.eadvvienna2007.com/>

Somesh Gupta

Conference Focus

The 2006 Australasian Sexual Health Conference will be held from Monday 9 to Wednesday 11 October 2006 on the theme of 'Preventions and Interventions for All'. The topics it covers include: Human Papillomavirus, Bacterial Vaginosis, Antiretroviral Treatment, Herpes and HIV Interactions, Chlamydia Screening and many more. The key note speakers include Professor Connie Celum, Professor Sharon Hillier, Professor Laura Koutsky and Dr Nicola Low. The conference will be held back-to-back with the 18th Annual Conference of the Australasian Society for HIV Medicine to be held from Wednesday 11 to Saturday 14 October 2006. The ASHM Conference brings together the range of disciplines involved in the management of HIV and viral hepatitis, including basic science, clinical medicine, community programs, education, epidemiology, indigenous health, international and regional issues, nursing and allied health, policy, prevention, primary care, public health and social research. Special rates are available to attend both conferences. The key note speakers include Peter Drahos, Wafaa El-Sadr, Joep Lange, Christopher Lee, Will Nutland, Vera Paiva, Alice Pau, Christopher Power and Daniel Taratola. In addition, the 3rd ACH2 Workshop (Australian Centre in HIV and Hepatitis Virology Research) will have an overlap day with the ASHM Conference on Wednesday 11 October. The ACH2 meeting will be held in a remote location on proceeding days. For further details on these conferences please contact the conference secretariat on conferenceinfo@ashm.org.au or +61 2 8204 0770, or visit the website at www.ashm.org.au/conference.

Adjacent to the conference, ASHM is holding training courses in HIV Medicine and Viral Hepatitis Medicine. In addition, an International Short Course in HIV and Related Conditions will be run for international participants (tailored to their specific learning needs). All these courses run over two days and cover basic science, epidemiology, pharmacology and patient management issues. For further details visit the website www.ashm.org.au/courses or phone +612 8204 0725.

Rachel Pride

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 will be supplemented by short reviews of relevant topics and input from the Centers for Disease Control (US), Health Protection Agency (UK) and the World Health Organisation.

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

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