

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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News

IUSTI Elections



Outgoing president Prof Angelika Starey and IUSTI vice-president Dr Raj Patel

After the recent IUSTI elections, the following new appointments were confirmed at the last IUSTI World Executive committee meeting:

Prof King Holmes	- President IUSTI
Dr. Raj Patel	- Vice-President IUSTI
Dr. Janet Wilson	- Secretary-General IUSTI

STI Global Update Feedback

We would like your views and opinions to influence the development of the IUSTI newsletter, *STI Global Update*. Please fill in the short 5 question tick box questionnaire which came with this issue and email it to Lesley.Organ@hobtpct.nhs.uk or fax it to (44)121 237 5729.

Research Review

Antiretroviral Therapy and HIV Prevention

According to estimates by the Joint United Nations Program on HIV/AIDS (UNAIDS), 33.4 million people were living with HIV at the beginning of 2009. Last year 2.7 million people become newly infected with HIV, half of whom are young individuals between the ages of 15 and 24 years, and the majority residing in developing countries. Although there have been

some successes in prevention slowing the pace at which HIV spreads, the epidemic continues unabated in many populations and countries, requiring far more aggressive and integrated prevention programs if we are to succeed in slowing the spread of this deadly epidemic.

Use of antiretroviral therapy revolutionized treatment of HIV infection and converted this disease into a chronic but manageable infection. As of December 2008, approximately 4 million people in low and middle-income countries were receiving antiretroviral therapy (ART)—a tenfold increase over five years. Antiretroviral therapy coverage rose from 7% in 2003 to 42% in 2008 with especially high coverage achieved in eastern and southern Africa (48%). This rapid expansion of access to ART is dramatically helping to lower AIDS-related death rates in multiple countries and regions. Scale-up in sub-Saharan Africa has been most dramatic, increasing from 100,000 people receiving treatment in 2003 to more than 3 million in December 2008. Sixty-three percent of all people now receiving treatment in low- and middle-income countries are living in sub-Saharan Africa, as compared with 25% in late 2003.

In addition to treatment, use of antiretroviral therapy has revolutionized the prevention of mother-to-child transmission (PMTCT) of HIV. Numerous studies have demonstrated that reductions in viral load with ART during pregnancy and breast-feeding reduce MTCT. Effective prevention of mother-to-child transmission depends on the simultaneous support of several strategies that work synergistically to reduce the odds that an infant will become infected as a result of exposure to the mother's virus. In ideal conditions, the provision of antiretroviral prophylaxis and replacement feeding or continued antiretroviral treatment with breastfeeding can reduce transmission from an estimated 30-35% with no intervention to 1 to 2%. This has been arguably the greatest success in the HIV prevention field over the past two decades and continual scale-up of PMTCT continues to reach those who are at greatest risk of transmission.

These concepts of prevention have more recently been applied to prevention of sexual transmission of HIV. Evidence from observational studies among heterosexual populations, and men who have sex with men (MSM) suggests that effective ART may greatly reduce the likelihood of sexual transmission from infected individuals to their sexual partners. A study of heterosexual couples in Uganda in which one partner was infected revealed that infected persons who did transmit virus to their partners had significantly higher mean viral load than those who did not transmit (90,254 copies/mL vs. 38,029 copies/mL); no transmissions occurred among couples in which the infected partners viral load was under 1500 copies/mL.

In population-based studies, availability of ART has been associated with an 80% decrease in sexual transmission of HIV. In a meta-analysis of 11 cohorts including 5,021 heterosexual couples no transmissions among persons receiving ART with a viral load of <400 copies/ml were observed. A study of 2,993 discordant couples in Rwanda and Zambia demonstrated that among couples where the HIV-infected partner was untreated, the HIV incidence in the uninfected partner was 3.4 per 100 couple-years, compared to 0.70 among those receiving ART (80% reduction). In a more recent study from the Partners in Prevention HSV/HIV Transmission Study, the investigators assessed the effect of ART initiation on HIV transmission risk in 3408 heterosexual HIV serodiscordant couples from 7 African countries (Botswana, Kenya, Rwanda, South Africa, Tanzania, Uganda, and Zambia). During the study, 349 (10%) HIV-infected partners initiated ART, which was initiated at CD4 counts <200 cells/mm³ in 52%, between 200 and 349 cells/mm³ in 33%, and ≥350 cells/mm³ in 15%. Only one transmission occurred among these couples in which the infected person was on ARVs. In comparison 102 transmissions occurred among the couples that were not using ARVs (a reduction of transmission of over 90% among those on ARVs). For the single HIV transmission after ART initiation, the HIV-infected partner initiated ART 18 days prior to their partner's first HIV seropositive test. Among men who have sex with men (MSM), there was a 60% decrease in HIV transmission events after introduction of ART in a San Francisco cohort despite increases in reported numbers of risky sexual behavior.

Although ART reduces viral load in both plasma and seminal fluid, undetectable plasma viral load may not always predict undetectable seminal fluid viral load. A recent review of 19 studies, which compared plasma and seminal fluid viral loads, indicates that while blood and genital fluid viral load are often correlated, this is not always the case. Thus, a person with an undetectable plasma viral load may still shed virus in genital fluid at higher levels, which poses risk for transmission. Several additional factors may affect genital fluid viral load. For example, sexually transmitted infections (STIs) such as gonorrhea and chlamydia have been shown to transiently increase viral load in genital fluids. Individuals with active STIs may therefore be more infectious, despite a low or undetectable plasma viral load. Moreover, as individuals with STIs may not have any symptoms, it may be impossible for either partner to be aware of this increased risk. Some of the variation in genital fluid viral load may be due to differences in the degree to which different ART medications enter genital fluid. For instance, nucleoside/tide reverse transcriptase inhibitors (NRTIs) penetrate to a greater extent in male and female genital secretions than do protease inhibitors (PIs). Further work of this type may eventually aid in selection of antiretroviral medications in order to reduce sexual transmission. However, more data collected via these methods and better understanding of the degree to which this

approach might be effective is needed before specific recommendations can be made.

Thus, for couples in which one member is HIV-infected, treatment of the infected partner with effective ART and suppression of viral load to undetectable levels should greatly reduce the risk of transmission to the uninfected partner. However, this risk is not eliminated and it may not be maximally reduced at all times due to some of the factors discussed above. Moreover, the likelihood of transmission may be expected to increase with repeated exposures over time. In a model which estimated transmission risk in the setting of suppressed viral load (<50 copies/mL) without intercurrent STIs, the number of expected transmission events occurring within a population of 10,000 serodiscordant couples over 10 years was estimated to be 215 for female-to-male transmission, 425 for male-to-female transmission, and 3,524 for male-to-male transmissions. For this reason, it is important that individual couples recognize the risk, and use additional preventive methods (e.g., condoms) in order to further minimize the chance of transmission.

As a result of these studies most treatment guidelines in the developed countries recommend that HIV-discordant couples should be started on ART independent of their CD4 cell count in order to prevent transmission, but further encourage other prevention methods (condoms). These studies have been employed in a modeling exercise that simulated the effects of a hypothetical "test and treat" model in which universal voluntary HIV testing with immediate ART for infected persons would be incorporated with other prevention interventions. If this model was feasible, it could potentially reduce HIV incidence and mortality to < one case per 1,000 people per year by 2016. However, achieving full access to these interventions for all at-risk populations may prove to be more difficult than any mathematical model could predict.

In summary, effective use of ART does substantially reduce sexual and perinatal transmission. Additional studies are exploring pre-exposure prophylaxis and post-exposure prophylaxis with ART to further reduce transmission. Results of these studies will hopefully be available within the next two years.

Thomas C. Quinn

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Tom Quinn

Regional Reports

Africa

THE 11TH IUSTI 2009 WORLD CONGRESS

Introduction

The 11th World Congress of the International Union against Sexually Transmitted Infections (IUSTI) took place on the Waterfront in Cape Town, South Africa, at the Nedbank (formerly the Board of Executives) building from 9th to 12th November 2009. This is the first IUSTI meeting in Africa for 10 years and focused on both traditional STIs and HIV from clinical, public health, behavioural and laboratory aspects.

Conference Organising Team

The conference was organised and chaired by Professor David Lewis of the Sexually Transmitted Infections Reference Centre, National Institute for Communicable Diseases, National Health Laboratory Service, South Africa. The scientific programme was organised by Professor David Lewis and Professor Christopher Fairley, University of Melbourne and Director of the Melbourne Sexual Health Centre, Australia. Dr. Janet Wilson, Leeds General Infirmary, United Kingdom assisted with fund raising. The operational aspects of the congress were organised by Sue McGuinness Communications, Johannesburg, South Africa.

Scientific Programme

On the opening day of the congress, the IUSTI North America branch delivered a half day update course on STI/HIV with four internationally respected US-based scientists presenting on a variety of topics. The course was organised by Professor Charlotte Gaydos, Regional Director for IUSTI North America. Professor David Mabey presented the opening lecture at the conference opening ceremony, describing what had been learnt from STI/HIV research in Africa. Dr. Francis Ndowa (WHO) also outlined the current global problem of STIs.

In total, there were 7 plenary lectures, 44 symposium talks in 13 themed symposia, 11 symposium talks in 4 satellite symposia, 48 oral presentations and 139 posters. The plenary sessions covered rapid diagnostic tests for STIs, prevention of mother to child transmission of HIV, biological drivers of the HIV epidemic, sexual networks and the internet, male circumcision, HIV vaccines and how to use information technology (IT) in novel ways to improve STI/HIV clinical practice.

The symposia covered STI/HIV in men-who-have-sex-with-men, STI bacterial typing, STI/HIV public health interventions, HIV treatment approaches,

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condoms, STI/HIV behavioural interventions in Africa, roll out of rapid tests for syphilis screening of pregnant women, updates in STIs and IT, challenges to effective STI syndromic management, HPV vaccination and HPV clinical disease, commercial sex work, STI treatment as a component of HIV prevention, and finally IUSTI global challenges. The congress concluded with a closing lecture by Professor King Holmes from the University of Washington (Seattle, USA) on emerging multi-component STI/HIV prevention strategies.

Three satellite symposia took place on the opening day of the congress, organised and supported by Abbott Molecular, Siemens Healthcare Diagnostics and the Public Health Agency of Canada. These three symposia covered challenges and new approaches in managing STIs, innovations for infectious diseases management and sexual health promotion. In addition, a fourth satellite symposium on congenital syphilis, organised by the CDC Global AIDS Programme in South Africa, was presented on the last morning of the congress.

IUSTI Africa Activities at the conference

IUSTI Africa held a regional meeting on Tuesday 10th November, which was well attended with about 50 African delegates present. A number of useful ideas were put forward to the Regional Director in relation to activities that IUSTI should pursue within the region. Key areas included enhancement of STI/HIV regional training and empowering of Africans to undertake research to allow them to improve their chances of presenting data at international conferences.



IUSTI Africa Regional Meeting

The IUSTI 2009 World Congress was strategically held in Africa in order to assist with the building up of the IUSTI Africa regional network. In addition to the appointment of three African STI/HIV specialists to the IUSTI World Executive Board, an IUSTI Africa core team was established to enhance the work of IUSTI within the Region. The core team held its first meeting during the congress. Core team members include Professor David Lewis (South Africa, IUSTI Africa Regional Director), Professor Aissatou Gaye-Diallo (Senegal, IUSTI Africa Chairperson), Dr. Sam Phiri (Malawi, IUSTI board member), Professor Sax Sarkodie (Ghana, IUSTI board member), Dr. Nda Ushewokunze (Zimbabwe, core team Secretary), Dr. Komivi Aho (Togo), Dr. Nejib Doss (Tunisia), Professor Hortensia Faye-Kette (Cote d'Ivoire), Dr.

Fernand Guedou (Benin), Professor John Masenga (Tanzania) and Dr. Pierre Yassa (Zambia) (Figure 2).



Some of the founding members of IUSTI Africa Region's new core team

The core team has equal representation of English- and French-speaking members, and it is planned to find and recruit two Portuguese-speaking members in 2010. This strong regional team will extend the influence of IUSTI in the African Region and will develop a strategic workplan in 2010 for the next 2 years. The IUSTI 2009 World Congress was essential to bring these key people together and for the establishment of the core team.

Final comments

The 11th IUSTI World Congress met its main objectives which was to bring people together from all five IUSTI Regions to discuss the latest STI/HIV research findings, to renew old and to develop new professional friendships, and to empower young clinicians, researchers and other health professionals in the continued fight against STIs and HIV through a better understanding of STI/HIV interactions, multi-component HIV prevention strategies and the challenge of reducing risk of STI/HIV infection attributed to sexual behaviour.

David Lewis

Latin America

Neisseria gonorrhoeae resistance in Latin America and the Caribbean Region

In 2008, ALAC as part of a survey of 19 National Programs in Latin America collected some information about surveillance of gonococcal resistance. Nine countries reported they have information on the susceptibility and resistance of gonorrhoea, but it was not clear which countries had collected information systematically.

The data reported suggests that in Latin America and the Caribbean gonococcal strains resistant to penicillin and tetracycline are widespread, while strains resistant to ciprofloxacin and azithromycin are starting to spread.

In four countries (Chile, Costa Rica, Mexico and Panama) ciprofloxacin is no longer the preferred drug and ceftriaxone has been introduced. This represents a significant additional cost to these programs, as well as logistical difficulties related to parenteral administration of the medication. There are also sporadic reports of cephalosporin resistance

This is a real problem which needs to be addressed regionally and globally, starting with enabling and promoting countries to develop an effective surveillance system for gonococcal antibiotic resistance.



Data on Gonococcal Resistance in Latin America

Dr. Adele Benzaken, president of ALAC-STI, will present the Latin American perspective at the Joint WHO/CDC consultation on the strategic response to the threat of untreatable *Neisseria gonorrhoeae* and emergence of cephalosporin resistance in gonorrhoea which will take place at the WHO Regional Office for the Western Pacific (WPRO) in Manila from 7-9 April 2010.

Patty Garcia

Europe

Preparations for the 2010 IUSTI Europe conference are proceeding on schedule. It will take place 23-25 September 2010 in Tbilisi, the capital of Georgia. The congress theme is: "*Broadening your horizons*". The co-presidents of the congress will be Drs Josephe Kobakhidze and Georgi Galdava from Georgia, and the chair of the international scientific committee is Dr Simon Barton (London, UK). A field visit is going to be made later this year by our chair, Airi Poder (Tartu, Estonia), together with Simon Barton and Mihael Skerlev (Croatian national representative). I am pleased to report that a meeting of the IUSTI World Executive Committee, chaired by President King K Holmes, will be held immediately after the congress.

Work is also under way in arranging the 2011 conference which will take place in the capital of Latvia, Riga, 8-10 September 2011, and will be hosted by Prof Andris Rubins. The chair of the international scientific committee for that meeting is Dr Willem van der Meijden from Rotterdam in the Netherlands. For further information see: <http://mail.btgroup.lv/btg/iusti.nsf>

Following on from the decision to hold the 2012 IUSTI Europe congress in Turkey, a site visit by several senior members of Council will take place within the next few months.

I am pleased to report that the Council of IUSTI Europe has elected Dr David Barlow (London, UK) as

its first-ever senior counsellor in recognition of his contributions to the European Branch over many years.

Dr Marti Vall (Barcelona, Spain) represented IUSTI Europe at a technical consultation convened by the European Centres for Disease Prevention and Control (ECDC) in Stockholm, Sweden, 8-10 October 2009. The meeting was entitled: "ECDC Assessment on HIV Testing in Europe: from Policy to Practice".

Dr Jan Clarke (Leeds, UK) represented IUSTI Europe at a meeting of the European Union Commission's Sexual Health Forum in Brussels, Belgium, on 13 January 2010. Her report from that meeting can be accessed at: http://www.iusti.org/regions/europe/EU_Sexual_Health_Forumreport.pdf.

Dr Deniz Gökengin (Turkish representative) has written a fascinating account of an elective period spent in an HIV clinic in South Africa (http://www.iusti.org/regions/Europe/IUSTI_Bulletin_Deniz_Gokengin.pdf).

A Russian branch of IUSTI has been set up as a non-profit association, with Prof Mikahial Gomberg as its first president. I should like to take this opportunity to wish it every success.

I should also like to welcome Dr Agnieszka Beata, from Bialystok, as the new Polish representative on the Council of IUSTI Europe.

Work on updating many of the European STI guidelines continues.

Revision of the guidelines on genital herpes, hepatitis and chlamydia is nearing completion, and it is hoped that these guidelines will be finalised and published soon.

The following guidelines are currently out for consultation, and can be accessed via the website. All comments received will be given serious consideration.

- Scabies
(email: michel.janier@sls.aphp.fr)
- Pediculosis pubis
(email: michel.janier@sls.aphp.fr)
- Lymphogranuloma venereum
(email: harald.moi@rikshospitalet.no)
- Granuloma inguinale (Donovanosis)
(email: harald.moi@rikshospitalet.no)

Work is also underway on revising the guidelines on chancroid, and vaginal discharge.

I am very pleased to say that the first European patient information leaflet, on gonorrhoea, is available in draft form for comment at: <http://www.iusti.org/regions/europe/Gonorrhoea%20leaflet.pdf>

(Comments to Dr Jackie Sherrard at: jackiesherrard@doctors.org.uk).

As always, I should be interested to receive any comments, questions, or suggestions about the European Branch or the European guidelines (email: Keith.W.Radcliffe@hobtpct.nhs.uk).

Keith Radcliffe

North America

John M. Douglas, Jr., MD accepted the newly created position of Chief Medical Officer at NCHHSTP and will be leaving the position of Division Director of DSTDP effective March 22. This new position will focus on a variety of priorities, including coordinating cross-center efforts related to the Sexual Health initiative as well as optimizing alignment of Center programs with new developments emerging under possible Health Care Reform. In a letter dated February 5, 2010, Dr. Douglas writes "It has been an extraordinary honor to have served as DSTDP Division Director for almost 7 years. I have never worked with such a stellar group of committed and talented colleagues and my dream of working in public health 'mecca' when I moved here from Denver in 2003 has been exceeded beyond my wildest dreams.... Of course, now more than ever, much remains to be done in our field, and I am delighted that my new role in NCHHSTP will allow me to continue to work with many of you on some of our most exciting, and I hope impactful, areas of development."

Acting Director for CDC's STD Division Kevin Fenton, MD, PhD, FFPH, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) has announced that **Cathleen M. Walsh**, DrPH, MSPH, accepted the position of Acting Director for the Division of STD Prevention (DSTDP), as of March 22, 2010. Dr. Walsh brings almost 20 years of experience in public health, working internationally as co-director of training for the Peace Corps in Botswana; on the state level as the deputy chief of the Women, Infants, and Children Program in North Carolina; and almost 10 years with CDC's Division of STD Prevention focusing on epidemiology and surveillance and health policy and cost-effectiveness analysis. She has published widely on *Chlamydia trachomatis*, and, as a member of DSTDP, she held the position of infertility prevention coordinator, where she directed the implementation of routine screening and treatment for *C. trachomatis* in public health clinics throughout the county. As a member of DSTDP, Dr. Walsh also served as a senior health scientist, where she worked to evaluate STD prevention activities and programs, and technical assistance and training; and as acting branch chief of the Health Services Research and Evaluation Branch. Dr. Walsh also coordinated the agency-wide Health Protection Goals effort, which focused on leveraging CDC resources through integration and partnership across all units at CDC as well as with external partners. Dr. Walsh was most recently in the Office of the Associate Director for Policy (proposed), Office of the Director, CDC, where she served as a senior policy advisor. Dr. Walsh will provide support to the DSTDP staff, leaders, and partners and will work closely with the Center OD to ensure a smooth transition until the new DSTDP Division Director is appointed and in place. This interim leadership follows the move of Dr. John Douglas to the NCHHSTP Office of the Director.

2010 National STD Prevention Conference

We are pleased to invite you to the 2010 National STD Prevention Conference, taking place at the Omni Hotel in Atlanta, Georgia, March 8-11, 2010. The conference will begin at 5 p.m. on Monday, March 8 and end at 12 noon on Thursday, March 11. STDs pose a serious threat to the health and well-being of millions of Americans every year. The biennial National STD Prevention Conference is the only major U.S. conference that focuses exclusively on advances in halting the spread of these serious diseases. At this event, community, academic, government and medical experts will present hundreds of studies on innovative strategies to reduce the public health and economic impact. Since the early years of the 20th century, STD prevention efforts have been a cornerstone of communicable disease control programs. While this longstanding focus has resulted in many public health successes, STDs continue to have substantial population impact. Today's economic crisis demands new considerations in approaching all aspects of public health, including STD prevention:

- it is more apparent than ever that the challenges of STD prevention cannot be separated from problems arising from our fragmented health care system with its rising costs and unequal access.
- on-going challenges in prevention of STDs, such as racial disparities in disease rates, call for public health programs to find new approaches that can reach disproportionately affected populations.
- it is essential to find ways to move beyond our longstanding societal reticence to openly discuss sexual health issues and to normalize conversations around STD prevention.

With these ongoing challenges, the imperative both to strengthen existing efforts and to find new approaches to lessen the burden of STDs on our society could not be greater. As our nation's leaders take bold steps to optimize the health of our citizens, so too must we play our part in creatively and effectively responding to STDs. This biennial conference provides a critical opportunity to listen, to learn, and to challenge ourselves to develop these much-needed responses.

National Chlamydia Coalition

The National Chlamydia Coalition (NCC) convened in 2008 to address the continued high burden of chlamydia infection, especially among women age 24 and under. The coalition strives to reduce the rates of chlamydia and its harmful effects among sexually active adolescents and young adults. Members are working together to achieve the following goals:

- Improve and protect the health of adolescents and young adults by increasing rates of chlamydia screening.
- Increase awareness of the importance of recommended chlamydia screening through public education.
- Encourage health care providers to increase screening rates.

- Advocate for policy change to increase access and use of chlamydia screening and treatment services.
- Encourage research to enhance the prevention of chlamydia and its medical and social consequences.

On December 3-4, 2009, the National Chlamydia Coalition held its annual meeting in Washington, DC. Approximately 60 members and guests attended. Speaker topics included health reform, social marketing, and a panel on communicating about STDs and sexual health. Presentations can be viewed on the NCC website at www.prevent.org/NCC, under the *For NCC Members* tab. Each of the three committees also met to discuss objectives and projects for the next year. On the second day of the meeting, roundtable discussions were held to generate conversation and information-sharing on important topics. The meeting was a success and we look forward to continuing the coalition's work in the next year.

February is National Condom Month

The American Social Health Association (ASHA) wants lovers everywhere to be smart and be safe. To that end, ASHA recognizes February as National Condom Month 2010. Did you know there are an estimated 19 million new sexually transmitted infections each year? While there are many ways to prevent STIs, condoms are the only widely available, proven method for reducing transmission of HIV and STIs during intercourse. Condoms have been used for at least 400 years, yet there is still a need for instruction on consistent and correct condom use. ASHA's website has continued to develop a section with tips on talking with partners who are reluctant to practice safer sex. One approach is to make condom use a fun part of sex. Teasing your partner a bit by slowly putting on a condom could be, as CEO Lynn Barclay says, "just plain sexy!" Female condoms are also an excellent alternative when a male partner can't or won't use a condom. In recognition of national Condom Month, visit www.ASHAstid.org and check out some of their condom resources.

April is STD Awareness Month

STD Awareness Month is an annual observance to raise public awareness about the impact of sexually transmitted diseases (STDs) on the health of Americans and the importance of preventing, testing for, and treating STDs. It is an opportunity for individuals to discuss sexual health with their healthcare providers and, if sexually active, their partners. Learn more about STDs, STD Awareness Month, and where you can find the nearest STD testing site in your area by visiting www.cdc.gov/Features/STDAwareness/
Mary Jett-Goheen and Charlotte Gaydos

Asia-Pacific**Challenges for IUSTI in Asia Pacific**

The Asia Pacific branch of IUSTI covers a very large geographical area. The Regional Director is currently from Singapore, the branch committee members are from Australia (2), India (2), Malaysia (2), China, Indonesia, United Arab Emirates, and Singapore (total=10).

Prior to the 11th World IUSTI Congress in Cape Town, 9-12 Nov 2009, the branch committee members were asked to nominate four priorities for the region; the results from nine members were as follows:

- *Stigma, STI, HIV, other issues with MSM (8)
- *Increase in syphilis, and resistant gonorrhoea (3)
- HIV in IDU (3)
- *STI in youths/inclusion in school curriculum (2)

Others included (one or less) - Papua New Guinea, Reproductive Health, budgets, under-reporting, dermatologists, condoms, drug procurement especially penicillin, podophyllin

*these topics will be the subject of plenary and/or or symposium sessions at the 16th IUSTI Asia Pacific Conference, to be held in Bali, Indonesia, 4-6 May, 2010

For more information, go to

<http://www.iusti-pit2010bali.com/>

The most popular topic concerned MSM, (eight of nine correspondents nominated this topic), and a summary of the presentation by one of us (BPM) in Cape Town is presented below.

The hidden and fast growing epidemic of HIV and other STIs in Asian men who have sex with men (MSM)

Unprotected male-to-male sex with multiple partners is one of the three main modes of transmission of HIV in the Asia-Pacific region - the other two being unprotected sex in the context of sex work and unsafe injecting drug use (Sheldon Shafer, Director, UNESCO, Bangkok, 2008). According to the Asian Epidemic Model, there are several million MSM in the Asian region. Overall, MSM are as much as 25x more likely to be living with HIV than the general population (4). Unpublished data from UNAIDS in 2008 show that MSM in urban areas of Thailand, Cambodia, and Myanmar are experiencing severe HIV epidemics with a prevalence greater than 10%. MSM in cities in Vietnam, Lao PDR, Indonesia, China, Nepal, and India face intermediate level epidemics with prevalence of 2% to 10%. Emerging MSM epidemics are now evident in Pakistan, Bangladesh, East Timor, and the Philippines. There are also alarming rates for other STIs, particularly syphilis (for example 11% among MSM in China - Chen XS, personal communication, Oct 2009) A series of amfAR documents in 2007-9 pose the question, when so many resources are devoted to HIV how could the entire international community have overlooked or simply ignored the rapidly rising rates of HIV infection among MSM? Part of the answer it seems lies in the stigma and violence surrounding MSM; in Asia and the Pacific eleven countries have laws that criminalize consensual sexual activity among persons of the same sex. Institutionalization of a "culture of

hatred" results in covert and overt discrimination and a denial that sex between men actually occurs. "The generalized discomfort with male-to-male sex has helped generate a familiar vicious cycle; no data equals no problem; no problem equals no intervention; and no intervention equals no need to collect data" (MAP report 2005). For much of the last decade less than half the countries in the Region included MSM in any form of sentinel data collection, nor included MSM in their national AIDS plans.

The trouble with MSM.....is that MSM is an awkward typology, meaningless in conversation in most Asian languages; however, it may be the best that the English language can offer at present, and its deficiencies are debated in most of the recent literature from important sources (7,8); originally coined in USA, it implies an identity, whereas sexuality in Asia is fluid, and based on adopted gender roles. In several countries, "Kathoe" is a vernacular "catch all", but even where it is used, it is not without its problems. It may be possible to generate insights from anthropology, rather than epidemiology. For example in the Introduction to his book on Mekong Eroticism (1), Chris Lyttleton writes....

....late in our study, the research team is sitting in a small salon. It has three or four beauticians tending to customers. It is way down a dusty road on the outskirts of Vientiane, the small capital of the Lao People's Democratic Republic (PDR), or Laos. The road is having drainage pipes dug into its edges, which makes for awkward access and noisy conversation. Inside, Suk is attaching hair extensions to a customer sitting in front of a mirror. Another woman is being attended to by a soft-faced man named Phe - his hair is short, hers is being washed. Suk, "herself", has flowing hair and smooth skin that is only possible after months of hormone intake (which in local practice, means taking huge numbers of contraception pills). Like her customer, Suk calls herself kathoe. Phe is not sure which word is better, but he prefers "gay" over kathoe. He has a Western boyfriend. It is popular knowledge amongst Laotian men who are looking for Western lovers that they prefer men with short hair.

It is a scene that the research team has encountered often. Beauty shops are the prime locale associated with both work and sociality for kathoews. It has been this way for generations.....

In this society, and others in Asia, it's clear there are diverse MSM identities; a glossary that would include transgender, overtly feminine acting MSM, overtly masculine acting MSM, gay men, men who have situational sex with other men; in other words there is a continuum and it may be very difficult for outsiders, perhaps especially Western epidemiologists, to grasp the nuanced nature of MSM in Asian countries. In terms of sexual behaviours, a kaleidoscope of possible unions is possible. Multiple sex partners are a common theme and condoms may take second place to fleeting encounters, or indeed emotional desire.

A number of key researchers have been sounding the alarm on MSM and HIV in Asia for some time (2-4).

Many NGOs have also been active, for example Family Health International which has supported several initiatives (5) including a collaboration with Dr Chris Bourne (Sydney Hospital Sexual Health Centre, 2006) which resulted in important and innovative resource-practical clinical guidelines for sexual health care of men who have sex with men. These are available on the IUSTI Asia Pacific web-site (6)

The challenges for MSM programs are various and include the fact that many MSM do not identify as such and so are hidden from MSM-specific programming, as well as continuing prejudices. One of the challenges will be to reach MSM with proper support and care. Recently, there have been some crucial surveys and documents that support major funding for MSM in Asia, and specific attention to these issues (7-9)

Brian Mulhall and Roy Chan

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Conference Update

IUSTI Events:

16th IUSTI Asia Pacific Conference

Dates: May 5-6, 2010

Location: Bali, Indonesia

Website: www.iusti-pit2010bali.com

25th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe

Dates: September 23–25, 2010

Location: Tbilisi, Georgia

Website: www.iusti2010-tbilisi.ge

26th IUSTI Europe Congress

Dates: September 8-10, 2011

Location: Riga, Latvia

Contact: Prof. Dr. Andris Rubins, Email:

arubins@apollo.lv

12th IUSTI World Congress

Dates: November 2-5, 2011

Location: New Delhi, India

Website: www.iusti2011.org

13th IUSTI World Congress

Dates: To be announced

Location: Melbourne, Australia

Contact: Prof. Christopher Fairley, Email:

cfairley@bigpond.com

Other STI or Related

Meetings/Congresses/Courses:

11th International workshop on Clinical Pharmacology of HIV Therapy

Dates: April 7 - 9, 2010

Location: Sorrento, Italy

Website: http://www.virology-education.com/index.cfm/t/11th_International_Workshop_on_Clinical_Pharmacology_of_HIV_Therapy/vid/F4BB3650-92FC-013A-1BB8DEBB78E31678

16th Annual Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health and HIV (BASHH)

Dates: April 21-23, 2010

Location: Manchester, United Kingdom

Website: <http://www.bhiva.org/cms1224236.asp>

6th annual AIDS Scenario Building Workshop: planning for a future with HIV and AIDS

Dates: April 21-23, 2010

Location: London, United Kingdom

Website:

<http://www.ScenarioDevelopment.com/Aidsscenarios>

HIV Management 2010

Dates: April 30-May 1, 2010

Location: New York City, New York, US

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

7th EADV Spring Symposium

Dates: May 13-16, 2010

Location: Cavtat, Croatia

Website: <http://www.eadvcavtat2010.com/>

6th International Workshop on HIV and Hepatitis Co-infection

Dates: May 31- June 2, 2010

Location: Tel Aviv, Israel

Website: http://www.virology-education.com/index.cfm/t/6th_International_Workshop_on_HIV_and_Hepatitis_Co_Infection/vid/09EB4BFD-FA35-D4C2-12D76D17F1C3A69F

26th International Human Papillomavirus Conference and Clinical Workshop 2010

Dates: July 2-8, 2010

Location: Montreal, Canada

Website: Not available

XVIII International AIDS Conference

Dates: July 18 - 22, 2010

Location: Vienna, Austria

Website: <http://www.aids2010.org/>

International Conference on Opportunistic Pathogens

Dates: September 28-30, 2010

Location: New Delhi, Delhi, India

Website: <http://icopa-india.org>

19th EADV Congress

Dates: October 6-10, 2010

Location: Gothenburg, Sweden

Website: <http://www.eadv.org/nc/news/article/19th-eadv-congress//6/76b8853d6a/>

Antivirals Congress

Dates: 7 to 9 November 2010

Location: Amsterdam, Netherlands

Website: <http://www.antivirals.elsevier.com>

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

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) and the World Health Organisation.

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