

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

Before I update members of recent developments I would like to take a little space in acknowledging the considerable debt our Union owes to Prof Anton Luger who died, in Vienna aged 93 in late June this year.

Anton Luger was a celebrated clinician and researcher whose career spanned many of the last century's momentous developments in STI care. He did much to support international assistance for the developing world and promoted STI interventions at a time when many felt that these diseases had been beaten for good. Anton Luger was President of the Union over 2 periods in the 1980s. The fortunes of the IUVDT (as IUSTI was then known) were somewhat in decline at this time. Anton Luger having built a team of committed officers made root and branch changes to the organisation - he never shied away from making difficult decisions and his tenacity and strength of commitment built not only the world class academic and clinical institutions of dermatovenereology in Vienna but also the national and international organisations which he led. I have written to the family with condolences from the IUSTI membership and drafted a short eulogy that was read by Prof Angelika Stary, Past IUSTI President and one of Prof Luger's students, at his funeral.

2012 is well on the way to being a highly productive year for the Union. IUSTI national and regional branches have held well attended high quality meetings, our website and membership structure is well embedded in its new home at the University of Melbourne and the various Regional Research and Guidelines initiatives are continuing apace.

International developments

Plans for our world meeting in Melbourne in October are well advanced. We expect a large number of delegates from around the world including representation from all of our regions. Thanks to

highly generous grants (special thanks to the NIH Office of AIDS Research) the organisers will be able to offer support to young researchers particularly those from resource poor settings. Our host, Prof Christopher Fairley has worked with the scientific chair, Prof David Lewis to put together an exceptional programme.

Plans for our World meeting in 2013 (Vienna) are also advanced and the planning group for 2014 (CDC, IUSTI Latin America and IUSTI world) will shortly announce the North American Venue.

Forthcoming regional Meeting for your diary

The European IUSTI Region will be meeting in Antalya in September 2012. Dr Deniz Gokengin has put together an impressive international Faculty that will deliver a combined HIV and STI congress. Following the success of opt-in workshops in Riga the meeting in Turkey will offer a range of small group workshops that will specifically develop delegate skills in research, service development and technical matters.

Website and membership news

The University of Melbourne hosts our website and has been working to move all the membership and financial handling to its servers. Our webmaster and membership team have developed a certification system and this will issue all full members of IUSTI a certificate on registration and annual renewal. Later this year we shall be bringing in the automated reminder system so that our membership registers can be maintained as up-to-date as possible.

Recent IUSTI Congresses

Three of our regional and national branches have held annual meetings so far this year.

IUSTI Russia supported the European/Asian Association for Dermatovenereology at its second meeting in Moscow in March 2012. Over 800 delegates attended this 3 day meeting. A dual translated STI track provided an opportunity for contributions from an international faculty. IUSTI's Regional Directors for Europe and Asia attended this meeting. The group plans to hold a meeting in summer 2013 (Odessa) which will duplicate the successful program from this year.

IUSTI Estonia held its annual meeting in June. This 2 day meeting had a special theme of STI management and care in the armed forces and was held in conjunction with members of the Estonian armed forces. The meeting was fully subscribed and explored important issues including sexual violence and sexuality in the armed forces.

The ASTDA (IUSTI North America) held a combined meeting with the British Association for Sexual Health and HIV in Brighton, UK. This proved to be its largest combined meeting to date with over 500 international delegates. A particular focus proved to be STI prevention, risk assessment and the clinical integration of the next generation of molecular diagnostics.

I attended all three of these congresses and had an opportunity to meet many members and see the work that our regional members, officers, chairpersons and directors are doing. IUSTI's strength lies in the high levels of commitment our regional members have in making our work a success – with the streamlining of our back office functions that is currently underway the world Committee will be able to further consolidate support for our regional work.

Raj Patel

IUSTI President

News

Cochrane Collaboration Sexually Transmitted Infections Group

The Cochrane Sexually Transmitted Infections Group (CSTIG) has recently been reregistered as a group within the Cochrane Collaboration. The Cochrane Collaboration aims to publish systematic reviews in all areas of health. Unfortunately the CSTIG has moved several times and in 2009 was eventually closed because of a lack of local funding. So we are pleased to announce the re-establishment of this group at the National University in Bogota, Colombia. Funding has been made available by the University to support a managing editor and trial search coordinator.

An international editorial group has been formed and we recently held the first Cochrane Editors' training workshop in Villa de Leyva, Colombia on June 4th and 5th 2012. The workshop included participants from England, New Zealand, Switzerland, South Africa, and Colombia. Twelve editors were trained in editing skills; good editorial practice; risk of bias and the overview of the editorial process.

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Here is the link to the website for the Group
<http://onlinelibrary.wiley.com/o/cochrane/clabout/articles/STI/sect0-meta.html>

Current reviews and protocols and titles

Strategies for partner notification for sexually transmitted diseases.
5-FU for genital warts in non-immunocompromised individuals
Topical microbicides for prevention of sexually

transmitted infections
Azithromycin versus penicillin G benzathine for early syphilis
Interferon for anogenital warts
Genital ulcer disease treatment for reducing sexual transmission of HIV
Antibiotic therapy for pelvic inflammatory disease (P)
Probiotics for vulvovaginal candidiasis in non-pregnant women (P)
Oral antiviral therapy for prevention of genital herpes outbreaks in immunocompetent and nonpregnant patients (P)

(P) – protocol stage

Top Ten Priorities

We have spent some time setting priorities for the group and here are the top ten priorities and invite you to contact the group if you wish to be involved in preparing one of these systematic reviews. Training in systematic review methodology is required and can be provided either in locality based workshops or as online training. <http://www.cochrane.org/training>

TITLES
Antibiotics for non-gonococcal urethritis in men
Male condoms for preventing sexually transmitted infections
Self collected specimens for sexually transmitted infections screening
Antifungal for vulvovaginal candidiasis
Antivirals for preventing genital herpes outbreaks in immunocompetent and non-pregnant patients
Interventions to reduce the duration and severity of first episode genital herpes in immunocompetent individuals
Nifuratel-Nystatin combination for the treatment of trichomonal vaginitis, vulvovaginal candidiasis and bacterial vaginosis
Single versus multiple doses metronidazole for bacterial vaginosis
Vaginal douching for preventing sexually transmitted diseases

Hernando Gaitan and Cindy Farquhar

Prof Anton Luger 1918-2012

On behalf of the Executive Committee and Officers of the International Union against Sexually Transmitted Infections we would like to express our deepest sympathies to his wife Margith and sons Prof Anton Luger (jnr), Prof Thomas Luger and their families. We wish to pass our condolences to you all. We have lost a dear friend, mentor and colleague. Born in 1918, he studied medicine at the University of Vienna during the second World War from 1938 to 1944. He had medical duties in different infectious

war-hospital departments and was confronted with syphilis and other venereal and infectious diseases. At the 2nd Department of Dermatology at the University of Vienna he started his dermatological education and got his scientific academic grade in 1959 with his work on endemic syphilis. In 1963-84 he was head of the Dermatological Department in the Hospital Lainz and served there for 13 years, and also as director of the hospital. 1954-1957 he was sent as WHO Senior Medical Advisor to Africa and Naher Osten, and acted as team leader of the WHO/UNICEF Project Syria 3 to eradicate endemic syphilis. He made an impact on basic science and clinical practice across many disease areas, especially in syphilis and his efforts maintained interest in areas of research that may otherwise have fallen into neglect. He did fundamental work on diagnostics and helped describe the epidemic of STI in several developing countries. He established a national reference centre for syphilis serology with the aim to improve the diagnosis of syphilis at different stages. Anton Luger's academic contributions were legion but his stature in the field is not just based on these. He was a great teacher and a compassionate clinician interested in the wider dissemination of knowledge. Many of the young people he trained are now the leaders of Dermatovenereology.



Prof Anton Luger

Anton Luger was, for much of his career, one of the most distinguished Austrian Dermatovenereologist of his generation.

Anton maintained the high international reputation of Austrian Dermatovenereology through hosting many academic exchanges and conferences. He was an Honorary Member of 16 different Dermatovenereological societies in Europe, got several prizes and it is not surprising that Anton's reputation grew on the international stage. In 1984 he became the President of the IUVDT and made many international friends during his work as president. Anton maintained the output and profile of the IUVDT, before this society changed its name to IUSTI. He motivated a team of officers to come together, took

difficult decisions when they were needed and guided the organisation through its problems to a safer and more certain future. One of his Secretary Generals was M. Waugh, who became also IUSTI World President. The IUSTI will be eternally grateful for his stewardship and in 2008 as a token of this appreciation awarded Anton Luger for his 90th birthday the IUSTI Gold Medal of Excellence – an extremely rare tribute to an exceptionally rare talent. Anton Luger touched many lives around the world. He made time in a busy and successful career to promote the interests of the least fortunate and helped build institutions that continue this work. His life and work is an example to us all of what can be achieved through perseverance and effort.

Dr Raj Patel, President of IUSTI World

Dr. Michael Waugh, Past President of IUSTI World

Prof. Angelika Stary, Past President of IUSTI World

I'm sad to hear that Anton passed away recently. He's been a major role model for me and others in terms of his wisdom, energy and enthusiasm, and his love for the field we've chosen for our professional work. I remember the day when he visited my house for a picnic, went swimming in Lake Washington, and when we realized he'd been missing for over 2 hours, we all panicked - (panic at the picnic). So I went out paddling my canoe looking for him with another of your colleagues, and finally saw him swimming towards us way off in the distance - we shouted, and he looked up and said "go away, I'm fine". It wasn't until later that I learned he was a Danube River swimmer. Anyway, he's been a good colleague, had a wonderful life and career, and he will be missed.

Prof King Holmes, Past President of IUSTI World

Regional Reports

Europe

The 27th congress of the European Branch of the IUSTI will take place in Antalya in Turkey, 6-8 September 2012 with the title '*STI and HIV: time for protection*' (see: www.iusti2012turkey.org/).

The local hosts and co-presidents of the congress are Prof Demir Serter and Dr Deniz Gökengin. The International Scientific Committee for the meeting is co-chaired by Prof Michael Skerlev and Dr Derek Freedman. This is the first congress to be held in Turkey so it is a particularly important one for the Branch and we are all looking forward to a very stimulating meeting in a delightful setting. An innovative element in the scientific programme is the inclusion of a variety of workshops on different aspects of sexual health and venereology.

In 2013 the European Branch will not be holding a separate congress but will be contributing to the success of the joint meeting of the 14th World IUSTI and the 20th ISSTD (International Society for STD Research) which will be held in Vienna, 14-17 July.

This meeting has the title '*Threatening past – promising future*'

(see: <http://www.stivienna2013.com/>) and the congress president will be Prof Angelika Stary, with the Chair of the International Scientific Committee being Prof Thomas Quinn.

On the 3rd February I represented IUSTI Europe at a meeting held by the collaboration '*HIV in Europe*' in London. This collaboration is supported and hosted by the Copenhagen HIV Programme (CHIP) at the University of Copenhagen and the State University Hospital in Copenhagen, Denmark. AIDS Action Europe, a Pan-European non-governmental organisation is actively involved, and a number of influential international health bodies have observer status including the WHO Regional Office for Europe, the European Centre for Disease Prevention and Control (ECDC), the US Centre for Disease Control and Prevention (CDC) and the Global Fund for AIDS, Tuberculosis and Malaria. The aims of the collaboration are to increase awareness of HIV across Europe in particular with a view to preventing complications of late disease through earlier diagnosis. Following on from this I attended a conference organised by the project in Copenhagen where I delivered a plenary talk on '*Indicator condition-guided HIV testing*'. The conference proceedings are available at: <http://www.hiveurope.eu/Copenhagen2012Conference/tabid/115/Default.aspx>

In June the ECDC published a report: '*Response plan to control and manage the threat of multidrug-resistant gonorrhoea in Europe*' (available at: <http://www.ecdc.europa.eu/en/Pages/home.aspx>).

Two new national representatives have been appointed to the council of IUSTI Europe: Dr Norbert Brockmeyer for Germany and Dr Vesta Kucinskiene for Lithuania.

The European STI Guidelines Project continues its work. Since my last report the guideline on '*Organising a consultation for STD*' has been revised and has been published on the website (<http://www.iusti.org/regions/europe/euroguidelines.htm#Current>).

The guideline on pelvic infection has completed the consultation process and will shortly be published on the website. The guidelines on balanoposthitis and epididymo-orchitis have been revised and drafts are available on the website for consultation and comments.

A patient information leaflet on genital warts has been completed and published on the website.

The extensive scientific background papers on syphilis from a workshop conducted in Mykonos in 2004 are now available on the guidelines section of the IUSTI website and I commend Dr Pieter van Voorst Vader for having achieved this. I should also like to congratulate Pieter upon his having been made an Officer in the Order of Oranje-Nassau in 2011 for his lifelong services to medicine and worthy causes in the Netherlands.

Revision of the following guidelines is also in progress:

- Sexually acquired reactive arthritis
- Gonorrhoea.

The 14th Conference of the Estonian Union against STI (IUSTI Estonia) was held at the Laulasmaa Spa in Estonia in June. In the same month a congress of the German STI Society was held in Berlin with Profs W Sterry and NH Brockmeyer as Co-presidents and with Prof P Kohl as Senior President.

The second Euro-Asian Association of Dermato-venereologists met in Moscow in March with an excellent STI track organised by Professor Mikhail Gomberg.

A post-graduate course on STI was held at Bertinoro in Italy, with a number of IUSTI Europe members speaking. The meeting was co-organised by Dr Marco Cusini.

Any comments or suggestions on the work of the European Branch or of the European STI Guidelines Project would be most welcome; email me at k.radcliffe@virgin.net

Keith Radcliffe

Latin America

New Directory of the Latin America Association against STIs (ALACITS)

The new Directory of ALACITS for 2011-2014 started in October 2011, in Lima, Peru, during the workshop: *"Sharing The Experience on the Implementation of The Rapid Syphilis Test: The Way to the Elimination of Congenital Syphilis In Latin America"*.

The members of the new Directory are:

Patricia J. García	Peru	President
Freddy Tinajeros	Honduras	1st Vice President
Guzmán Miguel Tilli	Argentina	2 nd Vice President
Raquel Balleste	Uruguay	3 rd Vice President
María Angela Silveira	Brazil	4 th Vice President
Rita Revollo	Bolivia	1st Secretary
Murillo Rafael Montero	D. Republic	2 nd Secretary
Gloria Aguilar	Paraguay	1st Treasurer
Marco Antonio Urquía	Honduras	2 nd Treasurer
Aurelio Nuñez	Panamá	1st Scientific Director
Tina Hylton	Jamaica	2 nd Scientific Director
Kong		3 rd Scientific Director
Anibal Hurtado	Chile	3 rd Scientific Director



Members of the Directory of ALACITS

Workshop: Sharing the experience on the implementation of the rapid syphilis test – the way to the elimination of congenital syphilis in Latin America

This workshop was held from October 20th to 21st in Lima, Peru. The purpose of the meeting was to share experiences on the implementation of rapid tests for diagnosis of syphilis in pregnant women between Latin American countries, in the context of the elimination of maternal and congenital syphilis. The event was attended by health professionals from 14 countries, such as Honduras, Guatemala, El Salvador, Nicaragua, Panama, Colombia, Venezuela, Ecuador, Bolivia, Paraguay, Argentina, Uruguay, Chile and Peru. As part of the workshop we validated a manual (toolkit) for implementation of rapid syphilis test, prepared by the London School of Hygiene and Tropical Medicine, reviewed and translated to Spanish by the Universidad Peruana Cayetano Heredia. During the event there was a discussion about the progress of countries with respect to antenatal care coverage, implementation of rapid syphilis tests and prevalence of maternal and congenital syphilis. All participants took part in practical sessions to learn how to perform the rapid syphilis test, on how to train other professionals and on how to do a costing analysis for the rapid syphilis tests.



Rapid Syphilis Testing

An important conclusion of the workshop was that countries aiming to implement the syphilis rapid test, need not only policies but also need (1) a good strategy to assure the quality supplies (tests) are

available on time at the lowest cost, (2) a quality assurance program and (3) a plan for tracking and monitoring activity and results.

Patty Garcia

North America

FDA approves first at home rapid HIV test

The first ever over-the-counter rapid HIV test has been approved by the Food and Drug Administration. According to CDC about 1.2 million people in the United States are currently living with HIV, but about one in five don't know they're infected.

Users of the OraQuick In-Home HIV Test swab their upper and lower gums with the included test pad device and place it into a vial of solution. Much like a pregnancy test, one line shows up if the test is negative, two lines means a positive test. Test results take about 20 minutes. A positive reading does not mean a definite human immunodeficiency virus, but that additional testing should be scheduled with a health professional. However, the FDA also cautions that a negative test result "does not mean that an individual is definitely not infected with HIV, particularly when exposure may have been within the previous three months."

In clinical trials the OraQuick performed at 99.98% for test specificity. This means that one false positive would be expected out of every 5,000 test results in uninfected individuals. OraSure Technologies, the manufacturer of the OraQuick In-Home HIV Test will have a consumer support center that is available via phone and will be open 24 hours a day, seven days a week. The center will provide users with information about HIV/AIDS, the proper method for administering the test and guidance on what to do once results have been obtained.

Douglas Michels, President and Chief Executive Officer of OraSure says the approval represents a major breakthrough in HIV testing. "For the first time ever, individuals will have access to an in-home oral test that will empower them to learn their HIV status in the comfort of their home and obtain referral to care if needed. This new in-home rapid test – the same test doctors have used for years – will help individuals at risk for HIV who otherwise may not test in a professional or clinical setting." Orasure will have the kit to be available in stores and online in early October. The professional version of the kit sells in clinics for \$17.50 but Michels believes the home kit will cost a little more. He says the price will be set by retailers. More than 30,000 stores will carry the test when it launches, he adds.

2011 Youth Risk Behavior Surveillance Data Released

The CDC's Division of Adolescent and School Health (DASH) recently released the 2011 Youth Risk Behavior Survey (YRBS) results (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>).

The YRBS tracks a variety of health risk behaviors, including sexual behaviors that contribute to unintended pregnancies and sexually transmitted diseases (STDs). The 2011 YRBS surveyed more than 15,000 high school students from across the country and includes national data, as well as data from 43 states and 21 large urban school districts. Key results for sexual behavior in the 2011 YRBS included the following: 47.4% of students reported ever having had sexual intercourse (up from 46% in 2009) 6.2% of students reported having had sex before age 13 (up from 5.9% in 2009) 15.3% of students reported having had sex with four or more sexual partners (up from 13.8% in 2009) 60.2% of sexually active students reported that either they or their partner had used a condom during last sex (down from 61.1% in 2009) 18.0% of sexually active students reported that either they or their partner had used birth control pills to prevent pregnancy before last sexual intercourse (down from 19.8% in 2009) 12.9% of sexually active students had not used any method to prevent pregnancy during last sexual intercourse (up from 11.9% in 2009)

Overview from the 2012 National STD Prevention Conference, Minneapolis, MN, March 12-15, 2012



The conference theme this year was "STD Prevention Innovation: Solutions in an Era of Change". This winning theme was submitted by Jessica Ladd, MPH, a PhD student at Johns Hopkins University. Conference co-sponsors included: CDC's Division of STD Prevention (DSTDP), American Sexually Transmitted Disease Association (ASTDA), the American Social Health Association (ASHA), Co-Chairs were Lynn Barclay, Jeanne Marrazzo, MD, MPH, and William Smith. The Tracks included: Biomedical and Laboratory Issues, Epidemiology and Surveillance; Health Services and Systems, and Social and Behavioral Aspects of Prevention. The successful conference this year featured four plenary sessions:

- Reflections on the Past Decades of STI/HIV Prevention: Evolving Norms, Behaviors and Science
- The Impact of Health Reform on Prevention, Provision of Services, and Control of STDs
- Addressing HIV/HIV Disparities Among MSM
- The Challenging Landscape of STD Prevention: Embracing Opportunities and Looking Forward.

There were four Mini-plenary sessions, covering topics such as Competing Demands Among Clinical

Preventive Services; Emerging Research Paradigms in STD Epidemiology and Prevention; Swimming Upstream: Beyond the Numbers on MSM Health; and Health Care Reform: Should this be the End of STD Clinics? As well, there were 29 Sessions for Oral Presentations and Symposia covering 12 categories, which provided a wide range of representative topics:

- Behavior, Community-Level and Structural Issues
- Clinical Issues
- Disease Focus
- Epidemiology and Surveillance
- Health Equity
- Health Services
- Media and Technology
- Partner Services
- Partnering
- Policy
- Population Focus
- Professional Training

There were 21 Showcase Posters and two poster sessions with a total of 197 posters, which were widely attended. Of particular interest and in keeping with the theme of the conference was Session C-3: Healthcare Changes and STDs: When the Money Goes, Will the Services Stay? There were 6 oral presentations in this Session. These presentations and discussions included talks about the National Overview of the Challenges Faced by STD Programs, Evaluation of the Impact of State Budget Eliminations on STD Clinical Services in New Hampshire, A Universal Health Insurance Mandate Does Not Equate to Universal Coverage for STI Clinic Patients, The Future of the Infertility Prevention Project (IPP) Opportunities and Recommendations in Light of the Affordable Care Act, Effects of Shifts in Funding for STI Services During Health Reform Changes in Massachusetts, and Federal Appropriations: What Is This Process and What Does It Mean? This session of talks ably represented the overall concern of many conference attendees this year about what challenges and what solutions in the coming “era of change” lie ahead of the STD community in the coming years.

Another session which attracted a wide interest was the C-5 Session, “Preparing for the Treatment of Multidrug Resistant *Neisseria gonorrhoeae*”. Cephalosporins are the only remaining class of antibiotics that meet CDC’s recommendations for treating gonorrhea. Recent data suggest that cephalosporin resistance may be emerging, especially in the Far East, where such strains have been characterized. This symposium provided an overview of gonorrhea resistance in the U.S, susceptibility trends, discussed key laboratory, treatment, and programmatic issues. A real time PCR, as a surveillance tool was presented, and culture based susceptibility methods were discussed. Additionally, Session A2 included many discussions on the Rapid assessment and response to gonorrhea decreased susceptibility to Cephalosporins;

Mandated reporting of gonorrhea susceptibility results for surveillance; Gonorrhea treatment practices in the STD surveillance network; Whether requirement for injections delay treatment for gonorrhea; and the Failure of Azithromycin for urogenital gonorrhea. This session ended with a talk about Treatment in the era of treatment options. Conclusions included: “A need for a comprehensive prevention strategy, which should include enhancement of international and national surveillance, optimal antibiotic regimens, implementation of screening recommendations, and effective treatment of sexual partners”.

No treatment failures have been identified in the United States. Increasing MICs to cephalosporins were also reported from Canada, Europe, Kenya, and China. Investigators from Australia have described a molecular assay to detect penicillinase-producing *N. gonorrhoeae* (PPNG), but a molecular assay for cephalosporin-resistance is not available yet. Culture-based antibiotic resistance testing is still required. CDC has called for the development of new antibiotics, enhanced surveillance and international collaboration, coordinated and standardized laboratory testing approaches, and national and regional public health action plans.

"Disparities in Sexually Transmitted Disease Rates Across the 'Eight Americas' Sexually Transmitted Diseases Vol. 39; No. 6: P. 458-464, 2012 Harrell W. Chesson et.al.

The research team set out to examine rates of three bacterial STDs - syphilis, gonorrhea, and chlamydia - in eight US subpopulations defined by race and a small number of county-level sociodemographic and geographical characteristics. Referred to as the “eight Americas,” the subpopulations are: 1) Asians and Pacific Islanders in certain counties; 2) Northland low-income rural white; 3) Middle America; 4) low-income whites in Appalachia and the Mississippi Valley; 5) Western Native American; 6) black middle America; 7) Southern low-income rural black; and 8) high-risk urban black. The corresponding author of the original eight Americas project, which examined disparities in mortality rates, provided a list of the counties comprising each of the eight Americas. The authors used county-level surveillance data to determine rates of new cases per 100,000 population for the three STDs in the eight Americas. The results showed that across the eight Americas, rates of reported STDs “varied substantially.” These were generally lowest in Americas 1 and 2, while they were highest in Americas 6, 7, and 8. “Although disparities in STDs across the eight Americas are generally similar to the well-established disparities in STDs across race/ethnicity, the grouping of counties into the eight Americas does offer additional insight into disparities in STDs in the United States,” the team concluded. “The high STD rates we found for black Middle America are consistent with the assertion that sexual networks and social factors are important drivers of racial disparities in STDs.”

Trichomonas vaginalis NAAT assay cleared by the FDA

Schwebke JR, Hobbs MM, S Taylor SN, Sena AC, Catania MG, Weinbaum BS, Johnson AD, Getman DK, Gaydos CA. Molecular testing for *Trichomonas vaginalis* in women: Results of a pivotal US clinical trial. *J Clin Microbiol* 49:4106-4111, 2011.

A *Trichomonas* prevalence study has been published ahead of print in *Journal Clin. Microbiology* from over 7500 women in the US:

Prevalence of *Trichomonas vaginalis* and Coinfection with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in the United States as Determined by the Aptima *Trichomonas vaginalis* Nucleic Acid Amplification Assay

C. C. Ginocchio, K. Chapin, J. S. Smith, J. Aslanzadeh, J. Snook, C. S. Hill, C. A. Gaydos

Our aim was to determine *Trichomonas vaginalis* prevalence using the Aptima *Trichomonas vaginalis* assay (ATV; Gen-Probe) and the prevalence of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* coinfections in U.S. women undergoing screening for *C. trachomatis*/*N. gonorrhoeae*. Discarded urogenital samples from 7,593 women (18 to 89 years old) undergoing *C. trachomatis*/*N. gonorrhoeae* screening using the Aptima Combo 2 assay (Gen-Probe) in various clinical settings were tested with ATV. Overall, *T. vaginalis*, *C. trachomatis*, and *N. gonorrhoeae* prevalences were 8.7%, 6.7%, and 1.7%, respectively. *T. vaginalis* was more prevalent than *C. trachomatis* or *N. gonorrhoeae* in all age groups except the 18- to 19-year-old group. The highest *T. vaginalis* prevalence was in women >40 years old (>11%), while the highest *C. trachomatis* prevalence (9.2%) and *N. gonorrhoeae* prevalence (2.2%) were in women <30 years old. Coinfection prevalences were 1.3% for *C. trachomatis*/*T. vaginalis*, 0.61% for *C. trachomatis*/*N. gonorrhoeae* and *N. gonorrhoeae*/*T. vaginalis*, and 0.24% for *C. trachomatis*/*N. gonorrhoeae*/*T. vaginalis* and highest in women <30 years old. *T. vaginalis* prevalence differed by race/ethnicity, with the highest prevalence in black women (20.2%). *T. vaginalis* prevalence ranged from 5.4% in family planning clinics to 22.3% in jails. Multivariate analysis determined that ages of >40 years, black race, and patient locations were significantly associated with *T. vaginalis* infection. *T. vaginalis* is the most common sexually transmitted infection (STI) in women of >40 years, while *C. trachomatis* and *N. gonorrhoeae* prevalence is lowest in that age group. Higher *T. vaginalis* prevalence in women of >40 years is probably attributed to the reason for testing, i.e., symptomatic status versus routine screening in younger women. Coinfections were relatively low. High *T. vaginalis* prevalence in all age groups suggests that women screened for *C. trachomatis*/*N. gonorrhoeae*, whether asymptomatic or symptomatic, should be screened for *T. vaginalis*.

Charlotte Gaydos

Asia Pacific

Conference Report - The 6th National STD Conference, China 23 – 25 May 2012

The 6th National STD Conference was held in Shenzhen, Guangdong Province in May 23-25 2012 and brought together approximately 400 STD professionals from China, USA and UK to discuss exciting STD research and prevention and treatment initiatives in China and elsewhere.



The days of the conference were filled with sessions relevant to on-the-ground STD work including laboratory science, clinical medicine, research implementation, and public health topics, highlighting the strides made in STD research in China. Conference presenters and attendees shared best practices for STD prevention and control in resource-constrained settings.

Xia Gang (Director, Department of Disease Control, Ministry of Health of the People's Republic of China) opened the first plenary session with a presentation of China's 12th five-year Action Plan for AIDS Control and Prevention. Chen Xiangsheng (Vice Director, National Center for STD Control, China CDC) and Wang Ning (Vice Director, National Center for AIDS/STD Control and Prevention, China CDC) discussed STD and HIV epidemiology and control strategies in China.



Myron Cohen (Chief, Division of Infectious Diseases, Director, Center for Infectious Diseases, University of North Carolina School of Medicine) introduced advances in using HIV treatment as a prevention strategy and David Mabey (Professor of Communicable Diseases, London School of Hygiene and Tropical Medicine) addressed the challenges of eliminating congenital syphilis. Novel approaches for

the diagnosis of STDs were presented by Rosanna Peeling (Professor and Chair of Diagnostics Research, London School of Hygiene and Tropical Medicine).

A diversity of other important STD work currently being conducted in China was also showcased across the three-day conference. In addition, connections were strengthened among National STD Control Center, Guangdong Provincial STD Control Center, University of North Carolina, London School of Hygiene and Tropical Medicine, and other provincial STD Control Centers.



Guangdong as a significant battleground in the country's fight against STD was an appropriate province for such a conference. A commonly used term for syphilis infection in China is "Guangdong boils", thought to be related to the historical position of Guangdong as an important economic and trade hub that has concomitantly suffered from substantial syphilis epidemics in the past. Syphilis is now the second most commonly reported communicable disease in Guangdong Province. In 2011, syphilis burden reached 48.94/100,000 people.

Crystal Shen and Li-Gang Yang

Conference Update

IUSTI Events:

27th IUSTI Europe Congress

Dates: September 6-8, 2012

Location: Antalya, Turkey

Website: <http://iusti2012turkey.org/default.asp>

13th IUSTI World Congress

Dates: 15-17 October, 2012

Location: Melbourne, Australia

Website: <http://www.iusti2012.com/>

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

Dates: 14-17 July, 2013

Location: Vienna, Austria

Website: www.stivienna2013.com

Other STI or Related Meetings/Congresses/Courses:

12th Asia Oceania Congress of Sexology

Dates: August 2-5, 2012

Location: Center Matsue, Japan

Website: <http://www.12aocs.jp/>

5th Africa Conference on Sexual Health and Rights

Dates: September 19-22, 2012

Location: Windhoek, Namibia

Website: www.nappa.com.na Sexual Health and Rights

21st EADV Congress

Dates: September 27-30, 2012

Location: Prague, Czech Republic

Website: <http://prague2012.eadv.org/>

Eleventh International Congress on Drug Therapy in HIV Infection

Date: November 11, 2012

Location: Glasgow, Scotland, United Kingdom

Website: <http://www.hiv11.com/default.aspx>

Association of Nurses in AIDS Care 25th Anniversary Annual Conference Our Journey From Novice to Expert: Celebrating 25 Years of HIV Nursing

Dates: November 15-18, 2012

Location: Tucson, Arizona

Website:

<http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=4280>

28th International Papillomavirus Conference

Dates: November 30-December 6, 2012

Location: San Juan, Puerto Rico

Website: <http://www.hpv2012pr.org/>

HIV Vaccines

Dates: February 10 - 15, 2013

Location: Keystone, Colorado

Website: www.keystonesymposia.org

Immune Activation in HIV Infection: Basic Mechanisms and Clinical Implications

Dates: April 3 - 8, 2013

Location: Breckenridge, Colorado, United States

Website: www.keystonesymposia.org

10th EADV Spring Symposium

Dates: May 23-26, 2013

Location: Cracow, Poland

Website: <http://www.eadv.org/nc/news/article/10th-eadv-spring-symposium-1/6/d3c174284f19756946f82f93847b105c/>

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