



STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column



Our new IUSTI President, David Lewis, attending the 9th STD/5th AIDS Congress in Salvador da Bahia, Brazil in August

It is with great pleasure that I write my first presidential column. I would like to start by expressing sincere thanks to Raj Patel, on behalf of entire IUSTI organisation, for his extensive work for, and leadership of, IUSTI in recent years. Raj has worked tirelessly for IUSTI and is unique in having hands-on experience of the Secretary General and Treasurer roles. I am conscious that I have taken on the torch from Raj at a time when IUSTI is going through a renaissance, characterized by a raised profile in terms of growing membership numbers, active regions and well-attended scientific meetings. I am conscious that I am following in the footsteps of several Past Presidents who have all made their own unique mark on our Society. During my tenure as President-Elect, I reflected on where IUSTI is performing well and where IUSTI could improve. In doing so, I was mindful of our objective which is to foster international collaboration in the control of sexually transmitted infections (STI) including HIV/AIDS.

In terms of international collaboration, we look to the sterling example of IUSTI-Europe which has gone from strength to strength under the leadership of Keith Radcliffe (UK), who completed his successful eight year term as European Regional Director in July this year. IUSTI-Europe

has managed to achieve a strong team in many of its member countries and it is anticipated that there will be several new national IUSTI organisations emerging in the next few years based on the model developed in Eastern Europe. Going forward, a key challenge will be for these national organisations to continue to work as one, both the regional and global level, in keeping with our Society's overall objective. IUSTI-Europe has set the standard for running successful and well-attended regional meetings on an annual basis. Key to this success has been the fact that Europe has a long-standing history in dermatovenereology and STI control, with a number of strong STI clinical societies and academic institutions, good infrastructure and, despite the current global economic crisis, the advantages that come with a relatively strong economy.



Raj Patel receiving his IUSTI Gold Medal from Angelika Stary in Vienna

This situation is in stark contrast to my own region (Africa) where there is still much to be done in terms of building up national and regional capacity in order to meet IUSTI's objective. Like Keith Radcliffe, I too have come to the end of my eight year term as African Regional Director; leaving my former position, I believe that IUSTI-Africa is stronger than when I took over the position in 2005. We now have a full team of IUSTI-Africa voting members on the IUSTI Executive Committee which ensures that we have an unbiased and global view for strategic decision making. However, the IUSTI-Africa region will continue to need support and encouragement as its roots need to be stronger if it is to make any impact. Africa continues to be burdened by a high prevalence of STIs and is the epicentre for the HIV/AIDS epidemic. There have been some amazing successes, such as the roll-out of anti-retroviral therapy which has been enabled with the immense generosity of the American people

through the PEPFAR programme; however, there are several examples of weak STI control programmes within the region. STIs are no longer viewed as important in many circles, especially when policy-makers compare the older STIs to tuberculosis, malaria and HIV/AIDS. STI surveillance remains weak or non-existent on the continent; accordingly, most countries are unable to monitor specific STI trends as the syndromic management approach currently precludes diagnostic testing. Importantly, Africa lacks regional leadership for improving STI control and this is one area where IUSTI could make a real impact through its global voice, as well as through inter-IUSTI regional collaborations and closer working relationships with the World Health Organization.

In terms of strategic direction, I proposed in Vienna that we put together a strategic plan to take IUSTI forward over the next few years. I will be working closely with the IUSTI Executive Team in the coming year to put this together. I have already alluded to the importance of IUSTI taking on a stronger advocacy role to meet its core objective of improving STI control and key to this will be greater collaborative working with the World Health Organization. In terms of fostering other international collaborations, it is important to celebrate the fact that our recent successful joint meetings with the International Society for the Sexually Transmitted Diseases Research (ISSTD) have enabled the two societies to work closer together with beneficial outcomes for both. It will be important for IUSTI to continue working closely with ISSTD to ensure that we do not compete for scarce resources and that we provide meetings of the highest scientific quality for our members.

The recent ISSTD-IUSTI World Congress in Vienna, hosted by Angelika Stary, was a perfect example of how to do this. We received tremendous hospitality from our host, interacted with an extremely efficient conference organizing team, we enjoyed the magnificence of the Hofburg's congress venue, we were treated to a delightful social programme and, most importantly of all, we were exposed to academic programme of the highest quality which was put together by a hard-working scientific committee and chaired by Tom Quinn (USA). The IUSTI-ISSTD symbiotic relationship is a recipe for future success. IUSTI can learn from ISSTD about how to put a strong scientific programme together that will raise our organizational profile and attract more delegates whilst ISSTD can learn from IUSTI as regards the importance of engaging with the regions, where scientific advances require translation into improved public health policy.

There have been some key changes in the IUSTI Executive Team and I would like to mention just a few of these. Firstly, I would like to congratulate Charlotte Gaydos (USA) on her election to the post

of IUSTI President-Elect. Charlotte brings with her a wealth of international experience and an extensive network involving professional colleagues in all IUSTI regions and, importantly, strong links with many diagnostic companies whose work is key to improving STI control through the provision of cheaper and more user-friendly diagnostic tests. Airi Pöder (Estonia) takes over as IUSTI-Europe Regional Director, Sax Sarkodie (Ghana) takes over as IUSTI-Africa Regional Director and Somesh Gupta (India) takes over as IUSTI-Asia Pacific Regional Director, whilst Patty Garcia (Peru) and Charlotte Gaydos (USA) will stay in their roles as Regional Directors for the IUSTI-Latin America and the Caribbean and IUSTI-North America regions. On behalf of the whole IUSTI team, I wish these colleagues much success with their new roles.

In closing, I am conscious that I have focused on the IUSTI-Africa and IUSTI-Europe regions in my first contribution to the newsletter as IUSTI President. We are a global organization and I intend to focus on our other equally important regions in my next contribution to the IUSTI Global Newsletter. Effective communication is a key component of fostering international collaboration and cohesion. Therefore, my final expression of gratitude must surely go to Jonathan Ross (UK) who has consistently delivered the IUSTI Global Newsletter on time to you, our colleagues and allies in the fight to control STIs including HIV/AIDS.

David Lewis
IUSTI President

Regional Reports

Asia Pacific

There has been a generational change in the office-bearers of the Branch committee. Brian Mulhall stepped down after two terms as Chair and Roy Chan after two terms as Regional Director-both have contributed immensely in branch's growth and the region expresses its gratitude to both. Somesh Gupta was elected as Regional Director and Chen XS as Regional Chair. Sunil Sethi (India) and Priya Sen (Singapore) were elected as Regional representatives for IUSTI-World Executive Committee. The Branch applauds this generational change with its possibilities of fresh ideas for IUSTI.

The next IUSTI-AP congress will be held in Bangkok, Thailand from November 12-15, 2014. Chavalit Mangkalaviraj is the Organizing Chairman, and Sumet Ongwandee and Verapol Chandeying are Co-Chairs. Christopher K Fairley is the Chairman of International Scientific

Committee. Please mark the dates in your calendar.

The Branch is in the process of developing mutual affiliation with the Australian Society for HIV Medicine (ASHM, www.ashm.org.au) and the Australian Sexual Health Alliance (ASHA, www.sexualhealthalliance.org.au) and Brian Mulhall and other colleagues are in negotiations with both the organizations.

There has been a significant growth in the number of paid membership in the Region. We now have more than 60 Full (voting) members. The focus is now on to expand IUSTI base in low and middle income countries of the Region.

Somesh Gupta

North America

Two New Promising Treatment Regimens for Gonorrhea

<http://www.cdc.gov/nchhstp/newsroom/2013/Gonorrhea-Treatment-Trial-PressRelease.html>

Two new antibiotic regimens using existing drugs – injectable gentamicin in combination with oral azithromycin and oral gemifloxacin in combination with oral azithromycin – successfully treated gonorrhea infections in a clinical trial. The trial was conducted by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The study was conducted to identify new treatment options in the face of growing antibiotic resistance. This is the first clinical trial to evaluate them as combination therapy for gonorrhea. The findings were presented by CDC’s Robert Kirkcaldy, M.D., at the 20th Meeting of The International Society for Sexually Transmitted Diseases Research (ISSTD) in Vienna, Austria.

Researchers found 100 percent effectiveness of the injectable gentamicin/oral azithromycin combination in curing genital gonorrhea infections, and 99.5 percent effectiveness of the oral gemifloxacin/oral azithromycin combination. Both combinations cured 100 percent of infections of the throat and rectum. However, many trial participants reported adverse effects from the drugs, mostly gastrointestinal issues.

“These trial results are an exciting step in the right direction in the fight against drug-resistant gonorrhea,” said Gail Bolan, M.D., director of CDC’s Division of STD Prevention. “But patients need more oral options with fewer side effects. It is imperative that researchers and pharmaceutical companies prioritize research to continue to identify new, effective, better-tolerated drugs and drug combinations.” “In addition to developing new treatment options, additional measures to stay ahead of resistant gonorrhea are critical,” said Anthony S. Fauci, M.D., director of NIH’s National Institute of Allergy and Infectious Diseases (NIAID). “For example, a point-of-care drug

susceptibility test would help providers know — at the time of diagnosis — which treatment regimen will be most effective. Progress toward a vaccine is urgently needed.” NIAID sponsored the Phase IV clinical trial, which began in 2010 and enrolled 401 men and women ages 15 to 60 with untreated gonorrhea infection. The study was conducted at NIAID-funded clinical trial sites in Baltimore; Birmingham, Ala.; Los Angeles; Pittsburgh, Pa.; and San Francisco.

Of the 202 participants in the gentamicin/azithromycin arm, 28 percent experienced nausea, 19 percent experienced diarrhea and 7 percent experienced either abdominal discomfort/pain or vomiting. Of the 199 participants in the gemifloxacin/azithromycin arm, 37 percent experienced nausea, 23 percent experienced diarrhea, and 11 percent experienced abdominal discomfort/pain.

The trial results do not change current gonorrhea treatment guidelines. CDC still recommends only one first-line treatment regimen: injectable ceftriaxone, in combination with one of two other oral antibiotics, either azithromycin or doxycycline. This regimen remains highly effective in treating gonorrhea and causes limited side effects. However, providers may consider using the regimens studied in this trial as alternative options when ceftriaxone cannot be used, such as in the case of a severe allergy. CDC is taking the findings of this trial into consideration for inclusion in future treatment guidelines.

Gonorrhea is one of the most common sexually transmitted diseases in the United States, where more than 800,000 gonorrhea infections are estimated to occur each year. Left untreated, gonorrhea can cause serious health problems, particularly for women, including chronic pelvic pain, life-threatening ectopic pregnancy, and infertility. Gonorrhea infection also increases a person’s risk of contracting and transmitting HIV.

STDs & Pregnancy - CDC Fact Sheet

Can pregnant women become infected with STDs?

Women who are pregnant can become infected with the same sexually-transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are ‘silent,’ or have no symptoms, so women may not know they are infected. A pregnant woman should be tested for STDs, including HIV (the virus that causes AIDS), as a part of her medical care during pregnancy. The results of an STD can be more serious, even life-threatening, for a woman and her baby if the woman becomes infected while pregnant. It is important that women be aware of the harmful effects of STDs and how to protect themselves and their children against infection. Sexual partners of infected women should also be tested and treated.

How do STDs affect a pregnant woman and her baby?

STDs can complicate pregnancy and may have serious effects on both a woman and her developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV1. Most of these problems can be prevented if the mother receives regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.



Research Suggests Family Planning Clinics Should Screen Males for Chlamydia

Commentary by Sarah Salomon, MPH, Cardea Services

http://ncc.prevent.org/products/committee-products/file/EC_July-2013.pdf

The authors¹ examined chlamydia rates among men visiting Family Planning clinics in Washington State according to a variety of factors including demographic and visit characteristics, community characteristics, patients' reasons for testing, and patients' behavioral risk. Overall, of 12,813 men tested, 14.8% of males age 15-30 were positive for chlamydia. The majority of the men (87%) did not report exposure to an STD, but fully 7.5% of these men were found to be infected. Over 65% of males reported behavioral risk factors including new or multiple partners, or sex partners with concurrent sex partners.

1. Salomon SG, Shumate C, Fine D, Nakatsukasa-Ono W. *Who Are These Guys Anyway Chlamydia infections among males tested in Family Planning clinics in Washington State*. Title X National Grantee Meeting. Seattle, Washington; 2013.

Expert Commentary One in Three Youths Report Being Victims of Dating Violence

According to new research presented at the American Psychological Association's annual conference, approximately one in three American youths age 14-20 say they have been victims of dating violence, and almost one in three acknowledge they have committed violence toward a date. Researchers analyzed information collected in 2011 and 2012 from 1,058 youths in the Growing Up with Media study. The study defines teen dating violence as physical, sexual or

psychological/emotional violence within a dating relationship.



Subclinical PID and Decreased Fertility

Commentary by Lizzi Torrone, MSPH, PhD

Article:

Wiesenfeld HC, Hillier SL, Meyn LA, Amortegui AJ, Sweet RL. Subclinical pelvic inflammatory disease and infertility. *Obstet Gynecol*. 2012 Jul;120(1):37-43. doi:

10.1097/AOG.0b013e31825a6bc9

http://ncc.prevent.org/products/committee-products/file/EC_May-2013.pdf

- Many women with tubal factor infertility do not have a history of acute PID suggesting that subclinical PID, may also contribute to infertility.
- In Wiesenfeld's study women who had sub-clinical PID were 40% less likely to have a pregnancy during follow-up.
- Women infected with chlamydia or gonorrhea who did not have sub-clinical PID did not have a decreased pregnancy rate.

Meetings: Representatives from North America, Europe, South Africa, and Latin America IUSTI were represented at the DST9/AIDS5 meeting in Salvador, Brazil, August 18-20, 2013.



Upcoming Meetings:

U.S. National STD/HIV Prevention Conference, Atlanta, Georgia, USA, June 9-12, 2014

<http://www.chlamydia-symposia.org/>

Thirteenth International Symposium on Human Chlamydial Infections

22 - 27 June 2014

Charlotte Gaydos

Europe

The incontestable highlight in the world of IUSTI in 2013 was the IUSTI/ISSTD Congress in Vienna from 14 to 17 July. In line with a general policy adopted by the Council of IUSTI-Europe, we do not organise a European congress in years when a world congress is held in Europe. The IUSTI/ISSTD Congress in Vienna was a highly impressive event as regards both its scientific and social programmes. By their extraordinary - and successful - efforts in organising it, Prof Angelika Stary and Dr Claudia Heller have surely earned a permanent place of honour in the IUSTI annals.

During the IUSTI World Congress, also a Council meeting of IUSTI-Europe was held. This time, the meeting was marked by certain sadness since, in accord with our Rules and Regulations, the possibility of continuing under the expert and enthusiastic leadership of Dr Keith Radcliffe had come to an end. Over the years, Dr Keith Radcliffe has spared no effort to advance the organisation. Dr Keith Radcliffe was officer of IUSTI-Europe for 12 years. He was Chair of the Scientific Board from 2001 to 2005 and Regional Director from 2005 to 2013. In the latter capacity, among other remarkable achievements, he made an invaluable contribution to establishing the IUSTI-Europe branch as a non-profit organisation, thus giving it a legal status for the first time in its history. In particular, he is the author of both the Articles of Association and the Rules and Regulations of the organisation. Dr Radcliffe has also been Editor-in-Chief of the European STI Guidelines Project since 1998. IUSTI-Europe is extremely happy that Dr Radcliffe will continue in this role.

The Board of IUSTI-World elected Dr Airi Pöder as new Regional Director and the Council of IUSTI Europe, and Dr Claudia Heller as new Chair of the Scientific Board.

Also discussed at the Council meeting were issues related to new members. IUSTI-Europe created a new post – that of the Membership Secretary – operating since the beginning of 2013 and currently held by Dr Jackie Sherrard. Dr Jackie Sherrard has made extraordinary efforts in creating a data-base of the members of IUSTI-Europe and in recruiting new members. At the time of writing, IUSTI-Europe has 138 full members and 15 associate members.

Also under discussion at the Council meeting were issues related to the annual congresses to be organised by IUSTI-Europe in the following three years.

The Congress of IUSTI-Europe in Malta will be held 17-20 September, 2014. The President of the Congress will be Dr Joe Pace, the Chair of the Scientific Board – Dr Jackie Sherrard.

The Congress of IUSTI-Europe will be held in Barcelona, 24-26 September, 2015. The President

of the Congress will be Dr Marti Vall Mayans, the Chair of the Scientific Board - Dr Keith Radcliffe. The Congress of IUSTI-Europe will be held in Budapest, September, 2016 (the exact dates TBA). The President of the Congress will be Dr Viktoria Varkonyi.

Important events of a more local nature took place in many countries. To cite but a few cases in point, three conferences were held in Ukraine devoted to STI aid in the context of the new health reform. In Scandinavia, Dermato-venereological Nordic Congress was held in Finland and an STD symposium in Oslo.

The work of the European STI Guidelines Project continues under Keith Radcliffe as Editor-in-Chief. Since the last report the following guidelines have been revised and posted on the IUSTI-Europe guidelines webpage (see: <http://www.iusti.org/regions/Europe/euroguidelines.htm>): epididymo-orchitis; pelvic infection; gonorrhoea; proctitis; LGV (journal publication has either already happened with these guidelines or is imminent in the *International Journal of STD and AIDS*). The following guidelines are currently under revision: balanoposthitis; sexually acquired reactive arthritis; syphilis; HIV testing; non-gonococcal urethritis. Furthermore, two new guidelines are currently being developed on: genital mycoplasmas; partner management. Patient information based on each of the guidelines is also being produced and as each piece of information is ready it is posted on the guidelines webpage. If anyone has any comments or suggestions on the work of the guidelines project then they should email Keith Radcliffe on k.radcliffe@virgin.net.

Airi Pöder

Conference Update

IUSTI Events:

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

Dates: June 9 – 13, 2014

Location: Atlanta, Georgia

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

XXVIII IUSTI Europe Congress

Dates: September 18-20, 2014

Location: Malta

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

IUSTI-AP congress 2014

Dates: November 12-15, 2014.

Location: Bangkok, Thailand

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

World STI & HIV Congress 2015

Dates: September 13-16, 2015
 Location: Brisbane, Australia
 Website: <http://www.isstdr.org/future-meetings.php>

IUSTI Europe 2015

Dates: September 22-24, 2015
 Location: Barcelona
 Website: <http://www.iusti.org/events/default.htm>

IUSTI Europe 2016

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

Other STI or Related Meetings:**11th International Congress on AIDS in Asia and the Pacific (ICAAP11)**

Date: November 18-23, 2013
 Location: Bangkok, Thailand
 Website: <http://www.icaap11.org/index.html>

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

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

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

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

World Conference on Infectious Diseases-2013

Dates: December 18-22, 2013
 Location: Chennai, India
 Website: <http://www.wcid2013.org/>

16th International Congress on Infectious Diseases

Dates: April 2-5, 2014
 Location: Cape Town, South Africa
 Website: <http://www.isid.org/icid/>

2014 HIV in the Americas

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

11th EADV Spring Symposium

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

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

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

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

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

20th International AIDS Conference

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

The 29th International Papillomavirus Conference

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

23rd EADV Congress

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

International Pathogenic Neisseria Conferences

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

HIV Glasgow Drug Therapy

Dates: November 2-6, 2014
 Location: Glasgow, United Kingdom
 Website: <http://hivglasgow.com/>

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