

STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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President's Column

Dear members of IUSTI and colleagues interested in STIs!

The year 2008 has just started and we are already in the middle of summer. There was a remarkable BASHH/ASTDA meeting in Brooklyn in May, which was also supported by IUSTI North America. Congratulations to Jonathan Zenilman, the former IUSTI Regional Director, to Jeanne Marrazzo, the President of ASTDA and Chair of IUSTI North America and to Charlotte Gaydos, the present Regional Director of IUSTI North America. Janet Wilson and Raj Patel from BASHH have co-organized the excellent conference, which was well attended and provided a highly interesting scientific programme.

I hope you will have returned from your summer holidays by end of August. By then we all should be ready for the European IUSTI meeting, which will be held at the beginning of September in Milano, and follows the regional Asia-Pacific IUSTI conference in Dubai in February. The local organizer Marco Cusini, the Chair of the Scientific Committee Claudia Heller-Vitouch and all those who are involved with the meeting have already established a stimulating scientific programme and are looking forward to welcome you in Milano. Do not miss this conference in the wonderful city of Milan. Since in 2008 no other European STI conference will take place, this is certainly the main STI event in Europe in this year. So be ready to learn about the hidden aspects of "La Dolce Vita".

Again, I want to provide you with some information about future meetings:

We will hold the next annual World Meeting in Cape Town in November, 9-12, 2009. The conference will take place on the Spier's Wine Estate and will be organized by David Lewis, the Regional Director of IUSTI Africa.

After South Africa, the IUSTI world meeting in 2010 will switch to Europe and will be held in Tbilisi, hosted by the local organizer together with IUSTI Europe. In 2011, we will visit the Asian continent, since Somesh Gupta will host the world conference in New Delhi.

IUSTI world is very grateful to those individuals who take the workload on their shoulders and organize a meeting. Have a look on our website www.iusti.org,

which provides you with further information. Again I want to announce that for all meetings we will offer reduced registration fee to full IUSTI members, which will makes the membership subscription attractive.

Enjoy the summer and I am looking forward to welcoming you at our next IUSTI Europe meeting in Milan.

Angelika Stary
IUSTI world president

Research Review

The current status of STI/HIV in mainland China

After a long period of successful prevention and control of many sexually transmitted infections (STI) between 1960s and 1970s, China now faces the re-emergence of a number of these diseases. Between 1985 and 2000, the reported number of STI increased 147-fold.¹ While some of the increase may be due to improved reporting and surveillance, there still remains a significant increase in incident cases. In 2006, the total number of cases reported for syphilis and gonorrhoea alone was more than 336,500, a population prevalence of 26 cases per 100,000.² These trend changes in STI and, more recently, HIV/AIDS cases, are the result of a complex network of social and biological factors including, but not limited to: increased population mobility, changing sexual norms and behaviours, the development of antibiotic resistant strains of STI, the re-emergence of commercial sex, and changes in pre-marital health exam screenings. This article provides a brief overview of the situation of STI/HIV in mainland China and highlights some of the promising research and intervention work that is currently being done.

HIV/AIDS

The number of HIV/AIDS cases in China was estimated to be between 550,000 and 850,000 by the end of 2007.³ The epidemic continues a transition from the majority of cases being spread through intravenous drug use to spread through sexual transmission. More than 50% of new HIV transmissions are through sexual contact, with 42% still attributed to injection drug use, and 1.1% through mother-to-child transmission.³ However, prevalence of HIV infection remains highest among injection drug users (IDU), ranging between 44% and 85% of IDU in provinces like Yunnan and Xinjiang.⁴ Former blood/plasma donors (FBPD) also suffer high prevalence of HIV infections, ranging between 1% and 60% in villages in provinces like Henan, Hubei, and Anhui.⁴ While HIV/AIDS has been found in all of China's 31 provinces, the majority of cases are

thought to be geographically limited to the provinces of Guangdong, Guangxi, Henan, Xinjiang and Yunnan.⁵

In response to the epidemic, the Chinese national budget for HIV/AIDS has seen significant increases from 12.5 million in 2002 to 185 million in 2006⁶ and similarly large contributions from international donor organizations. Additionally, the national "four frees, one care" campaign, announced on World AIDS Day 2003 aims to provide free treatment to those living in rural areas who can not afford care, free voluntary counselling and testing (VCT) for all, free testing and treatment to prevent mother-to-child transmission, free schooling to AIDS orphans, and provision of social relief for HIV patients and their families. Broad anti-stigma campaigns have been implemented across the country in an effort to encourage more people to get tested and to improve the quality of life for those individuals living with HIV/AIDS. There are still wide disparities in access to much needed health care and health education between rural and urban areas, though progress is being made.

Syphilis

After a twenty-year period of practical eradication, syphilis cases began re-emerging in mainland China in the 1980s. According to the national sexually transmitted disease surveillance system, the rate of syphilis cases reported in 1993 was 0.2 per 100,000, as compared to 5.7 per 100,000 in 2005.⁷ Limiting this data to the 26 sentinel surveillance sites established in 1993 yields higher increases, from 1.4 per 100,000 in 1993 to 28.9 per 100,000 in 2001.⁸ The rate of congenital syphilis has also increased from 0.01 cases per 100,000 live births in 1991 to 19.68 cases per 100,000 live-births in 2005.⁸ The total reported number of new syphilis cases in 2006 was 174,506.³

Recent syphilis research has focused on identifying associated risk factors and behaviours among high-risk sub-populations. For example, among patients visiting STI clinics in eight cities in Guangxi Province, south-western China, syphilis prevalence was found to be 11.9%, with female sex, low education, high annual income, and multiple reported sex partners being significantly associated with positive infection status.⁹ Female sex workers and their clients are particularly high-risk populations for syphilis infections.

In recent years, an additional syphilis epidemic among men who have sex with men (MSM) is being documented in more and more areas of the country, especially in urban areas located in coastal regions. In some studies conducted in cities in coastal areas, the syphilis prevalence among this population has reached levels as high as 10-20%.¹⁰

Current research has also turned to looking at the increased risk of HIV infection for those with syphilis,⁹ rates of congenital syphilis live births among pregnant woman treated during pregnancy,^{11,12} and drug-resistant sub-strains (unpublished data).

Other STI

Over the past two decades, China has also witnessed

overall increases in most other STI. These increases are particularly visible among high-risk populations such as female sex workers. Comparing prevalence of STI from 1997-99 to 2000-01 among a sample of female sex workers, Chlamydia increased from 32.2% to 56.6%, gonorrhoea from 8.8% to 37.8%, and trichomoniasis from 12.5% to 43.2%.¹³ While the overall prevalence of STI continues to rise, reported condom use among commercial sex workers has also increased, from 33.3% reporting using condoms in 1999 to 62.6% in 2001.¹³ This contradiction may reflect any combination of self-reporting bias, geographic variation, specific high risk sub-populations, or other undocumented behavioural factors (such as condom use with clients, but no condom use with steady partners). Recent testing, treatment and education efforts may be reversing trends among some STI as seen by decreases of reported cases between 2004 and 2005 for gonorrhoea, non-gonococcal urethritis/cervicitis, HSV, genital warts, and chancroid.³ Future challenges in the area of STI treatment include reducing the number of individuals who self-treat, or seek treatment from non-accredited sources; and identifying areas where antibiotic resistance is high, particularly for gonorrhoea. As of 2006, 17 surveillance sites have been established to monitor strains of gonorrhoea that are resistant to typical first-line treatment drugs (penicillin, tetracycline, spectinomycin, ceferioxone, and ciprofloxacin).

Conclusion

The past twenty years have witnessed great changes in China's management of STI including the establishment of a STI disease surveillance system and sentinel site network, significant increases in funding, additional national and international collaboration, and the continued development of medical and public health infrastructure. Many opportunities exist for valuable contributions from the clinic/laboratory, epidemiological surveillance, health services and management, and sociological sciences. In fact, some of the most promising work for future prevention and control of STI/HIV will likely come from the thoughtful collaboration among these various sectors.

The dual phenomena of rural-to-urban poor migrant male workers and upper-class "mobile men with money" deserve continued consideration in research on STI transmission, population mobility, and utilization of commercial sex. Epidemiological behavioural surveillance and sociological investigations have covered a broad range of topics related to high-risk populations such as IDU, commercial sex workers, men-who-have-sex-with-men, and FBPD. However, information about clients who utilize commercial sex services, is much more difficult to collect, and currently limited in scope. A few notable exceptions include work by Zeng (2005)¹⁴ and Zuo (2007).¹⁵ More detailed work is also needed on geographic variation and spread of STI, to help guide locally targeted interventions that will complement the large-scale national efforts.

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What's new from the Health Protection Agency

Update from the UK: HPV immunisation programme to start September 2008

On the 18th June, the UK Department of Health (DH) announced that GlaxoSmithKline had been awarded the contract to provide their vaccine against HPV (human papillomavirus), Cervarix®, in the UK. The HPV immunisation programme will start in the UK in September 2008. Routine vaccination will target 12-13 year old girls and there will also be a two-year catch-up campaign targeting girls up to the age of 18 years. The DH and JCVI (Joint Committee for Vaccination and Immunisation; the independent

expert board that advises the DH on vaccination strategy) have advised that the programme would be most efficiently delivered through schools.

Cervarix® provides effective prophylactic protection against HPV 16 and 18 infections which are associated with about 70% of all cervical cancers. Gardasil®, from Sanofi Pasteur MSD, is a quadrivalent vaccine that also protects against infection with HPV 6 and 11, which cause genital warts. The choice of the bivalent vaccine in the UK followed assessment of the two vaccines against a range of criteria including scientific qualities and cost-effectiveness. The UK is the first country to date to adopt the bivalent vaccine for its national immunisation programme. Other Western European countries, the USA, Australia, New Zealand and Canada have chosen the quadrivalent vaccine.

Comprehensive monitoring of the impact of the UK's HPV immunisation programme will be needed. The HPA is currently undertaking a number of surveys to establish the baseline epidemiology of HPV in the UK. These studies aim to determine the prevalence and distribution of different HPV types by age and by stage of cervical disease in women, and the prevalence of vaccine-type HPV antibodies in women and men. Repeated sampling in years to come will assess the impact of immunisation. The HPA is using both commercially available and in-house assays to detect and type HPV DNA from a number of different specimen types, including smear samples, vulva-vaginal swabs and urine. Seroprevalence testing is also being conducted.

Post-vaccination monitoring aims to determine coverage, safety, effectiveness, vaccine failures, immunogenicity, herd immunity and the impact on non-vaccine HPV types due to cross protection and/or type replacement. Several of these outcome measures require vaccination details to be recorded in the long-term health records of all eligible women. The introduction of HPV immunisation in the UK will have implications for the National Health Service Cervical Screening Programme. Screening will need to evolve in response to changes in the epidemiology of HPV brought about by immunisation and to any incorporation of HPV DNA testing into screening practice.

Mass immunisation against HPV heralds a new era in cancer prevention. Ensuring robust systems are in place to monitor and evaluate the impact of immunisation on HPV epidemiology and HPV-related disease is considered to be vital as an integral part of cervical cancer prevention efforts in the UK.

Rebecca Howell-Jones and Gwenda Hughes

Regional Reports

Latin America

The Latin American and Caribbean Association for the Control of Sexually Transmitted Infections (ALAC-ITS) is a scientific International association founded in 2003 with the purpose of gathering professionals from different areas with expertise from

Latin America and the Caribbean (LAC) with the common interest of collaborating in activities related to services, training and applied research on the Control of STIs. One of the main objectives of ALAC-ITS is to promote members to collaborate with the National STI Programs according to their needs and to promote the formation of National Scientific Societies or Groups interested in STIs locally. ALAC-ITS also promotes scientific exchange between countries and together with the horizontal technical cooperation Group (GCTH) and PAHO, offers technical advice, training and development and monitoring of research in STIs in our region.

Between 2003-2006 ALAC-ITS recruited professionals from different countries and participated in symposiums and scientific meetings. The first official ALAC-ITS meeting was held in Porto Alegre, in 2007 and included the participation of the Coordinators of the National STI Programs from 14 countries in LAC. During this meeting it was recognized that STIs in the region had been forgotten for some time and there was a need to identify the activities occurring in prevention, information and management of STI in our countries. ALAC-ITS prepared a questionnaire to collect data on these issues and distributed it to 20 countries to complete. The only country who didn't answer was Haiti.



In March 14, 15 and 16, 2008, representatives of the National STI programs from 19 countries, PAHO, WHO and members of ALAC-ITS got together in Lima, Peru for the "II Latin American ALAC-ITS Meeting: Latino American and Caribbean National STI Program's Workshop, Opportunities and programmatic and research challenges in STIs in the Region". The objective of the meeting was to discuss the results of the survey and to propose a joint work plan 2008-2009 to address those issues. The conclusions were:

- to work together for the Elimination of Congenital Syphilis
- to make an assessment of the status of surveillance of STIs in the region
- to exchange experiences on the work with core groups in our countries
- to work together on courses on STI and look for opportunities of prevention and research on STIs in frontiers.

The final report of the meeting is available in ALAC-ITS web page: www.alacits.org

The next meeting will be held within the HIV Forum in 2009 in Lima-Peru, with the objective of monitoring the progress on the agreed objectives.

Patty Garcia

Europe

We are all very excited about the arrangements for the 24th IUSTI-Europe Congress, which are proceeding extremely well. The lead is being taken by Marco Cusini as Conference President, and by Claudia Heller-Vitouch as Chair of the International Scientific Committee. The meeting is going to take place in the University of Milan in Italy between 4th-6th September 2008. Please visit the website for full information (www.oic.it/iusti-europe2008).

In 2009 we are encouraging all Europeans with an interest in STI to attend what will be an excellent meeting to be held in London that year – the meeting of the International Society for STD Research (ISSTD), jointly with the British Association for Sexual Health and HIV (BASHH) in London.

In 2010, there will be a joint European Branch / World IUSTI Congress in Tbilisi, the capital of Georgia. The Congress President will be Josphe Kobakhidze. This is a very exciting initiative as it will be the first major international STI conference to be held in a former Soviet Union country. A team of key people to lead on organising this with Dr Kobakhidze is being assembled, and will include Simon Barton and Airi Poder, the Treasurer and Chair respectively of IUSTI-Europe.

In 2011, the European Congress will take place in Riga, Latvia, in the Latvian Congress Centre in the Hotel Reval. The Congress President is Prof Andris Rubins.

Work continues on European STI Guidelines. The following guidelines are currently in the process of revision:

- Syphilis
- HIV testing
- Gonorrhoea
- Chlamydia
- Urethritis
- Tropical Genital Ulcerative Diseases
- Genital herpes

The full published guidelines, and updates on work in progress, can be accessed at the IUSTI website (www.iusti.org then "IUSTI Regions, then "Europe", then "Guidelines").

Anyone with any comments on the guidelines, whether on their content, the process by which they are produced, with suggestions for future subjects, or wishing to become involved in their production and review, is strongly encouraged to contact me directly (e-mail: Keith.W.Radcliffe@hobtpct.nhs.uk).

Another very important piece of work is currently in progress which will affect the future of the European Branch. I, together with Airi Poder, am working to regularise the official status of the European Branch as a non-profit association registered in Estonia. This

is a long and complex task, but we are hoping that we shall complete it successfully in 2008.

Keith Radcliffe

North America

The BASHH/ASTDA meeting held in Brooklyn New York May 7-10, 2008 entitled "Converging Approaches in STI control and Reproductive Health" was very successful. With approximately 500 attendees from both the US and the UK, as well as many other countries, topics were provided in an integrated fashion bringing issues together for both HIV and STIs. Highlights included:

The Opening Plenary Session on "STI and HIV Trends" which focused on trends in the UK, the US, Eastern Europe and the City of New York. Other Plenary sessions included "Sexual Behaviors in the US: Patterns and Issues in Interpretation", "Partner Delivered Therapy and Outreach (UK and US approaches)", "Providing Outreach Services and STI Care", "Current Challenges in HIV Management and Prevention", and "Old STIs in New Clothing". These groups of discussions addressed the major issues that are being dealt with in Europe and the US, and oral presentations and posters added to the plenary and symposia by addressing and offering information and data on these general topics.

There were three breakfast Symposia and two lunch symposia on "Reaching the HIV Infected but Undiagnosed Individual", "Beyond Cervical Screening: Screening and Management Issues with HPV-Related Cancers", "Delivering and Sustaining Targets in the UK Department of Health", and "Point-of-Care Rapid Tests: Challenges and Prospects in STD/HIV Diagnosis" which ably integrated many challenging topics. Some presentations of interest included:

- o Susan Rosenthal's "Maternal values and attitudes associated with uptake of the HPV vaccine", which showed that a maternal sense of urgency to vaccinate her daughter against HPV, maternal sense of vulnerability and overall attitude about vaccines were more determining factors than maternal sexual values or daughter's sexual behavior in uptake of the HPV vaccine;
- o Ali Elgaib's presentation on "Experience from an Urban Sexual Health Clinic for Men Who have Sex with Men: A Descriptive Study", which showed that MSM are at high risk for rectal Chlamydia infection and that routine screening for rectal Chlamydia and hepatitis C should be considered in this high risk group;
- o Alia Al-Tayyib's discussion of "Sex with partners met on the Internet: What's all the hype about?", which showed that Internet dating may not be the high risk behavior that has been implicated.

There were many talks and posters on behavioral interventions and new testing platforms for future screening, with an emphasis on point-of-care testing

to allow for earlier diagnosis and treatment of STIs. Attendees were rewarded with learning about new innovative programs, new data, and debates, as well as opportunities to converse and collaborate with fellow scientists and friends at the gala event held Saturday night.

IUSTI-North America held a board meeting while in New York and plans were made for a new program for workshop sessions to be held immediately before International meetings. The intent will be to help develop up-and-coming young researchers by offering skills-building, networking and collaborative opportunities. The program is in development and we will keep everyone apprised of our progress.

Articles of interest:

Meader E, et al. Chlamydia trachomatis RNA in the environment: is there potential for false –positive nucleic acid amplification test results? STD:2008;84;107-110. This article shows that NAATs can pick up *C. trachomatis* from many environmental surfaces in STI clinics, including exam room curtains, light switches and ledges near toilets, pointing to the importance of sterile collection of swabs for testing by both the clinician and the patient.

Al-Tayyib AA, et al. Health Care Access and Follow-Up of Chlamydial and Gonococcal Infections Identified in an Emergency Department. STD:2008;35(6),583-587. This article highlights the difficulty of follow-up for ED patients found to have an STI when test results are delayed. Twenty percent of patients who had an STI were not able to be located or otherwise lost to follow-up, and were not treated.

Gottlieb S, et al. Prevalence of Syphilis Seroreactivity in the United States: Data from the National Health and Nutrition Examination Surveys (NHANES) 2001-2004. STD:2008;35(5);507-511. This article used data from a nationally representative survey to show that there is very low (0.71%) positive syphilis serology in the US. However, disparities were significant when evaluated by ethnicity/race, income and education.

Mahilum-Tapay L, et al. New point of care Chlamydia Rapid Test—bridging the gap between diagnosis and treatment: performance evaluation study. BMJ:2007;335(8 December);1190-1194. This study showed that a promising 30 minute point of care test for Chlamydia has relatively high sensitivity (83.5%) using self-collected vaginal swabs.

Chen M, et al. Mind the Gap: The Role of Time Between Sex with Two Consecutive Partners on the Transmission Dynamics of Gonorrhoea. STD:2008;35(5);435-444. This article uses a mathematical model to evaluate length of time of partnerships, number of partners and gaps between partnerships to determine gonorrhoea transmission in the UK.

Aral S. Just One More Day: The GAP as Population Level Determinant and Risk Factor for STI Spread. STD: 2008;35(5);445-446. This editorial takes some points from the Chen article (above) and proposes that the same risk factors are true of all STIs and that individual gaps between partners as well as partner

gaps and partner relationship duration may all be new targets for behaviour change.

Upcoming meetings of interest:
48th ICAAC— 46th IDSA Annual Meeting
October 25-28, 2008 Washington, DC
Charlotte Gaydos

Asia-Pacific

Branch Committee News from Asia-Pacific

The AGM was held on 3rd February 2008 in the Dubai Int'l Convention Centre. The Branch Committee for 2008-10 is as follows:

Dr Roy Chan - Regional Director (Singapore)
Branch Office bearers (elected)
Dr Brian Mulhall - Chair (Australia)
Dr Kaushal Verma - Secretary (India)
Dr Han Tiok Hee - Membership Secretary (Singapore)
Dr Sjaiful Daili - Conference Secretary (Indonesia)
Dr Chen Xiangsheng - Treasurer and Chair-Elect (China)
Dr Hemendra Doshi - Immediate Past Chairman (Malaysia)
Sub-regional Representatives
Dr Darren Russell - Vice-Chair Oceania Pacific (Australia)
Dr Sunil Sethi - Vice-Chair South Asia (India)
Dr Jalal - Vice-Chair South East Asia (Malaysia)
Dr Kamal Faour - Vice-Chair West Asia (United Arab Emirates)
Dr Chen Xiangsheng - Vice-Chair East Asia (China)

The Asia-Pacific branch is spread over many countries within a huge region, but has been very active in the last 20 years. We have traditionally had a large and floating membership; in the last several years following the consolidation of membership and dues at World IUSTI, we are trying to formalize our membership, and the plans to rebate some of the central monies back to the region are welcome. It is marvelous that the committee presently has members from its traditional core constituencies, but we are particularly excited to see the two most populous nations, China and India, represented by Office bearers, together for the first time. So far, we are setting up clear communications between the members, so that we can have a few conferences by telephone or video during the year. Soon we will be returning to that hairy chestnut, the "Constitution", via a small working group, and no doubt we will be asking other branches for their models.

Roy Chan and I will be attending the World Executive meeting in Italy just before the Milan conference in September to update our colleagues with further developments.

Brian Mulhall

Declining trends in syphilis prevalence among antenatal women in northern India: a 10-year analysis from a tertiary healthcare centre

Syphilis is a disease that has been around for a long time and that continues to challenge clinicians, including obstetricians. Maternal syphilis has a severe impact on pregnancy outcome, primarily as spontaneous abortion, still birth and congenital syphilis. Screening of asymptomatic antenatal women is recommended to prevent perinatal complications. In developing countries such as India, screening for syphilis during pregnancy is carried out by VDRL tests. We undertook this retrospective study to analyse trends in syphilis prevalence among antenatal women in a tertiary care hospital in north India.

Laboratory log books of antenatal syphilis testing were reviewed. A total of 40 511 serum samples were obtained from pregnant women attending (during the period January 1996 to December 2005) the antenatal clinic of Nehru Hospital, which is attached to the Postgraduate Institute of Medical Education and Research, Chandigarh, north India. All samples were subjected to VDRL testing, which was carried out using standard methods, and quantitative VDRL testing was performed for positive samples. Thus, a positive VDRL was considered to indicate syphilis. *Treponema pallidum* particulate agglutination (TPPA; Fujibero, Japan) testing was done on some positive VDRL sera due to the unavailability of kits at certain times and the inability of some women to afford the cost of the test. Of 40 511 samples obtained during the 10-year period, 738 (1.82%) samples were VDRL reactive. Overall, syphilis prevalence among pregnant women decreased significantly ($p < 0.01$) from 3% in 1996 to 0.84% in 2005, with the highest decrease occurring in 1997 (from 3% to 2.48%) and in 2004 (from 1.4 to 1%). Chi square testing was used to study the trends over time.

TPPA could be performed only on 252 of 738 VDRL-reactive sera. Thus, almost 50% of the reactive VDRL sera were also TPPA positive. If this figure is assessed for other VDRL-reactive sera not subjected to TPPA testing, a total of 371 TPPA-reactive sera may be obtained, giving a VDRL and TPPA reactivity of 0.9%. The mean age of women with a positive VDRL test was 26.5 years. The majority of women were screened between 15 and 22 weeks of gestation. The overall VDRL positivity of 1.8% in the present study is comparable to another study carried out in Nigeria in which a prevalence of 1.3% has been reported. However, a limited number of studies carried out in India have shown prevalence ranging from 2.5% to 3.4%. A decline in seroreactivity for syphilis has also been reported in developing countries such as Nigeria, in which a decline from 3.9% to 1.3% was seen in 6 years. The downward trend in the prevalence of syphilis among pregnant women in northern India could be due to greater awareness and better education of women about the features and complications of syphilis—by both doctors and nursing staff during antenatal visits. Moreover, in India the management of sexually transmitted infections is now being monitored, which

could be one of the factors for the decline. The decline could also be due to the over-the-counter availability of antibiotics in India, which has led to their widespread use. Although the prevalence rate of syphilis was low in 2005, continued screening of pregnant women should be carried out as this will reduce the adverse effects of undiagnosed and untreated syphilis. Furthermore, we recommend the treatment of all women who are VDRL reactive, irrespective of TPPA status, as reagents of TPPA are not always available in developing countries, partly due to cost. Moreover, testing of both husbands and wives is of utmost importance in the diagnosis, treatment and prevention of syphilis in newborns.

Sunil Sethi, Kusum Sharma, Lakhbir K Dhaliwal, Surinder Singh Banga, Meera Sharma

Africa

Preparations are underway for the 15th International Conference on AIDS and STIs in Africa (ICASA 2008) to be held in Dakar, Senegal between 3-7 December 2008. Senegal is the first country to hold a second ICASA conference, having chaired the 6th ICASA meeting back in 1991. Professor Souleymane Mboup, who chaired the ICASA conference in 1991, is also the Chairperson for the 2008 ICASA. The conference organizing committee members are committed to making the 2008 ICASA a success. The 15th ICASA will be defined by the principles of transparency, integrity, metamorphosis and excellence (TIME). The conference will take place at Le Méridien Président, in the centre of Dakar. The convention centre contains a 900 seat amphitheatre, a 450 seat conference room, two 300 seat conference rooms and several smaller rooms. The local organizing committee has developed a website which is to be found at:

<http://www.icasadakar2008.org/en.php>



The Millennium Door in Dakar, constructed in 2000. It has a door in its middle that symbolizes the entry to the new millennium. At the top of the door there is a statue of a woman named Yaye Boye, meaning 'mother' in wolof. She symbolizes mother Africa watching over her children

The World Health Organisation held a global meeting of technical experts to formulate revisions to the current STI syndromic management guidelines. One key area of focus involved revisions to the recommendations for treatment of the genital ulcer algorithm, in particular consideration for the addition

of episodic acyclovir in countries with a high prevalence of genital herpes. Two days were dedicated to the presentation of herpes suppressive and episodic therapy studies, with most of the data being presented being obtained in the Africa Region. African data were presented from Burkina Faso, the Central African Republic, Ghana, South Africa and Zimbabwe. Other key areas for consideration included a) the need to update anti-gonococcal therapies, particularly as several countries in Southern Africa are now reporting a rapidly escalating rise in the prevalence of ciprofloxacin resistant *Neisseria gonorrhoeae* isolates, and b) the need for a rectal infection syndromic management algorithm.

David Lewis

Conference Update

IUSTI Events:

24th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe 2008

Dates: September 4-6, 2008

Milan, Italy

Website: <http://www.oic.it/iusti-europe2008/>

11th IUSTI World Congress

Dates: November 9-12, 2009

Location: Cape Town, South Africa

Website:

<http://www.iusti.org/regions/africa/default.htm#saconf>

12th IUSTI World Congress

Dates: November 2-5, 2011

Location: New Delhi, India

Contact: Dr. Somesh Gupta,

someshgupta@hotmail.com

Other STI or Related

Meetings/Congresses/Courses:

3rd International Workshop on HIV Transmission - Principles of Intervention

Date: August 01, 2008

Location: Mexico City, Mexico

Website: <http://www.virology-education.com/>

XVII International AIDS Conference

Dates: August 03-08, 2008

Location: Mexico City, Mexico

Website: <http://www.aids2008.org>

HIV and AIDS in the workplace: Africa Challenges, African Solutions

Dates: August 28 -29, 2008

Location: Johannesburg, South Africa

Website:

<http://www.interventionafrica.com/index.php?view=article&id=43:hiv-aids-in-the-workplace-conference&tmpl=component&print=1&page=>

Pan Pacific HIV+ People's Conference 2008

Dates: September 02-05, 2008
 Location: Auckland, New Zealand
 Website:
<http://www.bodypositive.org.nz/PanPacific08/>

16th International Pathogenic Neisseria Conference 2008

Dates: September 7 – 12, 2008
 Location: Rotterdam, The Netherlands
 Website: <http://www.ipnc2008.org/>

Australasian Sexual Health Conference 2008

Dates: September 15-17, 2008
 Location: Perth, Western Australia, Australia
 Website: <http://www.sexualhealthconference.com.au>

20th Australasian Society for HIV Medicine (ASHM) Conference

Dates: September 17-20, 2008
 Location: Perth, Western Australia, Australia
 Website: <http://www.mcguireglobalrecruitment.com>

17th Congress of European Academy of Dermatology and Venereology - EADV 2008

Dates: September 17-21, 2008,
 Location: Paris, France
 Website: www.eadv.org

1st conference on Strengthening Linkages Between Sexual and Reproductive Health And HIV/AIDS Services

Dates: September 29- October 1, 2008
 Location: Nairobi, Kenya
 Website: <http://www.svconference2008.org/>

BHIVA Autumn Conference and BASHH/BHIVA OGM

Dates: October 9-10, 2008
 Location: London, UK
 Website: <http://www.bhiva.org/>

10th Asia Oceania Congress of Sexology

Dates: October 16-20, 2008
 Location: Beijing, China
 Website: <http://sexologyasiaoceania.org/>

6th Australasian Viral Hepatitis Conference

Dates: October 20-22, 2008
 Location: Brisbane, Queensland, Australia
 Website: <http://www.hepatitis.org.au/>

16th Annual HIV/AIDS Update Conference

Dates: October 29- 31, 2008
 Location: South Padre Island, Texas, United States
 Website: <http://www.valleyaids.org>

7th Louis Pasteur Conference on Infectious Diseases

Dates: November 11- 13, 2008
 Location: Paris, France, France
 Contact: Elodie Pysson E-mail: clp7@pasteur.fr

15th International Conference on AIDS and STIs in Africa

Dates: December 03-07, 2008
 Location: Dakar, Senegal
 Website: <http://www.icasadakar2008.org/>

12th Bangkok International Symposium on HIV Medicine

Dates: January 14- 16, 2009
 Location: Bangkok, Thailand
 Website: <http://www.hivnat.org>

6th Spring Symposium of the European Academy of Dermatology and Venereology

Dates: 23-26 April, 2009
 Location: Bucharest, Romania
 Website: www.eadv.org

25th International Papillomavirus Conference

Dates: May 8-14, 2009
 Location: Malmo, Sweden
 Website: <http://www.hpv2009.org/>

10th International Congress of Dermatology

Dates: May 20- 24, 2009
 Location: Prague, Czech Republic
 Website: <http://www.icd2009.com/>

International Society for Sexually Transmitted Diseases Research

Dates: June 28 - July 1, 2009
 Location: London, United Kingdom
 Website: <http://www.isstdlondon2009.com/>

International AIDS Society 2009

Dates: July 19-22, 2009
 Location: Cape Town, South Africa
 Website: www.ias2009.org

18th European Academy of Dermatology and Venereology Congress

Dates: October 7-11, 2009
 Location: Berlin, Germany
 Website: www.eadv.org

12th European AIDS Conference/EACS

Dates: November 11-14, 2009
 Location: Cologne, Germany
 Website: <http://www.eacs-conference2009.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) and the World Health Organisation.

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

