STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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Contents

President's Column

IUSTI Membership

Through the efforts of membership Committee Chair Somesh Gupta, Regional IUSTI officers, and IUSTI conference organizers, membership in IUSTI has continued to grow at a remarkable rate over the past two years. Total IUSTI (full and associate members) grew from 700 in September 2009 to 2,361 in September 2010. Tentative figures from Dr. Gupta as of October, 2011 are 407 full members; 2,596 associate members; and approximately 1,700 new members still being counted. Overall, this represents at least a six-fold increase in new members largely from individuals participating in IUSTI meetings over the last two years. Full members receive 40% discount on subscriptions to the International Journal of AIDS & STD, and reduced costs for attending IUSTI World congresses. Mutual and reciprocal benefits to all members and to IUSTI include access to STI/HIV-related news and publications (including links to articles of high interest selected by editors of the leading STI journals), and information about IUSTI-sponsored congresses; increased ability of IUSTI to increase attendance at its congresses, and to raise support for it's congresses; and increased ability of IUSTI to advocate for and represent membership at national, regional and global levels.

Conferences

IUSTI.RU, the new IUSTI affiliated Russian National STI Society held it's first meeting in Moscow November 28-29, 2010, under the leadership of Dr. Mikhail Gomberg. The meeting brought together specialists from a wide range of specialties concerned with STIs.

The 1st Latin American and Caribbean IUSTI/ALAC STI Conference was held in Curitiba, Brazil May 18-21, 2011. The conference was organized by Adele Schwartz Benzaken, IUSTI Chair for Latin America and Patty Garcia, Professor and Dean of the School of Public Health at Universidad Peruana Cayetano Heredia and IUSTI Regional Director for Latin America; and was held in conjunction with the Brazilian Congress on STIs and Brazilian Congress on AIDS. Approximately 2,000 participants from Brazil and several other Latin American countries attended the congress and many joined the IUSTI at the congress.

The 2011 ISSTDR Conference was held jointly with IUSTI North America in Quebec City, Canada, organized by Professor Michel Alary, ISSTDR President. The conference was clearly one of the best ISSTDR meetings ever – well planned, with an outstanding program and many opportunities to interact with colleagues. There were 1,104 participants. Highlights included previews (scooping presentations which were to follow later at the International AIDS Society meeting in Rome) of the HPTN 052 study from Myron Cohen, sharing the demonstrable impact of early initiation of ART in infected individuals on preventing transmission of HIV infection to their sero-negative partners; and the early results from Connie Celum of the use of tenofovir or Truvada prophylaxis to protect HIV sero-negative individuals from acquisition of HIV infection from seropositive partners.

The 26th IUSTI Europe Congress was held successfully in Riga, Latvia September 8-10, 2011 with the slogan: "*Staying alert for sexual health*". This was the first European congress to take place in one of the three Baltic states which were previously republics of the former Soviet Union. The Congress President was Prof Andris Rubins from Riga and the Chair of the International Scientific Committee was Dr Willem van der Meijden from the Netherlands. Approximately 500 delegates participated and the scientific programme was of high quality. Symposia were organized by the Eastern European Network for Sexual and Reproductive Health and by the European Office of the World Health Organization. For the first time a workshop was held on the diagnosis of vaginal infections which required participants to pay an extra fee; attendance and feedback were excellent and consideration will be given to holding further workshops at future congresses. European Medals of Merit were presented to Prof Rubins and Dr van der Meijden in recognition of their achievement in organizing the meeting, and five European Certificates of Merit were awarded to the presenters of the best original pieces of work at the meeting. During the congress, business meetings were held of the IUSTI Europe Council and of the European STI Guidelines Editorial Board.

The 12th World IUSTI Conference, chaired by Dr. Somesh Gupta and Vinod Sharma, was organized in conjunction with the Indian Association for AIDS & STD, BASHH, and the Indian AIDS Society, and

convened November 2-5 in New Delhi. Co-Chairs for the International Scientific Committee were Charlotte Gaydos and Robert Bollinger of Johns Hopkins University. The scientific and social programs were very exciting and obviously reflected great energy, effort and thoughtful planning. Over 600 people attended the Congress. The venue for the meeting, the spectacular Vigyan Bhavan Conference Centre, was provided by the Government of India for the Congress.

Upcoming World Congresses. Plans are well underway for the 13th IUSTI World Congress in Melbourne on October 15-17, 2012 and for the 14th IUSTI World Congress on July 14-17, 2013, to be convened as a joint congress with ISSTDR in Vienna, Austria. Options for convening the 15th IUSTI World Congress in the Americas in 2014 are being discussed.

Fundraising

IUSTI thanks the US NIH Office of AIDS Research for strongly supporting the 1st Latin American and Caribbean IUSTI meeting in Curitiba, Brazil, and the 12th IUSTI World Congress in New Delhi.

Communications

Communications Working Group. This new working group, chaired by Kevin Fenton, co-chaired by Angela Robinson, also includes Jonathan Ross and Christopher (Kit) Fairley. The working group has focused this year on transitioning the website from University of Southhampton to the Melbourne Sexual Health Clinic, and on strategic planning for (a) use of the website as the primary portal for IUSTI communication with its membership and with the public; and (b) consideration of additional opportunities for communication.

IUSTI Website. The IUSTI thanks Michael Ward for originally establishing the website, and greatly appreciates his long and excellent service as webmaster. Following Dr. Ward's retirement as webmaster, the website has been successfully transferred in early 2011 to the Melbourne Sexual Health Clinic with Kit Fairley as the new IUSTI webmaster. To inform future content and use of new technologies for the website, Dr. Fairley has surveyed representative IUSTI and other members to assess current and projected future needs for the website.

The IUSTI newsletter under the editorship of Jonathan Ross, and with input from Regional IUSTI leadership is a very useful source of regional STI news of high quality.

The content of the *upcoming IUSTI supplement for Sexually Transmitted Infections* has now been completed and provided to the Editor of STI for publication.

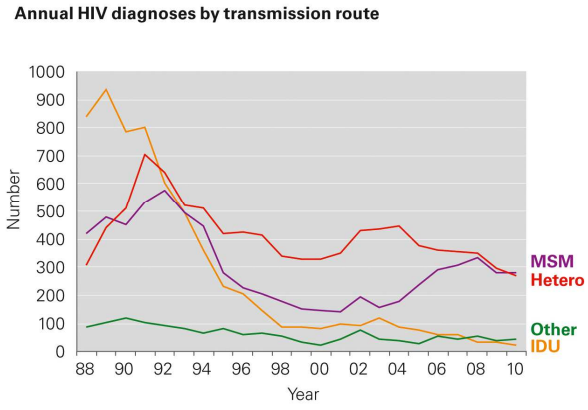
In summary, the IUSTI represents a very effective professional organization committed to improving the diagnosis, treatment and prevention of STIs. IUSTI has been very active and energetic in recent years in working to promote sexual health globally. Strong leadership in IUSTI Regional Branches has led to remarkable growth in membership in recent years, and to convening of experts throughout the world to share experiences, new research findings, and effective approaches. Given the reemergence of STI in many parts of the world during the past decade, the importance of IUSTI's leadership and ongoing programs cannot be overstated. It has been a great pleasure to serve as President of IUSTI over the past two years, and I look forward to continued work with the Union in coming years.

King Holmes

Research Review

"Test and Treat" is not the answer to the growing HIV-epidemic among gay men in Switzerland.

The HIV prevention among men who have sex with men (MSM) has been in Switzerland a success story until the new millennium. From the mid-80s until the late 90s, MSM have radically changed their sexual behaviour and practiced recurrently Safer Sex. The introduction of antiretroviral therapy (ART) in the mid-90s has reinforced the decline of new infections within this group. Yet, since 2002, the number of new HIV infections among MSM has continuously increased in Switzerland like in many western countries. Beside HIV, this group is also more affected than the rest of the Swiss population with other STI.



The HIV outbreak among MSM results from several factors. On one hand, the number of gays that practice unprotected anal sex with their steady partner and with their regular casual partners (so called "fuck-buddies") has increased constantly for the last fifteen years. According to the Swiss Gay Survey 09[1], 70% of MSM engaged in a steady relationship have sexual intercourses with casual partners. Around 40% have stopped using condoms with their steady partner on the basis of trust. 18% of those having anal intercourses with "fuck-buddies"

[1] Lociciro, Stéphanie ; Jeannin, André ; Dubois-Arber, Françoise. *Les comportements face au VIH/sida des hommes qui ont des relations sexuelles avec des hommes : résultats de Gaysurvey 2009,* Raison de santé, 163, Lausanne : IUMSP, 2010.

declare not using systematically condoms. This is also particularly explained by a growing trust that becomes with time similar to the one shared with the steady partner. The temptation of abandoning the use of condoms gets unsurprisingly stronger when regular casual partners are tested HIV-negative. This trust generates then a network of unprotected parallel sexual relationships. On the other hand, the increasing efficiency of ART has normalised and turned HIV into a non-deadly chronic infection. This normalisation has encouraged some men to practice irregularly safer sex. Moreover, many studies have stressed that gay men – due to relative homophobia and discrimination – tend to suffer more from anxiety, depression, low self-esteem and addiction problems (tobacco, alcohol and drugs) than the general population. This increases additionally their potential risky behaviours and vulnerability towards HIV and other STI.

In parallel, our data show that MSM are likely to be diagnosed more quickly than the general population. Around 40% of the new HIV diagnoses among MSM are recent (< 6 months) against an average of 15% in the heterosexual population. An internal data analysis from 2000 to 2009 indicates that nearly 30% of the HIV infections among MSM were diagnosed in the primary HIV infection phase (PHI). This emphasises the high level of awareness of risk taking inside this population and its ability to get counselled and tested rapidly. In addition, the Swiss Gay Survey 09 indicates that the number of MSM under treatment is increasing since 2007. The survey indicates also that most newly diagnosed men change their behaviour in order to prevent the transmission of their virus.

So what drives the epidemic?

Despite the highly improbable HIV transmission when one is under an efficient ART, the preventive effect of ART seems to be offset by the continuous rise of risky behaviour among MSM. In order to evaluate how efficient early testing and treatment is to break the chain of HIV infections, the SFOPH has invited Christophe Fraser (Imperial College School of Medicine, London), Ard van Sighem (HIV Monitoring Foundation, Amsterdam) and Beatriz Vidondo (former collaborator of the SFOPH) to develop a mathematical model of the HIV epidemic among MSM in Switzerland. Data coming from the Swiss Gay Survey 09, the Swiss HIV Cohort and the SFOPH surveillance system have been used in order to do a remodelling of the HIV epidemic among MSM from 1980 to 2010. From this remodelling, one could point out what seems to drive the epidemic. According to the model, in 2010, “only” 13% of the infected MSM were unaware of their HIV infection yet were the origin of 80% of the new infections. Furthermore, the model indicates that the average time to diagnose is only 2.2 years.

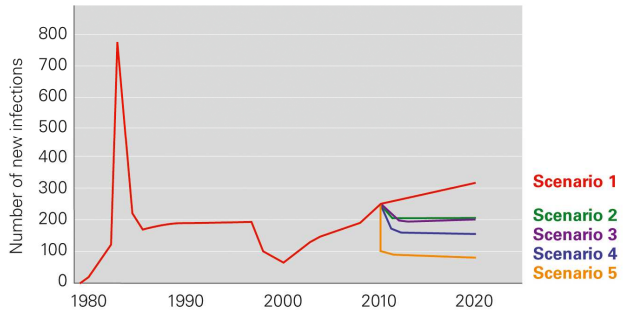
Considering the high proportion of recent diagnoses among MSM in Switzerland, theses figures tend to indicate that the spread of HIV is driven by PHI; especially within this network of trustful and unprotected parallel sexual relationships. The infectivity is 30 to 100 times higher in the first 8-12 weeks after the infection. The absence of condom use during PHI enables the virus to spread easily from one partner to another.

Based on this information, we make the assumption that half of the HIV transmissions among MSM are the result of PHI. A third of the transmissions occur in the asymptomatic phase before the diagnosis. The rest of the transmissions appear to happen after the diagnosis. This assumption is used as a starting point for reorienting the HIV prevention work among MSM in Switzerland.

What can one do?

The international community believes that “test and treat” is the answer to the HIV epidemic among MSM. Nevertheless, the Swiss mathematical model shows that early testing and treatment is not sufficient to break the chain of new infections. With regards to the model, if every new infection is diagnosed within one year and treated immediately in order to reach an undetectable viral load one month later, the number of new infections would be reduced to around 200 per year. This represents a decrease of less than one hundred new infections compared to the current figures in the Swiss HIV epidemic among MSM. However, if MSM practiced safer sex as frequently as in the 90’s, the number of new infection would decrease to approximately one hundred. The combination of safer sex with early testing and treatment would drastically diminish the number of new infections to under one hundred. This suggests that “test and treat” brings an additional benefit to HIV prevention but is not the answer to the epidemic. In terms of prevalence and health costs, the scenario that combines a frequency of safer sex as high as in the 90s with early testing and treatment could prevent approximately two thousand MSM needing ART in the following ten years.

Scenarios of new infections

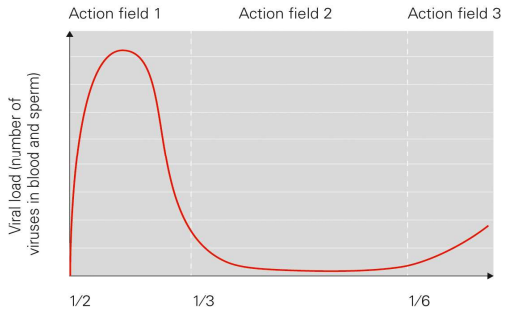


Convinced with these scenarios, we have developed an Urgent Action Plan organised in three action fields. The first action field aims to reduce the *MSM community viral load* to the lowest level as possible by breaking the chain of PHI. The potential of HIV transmission can considerably lessen in the MSM community if the majority of the undiagnosed MSM are in the asymptomatic phase of their infection. In order to break the chain of PHI, MSM are called every year in spring to participate in preventing new

HIV transmissions during one month. The form of participation goes beyond the simple practice of safer sex. MSM can either decide not to practice anal sex or avoid having sexual intercourses with other men than their steady partner. The promotion of Safer Sex is naturally maintained the whole year through. Those who think or plan afterwards to resume unsafe sex are invited to seek beforehand counselling and testing. In the frame of the Swiss cohort study, men diagnosed in the PHI phase are invited to begin immediately their treatment in order to minimize the weakening of their immune system.

The second action field tends to encourage gay men and other MSM to be counselled and tested at least once a year for HIV, Syphilis, Gonorrhoea, Chlamydia and Hepatitis if they are not in a monogamous relationship. One should seek VCT immediately if the number of sex partners is higher than ten during the last six months. Consequently, the average time between infection and diagnosis should shorten, which creates better conditions to start ART on time.

The third action field concentrates on avoiding HIV and STI transmissions to steady partners. MSM are invited to inform voluntarily their steady partner and regular casual partners in case of HIV or STI infection in order for them to be as well counselled and tested. Testing centres and GPs should also offer their clients their support to inform, even anonymously, their partners of their sexually transmissible infection.



Switzerland is determined to lessen *the community viral load* of its MSM population with the introduction in 2012 of a one month "participation event" carried out later every spring. Half of its HIV epidemic problem among MSM can be solved if the chain of PHI is broken. Yet, the efficiency of this action would be stronger if every country with large gay scenes could organize the same event at the same time. Because of the great mobility of gay men, their international *network of sexual relationships* has to be considered as a European acute topic.

On World AIDS day 2011, we will publish a brochure called "Sex between Men: Towards a Better Sexual Health 2012". This brochure gives the facts and figures of the current HIV epidemic among gay men and other MSM in Switzerland and exposes the general frame of the Urgent Action Plan strategy. The brochure can be downloaded in English or ordered in French or German on the webpage www.bag.admin.ch/hiv_aids/ or shop@aids.ch.

Steven Derendinger, Roger Staub

Regional Reports

Africa

Dr. Nejib Doss (IUSTI Country Representative, Tunisia) reports on the difficulties being faced by STI health services in Tunisia as a result of the recent political events both in Tunisia and Libya. Thousands of refugees, many of whom are from other sub-Saharan countries, have entered Tunisia and do not wish to return to their own countries for complex reasons. In order to survive, some of these persons are turning to low cost commercial sex work and taking significant risk in terms of their own sexual health. Condoms are being provided by services free of charge in Tunisia. At the moment, Tunisia has a very low prevalence of HIV in relation to countries in sub-Saharan Africa but this may change as a result of the social upheaval that is currently taking place in the country. Dr. Doss reports that the majority of the NGOs have left some of the most troubled areas in the south of Tunisia because of operational difficulties.

In terms of HIV/AIDS, the expansion of ARV treatment programmes and roll out of medical male circumcision programmes remain high priority activities of many countries in the region. Some countries are moving towards treating all HIV-infected patients with CD4 counts of 350 or below. In South Africa, preparations are underway to release the National Strategic Plan for the control of HIV/AIDS, TB and STIs (2012-2016). The Regional Director has assisted the South African National Department of Health through presentations relating to the burden of STIs in the country and he highlighted the continued strong link between STIs and HIV.

Concern continues within the region over how public health services will manage treating STI syndromes, and contacts of partners of such syndromes, once oral cephalosporins fail to treat gonorrhoea effectively. At present, mainly due to the late switch from quinolones to oral cephalosporins on the continent in some countries, the latter drug class remains very effective at the primary healthcare level. With the exception of Botswana, which has used intramuscular ceftriaxone to treat presumptive gonorrhoea for a number of years, most countries used quinolones until the last 3 years or so, and several continue to do so in the absence of local antimicrobial resistance surveillance data. Quinolone resistance has been reported at high prevalence in southern and eastern Africa. Recent antimicrobial susceptibility data are scarce and mostly unavailable on literature searches for west and central African regions.

Training of microbiologists from Dar es Salaam, Tanzania, on gonococcal susceptibility testing at the Centre for HIV and STIs, National Institute for Communicable Diseases (NHLS) in South Africa.

As a follow-up to a WHO-Afro regional meeting held in Harare in March 2011 to discuss activities related to the gonococcal Antimicrobial Susceptibility Programme (GASP), WHO held a global meeting in Geneva from 8th-10th June, 2011 to review the draft of the GASP Global Action Plan and to discuss implementation in the WHO regions. The IUSTI-Africa Regional Director attended this meeting and gave a summary of the current knowledge base concerning antimicrobial resistance among gonococcal isolates in the few recently conducted African surveys. He also presented an overview of current treatment strategies to treat multi-drug resistance gonorrhoea. A review on the topic of gonococcal antimicrobial resistance in the WHO-Afro region, including a summary of recent GASP activities in the African continent, has been written by Prof. David Lewis and will shortly be published in the South African Journal of Epidemiology and Infection.
Professor Aïssatou Gaye-Diallo, IUSTI-Africa Regional Chairperson, is assisting the organizers of the 16th ICASA with the scientific programme. The conference is to take place in Addis Ababa from 4th-8th December 2011. The theme of the conference will be "own, scale-up and sustain".
David Lewis

North America

Highlights from the 2011 ISSTDR Meeting

The 19th Conference of the International Society for Sexually Transmitted Diseases Research (ISSTDR) was held in Quebec City, Canada, July 10-13, 2011. Among the many topics addressed were cephalosporin-resistant gonorrhea, the high rates of trichomonas infections among American women, and home testing for chlamydial infection.

Neisseria gonorrhoeae Antibiotic Resistance

One of the two presentations that received the most attention was a description of a ceftriaxone-resistant pharyngeal isolate from Japan, collected from a female commercial sex worker in 2009. This is the first ceftriaxone-resistant isolate that has been identified and is of great concern. Additional ceftriaxone-resistant *N. gonorrhoeae* strains have not been identified, but Japan lacks a surveillance system for gonococcal resistance, hampering detection. The other presentation that received attention was a description of cephalosporin susceptibility trends in the US-based GISP surveillance system, which demonstrated that during 2009 and 2010, minimum inhibitory concentrations (MICs) to cephalosporins increased, particularly in the West and among men who have sex with men. Increasing laboratory MICs suggest declining susceptibility. 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 described a molecular assay to detect penicillinase-producing *N. gonorrhoeae* (PPNG), but a molecular assay for cephalosporin-resistance is unlikely to be available in the foreseeable future. Culture-based antibiotic resistance testing is still required. Presenters 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.

Trichomonas--The Beautiful Parasite and the Cause of the Neglected Sexually Transmitted Infection

Several presentations shed light on the molecular characteristics of *Trichomonas vaginalis*, its prevalence in women across the U.S. and the recent FDA clearance of a new molecular diagnostic test for Trichomonas infections.Caused by the parasite *Trichomonas vaginalis* (TV), it is a highly prevalent sexually transmitted infection (STIs) worldwide, with estimates of 7-8 million infections annually in the United States and 180 million globally. Dr. Jane Carlton presented data about the physiology and biology of the "beautiful" parasite. She covered the genome project for which she sequenced the genome of the trichomonas parasite. She, as well as did Dr. Marcia Hobbs, in another outstanding presentation about trichomonas, reported the association of trichomonas with HIV and adverse birth outcomes. They both indicated that the infection is not reportable to public health officials and the organism is considered to be "neglected" by way of public health priority. Interestingly, Dr. Carlton has discovered that there are two different genotypes of trichomonas which may have public health significance. She also reported that the organism generates cytotoxic and lytic factors, as well as proteinases. Trichomonas also has a virus which parasitizes the parasite. Trichomonas can phagocytize other vaginal organisms. The genome is very large- 160MB with lots of repeats.

Another presentation about trichomonas by authors Christine C. Ginocchio, et al demonstrated a very high prevalence of trichomonas in a nationwide prevalence study in 7,593 women. The women were aged 18 to 89 years, who were undergoing routine CT and NG screening at obstetrics/gynecology, emergency room, hospital in-patient, family practice,

family planning, internal medicine, jail, and STD clinic populations in 21 states. This study used a new FDA cleared nucleic acid amplification test (NAAT) and demonstrated that the prevalence was 8.7%, while the prevalence of chlamydia and gonorrhea in these samples were 6.7%, and 1.7%, respectively. TV prevalence ranged from 7.5- 8.6% in women age 18 to 39 yr, and increased to 9.8% in women age 40-44 yr. Highest observed TV prevalences were in women ages 45-49 yr (13.4%) and over 50 yr (13.0%). TV prevalence was 14.4% in the Southeast, 9.5% in the Southwest and Midwest, and 4.3% in the Northeast and ranged from 5.4% in Family Planning clinics to 22.3% in jails.

The final presentation on trichomonas reported the results of the FDA trial which cleared the new NAAT assay, ATV, (Gen-Probe, Inc., San Diego, CA), so that now we have a very accurate way to test for trichomonas in women. Authors were Jane Schwebke, Marcia Hobbs, Susan Taylor, Michael Catania, Barbara Weinbaum, Damon Getman, and Charlotte A. Gaydos. This prospective, multicenter clinical trial enrolled 1025 women attending US obstetrics and gynecology, adolescent, family planning, or sexually transmitted disease clinics. Of 933 subjects in the final analyses, 59.9% were symptomatic. ATV clinical sensitivities and specificities were 95.2% and 98.9% in urine, 100% and 99.0% in vaginal swabs, 100% and 99.4% in endocervical swabs, and 100% and 99.6%, in ThinPrep specimens, respectively. ATV performance was similar in asymptomatic and symptomatic patients, by age groups, and was consistent between sites. The ATV Assay also demonstrated superior performance compared to that of the reference tests (wet mount examination and TV culture) regardless of the specimen type analyzed. The authors concluded the use of highly accurate molecular tests such as ATV and easily obtained self-collected urine and vaginal swab samples represent an ideal combination for the large-scale screening of trichomonas.

The Use of Home-Based, Self-Obtained Vagina Swabs for Chlamydia Screening

Dr. Fujie Xu presented data from a randomized trial in family planning clinics in three cities to determine whether the use of home-based, self-obtained vaginal swabs among women treated for Chlamydia infection can increase rescreening rates compared with clinic-based rescreening. Authors were Bradley Stoner, Stephanie Taylor, Leandro Mena, Lin Tian, John Papp, Kathleen Hutchins, David Martin, and Lauri Markowitz. Women treated for laboratory-confirmed Chlamydia infection were randomly assigned to the Home Group or Clinic Group. Those assigned to the Home Group were mailed a vaginal swab kit for home self-collection, and those assigned to the Clinic Group received clinic appointments for rescreening three months after treatment. Reminder calls were attempted for women in both the Home and Clinic Group. The authors found that use of home-based, self-obtained vaginal swabs resulted in significant increases in rescreening rates compared with clinic-based rescreening. A related article with data from both the randomized trial in family planning clinics and another conducted in STD clinics was recently published in *Obstetrics & Gynecology*, Obstet Gynecol. 2011 Aug;118(2 Pt 1):231-9.

ASTDA

The American Sexually Transmitted Diseases Association (ASTDA) presented the 2011 winners of the ASTDA Recognition Awards on July 13th at the 19th International Society for STD Research (ISSTDR) conference in Quebec City, Canada. ASTDA's three prestigious achievement awards are presented annually to recognize outstanding scientists at different stages of their careers. The Thomas Parran Award, presented to a member for long and distinguished contributions in the field of STD research and prevention, was presented to Thomas C. Quinn, MD, MSc, Senior Investigator, Chief of the International HIV/STD Research Section of the Laboratory of Immunoregulation, and Associate Director for International Research at the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health. Dr. Quinn is a Professor of Medicine, Pathology, International Health, Epidemiology, and Molecular Microbiology and Immunology at the Johns Hopkins University. He is the founding Director of the Johns Hopkins Center for Global Health, past President of the ASTDA, a member of the Institute of Medicine of the US National Academies of Science, and a fellow of the American Association for the Advancement of Science.

The ASTDA Achievement Award is presented for a single recent major achievement in the field of STD research and prevention, or to a member at mid-career to acknowledge an outstanding body of research in sexually transmitted diseases. The 2011 Achievement Award was presented to Connie Celum, MD, MPH, Professor of Global Health and Medicine and Adjunct Professor of Epidemiology at the University of Washington. Dr. Celum's research focus is HIV epidemiology and prevention trials of candidate biomedical interventions including HSV-2, pre-exposure prophylaxis, and combination HIV prevention. Dr. Celum was the Principal Investigator of a recently completed trial of HSV-2 suppression for prevention of HIV acquisition, and a trial of HSV-2 suppression in HIV+ partners in serodiscordant couples to reduce transmission and disease progression. Dr. Celum is leading a collaborative effort to develop and evaluate a combination HIV prevention package in Uganda and South Africa, using the platform of home-based HIV testing with facilitated linkages to male circumcision, ART, and PMTCT.

The ASTDA Young Investigator Award, presented to an outstanding investigator in the field of STD research, who is no more than five years beyond fellowship training, was presented to Rebecca Brotman, PhD, MPH, Assistant Professor, Epidemiology and Public Health at the Institute for Genome Sciences at the University of Maryland

School of Medicine. Dr. Brotman has integrated her background and training in epidemiology and genomics to more effectively understand bacterial vaginosis (BV). The focus of her research is the behavioral and biological factors associated with the acquisition, remission, recurrence and persistence of BV. Dr. Brotman's work has been instrumental in establishing that the vaginal microbiota is a highly dynamic environment, with rapid fluctuations.

National Chlamydia Coalition: NCC Newsletters are available at http://ncc.prevent.org/
[IUSTI is Represented on the National Chlamydia Coalition by Charlotte Gaydos, who is Chairman of the Research Committee.] National Annual meeting will be January 26-27, 2012 in Washington, DC.
There was a recent process evaluation of the NCC conducted by the Health Services Research and Evaluation Branch in the Division of STD Prevention at CDC. The purpose of the evaluation was to assess the effectiveness of the NCC by evaluating its internal operations and the impact of the coalition on members and other stakeholders.
Key findings included the following:

- Respondents largely agreed that 1) the NCC increased engagement in and the priority for chlamydia screening and treatment among NCC members; 2) the NCC was responsible for developing products that would not have otherwise been developed and made other positive achievements in a short period of time; and 3) NCC members found benefits in participating because it enabled them to develop collaborative relationships.
- Challenges to the success of the NCC included lack of time; competing priorities; lack of face-to-face meetings; and lack of clarity/transparency regarding progress, expectations for participation, and NCC funding and capacity.

ACOG Publishes Opinion Supporting EPT
The American College of Obstetricians and Gynecologists (ACOG) issued a new Committee Opinion supporting the implementation of Expedited Partner Therapy (EPT). ACOG joins the list of professional organizations that now endorse EPT. These endorsements are important elements in establishing standard of care for EPT. According to ACOG, the practice of prescribing antibiotics to non-patients without prior examination is permissible in 27 states, potentially allowable in 15 other states, and prohibited in 8 states. They encourage OB/GYNs to push for legalization of EPT in those states and jurisdictions where it's illegal or where the legal status of EPT is unclear or ambiguous.

STDs Go Mobile
Popular CDC fact sheets are now available for smart phones and other mobile devices. So far the fact sheets on chlamydia, gonorrhea, genital herpes, and syphilis, as well as the "Find an STD Testing Facility Near You" resource, are available in mobile format. The Centers for Disease Control and Prevention treatment guidelines are available now.
http://www.cdc.gov/std/treatment/2010/default.htm

VOICE HIV Prevention trial continue but researchers suspend oral tenofovir arm because of futility
RESEARCH TRIANGLE PARK, NC, SEPTEMBER 28, 2011—The Microbicides Trial Network (MTN) announced that its HIV-prevention study, VOICE (Vaginal and Oral Interventions to Control the Epidemic), will continue. However, researchers made an unanticipated decision to discontinue the daily, oral tenofovir arm of the trial.
The VOICE Data and Safety Monitoring Board (DSMB) reviewed study data for the period between Sept. 9, 2009 (when the study began) and July 1, 2011. Based on interim review, the DSMB determined that it was not possible to show whether oral tenofovir tablets were any better than a placebo for preventing HIV in the women assigned to that study group. The DSMB therefore recommended that the women randomized to the oral tenofovir tablet group discontinue their use of the study product. This recommendation does not apply to the women in the groups using either the tenofovir gel or oral Truvada® tablets, or the corresponding placebos; the DSMB recommended that these four study groups continue in VOICE.

The FEM-PrEP Trial: FHI 360 is closing its PrEP trial, FEM-PrEP, which is a Phase III, randomized, placebo-controlled clinical trial designed to assess the safety and effectiveness of a daily oral dose of Truvada for HIV prevention among women in sub-Saharan Africa.
Following a scheduled interim review of the FEM-PrEP study data in April 2011, the trial's Independent Data Monitoring Committee advised that the FEM-PrEP study will be highly unlikely to demonstrate Truvada's effectiveness in preventing HIV infection in the study population, even if it continued to its originally planned conclusion. FHI 360 subsequently concurred and initiated an orderly closure of the study over the subsequent few months.
A total of 4,054 women have been screened for the FEM-PrEP trial, and 2,119 had been enrolled. As of February 18, 2011, a total of 56 new HIV infections had occurred; an equal number of infections occurred in participants assigned to Truvada and those assigned to a placebo pill. Follow-up of the HIV-negative cohort ended on August 12, 2011. The total

number of HIV infections to be included in the primary analysis of the trial will be determined after confirmatory testing is completed. Closing of the FEM-PrEP trial was initiated in April 2011, and the follow-up the HIV-negative participants was completed in August 2011. Follow-up of women who became HIV-infected during the trial will continue until one year after their seroconversion, as per protocol, and they are referred for appropriate medical care and treatment in their community. Data analyses from FEM-PrEP are not yet complete. Confirmation of all HIV infections, antiretroviral resistance testing and tenofovir and emtricitabine drug level testing is ongoing. The primary statistical analysis will be conducted in November 2011.
Charlotte Gaydos

Europe
In September 2011 IUSTI Europe held a successful meeting in Riga, Latvia, the first ever to be held in a Baltic state. There were approximately 500 delegates. The congress president was Prof Andris Rubins and the chair of the international scientific committee was Dr Willem van der Meijden from the Netherlands (the second time he has discharged this heavy responsibility on behalf of IUSTI Europe). These two physicians were awarded European Medals of Merit in recognition of their contributions. Five European Certificates of Merit were awarded to the presenters of the best oral and poster presentations at the conference (from Sweden, Switzerland, Russia, Latvia and France).
In 2012 we expect an excellent meeting in Antalya, Turkey, the first ever to be held in that large and important nation.
In 2013 IUSTI Europe will not be organising a separate meeting, but will be participating as an equal partner with the ISSTDR and the World IUSTI in a conference in Vienna – the congress president of this meeting will be Prof Angelika Stary.
The branch will make the decision about conferences from 2014 onwards at its Council meeting in Antalya in September 2012
The European STI Guidelines Project has had a very successful year: in the last 12 months the following guidelines have been revised and published both on the IUSTI website and in the *International Journal of STD and AIDS.*

- Donavanosis
- Hepatitis
- Chlamydia
- Genital herpes
- Pediculosis pubis
- Scabies
- Vaginal discharge
- Chancroid

The guideline on genital warts has been rewritten and has been submitted for publication in the *Journal of the European Academy of Dermatology and Venereology*.
The following guidelines are currently in the process of being rewritten:

- Organisation of an STI consultation
- Epididymo-orchitis
- Balanoposthitis
- Sexually acquired reactive arthritis

A new initiative is the production of patient information leaflets. In the last 12 months these have been produced on the following conditions:

- Gonorrhoea
- Syphilis
- Chlamydia
- LGV
- Scabies
- Pediculosis pubis

The editorial board holds teleconferences every three months to review the work programme and a full editorial board meeting took place in Riga at the time of the IUSTI Europe Congress there in September 2011.
The guidelines project has the support of the following European organisations in addition to IUSTI Europe: the European Academy of Dermatology and Venereology; the European Dermatology Forum; the Union of European Medical Specialists; the European Office of the WHO; the European Centres for Disease Control.
The Council of IUSTI Europe has nominated Dr Marco Cusini (Italy) and Prof Mihael Skerlev (Croatia) to the World IUSTI Executive Committee.
The European Centres for Disease Control convened a meeting of European experts at their headquarters in Stockholm on 18 October 2011 to discuss the development of resistance to antibiotics amongst strains of gonorrhoea. Dr Airi Poder represented IUSTI Europe at this meeting.
Another successful meeting of the IUSTI Russian national association took place in Tver in September 2011, organised by the association's president, Prof Mikhail Gomberg.

Elena Zhidkova, Karine Konyukhova, Airi Poder (Chair, IUSTI Europe) & Mikhail Gomberg at the IUSTI Russia meeting in Tver

If any IUSTI member wishes to know more about the work of the European Branch, including the production of the guidelines and patient information leaflets, or to become involved in its activities, they are most welcome to contact me at: k.radcliffe@virgin.net.
Keith Radcliffe

Latin America

I Latin American IUSTI/ALACITS Congress: a great success!!!

The I Latin American IUSTI/ ALACITS Congress took place in Curitiba, Brazil between May 18th to May 21st. This is the first time ALACITS and IUSTI-Latin America joined forces and organized a meeting with a very extensive program including STIs, and HIV and aspects related to clinical, public health, behavior and laboratory issues with the participation of experts from Latin America and other parts of the world. The main theme of the Congress was "Impact of STIs in women". (www.dstaids2011.com.br)
The president of the conference was Newton Sergio de Carvalho, Scientific Director of ALACITS and professor at the Universidade Federal do Paraná, Brazil. The president of the scientific committee was Dr. Angélica Espinosa Miranda from the Universidade Federal do Espírito Santo- Brazil. Dr. Adele Benzaken, President of ALACITS and from the Fundação Alfredo da Mata was also a member of the scientific committee.

Latin American participants to the I Latin American IUSTI/ALACITS Congreso

The congress was very well attended by participants from all Brazil and Latin America – the total number of registrants was 2192, with 228 speakers and 105 exhibitors. 236 were members from the Brazilian society of STDs. The distribution of the registrants by country is shown in the table.

Countries of origin	N
Argentina	5
Bolivia	4
Brazil	2138
Chile	4
Colombia	1
Cuba	2
Ecuador	1
England	2
Honduras	3
Panama	1
Paraguay	3
Peru	10
Dominican Republic	2
South Africa	1
Uruguay	2
USA	13
Total number	**2192**

Table - Registrants by country

There were 615 abstracts accepted by the congress, 210 (34%) in the epidemiology track, 119 (19%) clinical, 260 (42%) prevention and 26 (5%) basic sciences. 99 (16%) were accepted as oral presentation and the rest, 516, as posters.
The opening ceremony included Dr. Pedro Chequer with the topic "STDs and HIV Interaction", and Dr. King Holmes with the presentation "Multi-component Prevention of STI: The Peru PREVEN Study."
The congress had multiple concurrent sessions and courses in Portuguese, Spanish and English which covered different aspects related to HIV and STDs with an special focus on women.

Scholarship Fund for the I Latin American IUSTI/ALACITS

Through the generous support of the Office of AIDS Research at the National Institutes of Health we were able to support the participation of 28 Latin American participants, all members of IUSTI Latin America, representing 11 countries. We also funded the trip and expenses of 3 international speakers for the conference and translations.
All of the delegates supported by this scholarship, participated in a session entitled Research needs in HIV and STIs in Latin America.
Patty Garcia

What's New from the European Centre for Disease Prevention and Control

The European Centre for Disease Prevention and Control co-ordinates the European network on Sexually Transmitted Infections and HIV. Through this network, ECDC performs enhanced surveillance for STI and HIV across Europe. In addition to coordinating surveillance, ECDC also conducts a number of projects which look into specific key prevention interventions and on the microbiology of STI in Europe. The European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP) project implements sentinel surveillance of antimicrobial resistant AMR gonorrhoea to a range of therapeutically relevant antimicrobials across Europe. Recent publications show the need to further prioritise susceptibility testing of *Neisseria gonorrhoeae* in Europe:

- In July 2011, the first gonococcal strain with high-level clinical resistance to ceftriaxone (the last remaining option for empirical first-line treatment), i.e. the first extensively drug-resistant gonococcus [1], was reported from Japan and triggered worldwide concerns.
- On 27 October 2011, a rapid communication described the first N. gonorrhoeae strain with reduced susceptibility to cefixime in Austria, which resulted in treatment failure [2] . This report follows on from two cases of clinical failures with cefixime standard treatment which were described in 2010 in Norway [3] and three cases in 2011 in the United Kingdom [4,5]. The Austrian case also likely acquired infection during a visit to Germany where he had unprotected sex. The paper suggests that the resistant strain might be present in the MSM community in Germany.

In this context, the results from Euro-GASP for 2009 [6] and preliminary 2010 results are particularly important. Euro-GASP has identified that 5% of isolates tested in 2009 (from 10 countries) have decreased susceptibility to cefixime, using a cut-off of >0.125mg/L. Rates of ciprofloxacin and azithromycin resistance are high across Europe (63% and 13%, respectively) and these antimicrobials should therefore not be used for treatment, unless isolates are known to be susceptible or local resistance rates are known to be less than 5%. Even though no breakpoint for resistance to gentamicin has been established, the minimum inhibitory concentration (MIC) distribution offers hope that gentamicin could be used for therapy in the future. The first results from 2010 show that 9% of isolates overall have reduced susceptibility to cefixime and the number of countries with more than 5% of isolates showing decreased susceptibility to cefixime has increased to 17. Although decreased susceptibility to ceftriaxone has not been noted, the continual upward drift in the MIC needs to be monitored carefully.

Decreased susceptibility to cefixime is extremely concerning as it is a recommended therapy for gonorrhoea across Europe, together with ceftriaxone. Loss of cefixime as an oral treatment option across Europe may have major cost and compliance implications if parenterally administered ceftriaxone becomes the only viable option.

As part of the response to the threat of multidrug resistant *N. gonorrhoeae*, a meeting of experts in gonorrhoea antimicrobial resistance was recently organised by ECDC in Stockholm including representatives of IUSTI-Europe. The expert group agreed on the necessity for a response plan with several components including advocacy for improvements in prevention and control of gonorrhoea, enhanced awareness of treatment failures and more frequent follow-up examination. Surveillance of gonococcal AMR should be strengthened through the collection of demographic and behavioural data. An appropriate response is needed globally to mitigate the spread and minimise the impact of extended-spectrum cephalosporins resistant strains.

More information on ECDC activities and projects is available on the ECDC disease specific programme pages:
http://ecdc.europa.eu/en/activities/diseaseprogrammes/hash/Pages/index.aspx

Gianfranco Spiteri

References

1. Ohnishi M, Golparian D, Shimuta K, Saika T, Hoshina S, Iwasaku K, et al. Is Neisseria gonorrhoeae initiating a future era of untreatable gonorrhea? Detailed characterization of the first strain with high-level resistance to ceftriaxone. Antimicrob Agents Chemother. 2011;55(7):3538-45
2. Unemo M, Golparian D, Stary A, Eigentler A. First Neisseria gonorrhoeae strain with resistance to cefixime causing gonorrhoea treatment failure in Austria, 2011 . Euro Surveill. 2011;16(43):pii=19998. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19998
3. Unemo M, Golparian D, Syversen G, Vestrheim DF, Moi H. Two cases of verified clinical failures using internationally recommended first-line cefixime for gonorrhoea treatment, Norway, 2010. Euro Surveill. 2010;15(47):pii=19721. Available from: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19721
4. Ison CA, Hussey J, Sankar KN, Evans J, Alexander S. Gonorrhoea treatment failures to cefixime and azithromycin in England, 2010. Euro Surveill. 2011;16(14):pii:19833. Available from: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19833
5. Forsyth S, Penney P, Rooney G. Cefixime-resistant Neisseria gonorrhoeae in the UK: a time to reflect on practice and recommendations. Int J STD AIDS. 2011;22(5):296-7.
6. European Centre for Disease Prevention and Control. Gonococcal antimicrobial susceptibility surveillance in Europe 2009. Stockholm: ECDC; 2011. http://ecdc.europa.eu/en/publications/Publications/1101_SUR_Gonococcal_susceptibility_2009.pdf

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Conference Update

2012 National STD Prevention Conference:
Minneapolis Minnesota March 12-15, 2012
STD Prevention Innovation: Solutions for the Era of Healthcare Reform
The 2012 National STD Prevention Conference is taking place just two years before the scheduled implementation, in 2014, of a number of key provisions outlined in the Affordable Care Act. Although we do not yet know the extent to which these changes will impact STD prevention, programs, or service delivery, the field of STD prevention and control must be poised to respond to changes in multiple arenas, including:

- The emergence of new opportunities for collaboration between STD programs and providers and other federal, state, and local partners;
- Changes in the configuration and operation of health systems and the impact of these changes on healthcare delivery in general and STD preventive services delivery specifically;
- Increasing uptake of health information technology, including electronic health records, and its potential for impact on surveillance activities;
- Expansion of covered services, including key preventive services, and the increase in the number of individuals eligible for or covered by a public or private health insurance plan;
- Evolving research priorities designed to identify and disseminate the most effective interventions;
- A re-crafting of the role and importance of the safety net;
- New opportunities for increased intervention and program integration at the structural, policy, and community levels; and,
- New opportunities for a more holistic approach to health and wellness, including sexual health, and combined intervention approaches to maximize population impact.

The 2012 National STD Prevention Conference will provide an important opportunity to build knowledge and explore partnerships as we usher in an era of reform, not only for the healthcare system broadly but also for STD prevention and control. Please join us as we explore the possibilities for moving STD prevention and control into the future!
For more information, please contact Penny Loosier, Conference Coordinator, at Penny.Loosier@cdc.hhs.gov (CC: Brenda Kelley, Assistant Conference Coordinator at Brenda.Kelley@cdc.hhs.gov.) or the conference web site: http://www.cdc.gov/stdconference/

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), European Centre for Disease Prevention and Control, Health Protection Agency (UK) and the World Health Organisation.
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Further information on the activities of IUSTI is available at www.iusti.org