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President's Letter

With rising prevalence of bacterial sexually transmitted infections (STIs), in particular gonorrhoea and syphilis, the need to re-focus our efforts on STI prevention is a public health priority. It appears that, in many countries, the implementation of highly effective biomedical human immunodeficiency virus (HIV) prevention tools is reversing hard won gains in condom promotion, particularly among high-risk men-who-have-sex-with-men (MSM) who are now taking pre-exposure prophylaxis to prevent HIV acquisition. We need to focus on providing brief but effective STI prevention behavioural change interventions (Figure 1). This was the focus of a recent consultation at the World Health Organization (7-9 December, 2016) which resulted in refinement of a Brief Sexuality Communication Intervention Manual which will be used to support a WHO-led feasibility study in the near future. The manual describes the procedures for administering a Brief Sexuality Communication intervention to three key populations, specifically heterosexual women of reproductive age women (15-49), MSM and female sex workers. The BSC intervention is designed to be delivered by trained health professionals working at all levels in the health care system. The aim of the intervention is to enable change in sexual health behaviours, including reductions in sexual risk taking, increased STI testing and improved contraceptive use.

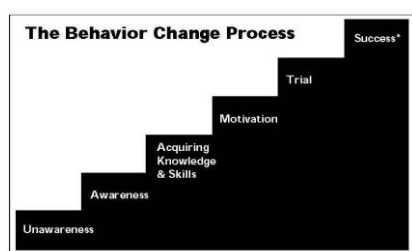


Figure 1. The behaviour change process
(<http://indiansocialworker.blogspot.com.au/2012/08/introduction-to-behavior-change.html>)

It is becoming increasingly clear to many, however, that the only long-term solution to effective STI prevention will be the development of more STI vaccines (Figure 2). Vaccines are cost-effective prevention tools which have been used with considerable success to reduce the impact of many infectious diseases in settings where coverage is high and vaccines affordable for countries to purchase. Currently, we possess only a few STI vaccines which are effective solely against viral STIs such as human papillomavirus (HPV), hepatitis A and hepatitis B. Other vaccines are under development, including those for HIV and herpes simplex virus. HPV vaccines are highly effective for the HPV types they contain, and for some related HPV types. Countries using the quadrivalent vaccine have experienced dramatic falls in genital warts in younger women, and to a lesser degree in heterosexual men (herd immunity effect) whilst this effect was not seen in unvaccinated homosexual men. The introduction of the hepatitis A vaccine has resulted in the almost complete disappearance of epidemics of infection despite vaccine coverage of only 30-50% in MSM. In contrast hepatitis B infection sexual transmission both in MSM and heterosexuals continues at low but significant levels despite similar vaccine coverage. However, vaccines against the three most important bacterial STIs (syphilis, gonorrhoea and chlamydia) have remained elusive to date.



Figure 2. Vaccines for bacterial STIs are urgently required
(<https://www.stdcheck.com/blog/stds-that-are-preventable-by-vaccines>)

In addition, the threat of untreatable extensively antimicrobial resistant *Neisseria gonorrhoeae* and *Mycoplasma genitalium* infections is ever present (Figure 3). The importance of vaccines as an approach to mitigate the impact of antimicrobial resistance in a number of infectious diseases will be discussed at a forthcoming workshop, entitled 'The value of vaccines in the avoidance of antimicrobial resistance', which will take place at Chatham House in London (29-30 March, 2017).

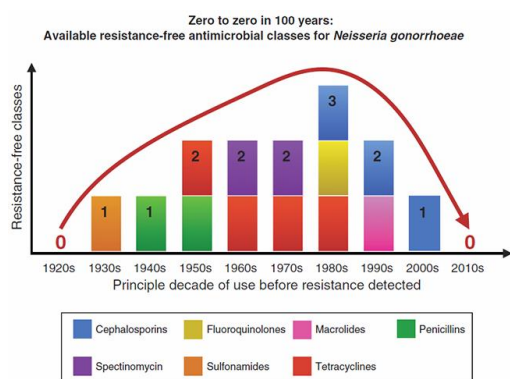


Figure 3. Untreatable gonorrhoea remains an urgent public health threat (<http://www.microbiology.society.org/all-microsite-sections/microbiologytoday/index.cfm/article/A925B9AF-8605-4CD7-9BF95AB453B3231A>)

Since the last issue of the IUSTI Global Update, the inaugural International Symposium on Sexually Transmitted Infections took place in Buenos Aires (3-4 November, 2016). I would like to thank all those who worked hard to make this event such a success, particularly Miguel Tilli, one of our Executive Board Members representing Latin America and the Caribbean (IUSTI-LAC) and Mária Eugenia Escobar de Fernández, President of the Argentinian Association for the Study of Gynaecological and Obstetric Infections and STIs (ASAIGO-ITS). A number of IUSTI members assisted by speaking in the scientific programme.



Figure 4. Attending the joint IUSTI-LAC & ASAIGO International Symposium on STIs in Buenos Aires, with Miguel Tilli (Argentina, L), Janet Wilson (UK, centre L), Patricia Galarza (Argentina, centre R).



Figure 5. Participating in a Japanese Tea at the IUSTI-Asia Pacific conference, Okayama, with Royichi Hamasuna (Japan, L) and Gardish Joall (UK, centre)

Congratulations also go to another IUSTI-World Executive Board Member, Royichi Hamasuna, for his enormous contribution to the successful delivery of the 19th IUSTI-Asia Pacific Conference in Okayama, Japan (1-3 December, 2016) in Okayama, Japan. Delegates were warmly welcomed by Congress Chairperson, Toshio Kishimoto. This was the first IUSTI-Asia Pacific congress to be held in Japan and marks another major achievement for our Union.

Looking ahead, I would like to encourage you to register for the 2017 STI & HIV World Congress, which will take place in the vibrant city of Rio de Janeiro (9-12 July, 2017). Caroline Cameron and Angelica Espinosa Miranda have worked extremely hard, along with their track teams, to produce a globally relevant scientific programme which will address recent achievements and the remaining challenges in the fight against HIV/STI. I would like to express my appreciation for the efforts of both my co-Chair, Jeanne Marrazzo (President, International Society for Sexually Transmitted Disease Research, ISSTD), and the Congress Organizer, Mauro Romero Leal Passos. Their leadership roles have been crucial to ensure that we will collaboratively deliver yet another world-class ISSTD-IUSTI joint scientific congress.

David Lewis, IUSTI-World President

Regional Reports

Africa

The Acting Regional Director for IUSTI Africa attended a meeting in Atlanta in January, 2017, on the development of classifications for multi-drug resistant *Neisseria gonorrhoeae*. The discussion sought to harmonise what is meant by resistance and agree on what constitutes multi-drug resistance in *Neisseria gonorrhoeae* such that the terminology would convey the same concept internationally. The meeting looked at the existing definitions of multi-drug resistance in health-care settings and for *Mycobacterium tuberculosis*. When the report of the outcome is finalized, it should be widely disseminated so that all researchers and medical personnel will become familiar with the terminology and its meaning. The IUSTI Newsletter will be a good medium of communication for this exercise.

Data on sexually transmitted infections are much needed in the African setting. However, funding for such an exercise seems to be lacking in many countries on the continent. Thus, it is pleasing to see that some countries are continuing to collect as much data on STIs as they can.

In Zimbabwe, a household-based national survey, *The Zimbabwe Population-Based HIV Impact*

Assessment (ZIMPHIA), was conducted between October 2015 and August 2016 in order to measure the status of Zimbabwe's national HIV response. ZIMPHIA offered HIV counselling and testing with return of results, and collected information about uptake of HIV care and treatment services. This survey is the first in Zimbabwe to measure national HIV incidence and viral load suppression.

About 84% of the 13,971 eligible households completed the interview and of the 14,032 eligible women and 11,093 eligible men, about 87% of the women and about 76% of the men were interviewed and tested for HIV infection.

Some of the findings are that annual incidence of HIV among adults between 15 and 64 years is 0.45% (0.59% among females and 0.31% among males), which corresponds to approximately 32,000 new cases of HIV annually among adults between 15 and 64 years.

The prevalence of HIV among adults aged 15 to 64 years is 14.6% (16.7% among females and 12.4% among males). This corresponds to approximately 1.2 million people living with HIV in this age group.

Prevalence of viral load suppression among HIV-positive adults aged 15 to 64 years in Zimbabwe is 60.4% (64.5% among females and 54.3% among males).

Using a syphilis serological dual non-treponemal and treponemal test, the household survey in Zimbabwe showed that among adults aged 15 to 64 years, 3% of females and 2.4% of males have ever been infected with syphilis and the prevalence of active syphilis infection is 1.0% among females and 0.6% among males.

The figures show that Zimbabwe has made tremendous progress in responding to the HIV epidemic in the country, and the goal of ending the AIDS epidemic in Zimbabwe by 2030 may well be within reach provided there is continued expansion of the HIV treatment programme and targeted HIV testing.

In South Africa, cervical cancer is considered to be the third most common cancer in South African women, with age standardized incidence of 21.67 per 100 000 (95% CI: 21.06-22.27) for 2011, according to the National Cancer Registry which collects statistics for histologically diagnosed cancers in South Africa. According to the surveillance conducted by the STI Unit at the National Institute for Communicable Diseases (South Africa) to determine the prevalence of HPV infection and to identify individual HPV genotypes including genotypes targeted by HPV vaccines among young women attending public health care facilities in South Africa for the period 2014-2016, single or multiple HPV infections were detected in approximately half of participants, a third of whom were characterised as high-risk HPV types for cancer. HPV infection was found to be significantly higher among women who reported sexual debut

at 16 years or below compared to those above 16 years at sexual debut.

Overall HPV infection was detected in 57.6% (190/330) of participants. Single HPV infection was detected in 23.0% (76/330) while multiple (2-14) HPV infection was detected in 34.5% (114/330). High-risk HPV infection was detected in 37.9% (125/330) women, probable High-risk HPV infection in 15.5% (15/330) and Low-risk-HPV infection in 40.0% (132/330, Table 1).

Table 1.

HPV infection	n	%
Any HPV	190	57.6
Single HPV infection	76	23.0
Multiple HPV infections	114	34.5
High-risk HPV infection	125	37.9
Probable high-risk HPV	51	15.5
Low-risk HPV infection	132	40.0

Any HPV infection: HPV infection with any of the 37 HPV types detected by Roche Linear Array HPV genotyping assay.

Single HPV infection: Infection with one HPV type.

Multiple HPV infections: infection with more than one HPV types.

High-risk HPV infection: Infection with HPV-16, -18, -31, -33, -35, -39, -45, -51, -52, -56, -58 or -59.

Probably high-risk HPV: Infection with HPV-26, -53, -66, -67, -68, -70, -73 or -82.

Low-Risk HPV infection: Infection with HPV-6, -11, -40, -42, -54, -55, -61, -62, -64, -69, -71, -72, -81, -83, -84, -89 (HPV-CP6108) or -IS39

The overall high HPV prevalence (58.2%) among young women attending family planning clinics, and in particular HPV-16 and HPV-18 which are associated with majority of cervical cancers, is of concern, and the observed high HPV prevalence among women who reported sexual debut at the age of 16 years and below, confirms the importance of HPV vaccination in younger age groups in order to protect against acquisition of HPV infection.

In Morocco a *Biological and behavioral study of HIV and STIs among sex workers using Responded Driven Sampling (RDS) as sampling strategy* has just been completed. Five sites were selected, based on previous data related to HIV and STIs notifications, data on HIV and STI prevalence surveys, and the availability of NGOs as partners in access to key populations. The study was approved by the national ethical committee. More than 1,200 sex workers participated. Any of the sex workers found to positive for HIV infection and/or other STIs were immediately referred to health-care facilities for treatment and follow up. The study was concluded at the end of January, 2017 and data analysis is in progress.

Morocco is also compiling information on the contribution of HIV rapid tests in enhancing the national HIV testing strategy in Morocco. Since 1991, the sero-diagnostic strategy of HIV infection in Morocco was based on the use of a 3rd

generation ELISA as a screening test and the Western Blot for confirmation of any reactive or indeterminate results. In 2002, the 4th generation ELISA, which detects P24 antigen and anti-HIV antibodies replaced the 3rd generation Elisa test. These tests were offered by the National Reference Laboratory for HIV (NRL) at the National Institute of Hygiene. The decentralization of HIV testing to regional laboratories was launched in 2003 by the NRL, enabling a gradual implementation of testing at 23 hospital laboratories. Nonetheless, the number of people tested with this strategy did not exceed 3,000 in 2003, while the estimated number of people infected with HIV was 16,000, 75% of whom did not know their HIV status.

The strategy to involve NGOs and introduction of the rapid HIV test (*Determine*, Alere Japan), together with training of the health-care providers in 2004 resulted in an increase in the number of people screened from 4,000 in 2004 to 22,478 in 2006.

The success of using the rapid tests led to the integration HIV testing in the Basic Health Care Establishments of the Ministry of Health of Morocco in 2008. Currently more than 900 health facilities in the Ministry of Health of Morocco are offering HIV testing and counselling using the rapid HIV test.

In 2016, the total number of people tested exceeded 680,000, with a positivity rate for HIV infection of 0.2% (twice the national HIV prevalence). Hence, more than 1,200 new HIV infections a year are detected. This has reduced the gap of people who do not know their HIV status from 75% in 2006 to 65% in 2016.

Finally, screening by trained peers is an innovation on HIV rapid testing under consideration for implementation in Morocco. A preliminary study was conducted by a Moroccan NGO, *Association de Lutte Contre le SIDA* (ALCS) with the support of the National AIDS Program, the Global Fund and UNAIDS. Results are encouraging and pave the way towards eventual scaling up of this innovative approach.

Contributors:

Ranmini Kularatne (South Africa), Anna Machiha (Zimbabwe), Dr. Hicham Oumzil (Morocco)

Source:

South African National Institute for Communicable Disease Bulletin (*Communicable Diseases Surveillance bulletin Volume 14. No 4 November 2016*)

Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) 2015–2016: Summary sheet: Preliminary findings December 2016.

Ministry of Health of Morocco and the Département de Virologie, Institut National d'Hygiène (INH), Morocco.

Francis Ndowa

Europe

IUSTI Europe had 87 full members in 2016 and 18 associate members. These represent 34 different countries. In the first 6 weeks of 2017 63 members have joined of whom 10 are new to IUSTI. The main benefit for members is discounted registration at IUSTI meetings: in addition to the July meeting in Rio, current IUSTI members will get a €100 discount from the registration for the 31st Congress of IUSTI-Europe on Sexually Transmitted Infections, 31 August – 2 September | Helsinki, Finland 2017 <http://www.iusti2017.org/>. We look forward to this excellent opportunity for sharing experience, knowledge and skills with colleagues and renewing old friendships from around Europe and beyond.

IUSTI Europe STI Guidelines

The Editorial Board met in Budapest on 15 September 2016 during the IUSTI-Europe conference. Subsequently a teleconference was held on 20 December. In Budapest it was decided that the methodology for guidelines production should be updated to incorporate use of PICO questions and the GRADE system for recommendations. This work has been completed. A new guideline on vulval disease has been completed and the guidelines on epididymo-orchitis and chancroid have been updated and published in journals. Work is ongoing on updating the following guidelines: genital herpes; scabies; pediculosis pubis; hepatitis; gonorrhoea; genital warts; pelvic inflammatory disease (PID); vaginal discharge; organisation of a STI consultation. Work has commenced on a position statement on testing for genital mycoplasmas (other than *M. genitalium* on which a guideline has recently been produced). Patient information continues to be developed on each guideline as it is produced or updated. Like all the guidelines these are freely available via the IUSTI website.

On 20 January 2017 Keith Radcliffe attended a meeting of the European Dermatology Forum in Montreux, Switzerland, in order to harmonise co-operation between the project and the guidelines sub-committee of the EDF. Michel Janier and Mihael Skerlev from the IUSTI-Europe Council also attended the meeting which was cordial and constructive. It was agreed that Prof Alexander Nast from the EDF would be nominated to join the Editorial Board of the guidelines project.

Scientific Policy

The programme for the next IUSTI Europe conference, Helsinki 2017, is in the course of development under the competent stewardship of Prof Stephan Lautenschlager, the Scientific Chair. It promises an exciting range of speakers and topics that will enhance our knowledge and practice, and will present the latest findings. The workshop component of the programme will allow

audience participation and interaction, aspiring to many lively sessions.

The IUSTI-Europe initiative for Scientific Topics has been launched and is available at <http://www.iusti.org/regions/Europe/ScientificReport.htm>.

The latest findings on Gonorrhoeae, Chlamydia, Mycoplasma genitalium, Urethritis, Syphilis, Chronic Pelvic Pain syndrome, Chronic Prostatitis, Chronic NGU, Guidelines, Herpes, HIV Outpatient Management, HPV, Lymphogranuloma Venereum are presented by the leading authors in their fields, who not only present the current position papers, but also topics for future research and name up-and-coming workers and presenters in their field.

As Chair of the forthcoming IUSTI World & European Congress, Dublin 2018, Derek Freedman has been preoccupied with the organisation and arrangements for the Congress. Prof Kees Rietmeijer is the Chair of the Scientific Committee and Prof Henry de Vries is the Co-Chair. They have already started to work on the Congress scientific programme. A programme of the highest scientific standard combined with practical clinical application is anticipated, together with opportunities for audience participation and interaction in the University atmosphere of Trinity College Dublin.

Planning for the IUSTI Europe 2019 Conference in Tallinn, Estonia has already commenced with the appointment of Dr Raj Patel as Chair of the Scientific Committee.

IUSTI-Europe Conference in Helsinki 2017

The 31st IUSTI-Europe Congress on Sexually Transmitted Infections will be held in Helsinki, Finland from 31 August to 2 September 2017. The Congress Chair is Dr. Eija Hiltunen-Back and the Chair of the International Scientific Committee is Prof Stephan Lautenschlager.

The abstract submission and registration are now open on our website www.iusti2017.org. The organizers will grant a complimentary registration for 20 residents, students or nurses with an accepted abstract. The scientific program will be published in a few weeks. Confirmed plenary speakers include Manuel Battegay, Catriona Bradshaw, David A. Lewis, Jorma Paavonen and John White.



IUSTI-Europe Summer School in Helsinki 2017

The 2017 IUSTI Summer School on STIs will be held from August 30 to August 31 in connection

with the IUSTI Europe Conference in Helsinki. Up to 50 delegates are welcome to participate in the 2 days course with the topic "Test and Treat".

Experts on STIs will give an update on new diagnostic technologies and summarize the most recent treatment recommendations. IUSTI Europe will support the Summer Course with scholarships. The summer school will be officiated by Professor Angelika Stary (Austria) and Professor Marco Cusini (Italy).

IUSTI-Europe will provide scholarships for participation in the summer school. If you wish to apply, contact Angelika Stary (Angelika.stary@meduniwien.ac.at) or Marco Cusini (m.cusini@policlinico.mi.it).

Activities in Europe

Germany

There were two conferences in Germany in 2016: *Leopoldina-Symposium* in Berlin, the main focus of which was genital microbiomes, genetic tools and the interaction of STIs and the human organism, and an *STI-Congress* in Berlin, a 3-day congress bringing together all scientists, clinicians, private practitioners, people from STI counseling and selfhelp-groups in Germany, addressing all aspects of STIs and sexual health, with practical workshops, debates and a poster exhibition.

In September 2016, the DSTIG launched the training program "Sexual Health and STIs" in cooperation with the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung – BzgA) and the Medical Association of Westphalia-Lippe (Ärztammer Westfalen-Lippe). This curriculum - unique in Germany - is meant to be an interdisciplinary training unit for medical employees and people working in healthcare.

Hungary

The 30th IUSTI-Europe Conference was held on 15-17 September 2016 in Budapest, Hungary, Hotel Hilton. The conference, organized by the Hungarian STI Society (President: Viktoria Varkony), featured various presentations, as well as an AIDS Symposium (Chair: Karoly Nagy). Additionally, the 21st Meeting of the Hungarian STI Society was held jointly with the IUSTI-Europe Conference, 15-17 September, 2016, Budapest, Hungary. Other conferences organized in Hungary in 2016 include the IME Conference on Infection Control, 18 October, 2016, and the Hungarian Microbiological Society Annual Conference, 19-21 October, 2016.

IUSTI Europe Congress in Tallinn 2019

The IUSTI-Europe congress will take place from September 6 to September 9 in Tallinn, Estonia. The President of the conference will be Dr Airi Pöder from Estonia. The Chair of the Scientific Committee will be Dr. Raj Patel from the UK.

On the first of June this year, officers of IUSTI-Europe will make a site visit to Tallinn to discuss the location of the event – currently it is a tie between the Swiss Hotel and the National Opera and Ballet Theatre.

Airi Pöder

North America



The new American administration led by Donald Trump and Michael Pence promises changes likely detrimental to the public health infrastructure addressing sexually transmitted diseases, and to the funding streams that support research on prevention, treatment, and education. Rollback of expanded health access, insecurity among immigrant populations, loss of legal protections for sexual and gender minorities, and aggressive restrictions on sexual/reproductive health services are just the most general areas that affect STD at the intersections of public health, science, and clinical services. Some states will mirror policies endorsed at the Federal level. However, some states may maintain or even expand programs related to STD and other sexual/reproductive health services. This will create havens of safety for residents of those states but exacerbate regional health inequities that are long-standing attributes of STD in the United States.



Dennis Fortenberry, President ASTDA

The challenges to the ASTDA mission brought by the broad political changes in the United States means that our organization can ill afford passivity and silence. In the short term, we will be working to increase the engagement of our membership in the state and federal issues that affect the ASTDA mission. We are already signing on to advocacy letters to Congress and other administration officials. We are enhancing partnerships with organizations such as the American Sexual Health Association and the National Coalition of STD Directors. These partnerships can multiply the

reach and effectiveness of our efforts. We have expanded ASTDA's regional perspective to include a member of IUSTI Canada on our Executive Committee, and have extended our global commitment through greater engagement in IUSTI. After all, the repeated lessons of global HIV, gonococcal resistance, and zika (among many others) teach us that that walls or national boundaries are ineffective barriers to STD.

In the longer term, ASTDA will work toward more effective use of its extensive scientific and clinical expertise in defense of critical public health, research, and clinical infrastructure. We will also seek opportunities for advocacy that expands understanding of the complex social, behavioral, and biological elements of STD. This is an ambitious vision. But, of course, that is what a crisis requires.

J. Dennis Fortenberry, MD, MS



IUSTI Canada is taking part in the Public Health 2017 conference (Halifax, NS, Canada – June 5-8), organized by the Canadian Public Health Association. IUSTI is helping to organize and present the following sessions:

Session 1 - IUSTI Canada has partnered with the Canadian Public Health Association to present a session titled "Current Challenges in HIV and STI Prevention in Canada 2017". This session will discuss what some of the key challenges in addressing STBBI infection rates in Canada? How can we collectively address these challenges? This workshop will provide participants with an opportunity to explore current challenges in STBBIs including related stigma and discuss potential areas of action.

Session 2 - IUSTI Canada has partnered with the Canadian Public Health Association, National Collaborating Centre for Infectious Disease; Dalhousie University, Gender and Health Promotion Studies Unit; Pride Health, Nova Scotia Health Authority; REACH; OHTN; CATIE; Institut national de santé publique du Québec, Montréal to present a workshop titled "Setting the stage to advance Sexual Health Promotion in Canada". This interactive day-long workshop on sexual health promotion in Canada will be of interest to sexual health providers, community-based organizations and trainees with a background or interest in advancing sexual health promotion in the Canadian context. A series of presentations, small group discussions and an end-of-day plenary session will be used to share information and mobilize on actions related to improving and promoting the sexual health of Canadians.

For information, see the program

at <http://www.cpha.ca/en/conferences/conf2017/program-glance.aspx>

Also we collaborated in a Public Health Ethic webinar in January 2017 to discuss the evidence and ethics of a case involving the use of Point-of-Care testing to expand access to diagnostic technologies for infectious diseases in remote or northern communities. The goal of this webinar was to foster an ethical discussion using a fictional case study featuring an example of a pilot project implementing POCT in pharmacies in Northern Saskatchewan. We used Schröder-Bäck *et al.* ethical framework to dissect the different considerations for justifying or not the implementation of such a project, given the current evidence. The taped webinar will be available soon at <http://nccid.ca/webcast/>

Marc Steben on behalf of IUSTI Canada



The National Cervical Cancer Coalition, a program of the American Sexual Health Association, has launched a community on StoryCorps.me. Story Corps is America's oral history project. NCCC is using this platform to record and archive stories of cervical cancer patients, survivors, and family members who have lost someone to the disease. These compelling stories are told in authentic voices and put faces to the facts and figures behind cervical cancer.

ASHA recognizes each January as Cervical Health Awareness Month. This year's theme focused on the proven prevention tools at our disposal and the need to address health disparities by providing access to screening tests and vaccines to women and communities at highest risk. We ran a social media campaign throughout the month including a Twitter chat with the hashtag #CervicalHealthMonth.

In February ASHA is taking part in National Condom Month with an emphasis on correct use of both male and female condoms, partner communication and negotiation, and proper condom sizing and fit.

We continued our work on a social media campaign, #SayYesToPrEP, in collaboration with the Mississippi Department of Public Health. We've developed a website, <http://www.sayyestoprep.org/>, that educates the public about HIV prevention and focuses on PrEP and PEP, respectively and has a clinic locator. The website is national in scope and the social media campaign uses hashtags #SayYesToPrEP #Mississippi and promoted posts to target Twitter and Facebook users in Mississippi.

Lynn Barclay, President, ASHA

Fred Wyand, Director of Communications, ASHA



As an exciting close to 2016, the National Coalition of STD Directors (NCSDD) convened its largest-to-date Annual Meeting in Phoenix, Arizona. This meeting brought together STD Directors and their staff from around the United States and included an expanded effort to highlight Disease Intervention Specialists (DIS) and the difficult and necessary work they do on the front lines of public health. More meeting details and materials can be found at NCSDDc.org.

Building on the success of the annual meeting, NCSDD entered 2017 and the new Presidential Administration with vigor. NCSDD recognizes that it must be proactive in focusing its energies on empowering our members – State STD directors, the people charged with protecting the American public from STDs, including HIV – with the best possible resources.

In this vein, NCSDD set its attention on a number of priorities, including: formation of a Public Policy Committee to set the advocacy agenda for NCSDD; increasing lobbying resources to advocate for STD programs and funding; organization-wide strategic planning to assess strengths and areas for increased focus; active participation in setting the agenda for the Gay Men's Health Equity Workgroup; and, ongoing programs to establish DIS certification and training standards, increase school-based referrals for sexual health services; and create opportunities for peer-to-peer technical assistance related to surveillance systems, program implementation, and evaluation of STD programs.

Whatever may come this year and beyond, NCSDD is well-positioned to meet the needs of all of its members to ensure that the American public are given the best opportunity to be healthy.

Kelly Mayor, Director of Operations and Member Services

STI Workshop Havana, Cuba

Several North America IUSTI members attended an STI Workshop in Havana, Cuba Jan 17, 2017 at the Pedro Kouri Tropical Medicine Institute. It was a very collaborative visit and the scientists at the Institute were very interested in learning more about IUSTI, expressing interest in potential membership. The Organizers and schedule included:

- Ministry of Public Health, Republic of Cuba
- Pedro Kouri Tropical Medicine Institute (IPK)
- Pan-American Health Organization
- Center of Investigation, Diagnostics and Reference (IPK)

- Cuban Society of Microbiology and Parasitology
- Johns Hopkins University
- BDC International, S.A. Cuban Society Of Microbiology



Dr. Jonathan Zenilman, Dr. Khalil Ghanem, Dr. Anne Rompalo

Organizers: Dr. Rafael Llanes, IPK Cuba and Prof Jonathan Zenilman, JHU, USA

Agenda:

- 1) Charlotte A. Gaydos: New Tests for Sexually Transmitted Diseases, Including Point of Care Tests
- 2) Jonathan Zenilman: Perspectives of 30 years of Gonococcal Resistance Surveillance
- 3) Terry Hogan: STI Prevention and Control Programs
- 4) Anne Rompalo: *Chlamydia trachomatis* and Genital Herpes Infections Update
- 5) Khalil Ghanem: Syphilis
- 6) Rafael Llanes: Antibiotic resistance in *Neisseria gonorrhoeae* in Cuba
- 7) *Mycoplasma genitalium* infections: Diagnosis and Research in Cuba
- 8) Serological and molecular diagnosis of syphilis in Cuba: Islay Rodriguez
- 9) Diagnosis of *Chlamydia trachomatis*, herpes, and papillomavirus in Cuba: Vivian Kouri

The Institute of Tropical Medicine Pedro Kouri (IPK) will be hosting an 80th Anniversary of IPK 5-8, Dec, 2017. Abstracts Submissions Feb 13-April 13, 2017.

Website: <http://instituciones.sld.cu/ipk/>

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 Charlotte Gaydos

Kees Rietmeijer

Asia Pacific

Ryoichi Hamasuna (Japan)

The 19th Asian-Pacific IUSTI (AP-IUSTI) conference (<http://www.med-gakkai.org/19iusti/>)

was held at Okayama Convention Center, Okayama, Japan, 1st-3rd December, 2017 and was followed by the annual meeting of Japanese Society of STI (JSSTI, <http://www.med-gakkai.org/29sti/>), 3rd-4th December 2017. AP-IUSTI had 8 plenaries, 12 symposia, a joint-symposium with JSSTI, 2 luncheon seminars, 11 oral sessions and poster sessions. The conference chairman was Dr. Toshio Kishimoto, General manager of Okayama Prefecture Institute for Environmental Science and Public Health and the secretary general was Dr. Ryoichi Hamasuna, Associate Prof. Department of Urology, University of Occupational and Environmental Health, Japan. The main theme of this conference was "Creating new wind to prevent STI" and we discussed antimicrobial resistance of *N. gonorrhoeae* and *M. genitalium*, newer strategies for STIs, increase in syphilis in Asia, elimination for mother-to-child infections and others.

The total number of participants for AP-IUSTI and JSSTI was 784. For IUSTI, 54 invited speakers (38 from abroad and 16 from Japan) and 178 participants (61 from abroad and 112 from Japan). For JSSTI, 5 invited persons and 501 were participants. The plenary speakers for AP-IUSTI were Tetsuro Matsumoto (Japan), John Kaldor (Australisa), Basil Donovan (Australia), Razia Pendse (India), Jorgen Skov Jensen (Denmark), Magnus Unemo (Sweden) and David A. Lewis (Australia). Symposium had 47 speakers in 12 topics and the Joint symposium had 5 speakers. Oral sessions had 50 speeches and poster session had 37 posters. We enjoyed in parties with music, Japanese traditional drum and dances, and gala dinner with the Japanese tradition with music and short comedic drama, We believe we held our conference successfully and want to say thank you to all participants, supporting companies and volunteers.

We can show a lot of photos for AP-IUSTI and JSSTI at web album (<http://www.med-gakkai.org/19iusti/album/>). You can download any pictures freely from this website. See you in New Zealand at 2018.



IUSTI President, David Lewis and President Elect, Charlotte Gaydos during the 19th IUSTI-AP Congress at Okayama, Japan



Kamal Faour, Vice Chairman, Kaushal Verma, Regional Chair and Sunil Sethi, Vice Chair during the 19th IUSTI-AP Congress at Okayama, Japan



Delegates during 19th IUSTI-AP Congress at Okayama, Japan



Dr. Toshio Kishimoto, the Congress Chairman playing on flute during welcome ceremony at 19th IUSTI-AP Congress at Okayama, Japan



Ryoichi Hamasuna, the Congress Secretary during the traditional Japanese Gala Dinner at 19th IUSTI-A-P Congress in Okayama, Japan.

Anne Robertson (New Zealand)

IUSTI-AP conference 2018 in Auckland. This will be combined with the Australasian & the New Zealand Sexual Health Conferences (a joint meeting of IUSTI-AP, NZ Sexual Health Society, Australasian Sexual Health Alliance). Likely date early November 2018, but details still to be confirmed.

Catherine O'Connor and Anne Robertson have met with Levinia Crooks, CEO, Australasian Sexual Health Medicine (ASHM) to progress the collaboration with ASHM who have clarified the legal position of setting up banking for IUSTI-AP. A teleconference of executive members will take place next month to finalise processes.

Ajith Karawita (Sri Lanka)

Currently IUSTI-AP is holding its regional congress once every two years. The IUSTI EXCO has decided to hold a symposium on alternate year so

that IUSTI EXCO can meet and the Region is benefitted. The First Regional symposium will be held in Colombo, Sri Lanka on 6th October, 2017.

Edward Reis, Advisor, International Programs, ASHM.

Regional Network in HIV, Viral Hepatitis and Sexual Health: The Regional Network recently promoted a number of events, aimed at increasing the capacity of professional health care providers in the Asia and Pacific regions. These included:

- The Asia Pacific HIV Practice Course – Singapore: The Asia Pacific HIV Practice Course was held in Singapore in December 2016. The Course was promoted through the Network and opened to participants from the region. There were a mix of participants, including doctors, nurses, pharmacists and staff involved in HIV testing and outreach services. About half of the participants were from Singapore while other delegates came from surrounding countries: Malaysia, the Philippines, Indonesia, Sri Lanka, Vietnam. Most of the training was provided by clinicians from Singapore and ASHM assisted in the development and delivery of the program. The meeting was held to coincide with the Singapore AIDS Conference.
- Inauguration of the Hong Kong Society for HIV Medicine: The Hong Kong Society for HIV Medicine had its inauguration on 3 December 2016, 2 days after the year's World AIDS Day. The inaugural meeting took the form of a half-day seminar, with the participation of over 70 HIV physicians, other healthcare professionals and members of NGOs.
- In 2017 the Regional Network is planning to conduct training workshops adjacent to the Asia Pacific AIDS and Co-infection Conference in Hong Kong from June 1 to 3. More details will be available at www.regionalnetwork.ashm.org.au

Somesh Gupta

Latin America



On behalf of the Organizing Committee, it gives us great pleasure to invite you to participate in the 2017 STI & HIV World Congress to be held July 9 -

12, at the Windsor Convention & Expo Center in Rio de Janeiro, Brazil.

This meeting is unique: it brings together the most prominent researchers in the field of sexually transmitted infections, including HIV, to present new work, hear the latest interpretations of new data from world experts, and discuss the implications of these findings for health policy and delivery of patient care.

Join us to interact with colleagues from many different countries. We hope you will let the atmosphere of this beautiful city stimulate a creative exchange of ideas, which will in turn provide you with a unique conference experience! We look forward to your welcoming you to Rio de Janeiro in July.

Mauro Romero Leal Passos, Congress/BSSTD Chair

Jeanne Marrazzo, ISSTD Chair

David A. Lewis, IUSTI Chair

Angelica Espinosa Miranda, BSSTD Chair

Pre-Congress Symposia

- STI/HIV Guidelines
- Program Science in Latin America

Keynote Lecture

- HIV, STIs and Evolution in Global Health - Dr. Kevin M. De Cock

Main themes

- Update on vaginal microbiome research - Dr. Jeanne Marrazzo
- MImplications of Implementation of PrEP - Dr. Sinead Delany-Moretlwe
- Maternal-to-child Syphilis Transmission/Elimination in Latin America - Dr. Suzanne Serruya
- Refugees and HIV/STI risks and responses - Dr. Paul Spiegel
- The use of internet (App) and STI/HIV Prevention - Dr. Alex Garner
- What is new to learn about sexual transmission of Zika and its complications? - Dr. Flavio Codeco Coelho
- Surveillance of neglected STIs, the evolving landscape - Dr. Gwenda Hughes
- Biomarkers for HIV Risk using Systems Biology Tools - Dr. Douglas Kwon
- The Future of Anal Cancer Prevention - Dr. Andrew Grulich
- Advances in Biomedical STI/HIV Research and Prevention: Implications for Social Behavioral Science Around STI and HIV - Dr. Patricia Dittus

Early Bird Registration until April 01, 2017

Late Breaker Submission: March 15th - April 24th, 2017

More information in the congress website:

www.stihivrio2017.com

Adele Benzaken

Conference Update

IUSTI Events:

World STI & HIV Congress 2017

Dates: July 9-12, 2017

Location: Rio de Janeiro, Brazil

Website: <http://stihivrio2017.com/>

IUSTI-Europe congress 2017

Dates: August 31- September 2, 2017

Location: Helsinki, Finland

Website: IUSTI2017.org

19th IUSTI 2018 World and Europe Congress

Dates: June 27-30, 2018

Location: Dublin, Ireland

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

23rd ISSTD & 20th World IUSTI Joint Meeting

Dates: July 14-17, 2019

Location: Vancouver, Canada

Website: www.STIHIV2019vancouver.com

21st IUSTI World Congress

Dates: November 2020

Location: Bangkok, Thailand

Website: TBA

Other STI or Related

Meetings/Congresses/Courses:

SYNChronicity 2017 (HIV, HCV, and LGBT health)

Dates: April 14 – 15, 2017

Location: Arlington, VA, USA

Website:

<https://ww2.eventrebels.com/er/Registration/StepRegInfo.jsp?ActivityID=17572&StepNumber=1>

13th Circle of Harmony HIV/AIDS Wellness Conference

Dates: April 19-21, 2017

Location: Albuquerque, NM, USA

Website: <http://www.healthhiv.org/what-we-do/education-training/synchronicity-conference/>

14th EADV Spring Symposium

Dates: May 25-28, 2016

Location: Brussels, Belgium

Website: <http://www.eadv.org/eadv-meetings>

The 29th Annual National Conference on Social Work and HIV/AIDS

Dates: May 25 – 28, 2017

Location: Atlanta, GA, USA

Website:

<http://www.bc.edu/schools/gssw/academics/ce/conferences.html>

British Association for Sexual Health and HIV:
Annual Conference

Dates: June 18 – 20, 2017

Location: Belfast, UK

Website: <https://www.bashh.org/events/annual-conference/annual-conference-2017/>

42nd International Herpes Virus Workshop

Dates: July 22-26, 2017

Location: *Brisbane*, Australia

Website:

http://www.herpesvirusworkshop.com/2017/uploads/IHW-2017-Brisbane_Australia.pdf

9th IAS Conference on HIV Science (IAS 2017)

Dates: July 23-26, 2017

Location: Paris, France

Website: www.ias2017.org

2017 Philadelphia Trans Health Conference

Dates: September 7-9, 2017

Location: Philadelphia, PA

Website: <https://www.mazzonicenter.org/trans-health>

26th EADV Congress

Dates: September 13-17, 2017

Location: Geneva, Switzerland

Website: <http://www.eadvgeneva2017.org>

ICASA 2017: International Conference on
HIV/AIDS and STI's in Africa

Dates: December 4, 2017 – December 9, 2017

Location: Cote d'Ivoire

Website: <http://emttct-iatt.org/event/icasa-2017-international-conference-on-hiv-aids-and-stis-in-africa/>

22nd International AIDS Conference (AIDS 2018)

Dates: July 22-27, 2018

Location: Amsterdam, the Netherlands

Website: www.aids2018.org

*The 32nd International Papillomavirus Conference
in Sydney, Australia*

Dates: October 1-6, 2018

Location: Sydney, Australia

Website: <http://www.ipvsoc.org/conferences>

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.

Prof. Jonathan Ross, Editor

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