STI Global Update

Newsletter of the International Union against Sexually Transmitted Infections

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Contents

President's Column

IUSTI activities during the past few months include convening and planning of several important IUSTI events, and the continued growth of the global IUSTI network and membership.

Communications and Website
First, a huge thank you to Michael Ward for his years of dedication to IUSTI as our webmaster. The IUSTI website is our portal to our membership and has become a key factor in the membership growth, success of our conferences and overall effectiveness of the IUSTI . Second, we are very happy to announce that Christopher Fairley and his team at the University of Melbourne have volunteered to take on the management of the IUSTI website. The IUSTI Communications Committee, chaired by Kevin Fenton with Angela Robinson as co-chair, will work with Kit Fairley to add new functionality to the website in the coming months.

IUSTI Membership
Membership continues to grow and we hope to add many new members at the upcoming IUSTI Latin America/Caribbean Conference in Curitiba in May, and the ISSTDR meeting in Quebec City in July, and the World IUSTI Conference in New Delhi in November.

Upcoming Conferences:

- The first Latin America and Caribbean IUSTI ALAC ITS Conference, organized by Dr. Adele Benzake, will be held in Curitiba, Brazil May 18-21, 2011 – the first IUSTI meeting in Latin America for many years. The meeting will be held together with UNAIDS, The Universidad Federal do Parana and the Association of Obstetrics and Gynecology. The theme of this conference is "The impact of HIV/STIs in Women." We greatly appreciate the assistance of the US NIH Office of AIDS Research in providing $47,000 to support this IUSTI meeting. Dr. Gina Brown of OAR has indicated that the OAR believes that the focus on the impact of HIV/STIs in Women in Latin America is particularly important and timely. We appreciate Dr. Brown's help with securing OAR support for the Curitiba conference.
- The next ISSTDR Conference, organized by ISSTDR President Michael Alary, will be held in conjunction with IUSTI North America in Quebec City, Canada on July 10-13, 2011. Dr. Alary has offered to allow conference participants to apply for membership in the IUSTI.
- The 26th IUSTI Europe Conference will be convened in Riga, Latvia September 8-10, 2011.
- 12th World IUSTI Congress. The next World IUSTI Congress will be held in Delhi on November 1-5, 2011 at India's premier conference center, Vigyan Bhavah. Congress co-chairs are Drs. Somesh Gupta and Vinod Sharma; Charlotte Gaydos and Bob Bollinger co-chair the scientific program committee. The theme of the congress is Promoting Sexual Health: Basic Science to Best Practices. Among the agencies that will support the Delhi congress is the US NIH Office of AIDS Research, which gave a major contribution to support the Capetown IUSTI World Congress, and has recently awarded a $150,000 to support the Delhi Congress. The IUSTI greatly appreciates the sustained NIH OAR support for these important IUSTI Conferences. The deadline for abstract submission to the Delhi Congress is June 15, 2011. I met with Dr. Gupta in Delhi in October, 2010 to discuss ongoing planning for the meeting, which is proceeding very well.
- The 13th IUSTI World Congress will be co-chaired by Professor Kit Fairley in Melbourne, Australia in 2012 at the Melbourne Convention and Exhibition Center.
- The 14th World IUSTI/ISSTDR Congress will be chaired by Professor Angelica Stary in Austria in 2013, convened jointly by ISSTDR and IUSTI, at the Hofburg Congress Center, a former Imperial Palace in the center of Vienna.
- Future joint ISSTDR/IUSTI Conferences: An ISSTDR/IUSTI Joint Planning Committee has been formed to plan future joint World Congresses. Members are Raj Patel, Janet Wilson, Jeanne Marrazzo, Bobbie Van der Pol, Charlotte Gaydos, Keith Radcliffe, Kit Fairley, Michael Alary, and King Holmes.

Sexually Transmitted Infections – Journal supplement
Manuscripts submitted for this 2011 supplement, arranged by IUSTI, are now under review. The scope of coverage of STI programs and interventions is global and very up-to-date as well as thoughtful.

In summary, we are very enthusiastic about the progress made so far this year and look forward to the upcoming IUSTI conferences in the near future. As always, we welcome suggestions as to how IUSTI can best serve our membership, affiliated organizations and the public.
King Holmes

News

The major STI journals have worked with IUSTI to allow free access to articles which are of interest to IUSTI members. These are available free of charge via the IUSTI website at http://www.iusti.org/sti-information/Journals/access.htm. Additional articles from *Sexually Transmitted Diseases, Sexually Transmitted Infections, International Journal of STD & AIDS* and *Sexual Health* will be posted each month.
Jonathan Ross

Regional Reports

Africa
Neisseria gonorrhoeae has repeatedly developed resistance to antimicrobials and sulphonamides, penicillins, tetracyclines and, most recently, quinolones have been abandoned as first- and second-line treatments in several African countries. Regimens for the treatment of gonorrhoea are now increasingly based on oral and/or injectable expanded-spectrum third-generation cephalosporins, such as cefixime and ceftriaxone. Given that resistance to oral third-generation cephalosporins has been reported in Asia, Australia and, more recently, Norway and England, it is important for the Africa Region to develop effective antimicrobial management programmes, to strengthen and expand surveillance networks, and to effectively control gonorrhoea.
In order to respond to the threat of emerging cephalosporin resistance, a global strategy was developed in 2010 for monitoring the anti-microbial resistance (AMR) situation in different WHO Regions. The objectives of the strategy are to collect good quality data on gonococcal infections and the magnitude of resistant strains, to improve current knowledge of the potential mechanisms of cephalosporin resistance in *Neisseria gonorrhoeae* through laboratory studies, to enhance an early warning system to detect the emergence of cephalosporin resistant gonococci, to share experiences with other agencies monitoring emergence of resistance, and to plan for containment of the spread of antimicrobial resistant *Neisseria gonorrhoeae*.
In the WHO African Region, the STI Reference Centre (STIRC) at the South African National Health Laboratory Service's National Institute of Communicable Diseases (NICD/NHLS) has agreed to play a leading role in Africa to support WHO initiatives to launch the Gonococcal Antimicrobial Surveillance Programme (GASP) in Africa. Its role will include strengthening laboratory capacity in the African Region for culture and identification of *N. gonorrhoeae*, supporting laboratories to develop and establish techniques for antimicrobial susceptibility testing and etiological determination of STI causative agents, as well as monitoring and evaluating the quality of AMR testing and other tests for identification of STI causative agents. To date a number of countries in the WHO African Region, including Madagascar, Namibia, South Africa, Tanzania and Zimbabwe have been supported by STIRC/NICD/NHLS to establish STI etiological and antimicrobial resistance surveys.

Figure 1: Group photograph from the WHO Afro-GASP workshop

A WHO workshop to review the progress of Gonococcal Antimicrobial Surveillance Programme (GASP) activities in the WHO African Region (Afro-GASP) was held in Harare, Zimbabwe, from 30 March to 1 April 2011 (Figure 1). The meeting was attended by laboratory staff and/or policy makers from Benin, Botswana, Cameroon, Ethiopia, Ghana, Kenya, Madagascar, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe. The meeting consisted individual country presentations, group work and plenaries on key related topics given by experts from STIRC/NICD/NHLS (South Africa), Centers for Disease Control and Prevention (Atlanta, USA), the National Reference Laboratory for Pathogenic Neisseria (Orebro, Sweden) and WHO (Figure 2). The major objectives of the meeting were (i) to review progress made by countries that launched the WHO GASP strategy in 2010 and to identify obstacles and areas in need of further technical support, and (ii) to exchange data of the interim results and propose the way forward. Following the successful completion of the meeting, a report that summarises the situation of gonococcal antimicrobial susceptibility patterns in

Africa, together with a plan of action for the region with timelines, will be produced by WHO.

Figure 2: Participants at the WHO Afro-GASP workshop

Professor Sax Sarkodie, IUSTI EXCO member and country representative for Ghana, reports that results of this year's HIV sentinel surveillance (HSS) in Ghana are due to be released shortly. As defined by UNAIDS/WHO, Ghana has a generalised HIV epidemic. Prevalence in recent years has been 2.2% (2008/9), 2.6% (2009/10) and 2.9% (2010/11) and there are hints that this year's prevalence figures will be less than those of last year. As part of the HSS, syphilis surveillance is conducted amongst the same group of antenatal clinic attenders. There have been some issues with the results of syphilis testing emanating from the testing protocol that has been used in recent years. Before 2004, all samples were tested with a non-treponemal test (RPR) and reactive samples confirmed with a treponemal assay (TPHA). From 2005, a syphilis point of care test (Abbott Determine strips) was used for screening, with positive samples again confirmed by a treponemal assay (TPHA). As known, the point of care test is also based on treponemal antigens and there have been concerns about the interpretation of test results. An ongoing research is helping resolve this.
David Lewis

Asia-Pacific

HIV infection in South and South-East Asia with focus on People Who Inject Drugs (PWID)

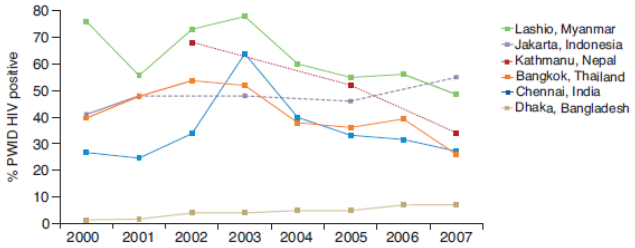
Country	Estimated number of people living with HIV (PLHIV)	% of adult population infected with HIV
Bangladesh	12,000	<0.1
Bhutan	<500	<0.1
DPR Korea	NA	NA
India	2,400,000	0.3
Indonesia	270,000	0.2
Maldives	<100	<0.1
Myanmar	240,000	0.7
Nepal	70,000	0.5
Sri Lanka	3,800	<0.1
Thailand	610,000	1.4
Timor-Leste	<100	<0.1

Source: WHO Regional Office for South-east Asia and National AIDS Program, Ministry of Health, SEAR countries, 2006-2007

South and South-East Asia has the second highest burden of HIV/AIDS globally, with an estimated 3.6 million people living with HIV infection in 2007. WHO estimates the regional prevalence to be 0.3%, but there is wide variation in the burden of the disease in the countries that are grouped under WHO South-East Asia office.

HIV transmission and PWID

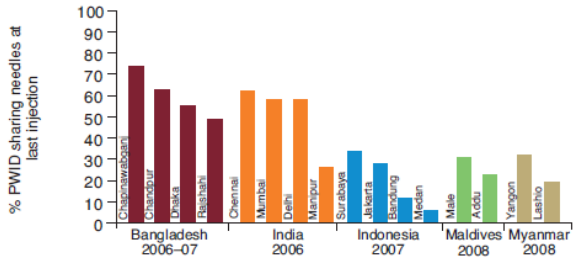
One of the key areas of concern is the problem of HIV transmission among people who inject drugs (PWID). Evidence suggests there is still significant risky injecting and sexual behaviours among PWID in the region. HIV transmission continues to be high among PWID in South-East Asia Region. Six countries (Thailand, Myanmar, Nepal, Indonesia, India, and Bangladesh) have significant epidemics of HIV among PWID. HIV prevalence among PWID is high in Thailand, Myanmar and Indonesia (20–50%) and is increasing in Bangladesh and parts of India.



HIV prevalence among people who inject drugs in selected cities in south-east Asia, 2000–2007.
Source: WHO Regional Office for South-East Asia

Risky injecting and sexual behaviours are common among PWID

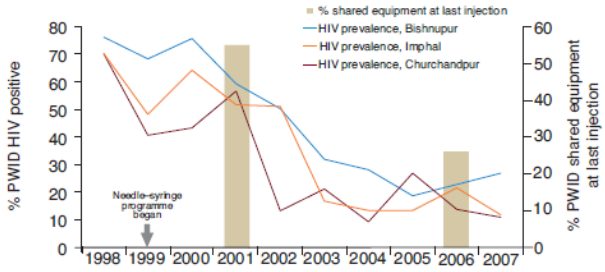
The proportion of PWID who share previously used injection equipment at last injection is very high in some locations (58% in Delhi, India; 55% in Dhaka, Bangladesh; and 32% in Yangon, Myanmar). A large proportion of PWID (ranging from 9% in Jakarta, Indonesia to 66% in Dhaka, Bangladesh) had sex with a sex worker in the past year. Condom use among PWID is low both with commercial and regular partners.



Percentage of people who inject drugs sharing injecting equipment at last injection, South-Sast Asia, 2006–2008. Source: WHO Regional Office for South-East Asia

Harm reduction interventions have led to declines in unsafe injecting, this has been associated with

reduction in HIV prevalence in PWID in Manipur, India. Indonesia revised its national AIDS strategy in 2007 to include harm reduction and a new ruling was issued by the judicial court, prioritising drug rehabilitation over imprisonment of drug users. However, because of strict anti-drug laws in many of the countries in the region, it has not been easy to implement WHO's recommendation that National AIDS programmes should urgently scale up opioid substitution therapy and needle–syringe programme services to cover at least 50–60% of the population. Available programme data suggest that less than 12 000 of the estimated 800 000 (1.5%) people who inject drugs have access to opioid substitution therapy, and 20–25% were reached by needle–syringe programmes at least once during the past 12 months (Sharma et al. AIDS 2009).



Source: WHO Regional Office for South-East Asia

HIV and Tuberculosis

One of the HIV care research priorities in the region is improving management of HIV and TB. It has been estimated that nearly 80,000 people living with HIV in the South-East Asian region also have active TB. The main issues include access to anti-TB drugs and defaulters from therapy, which raises the fear of increasing drug resistance in TB.

Tan Hiok Hee

North America

Developments in STD Screening: Chlamydia Testing

http://www.prevent.org/data/files/ncc/research%20brief%201%20std%20testing.pdf

The National Chlamydia Coalition (NCC) has developed the Chlamydia Resource Exchange (CRE), a completely free, web-based resource library providing centralized access to multi-media public awareness and education materials on sexual health issues, including chlamydia, HIV/AIDS, and other STDs. All of the materials can be downloaded and tailored to meet your own organization's needs. Check it out at:
www.ChlamydiaResourceExchange.org.

The Centers for Disease Control and Prevention new treatment guidelines are available now at:

http://www.cdc.gov/std/treatment/2010/default.htm

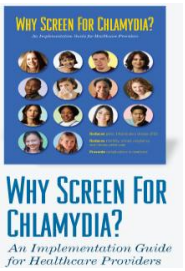
Summary

These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on April 18–30, 2009. The information in this report updates the *2006 Guidelines for Treatment of Sexually Transmitted Diseases* (*MMWR* 2006;55[No. RR–11]). Included in these updated guidelines is new information regarding 1) the expanded diagnostic evaluation for cervicitis and trichomoniasis; 2) new treatment recommendations for bacterial vaginosis and genital warts; 3) the clinical efficacy of azithromycin for chlamydial infections in pregnancy; 4) the role of *Mycoplasma genitalium* and trichomoniasis in urethritis/cervicitis and treatment-related implications; 5) lymphogranuloma venereum proctocolitis among men who have sex with men; 6) the criteria for spinal fluid examination to evaluate for neurosyphilis; 7) the emergence of azithromycin-resistant *Treponema pallidum*; 8) the increasing prevalence of antimicrobial-resistant *Neisseria gonorrhoeae*; 9) the sexual transmission of hepatitis C; 10) diagnostic evaluation after sexual assault; and 11) STD prevention approaches.

See the NCC website for more information about the National Chlamydia Coalition:
http://ncc.prevent.org/members.aspx

Why screen for chlamydia?

Implementation Guide for Healthcare Providers has been released by the National Chlamydia Coalition Download your copy.



http://www.prevent.org/data/files/ncc/whyscreenforchlamydia_web25_8-13-10.pdf

ncc
national chlamydia coalition

NCC Newsletters are available at
http://ncc.prevent.org/

April is CSC's STD awareness month. Get Yourself Tested
http://www.itsyoursexlife.com/gyt?utm_source=gytnow

ISSTDR IUSTI joint meeting is coming up soon!
July 10-13, 2010.
http://www.isstdrquebec2011.com/en/callforabstracts.aspx)

Next ISSTDR - IUSTI joint conference will be held in Vienna, Austria
June 30th to July 3rd 2013.

12th IUSTI World Congress will be held in New Delhi, India from 2nd to 5th November 2011 and is being organized by Somesh Gupta and Vinod Sharma. Co-chairs of the international scientific committee for this meeting are Dr. Charlotte Gaydos and Dr. Robert Bollinger from Johns Hopkins University. Our theme is Promoting Sexual Health: Basics Science to Best Practices.

Charlotte Gaydos

Latin America
Opportunities for Implementation of Rapid Syphilis Tests (RST) in Latin America for the Elimination of Congenital Syphilis
Workshop, November 18-19th, 2010- Lima Peru
Syphilis remains a major public health problem worldwide especially in developing countries and the countries in the region of Latin America (LA) and the Caribbean. Many of the countries of the region have committed to reduce cases of congenital syphilis to less than 0.5 cases per 1,000 live births, however many of them are very far from achieving this objective prior to 2015.
The reduction or elimination of congenital syphilis can be performed with simple, cost-effective interventions. The use of rapid diagnostic tests could increase screening of pregnant women early in antenatal care and avoid lost opportunities for diagnosis of the disease. However, rapid tests for syphilis (RST) could also be used among many other populations.
In an effort to try to increase awareness about rapid testing in the region, the Universidad Cayetano Heredia (UPCH) and ALACITS/IUSTI Latin America with support from the World Health Organization (WHO) and the London School of Hygiene and Tropical Medicine (LSH&TM) organized a workshop called Opportunities for Implementation of Rapid Syphilis Tests (RST) in Latin America for the Elimination of Congenital Syphilis held on November 18-19th, 2010 in Lima, Peru. Peru welcomed representatives from the 17 countries of the region to participate in this regional workshop.

Prior to the workshop, a survey was completed by each of the participating countries. The survey included questions regarding information regarding regulations and regulatory issues for rapid testing in each country. During the workshop the group discussed the technical aspects, the role of quality control of rapid tests, and the cost-effectiveness of tests. Some countries shared their experiences with RST implementation. Brazil showed that RST can be implemented among different populations, such as indigenous groups. Peru had the opportunity to present the "CISNE" project (www.proyectocisne.org), which showed two intervention models used in different Peruvian public health sector establishments.
The workshop also enabled interaction between participants in work groups in order to identify opportunities, challenges and needs of Latin American countries related to RST. Finally, during the two day period, the participants noted the need to share experiences and to find ways to make use of the lessons learned as a region.
In conclusion, participants addressed the topics of advocacy and political commitment, awareness and training of health personnel, technical knowledge about the RST, communication, and dissemination of research findings. These are important steps towards the implementation of RST as a strategy for the elimination of congenital syphilis.

I Latin American IUSTI/ALACITS Congress
Everything is ready for the I Latin American IUSTI-ALACITS Congreso which will be held in May 18th to 21st in Curitiba, Brazil. The main theme of the Congress is "Impact of STIs in women". Experts from Latin America and other parts of the world will get together discussing issues related to STIs. We hope to see you in Curitiba, Brazil!!!
For more information: www.dstaids2011.com.br

The new website for ALACITS/IUSTI Latin America has been launched

The Latin American and Caribbean Association for the Control of Sexually Transmitted Infections (ALACITS) is an international scientific association founded in 2003, aimed at bringing together professionals from different specialities from the countries of Latin America and the Caribbean, who are interested in collaborating on activities related to services, training and research applied to the control

of Sexually Transmitted Infections. ALACITS/IUSTI Latin America just recently has launched its website, where information about the association and activities can be found (both in English and Spanish). It also has an online system for registration of associate members.
Visit our website at www.alacits.org
Patty Garcia

What's New from the UK Health Protection Agency

Update from the Health Protection Agency: Update on resistance of *Neisseria gonorrhoeae* to antimicrobials.

Gonorrhoea poses a significant and increasing public health challenge due to the ability of the aetiological bacterial agent, *Neisseria gonorrhoeae*, to rapidly develop resistance to antimicrobials.

Gonorrhoea is the second most common bacterial STI in the UK, with over 17,000 new diagnoses made in GUM (genitourinary medicine – sexual health) clinics in 2009. The infection is concentrated among young people and men who have sex with men (MSM). Effective treatment is therefore essential, both as a measure to control the disease and reduce overall burden at population level, as well as for individual patient management, to prevent development of severe secondary sequelae of untreated primary infection, including pelvic inflammatory disease, infertility and ectopic pregnancy. Gonococcal infection is also associated with increased risk of transmission and acquisition of HIV.

Since the advent of sulphonamides in the 1930s and their use in the treatment of gonorrhoea, development of resistance to a series of antimicrobials has been observed in *N. gonorrhoeae*, including to sulphonamides, penicillin, tetracycline and more recently ciprofloxacin. GRASP – the Gonococcal Resistance to Antimicrobials Surveillance Programme – was set up in 2000 in order to monitor trends in and risk factors associated with antimicrobial resistance in gonorrhoea in England and Wales. GRASP is an enhanced sentinel surveillance programme which collects gonococcal isolates from 24 laboratories and clinical and epidemiological data from linked patients attending 26 GUM clinics. Consecutive gonococcal isolates are submitted to the Health Protection Agency for a three-month period every year. At the HPA Sexually Transmitted Bacterial Reference Laboratory, isolates from GRASP are tested for susceptibility to a variety of antimicrobials. This programme has enabled close monitoring of trends in patterns of resistance over time in England and Wales, including the emergence of resistance to fluoroquinolones. Data from the GRASP programme were used to inform national treatment guidelines when rates of resistance to ciprofloxacin increased above 5% in 2002.

The programme is currently monitoring the emergence of decreased susceptibility to the third generation cephalosporins, the recommended first line treatment. National guidelines for England and Wales, as well as the European guidelines, currently recommend a single 400mg oral dose of cefixime or a 250mg intramuscular dose of ceftriaxone. Ciprofloxacin is no longer recommended for treatment due to high levels of resistance (35% in England and Wales in 2009), particularly among MSM (54% in England and Wales in 2009).

Decreased susceptibility to the third-generation cephalosporins cefixime and ceftriaxone is being observed in an increasing proportion of gonococcal isolates submitted to GRASP. In 2009, 0.3% of GRASP isolates exhibited decreased susceptibility to ceftriaxone (MIC ≥0.125mg/ml), and 1.2% to cefixime (MIC ≥0.25mg/ml); this figure was 10.6% for cefixime at the slightly lower cut-off of MIC ≥0.125mg/ml. Isolates with decreased susceptibility to cephalosporins were predominantly found among MSM, but also among male and female heterosexuals. Organisms with decreased susceptibility to cephalosporins also exhibit resistance to other antimicrobials, including ciprofloxacin and tetracycline, as well as chromosomal resistance to penicillin. Confirmed therapeutic failure to cefixime but not ceftriaxone has recently been recognised in England and Wales following previous reports in other countries, notably in Japan but also more recently in Europe, including Norway. Furthermore, pharmacodynamic modelling suggests that therapeutic failures will occur with current treatment regimens (400mg cexifime, 250 mg ceftriaxone), because peak serum concentrations are not maintained for a sufficient time period to eradicate gonococci with MICs of 0.125mg/L or greater.

In this context, one option to slow the development and spread of organisms with decreased susceptibility to cephalosporins is to increase the dosage of antibiotics given, or to change from single to multi-dose treatment. Both approaches would result in a longer time period during which the concentration of the drugs in the body remains above the MIC. To this end BASHH – the British Association for Sexual Health and HIV (www.bashh.org) – has issued new draft guidelines, which are currently out for consultation. These recommend ceftriaxone 500mg IM (up from 250mg) as the first-line treatment; cefixime 400mg oral as second-line treatment, only in cases where injections are refused or contraindicated; and co-treatment with 1g azithromycin in all cases regardless of chlamydial infection status. Test of cure is recommended in all cases.

While these measures should help to slow the development of resistance of gonococci to cephalosporins, it seems inevitable that this will continue to develop, given what we know about the development of resistance to other antimicrobials in *N. gonorrhoeae*. Of particular concern is that isolates with decreased susceptibility to cephalosporins are

also resistant to other antibiotics, including ciprofloxacin and penicillin. Furthermore, we lack effective alternative treatments for gonococcal infection: isolates resistant to azithromycin have already been observed, and spectinomycin is very hard to obtain in many countries, with little prospect of increasing availability. There are currently no other highly effective, single-dose regimens in reserve for treatment of gonorrhoea.

In the absence of other available effective treatments, there is a serious danger of gonorrhoea becoming untreatable. In this context, the development of alternative approaches is urgently needed. This could include the future development of rapid point-of-care tests for antimicrobial resistance markers, which could potentially identify individuals with highly susceptible strains. Such individuals could be treated with agents no longer applicable for empirical therapy, thus potentially prolonging the useful life of the cephalosporins.

Clearly, ongoing and timely monitoring of decreased susceptibility to cephalosporins and its relationship to treatment failure, as well as of susceptibility of *N. gonorrhoeae* to other antimicrobials, is vital.

Catherine Lowndes

New HIV Testing Guideline from the European CDC

HIV testing – the key to early diagnosis, treatment and prevention

"Know, treat, prevent": with this call for an uptake in HIV testing the European Centre for Disease Prevention and Control (ECDC) recently launched its guidance to increase the uptake and effectiveness of HIV testing in Europe.

Recent data shows that the number of people infected with HIV continues to rise with an estimated 850,000 people in Europe living with HIV[1]. The HIV epidemics are remarkably distinct in individual EU Member States: at country level, the number of HIV cases has increased in 16 countries, while it decreased in 12. While in the general population the rate of infection remains relatively low, certain population groups suffer from high infection rates, e.g. men who have sex with men (MSM), individuals originating from countries with generalised HIV epidemics, and injecting drug users (IDU). The largest increase in HIV infections was observed among MSM. Additional groups at risk in Europe are prisoners, commercial sex workers, and individuals diagnosed with sexually transmitted infections (STI). A significant number of those infected are unaware that they are HIV positive because they have not been tested. While countries in Europe report high levels of antiretroviral treatment coverage for those known to be HIV positive, the issue is the extent to which people living with HIV do not know about their infection. Reported rates of HIV testing among intravenous drug users vary considerably across European countries – from less than 1% to 84%. Among MSM, reported rates vary from less than 1% to almost 70%. Data from selected countries have shown rates of late diagnosis from 26% to 53%. It is in the interest of both the individual patient and the community that the number of undiagnosed HIV infections should be reduced. ECDC has recently launched a project to improve the current estimates of the HIV prevalence in EU/EEA Member States and to improve the estimations of the undiagnosed fraction.

Individuals who are unaware of their HIV status are not able to benefit from available treatment and might unknowingly transmit HIV/AIDS to others. HIV infection may have almost no symptoms for many years and thus the undiagnosed individuals cannot benefit from treatment and care. HIV testing is the only way to achieve early diagnosis, followed by referral to treatment and care, and it is an effective strategy for prevention. In addition, the cost of treatment and care for individuals diagnosed early after infection is significantly lower compared to those with a late diagnosis. In consequence, the promotion of HIV testing and earlier diagnosis will have a major impact for the individual, in terms of improved prognosis, and for the community due to possible reduction in the onward transmission of HIV. ECDC guidance on HIV testing outlines a strategic approach to develop effective national HIV testing strategies and to support universal access for all Europeans to HIV testing and counselling services. Although a set of laws, guidelines and recommendations applying to HIV testing is in place in all European countries, the endorsement is crucial to translate these measures into practice and bring HIV testing closer to those at high risk, while simultaneously avoiding stigmatisation and discrimination against people living with HIV/AIDS. The ECDC guidance aims to support countries in their testing efforts to identify HIV infections early: it provides key information on why, where, how and when to test for HIV and aims to inform existing national HIV testing strategies in Member States to adopt a strategic, evidence-based approach to develop and implement effective HIV testing procedures.

- Download the ECDC guidance on HIV testing free charge: http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=588
- ECDC Spotlight on HIV testing: http://ecdc.europa.eu/en/healthtopics/spotlight/spotlight_aids/Pages/index.aspx

[1] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2009. Stockholm: European Centre for Disease Prevention and Control; 2010.

- Related publications and news from ECDC's programme on HIV, STI and other blood-borne diseases: http://ecdc.europa.eu/en/activities/diseaseprogrammes/hash/Pages/index.aspx
- Questions? Contact ECDC's programme on HIV, STI and other blood-borne diseases via e-mail: STIHIV@ecdc.europa.eu

Marita van de Laar

19th ISSTDR 2011

The Québec City *"Rendez-vous"*
From July 10 to 13, 2011, Québec City will host the 19th Biennial meeting of the International Society for Sexually Transmitted Diseases Research on the theme of *'From research to intervention: successes and challenges'*.
The Conference will take place in the Québec City Convention Centre located in the heart of the city across from the Parliament Building, and just a few steps from tourist attractions. The facilities are comfortable and modern, and the Centre boasts leading-edge equipment, spacious exhibit halls and impeccable service.
The Conference is being held during the Québec City Summer Festival. Over the past 40 years, the Québec City Summer Festival has put on hundreds of exciting and varied shows and concerts, making it Canada's biggest outdoor artistic event. With more than 300 shows in 11 days, the excitement that builds in the heart of Québec City is contagious. It's a must!

Michel Alary – Chair of ISSTDR Board

About the Conference
Opinion leaders, researchers and clinicians from around the world provide leadership in STI/HIV prevention, diagnosis and treatment. The ISSTDR Québec 2011 will bring them together to share their latest research results, innovation, good practice and expertise. As the theme of the conference is "From research to intervention: successes and challenges", many sessions at the conference will focus on the use of research results to inform the implementation of better and more efficient clinical and public health practices. The meeting will also focus on rigorous scientific evaluation of clinical and preventive interventions and will emphasize what works best in these fields. Further information is available at www.isstdrquebec2011.com.

Five main tracks will guide the preparation of the scientific program:

1. Epidemiology track
2. Social and behavioral aspects of prevention track
3. Clinical sciences track
4. Basic sciences track
5. Health services and policy track

Key Dates
- **Early Bird registration:**
  From November 1, 2010 to April 22, 2011
- **Call for abstracts:**
  From November 1, 2010
- **Deadline to submit an abstract:**
  February 21, 2011
- **Notice of acceptance or rejection of abstracts:**
  April 13, 2011
- **Standard registration:**
  From April 23 to June 9, 2011

Michel Alary

Conference Update

IUSTI Events:
26th IUSTI Europe Congress
Dates: September 8-10, 2011
Location: Riga, Latvia
Contact: Prof. Dr. Andris Rubins, Email: arubins@apollo.lv

12th IUSTI World Congress
Dates: November 2-5, 2011
Location: New Delhi, India
Website: www.iusti2011.org

13th IUSTI World Congress to be held jointly with 17th IUSTI Asia-Pacific Regional Conference
Dates: October 15-21, 2012
Location: Melbourne, Australia
Contact: info@iusti2012.com

14th IUSTI World Congress, to be held jointly with ISSTDR Congress
Dates: To be announced (2013)
Location: Vienna, Austria
Contact: Prof. Dr. Angelika Stary, Email: angelika.stary@meduniwien.ac.at

Other STI or Related Meetings/Congresses/Courses:

20th World Congress for Sexual Health
Dates: June 12-16, 2011
Location: Glasgow, United Kingdom
Website: www.kenes.com/was

The 19th Meeting of the ISSTDR
Dates: July 10-13, 2011
Location: Québec City, Canada
Website: www.isstdrquebec2011.com

10th International Congress on AIDS in Asia and the Pacific (ICAAP10) 'Different Voices, United Action'
Dates: August 22-26, 2011
Location: Busan, South Korea
Website: http://www.icaap10.org/

13th European AIDS Conference / EACS
Dates: October 12-15, 2011
Location: Belgrade, Serbia
Website: http://www.eacs-conference2011.com/

16th International Conference on AIDS and STI in Africa (ICASA)
Dates: December 4-8, 2011
Location: Addis Ababa, Ethiopia
Website: http://www.icasa2011addis.org/

International Symposium on HIV & Emerging Infectious Diseases
Date: May 23-25, 2012
Location: Marseille, France
Website: http://www.isheid.com/

21st EADV Congress
Dates: September 5-9, 2012
Venue: Riga, Latvia
Contact: Andris Rubins Email: arubins@apollo.lv
http://www.congresmtl.com/en/index.aspx?lg=en

Somesh Gupta

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