

IUSTI-NORTH AMERICA

Message from the Regional Director

We are looking forward to seeing many of you at the 11th IUSTI World Congress with the African IUSTI Branch Nov 9-12, 2009 in Cape Town, South Africa. This is an exciting time for STIs and HIV research. We believe this meeting will present new information for preventing, diagnosing, and treating STIs, as well as new insights into their epidemiology and ways to translate new research information into public health practice.

The North American IUSTI is hosting a training workshop at the Cape Town meeting from 0800 until 1230. The agenda includes the following lectures:

- Dr. Thomas Quinn—The HIV Pandemic 2009: Are We Winning the War?
- Dr. Anne Rompalo (for Dr. Peter Leone) - HSV and HIV: The Perfect Storm.
- Dr. Charlotte Gaydos—STI and HIV Diagnostics: Point-of-Care or Standard Test; Where are We Today?
- Dr. Sevgi Aral—Social and Behavioral Aspects of STI-HIV Epidemiology and Prevention: What is New?
- Dr. Anne Rompalo—Syphilis in the HIV Infected Patient: Management Dilemmas.

Chlamydia and Gonorrhea Laboratory Guidelines:

APHL/CDC guidelines are now available for Laboratory Diagnostic Testing for Chlamydia and Gonorrhea at <http://www.aphl.org/aphlprograms/infectious/std/DocumentsCTGCLabGuidelinesMeetingReport.pdf>.

Summary of Major Conclusions:

- Nucleic acid amplification tests (NAATs) are recommended for detection of reproductive tract infections caused by *C. trachomatis* and *N. gonorrhoeae* infections in men and women with and without symptoms.
- Optimal specimen types for nucleic acid amplification tests are first catch urine from men and vaginal swabs from women.
- Nucleic acid amplification tests are recommended for the detection of rectal and oropharyngeal infections caused by *C. trachomatis* and *N. gonorrhoeae*. However, these specimen types have not been cleared by the FDA for use with NAATs and laboratories must establish performance specifications to satisfy CMS regulations for CLIA compliance prior to reporting results for patient management. (493.1253(b)(2))
- Routine repeat testing of NAAT positive screening specimens is not recommended.

Chlamydia:

We still have many challenges to reducing STIs in North America. One example is the provision of *Chlamydia trachomatis* screening for sexually active women under the age of 26 years, as recommended by professional organizations. The CDC Morbidity and Mortality Weekly Report reported information from the National

Committee for Quality Assurance (NCQA). Surveys from 583 health plans with 2.8 M sexually active young females indicated that according to HEDIS data, the annual screening rate for chlamydia increased from 25.3% in 2000 to 43.6% in 2006, and then decreased slightly to 41.6% for the US in 2007 (25% increase since 2000). By Region: Midwest 38.5%; Northeast 45.5%; South 37.3%; West 45.0%. Barriers for providers to screen for chlamydia were noted: lack of reimbursement; lack of awareness that patients are sexually active; lack of knowledge that screening can be performed without a pelvic exam.

Chlamydia screening has been added to the 2010 HEDIS (Healthcare Effectiveness Data and Information Set) measures required as part of the NCQA accreditation process for commercial and Medicaid health plans. The members of the National Chlamydia Coalition requested this change along with the Centers for Disease Control and Prevention.

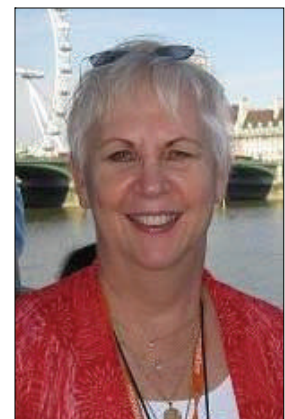
Gonorrhea:

In 2007, there were 356,524 cases of gonorrhea reported to the CDC. There is increasing awareness of the ability of *N. gonorrhoeae* to develop resistance to antibiotics. Fluoroquinolones are no longer recommended for treatment in the US. The next challenge is to be cognizant of the need to monitor resistance to third generation cephalosporins. Given that no new antimicrobials are being developed to treat *N. gonorrhoeae* infections and reports of ceftriaxone resistance have been accruing, scientists are concerned. Clinical needs assessments from expert scientific advisors, as well as clinicians, using survey and focus groups, reported the increasing acquisition of resistance to quinolones and cephalosporins was one of the most important global health problems in diagnosis and treatment of gonorrhea.

HIV:

Another tremendous challenge for the US is undiagnosed HIV infection. The CDC estimates that approximately 1-1.2 million people in the US are infected with HIV, and one quarter of these are unaware of their infection. See "HIV and AIDS in the United States: A Picture of Today's Epidemic" at http://www.cdc.gov/hiv/topics/surveillance/united_states.htm. Early diagnosis of unrec-
(continued on next page)

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We welcome new members from North America. Please log onto www.IUSTI.org and join our unique international colleagues who work in the STI field. Other Regions which play an integral part of Worldwide-IUSTI include: IUSTI-Europe, IUSTI-Latin America, IUSTI-Africa, and IUSTI-Asia Pacific. Associate membership is free and full membership is inexpensive. Membership is open to individuals with a professional interest in STIs. You can see that we have a lot of work to do in diagnosing, treating, and preventing STIs in North America.

Message from the Regional Director, continued

ognized infection increases the opportunity for patients to receive clinical treatment and can decrease HIV transmissions in the community. Emergency departments and primary care sites are most frequent sites for encountering 'late testers' (i.e. patients diagnosed with AIDS within 1 year of initial HIV diagnosis). These sites are the most common healthcare setting where 'missed opportunities' for HIV testing occur. Our challenge is to increase testing and identify newly infected persons in order to link them to preventive services, clinical care, and social services. CDC guidelines recommend an "opt out" policy under which HIV testing be normalized, and that it be offered routinely for those patients 15-54 years of age who are in contact with primary care, unless the patient specifically "opts-out." Implementation of these recommendations has been exigent.

Mycoplasma: *Mycoplasma genitalium* has been recently associated with urethritis in men and cervicitis in women. While there is consistent evidence of the association with urethritis, not all studies support a role for the relationship with cervicitis. It may be time to systematically institute more routine screening studies for this organism in order to determine the causal association with sequelae in female reproductive tract infection. Widespread ability to screen for this infection, however, is hampered by the lack of a commercially available test. Researchers anticipate that manufacturers will develop such an assay in order to facilitate longitudinal studies to answer the causal association of *M. genitalium* with upper tract disease. See editorial "Has the Time Come to Systematically Test for *Mycoplasma genitalium*?" by Lisa Manhart, PhD, Sex Transmit Dis 2009; 36: 607-608.

Trichomonas: Another STI challenge for the US is the high prevalence of *Trichomonas vaginalis*, which goes undiagnosed because there are not highly sensitive NAAT-type tests commercially available. Since it is not a reportable infection, estimates of incidence are largely unknown except by research studies. Trichomonas has been associated with PID and preterm delivery, as well as elevated risk of acquiring other STIs and HIV. Insurance claim studies have estimated the direct cost per case and overall annual economic burden of trichomonas to be \$18.9 million among all women from the US. The incidence rate for female enrollees in privately insured companies and having claims was 92/100,000. For women aged 25-29 years incidence rates were the highest (185/100,000). See Owusu-Eduesei, K. et al. Sex Transmit Dis 2009; 36: 395-399. Is it time to make trichomonas a reportable infection?

Syphilis: APHL/CDC guidelines are now available for Laboratory Diagnostic Testing for *Treponema pallidum* at <http://www.aphl.org/aphlprograms/infectious/std/Documents/LaboratoryGuidelinesTreponemapallidumMeetingReport.pdf>.

Summary of Major Conclusions:

- There is still a role for Dark Field Microscopy in the diagnosis of syphilis. Measures need to be taken to maintain quality DF testing, and to expand testing in sites which see a high prevalence of primary and secondary syphilis.
- Proper serologic diagnosis of syphilis in adults requires both a treponemal test and a non-treponemal test result. A single serologic test is not useful.
- The traditional algorithm of screening with a non-treponemal test followed by a treponemal test continues to have value. However, this algorithm is labor intensive. A syphilis testing algorithm using a high throughput treponemal test as the initial screen was proposed by the expert consultation group.

Global Health: Clearly we still have challenges ahead of us as the epidemic burden of STI/HIV and other infectious diseases continue in the US. For more information about North American Centers for Global Health see:

- <http://www.hopkinsglobalhealth.org>
- <http://thunder1.cudenver.edu/ctrglobalhealth/>
- <http://www.healthsystem.virginia.edu/internet/cgh/>
- <http://chge.med.harvard.edu/>
- http://www.seattlepi.com/globalhealth/151858_global10.html



Among recent projects at the American Social Health Association (ASHA) are a number of activities centered on human papillomavirus (HPV) education and awareness. For several months, ASHA has been working in partnership with the Coalition of Labor Union Women (CLUW) to collect and analyze data about cervical cancer prevention activities in labor unions. In September, ASHA's Vice President of Health Policy, Deborah Arrindell presented statements to the Food and Drug Administration, Vaccines and Re-

lated Biological Products Advisory Committee on the issue of the approval of Gardasil[®] for use in men and boys and approval of Cervarix[®] bivalent vaccine for women. Arrindell also worked to ensure that other national organizations were aware of new developments in cervical cancer prevention. Currently, ASHA is working on a pilot project to develop innovative cervical cancer prevention materials that rely primarily on graphics and illustrations, suitable for women with low English language literacy skills.

In the coming months, ASHA will undertake the second iteration of its project to track and analyze state-level spending on STD prevention efforts as well as existing policy environments for STD prevention. The initial project gathered data from state-level STD Directors, Laboratory Directors, Immunization Program Managers and Adult Viral Hepatitis Program Coordinators to get a picture of how state-level expenditures contributed to the overall STD prevention funding effort. This new phase will allow ASHA to

collect and review current data on state-level STD prevention as well as analyze trends in funding and policy efforts over time.

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Sexually Transmitted Diseases

Journal of the American Sexually Transmitted Diseases Association

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related fields. Reports from the CDC and NIH provide up-to-the-minute information. A highly respected editorial board is composed of prominent scientists who are leaders in this rapidly changing field. Each issue includes studies that highlight developments in the field from around the world.

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After the exciting meeting our association had in London in June 2009, it is now my privilege, as the new President of ISSTDR and chair of our next conference, to invite you to join us in Quebec City, Canada, for the 19th Conference of the ISSTDR in July 2011. ISSTDR has always promoted the use of the evidence emerging from good research for the development of better care for patients as well as better prevention programs and public health policy. It is in this context that the central theme of ISSTDR 2011 will be: “From research to intervention: successes and challenges”.

The members of our various committees will devote all their efforts over the next two years to make of ISSTDR 2011 an outstanding scientific meeting. The scientific programme will include keynote and plenary lectures, invited-speaker sessions on selected topics, parallel oral and poster sessions and scientific symposia. It will comprise five tracks: Epidemiology, Social and Behavioural Aspects of Prevention, Clinical Sciences, Basic Sciences, and Health Services and Policy. Finally, we will take care of organising a memorable social programme, which will be supported by the fantastic environment provided by Quebec City, the oldest city of North America, with a special mix of European and North American culture and the presence of numerous exciting events during the summer.

The organising committee hopes you will join us and I look forward to meeting you all in Quebec City in July 2011.

For more information visit: www.isstrquebec2011.com

Michel Alary



STDPO Now on Twitter

Want another way to stay on top of the latest STDPO goings-on? Follow STDPreventionOnline on Twitter at twitter.com/stdpo. STDPO is posting announcements of new resources, news and other information important and interesting to the field. Check it out and tweet what you think.

News from CDC

By: Zina V. Peters, MPH. ORISE Fellow, Division of STD Prevention, CDC.

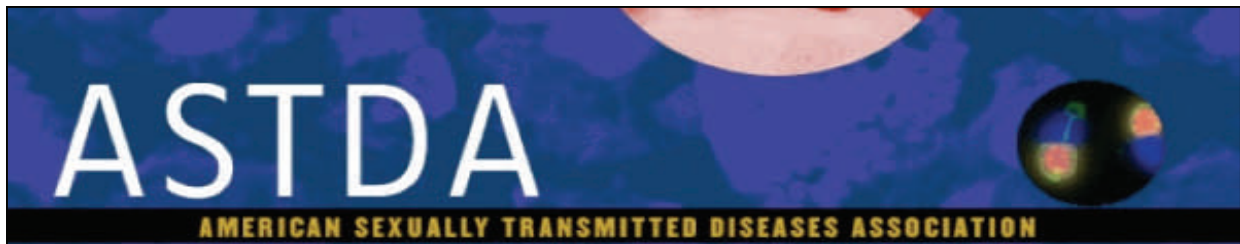
CDC's Division of STD Prevention (DSTDP) continues to make preventing STI-related infertility a top priority and continues to focus on increasing chlamydia screening in the US among sexually active women 25 years of age and younger. Partnering with organizations in the private and non-profit sectors is a key strategy, and the National Chlamydia Coalition (NCC) is central to chlamydia screening work. Since its launch in June of 2008, NCC, guided by the Partnership for Prevention, has produced several outstanding products including a website (<http://www.prevent.org/ncc>) that is a growing resource center of teaching materials, clinical resources and patient education materials; *Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers*, (<http://www.prevent.org/templates/ncc-home/download/whyscreenforchlamydia.pdf>) that provides practical advice for health care providers; and a regularly-published e-newsletter that includes up-to-date information for subscribers about chlamydia and related topics, such as adolescent, reproductive and women's health issues. Additionally, the NCC submitted a proposal to National Committee for Quality Assurance (NCQA) to include the chlamydia screening Healthcare Effectiveness Data and Information Set (HEDIS) measure in the 2010 NCQA health plan accreditation score for commercial and Medicaid plans. This proposal has been accepted and it will become part of the accreditation set in July 2010.

CDC and the National Chlamydia Screening Programme in England will conduct a series of webinars to learn about each country's chlamydia screening program and to share information and lessons learned in the implementation and evaluation of the national chlamydia screening programs. The group will also invite a small number of countries with chlamydia screening programs to join them in future webinars.

At its October 21, 2009 meeting, CDC's Advisory Committee on Immunization Practices (ACIP) voted on additional HPV vaccine recommendations. ACIP recommended routine HPV vaccination of the bivalent vaccine (Cervarix) for females 11 or 12 years of age (same as quadrivalent vaccine—Gardasil); inclusion of the bivalent vaccine in Vaccines for Children (VFC); permissive recommendation of quadrivalent vaccine for males 9 to 26 years of age for prevention of genital warts; and inclusion of quadrivalent vaccine for males in VFC.

DSTDP continues to work closely with other nations, international partners and WHO. Highlights of recent international activities include continued collaboration on the WHO *Global Initiative to Eliminate Congenital Syphilis*. CDC DSTDP's primary role in this effort is supporting the monitoring and evaluation strategy for the global initiative. (<http://www.who.int/reproductivehealth/topics/rtis/syphilis/en/index.html>). In 2009, global partners formally adopted congenital syphilis elimination indicators and incorporated these into recommended data collection forms for basic antenatal and delivery services, allowing measurement of progress in congenital syphilis elimination. Global partners also completed an Investment Case to identify funding to support scale up of maternal syphilis screening and treatment as part of basic antenatal health care services in up to 10 high burden nations. Additionally, DSTDP's Dr. Lori Newman was assigned to work with WHO collaborators in Geneva in support of these and other STD control efforts. Collaboration with a commercial partner to develop a point-of-care rapid syphilis test that can detect antibody to both non-treponemal and treponemal antigens has resulted in evaluation of the test in four international settings (Brazil, Haiti, Tanzania, and China) and in Birmingham, Alabama in collaboration with the WHO STD Diagnostics Initiative. DSTDP also worked with WHO to develop HPV vaccine recommendations and guidance for monitoring HPV vaccine impact.

CDC's Global Perinatal Integration Working Group (GPIWG) shares information and integrates activities among divisions involved in international maternal, newborn, and child health (MCH). The GPIWG, currently chaired by DSTDP's Dr. Mary Kamb (head of International Activities) and coordinated by Ms. Tasneem Malik (Senior Public Health Advisor for International Activities), is actively involved in the development of the CDC President Obama's Global Health Initiative.



Nominations are currently being solicited for the 2010 ASTDA Awards

Each year, the ASTDA acknowledges excellence in the field of STD research and prevention by bestowing the following awards:

- 1) The Thomas Parran Award, for long and distinguished contributions in the field of STD research and prevention
- 2) The ASTDA Achievement Award, 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
- 3) The ASTDA Young Investigator Award, presented to an outstanding investigator in the field of STD who is no more than five years beyond fellowship training.

Nominations will be accepted until November 6, 2009. Please submit a brief letter of nomination and the nominee's current CV (if possible) to Bradley Stoner (bstoner@wustl.edu), Vice-President of ASTDA. Awards will be presented at the National STD Prevention Conference in Atlanta, Georgia in March, 2010.

The ASTDA will also shortly be issuing a call for applications for the ASTDA Developmental Awards for research on sexually transmitted infections, excluding HIV. The purpose of this award is to encourage new investigators to pursue careers in STD-related research, and they are intended to support the investigator so that he/she can establish an independent project and acquire preliminary data for successful submission of a NIH R or K-series application. These awards will provide up to \$55,000 per year (direct costs) for one or two-year projects beginning April 1, 2010. See www.ASTDA.org/grants for updated information. We expect the call for applications to be posted sometime in November, 2009.

2010 National STD Prevention Conference

High Priority Issues for the 2010 Conference

Since the early years of the 20th century, STD prevention efforts have been a cornerstone of communicable disease control programs. While this longstanding focus has resulted in many public health successes, STDs continue to have substantial population impact. Today's economic crisis demands new considerations in approaching all aspects of public health, including STD prevention.

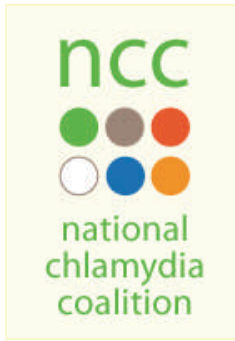
- It is more apparent than ever that the challenges of STD prevention cannot be separated from problems arising from our fragmented health care system with its rising costs and unequal access.
- On-going challenges in prevention of STDs, such as racial disparities in disease rates, call for public health programs to find new approaches that can reach disproportionately affected populations.
- It is essential to find ways to move beyond our longstanding societal reticence to openly discuss sexual health issues and to normalize conversations around STD prevention.

With these ongoing challenges, the imperative both to strengthen existing efforts and to find new approaches to lessen the burden of STDs on our society could not be greater. As our nation's leaders take bold steps to optimize the health of our citizens, so too must we play our part in creatively and effectively responding to STDs. This biennial conference provides a critical opportunity to listen, to learn, and to challenge ourselves to develop these much-needed responses.

For more information, visit <http://www.cdc.gov/stdconference/default.htm>



March 8-11
2010
Atlanta, GA



**From the National Chlamydia Coalition:
Chlamydia and STD Resources for Healthcare Providers**

Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers FREE
(National Chlamydia Coalition)

A short guide for providers to improve delivery of Chlamydia screening, take a sexual history and provide confidential care to adolescents. Available online from: www.prevent.org/ncc . Pdf can be downloaded for free; print copies available for purchase; bulk orders available.

Covering the Bases: Adolescent Sexual Health \$60 members; \$75 non-members

Online CME course developed with CDC to help pediatricians overcome their self-reported barriers to STD and HIV prevention counseling and testing for adolescents. Available online at: <http://www.pedialink.org/cmefinder/search-detail.cfm?key=09a777d8-bc39-447e-b5d7-92336c733d2c&type=course&grp=2&task=details>

Clinical Cases in Pediatric and Adolescent Gynecology \$150 members; \$175 non-members

Interactive educational cd-rom containing 2 cases on STDs. Up to 20 hours CME. Order online at www.acog.org

Health Care for Adolescents \$25 members; \$39 non-members
(American College of Obstetricians and Gynecologists)

This resource includes valuable information on the provision of health care to adolescent patients. Topics include primary care for adolescent females, confidentiality in adolescent health care, and sexually transmitted disease screening. Order online at www.acog.org.

Online Chlamydia Course FREE
(California STD/HIV Prevention Training Center)

This web-based training course is for practicing clinicians who care for women of reproductive age, including adolescents. The training is designed to increase knowledge of asymptomatic chlamydia infection and the importance of screening young sexually active women. http://stdhivtraining.net/educ/training_module/index.html

On-line STD Cases FREE
(National Network of STD/HIV Prevention Training Centers (NNPTC))

Web-based case series for practicing clinicians who diagnose, treat, and manage patients with, or at risk for, STDs. <http://www.stdhivtraining.net/nnptc/start.cfm>

Book Chapter, Chlamydial Infections by Albert John Phillips FREE
(Nurse Practitioners in Women's Health)

From Sexually Transmitted Diseases: A Practical Guide for Primary Care (Current Clinical Practice, Anita L. Nelson and Jo Ann Woodward, eds., Humana Press, Totowa, New Jersey, 2006. <http://www.npwh.org/files/public/Phillips%20chapter.pdf>

Websites Worth Checking Out!



- The Body** <http://www.thebody.com/>
- Sex, etc.** <http://www.sexetc.org/>
- Teen Village** http://teenvillage.org/sexual_std_aids
- I Want the Kit** <http://www.iwantthekit.org/>
- Don't Think Know** <https://www.dontthinkknow.org/index.html>

Laboratory Diagnostic Testing for *C. trachomatis* and *N. gonorrhoeae*:
<http://www.aphl.org/aphlprograms/infectious/std/Documents/CTGCLabGuidelinesMeetingReport.pdf>

Laboratory Diagnostic Testing for *T. pallidum*:
<http://www.aphl.org/aphlprograms/infectious/std/Documents/LaboratoryGuidelinesTreponemapallidumMeetingReport.pdf>

Recent Publications:

Gaydos C, et al. *Mycoplasma genitalium* as a Contributor to the Multiple Etiologies of Cervicitis in Women Attending Sexually Transmitted Disease Clinics. *Sex Transm Dis* 2009; 36: 598-606.

Haggerty CL, et al. Clinical characteristics of Bacterial Vaginosis Among Women Testing Positive for Fastidious Bacteria. *Sex Transm Infect* 2009; 85: 242-248.

Tapsall JW. Implications of Current Recommendations for Third-Generation Cephalosporin Use in the WHO Western Pacific Region Following the Emergence of Multiresistant Gonococci. *Sex Transm Infect* 2009; 85: 256-258.

Markowitz LE, et al. Seroprevalence of Human Papillomavirus Types 6, 11, 16, and 18 in the United States: National Health and Nutrition Examination Survey 2003-2004. *JID*; 2009: 1059-1067.

Pultorak E, et al. Economic Burden of Sexually Transmitted Infections: Incidence and Direct Medical Cost of Chlamydia, Gonorrhea, and Syphilis Among Illinois Adolescents and Young Adults, 2005-2006. *Sex Transm Dis* 2009; 36: 629-636.

Swenson RR, et al. Prevalence and Correlates of HIV Testing Among Sexually Active African American Adolescents in 4 US Cities. *Sex Transm Dis* 2009; 36: 584-591.

Plitt S, et al. Antimicrobial Resistance: The Influence of Epidemiologic and Laboratory Surveillance Data on Treatment Guidelines: Alberta, Canada 2001-2007. *Sex Transm Dis* 2009; 36: 665-669.

Gaydos C, et al. *Mycoplasma genitalium* Compared to Chlamydia, Gonorrhoea and Trichomonas as an Aetiological Agent of Urethritis in Men Attending STD Clinics. *Sex Transm Infect* 2009; 85: 438-440.

Upcoming Events:

11th IUSTI World Congress
November 9-12, 2009 Cape Town, South Africa

2010 National STD Prevention Conference
March 8-11, 2010 Atlanta, GA

110th ASM General Meeting
May 23-27, 2010 San Diego, CA

50th Annual ICAAC Meeting
September 12-15, 2010 Boston, MA

26th IUSTI Europe Congress
September 23-25, 2010 Tbilisi, Georgia

19th Conference of the ISSTD
July 10-13, 2011 Quebec City, Canada

12th IUSTI World Congress
November 2-5, 2011 New Delhi, India

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www.iusti.org

