S18 – REGIONAL RESPONSES TO GLOBAL HIV/STI TRENDS (IUSTI SPECIAL SYMPOSIUM)

Wednesday, July 17, 2019
10:45 AM – 12:15 PM

S18.1 AN UPDATE ON THE STATUS OF HIV/STIS IN IUSTI'S FIVE REGIONS

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The global outbreak of human immunodeficiency virus (HIV) in the 1980s invigorated the academic research on the role of the classical sexually transmitted infections (STIs), such as gonorrhoea, syphilis and chlamydia, in the transmission and acquisition of HIV infection.

The community-based studies conducted in Africa on STI interventions to control HIV infection brought about seemingly conflicting results which put STIs on the back burner. However, ongoing data demonstrate that interactions between HIV and the other STIs cannot be ignored.

The control of STIs is not simple and straight forward, however, – the determinants and drivers of STIs are very diverse from one setting to another and from one population sub-group to another.

Also, not to be forgotten, are the characteristics of the sexually transmitted pathogens themselves, ranging from transmissibility, the symptomless nature of some of the pathogens, their ability to become resistant to standard treatments and the lack of affordable diagnostic tools to detect them.

A coordinated response is required but, in terms of the global response, the syndemics between HIV and the other STIs were not fully grasped, resulting in competing priorities for funding the responses.

HIV treatment has been justifiably prioritised to save millions of lives, and new HIV infections are falling, albeit not fast enough. On the other hand, the other STIs are not showing the same trend as HIV. What is common to both HIV and the other STIs is that prevention services for both HIV and other STIs are not delivered to scale to reach the most vulnerable people who need them.

The presentation will summarise the consequences of such a diversity of the response and highlight the status of HIV/STI infections in the five regions of the International Union against Sexually Transmitted Infections.

Disclosure No significant relationships.

S18.2 BRIDGING THE GAP – BEST PRACTICE GLOBAL EXAMPLES OF INTEGRATION OF HIV AND STI SERVICES

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10.1136/sextrans-2019-sti.82

In response to the 2015 United Nations resolution, Transforming our world: The 2030 Agenda for Sustainable Development, in 2016 WHO developed three global strategies on HIV, viral hepatitis, and STIs. These are aiding reductions in

the infections, and their related deaths, as well as improving the sexual health and well-being of all people. All three strategies highlight the importance of policies and systems that enable the delivery of integrated health interventions and services, and which can be tailored to different populations, at different locations, in order to achieve equitable and quality care. What might an integrated sexual health service look like? It would include the integration of STI services (including hepatitis B and HPV vaccination), reproductive health services (including contraception and cervical cancer screening), and HIV treatment and care. Partner notification and treatment would be a core component of the services. There would be universal antenatal screening for HIV, STIs and hepatitis B (or infant vaccination at birth) with combined efforts to reduce mother to child transmission of HIV, syphilis and hepatitis B. There would be targeted services for key populations such as sex workers and men who have sex with men. It would also include advice about protection against STIs, HIV and unplanned pregnancies and initiatives to promote behaviour change, with the provision of male circumcision, pre-exposure prophylaxis and post-exposure prophylaxis for the prevention of HIV. There would be assessments for drug and alcohol use/addiction and provision of, or referral to, services to reduce these. This talk will look at examples of health policies and services from around the world that are delivering integrated sexual, reproductive and HIV services. It will consider potential barriers to providing integrated services and possible solutions to overcome these.

Disclosure No significant relationships.

S18.3 IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN LIVING WITH HIV

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10.1136/sextrans-2019-sti.83

HIV is not only determined by gender inequality, but it also bookmarks gender unfairness, leaving women more vulnerable to its impact. According to UNAIDS, girls and women represent more than half of the 36.7 million people living with HIV; around 7,000 young women aged 15–24 years become infected with HIV every week and 80% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies in 2017.

Providing sexual and reproductive health interventions for women living with HIV, which are grounded in principles of gender equality, can have a positive impact on their quality of life. In many countries, women living with HIV do not have proper access to good-quality health services.

Health interventions related to the sexual and reproductive health services (SRHS) of women living with HIV, need to be organized into specific services, mainly focused on sexual health counseling, violence against women, family planning and infertility, antenatal care and maternal health, safe abortion; sexually transmitted infections and cervical cancer. The interventions need to consider cultural, economic, geographic location, social and legal factors, including gender norms and power relations. It is also important to consider religious and cultural beliefs, stigma and discrimination related to HIV and other demographic factors, as age, gender, sexuality, social class, disability, ethnicity and race. SRHS programs need to

provide equitable services that are people-centered, accessible, acceptable and affordable.

It is essential to address the barriers, improve the quality of care and provide continuous training for health professionals. Moreover, women living with HIV need to be made aware of their rights and empowered to benefit themselves of these offered services and health professionals should help them understand their reproductive goals, while safeguarding their human rights.

Disclosure No significant relationships.

S18.4 ENGAGING CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS IN HIV/STI SERVICES: CHALLENGES AND OPPORTUNITIES

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10.1136/sextrans-2019-sti.84

Cultural and linguistic diversity in many high-income countries including Australia is increasing, with more than one in four Australians being born overseas. Culturally and linguistically diverse populations (CALD) or ethnic minorities are disproportionately affected by HIV and sexually transmitted infections (STIs) in many countries with universal access to healthcare. Studies from the Australia, UK, USA and Canada suggest disparities in sexual health outcomes in CALD populations which persist even when controlling for sexual behaviour. Understanding service delivery issues for CALD populations is critical to the development and implementation of effective public health policy and health services. Enhanced HIV testing, HIV pre-exposure prophylaxis and treatment as prevention have been very effective in interrupting HIV transmission but people from CALD backgrounds especially men who have sex with men (MSM) continue to face difficulties in accessing these interventions. Lower knowledge of HIV risk factors, low perception of risk, stigma, and risky sexual risk behaviors may increase risk of HIV and STIs among CALD populations. Lack of awareness among healthcare workers regarding issues affecting CALD population also contributes to the challenges in providing effective health services. In the context of changes in HIV prevention landscape from condom promotion to biomedical approaches, sexual health services will benefit from taking culturally and linguistically sensitive approach in engaging and delivering HIV and STI care. Tailored approaches that effectively address cultural, language and gender issues to address inequalities in access and improve linkage, engagement and retention in care are needed for several CALD sub-populations, including MSM, sex workers, people who inject drugs, international students, refugees, and women. Failing to address these issues may lead to ongoing high rates of HIV transmission in these CALD subpopulations and have significant impact on achieving the goal of ending the AIDS epidemic by 2030.

Disclosure No significant relationships.

S19 – GLOBAL PUBLIC HEALTH APPROACHES TO GONORRHEA PREVENTION AND THE THREAT OF ANTIBIOTIC RESISTANCE

Wednesday, July 17, 2019

1:45 PM – 3:15 PM

S19.1 PERSPECTIVES FROM NORTH AMERICA

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Background As in other regions, rates of gonorrhea in North America continue to rise, while *Neisseria gonorrhoeae* (Ng) antimicrobial susceptibility, and particularly macrolide susceptibility, has declined. These patterns have heightened concerns about emerging resistance to the only remaining recommended treatment regimen and the prospect of untreatable gonorrhea.

Methods In this session, available data on Ng antimicrobial susceptibility trends in North America will be reviewed, with a focus on recent trends in cephalosporin, macrolide, and fluoroquinolone susceptibility. Public health responses, such as United States outbreak preparedness and response activities, will be explored.

Results Although the percentage of Ng isolates with reduced cephalosporin susceptibility has declined in recent years in the United States and Canada, the percentage with reduced azithromycin susceptibility has increased in both countries. High-level azithromycin resistant strains have been identified in the United States, and an isolate with a high ceftriaxone minimum inhibitory concentration (1 µg/ml) was identified in Canada (2017). Data from Mexico are limited. In addition to robust surveillance in the United States and Canada, the United States has implemented efforts to enhance rapid detection and response to Ng resistance.

Conclusions Robust surveillance and public health engagement are critical to address the growing threat of Ng resistance.

S19.2 PERSPECTIVES FROM BRAZIL AND LATIN AMERICA

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Global emergence of resistance to extended-spectrum cephalosporins (ESCs) cefixime and ceftriaxone is alarming scientific and healthcare communities. Following cases in Japan, a case was reported last year in England - and a Ceftriaxone-Resistant Multidrug-Resistant *Neisseria gonorrhoeae* (NG) was reported in Singapore in 2019. In Latin America, first isolates with reduced sensitivity to ceftriaxone were reported in