World epidemiology of Sexually Transmitted Infections

Dr. Nathalie Broutet

Department of Reproductive Health and Research

WHO, Geneva

Training Course in Reproductive Health/ Sexual Health Research

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STIs: a devastating global epidemic



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STIs: an individual and public health challenge

- 340 million cases per year
- Enhance sexual transmission of HIV
- Cause severe complications
- Women and children most severely affected
- High Socio-Economic impact
- No adequate response at all levels



Sexually Transmitted Infections

- Caused by more than 20 micro-organisms (bacteria or virus)
- Most common manifestations
- Urethral discharge
- Genital ulcer
- Vaginal discharge
- Adenopathy



STI: complications and sequelae

- Pelvic Inflammatory Disease
- Ectopic pregnancy
- Sterility (men and women)
- Perinatal infections
- Stillbirth adverse outcomes of pregnancy
- Genito-anal cancers
- AIDS
- Death

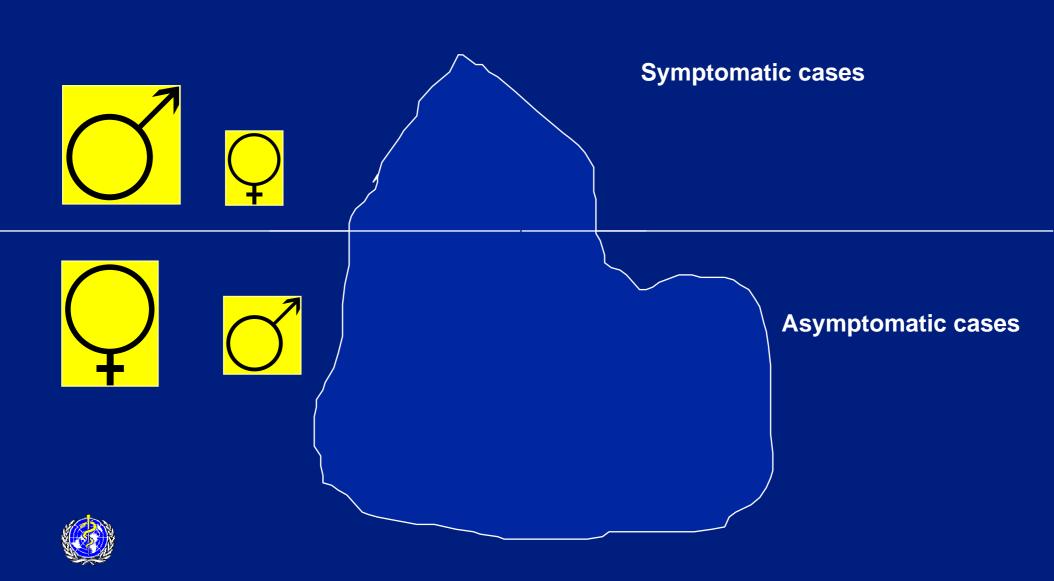


STI: social and demographic determinants

- Socio-economical context (behaviour, health system, political changes, etc.)
- Men-women relationships (migrations, working context, couples separated during a long period, etc.)
- Age structure / distribution of the population
- Population density



Sexually Transmitted Infections



WHO Estimation of STIs

1999 estimations

- The data base has been updated to cover the period 1995-2000 (the 1995 data base included studies from 1980 to 1994)
- Includes studies published or no, reports, thesis, etc.
- Established per region, infections, sex, age groups and urban/rural. Published per Region.

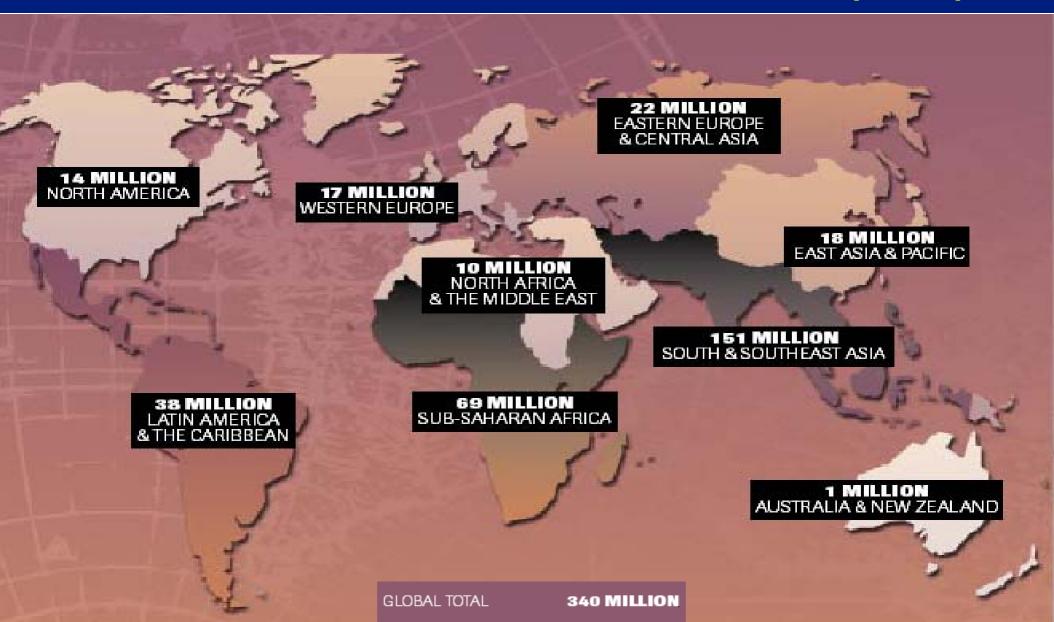
2004 estimations (under process)

- The data base covers the period 2001-2004
- Same principles as previously
- Includes HSV2 and HPV

The reliability of the estimations depends upon the quality of the data sent by members States



Global estimates of new cases of STI (1999)

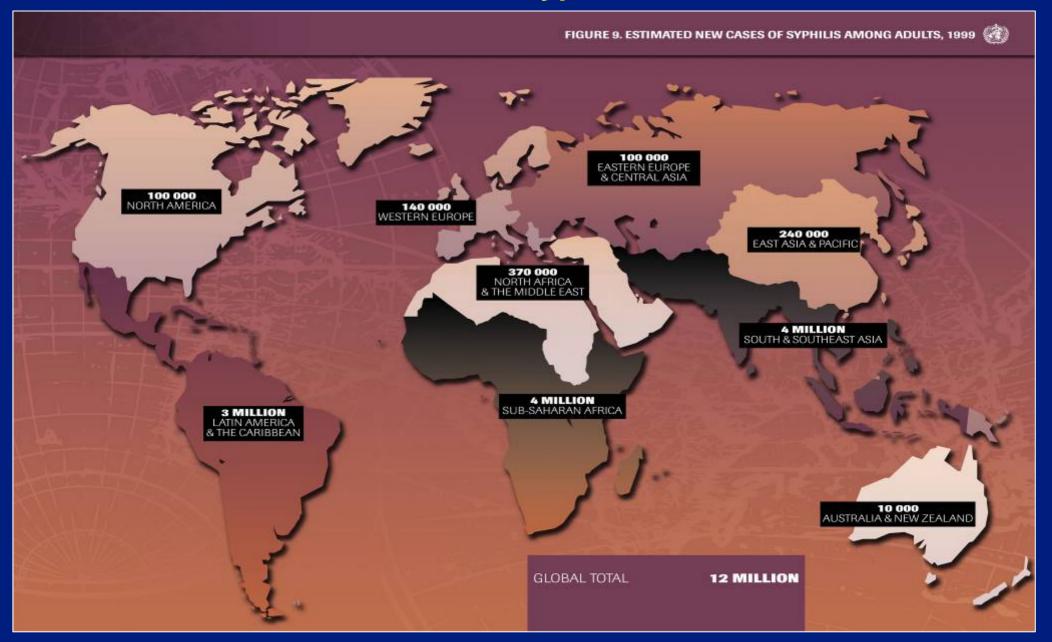


Data on STIs

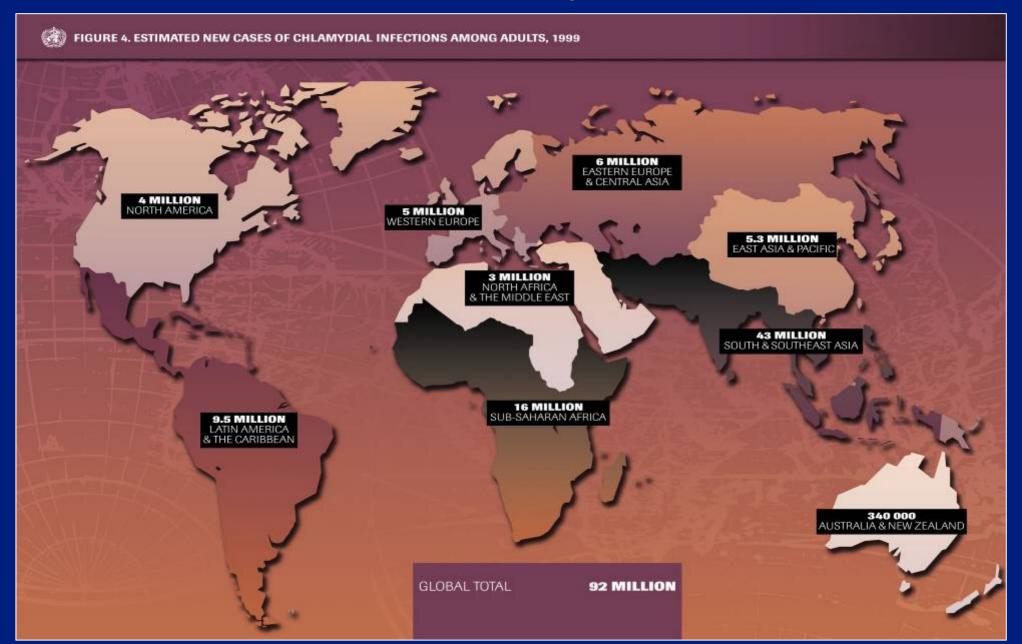
STI prevalence and incidence can present huge variations

- Within country and between countries from a same Region
- Between urban and rural population
- Within similar population group (majority of seroprevalence studies are performed in pregnant women or commercial sex workers)

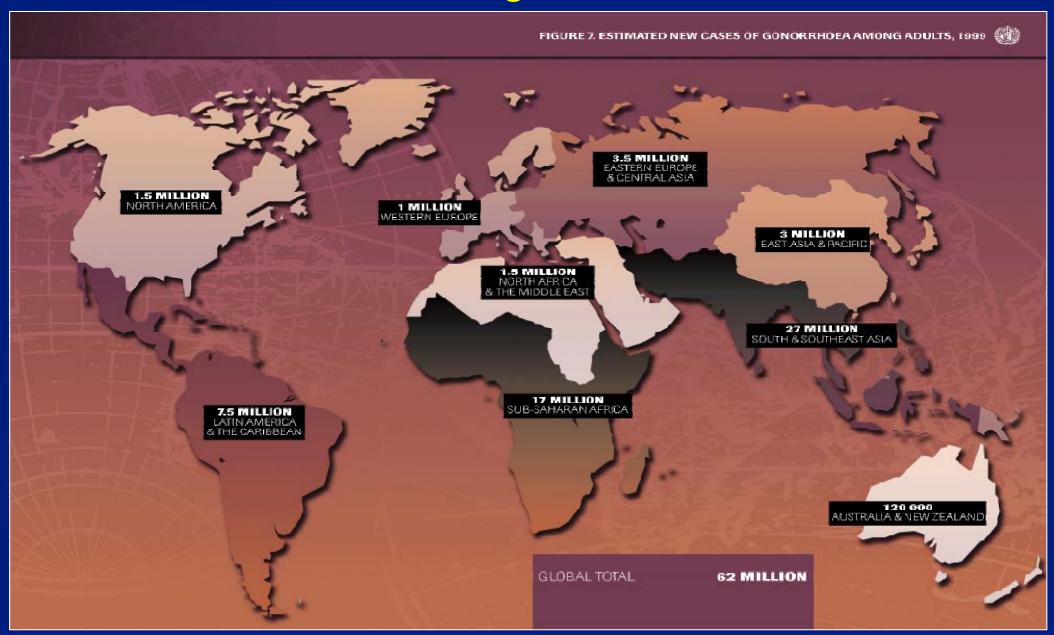
Estimated new cases of syphilis in adults in 1999



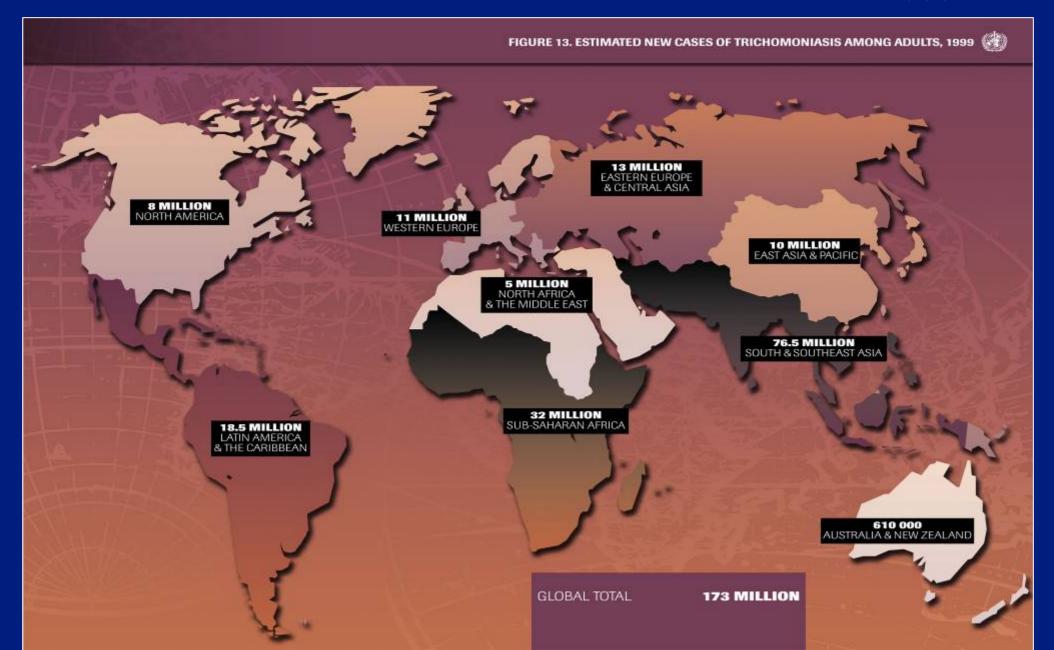
Estimated new cases of chlamydiae in adults in 1999



Estimated new cases of gonorrhea in adults in 1999



Estimated new cases of trichomoniasis in adults in 1999

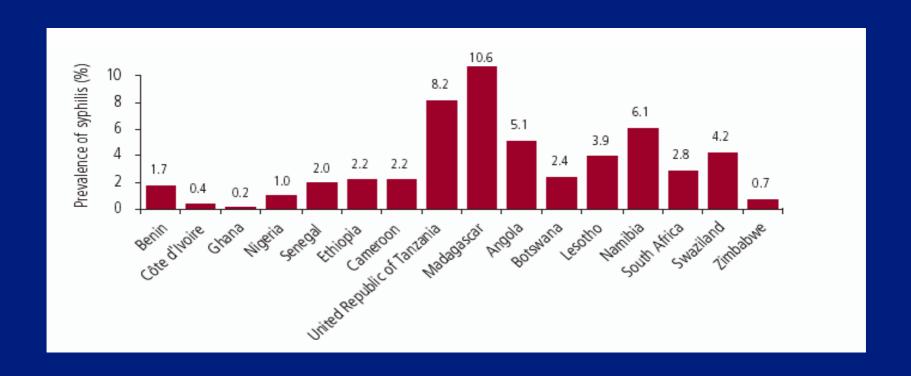


Epidemiology of STIs

Sub-Saharan Africa

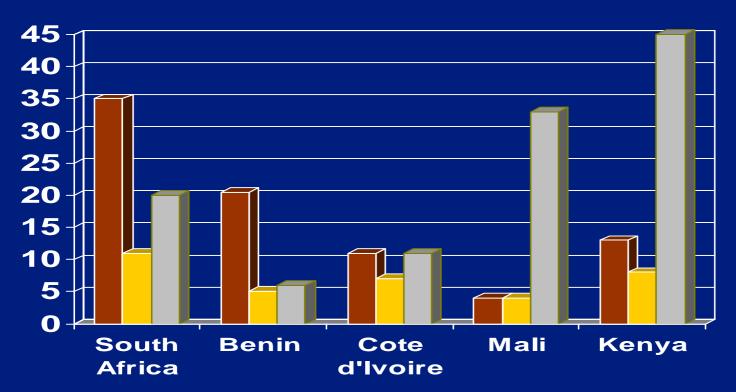


Prevalence of syphilis among women attending antenatal care clinics at selected sites, by country, 2000 - 2002





Prevalence of Gonorrhoea, Chlamydia and Trichomoniasis among FSW, at selected sites, by country, 1997-2000





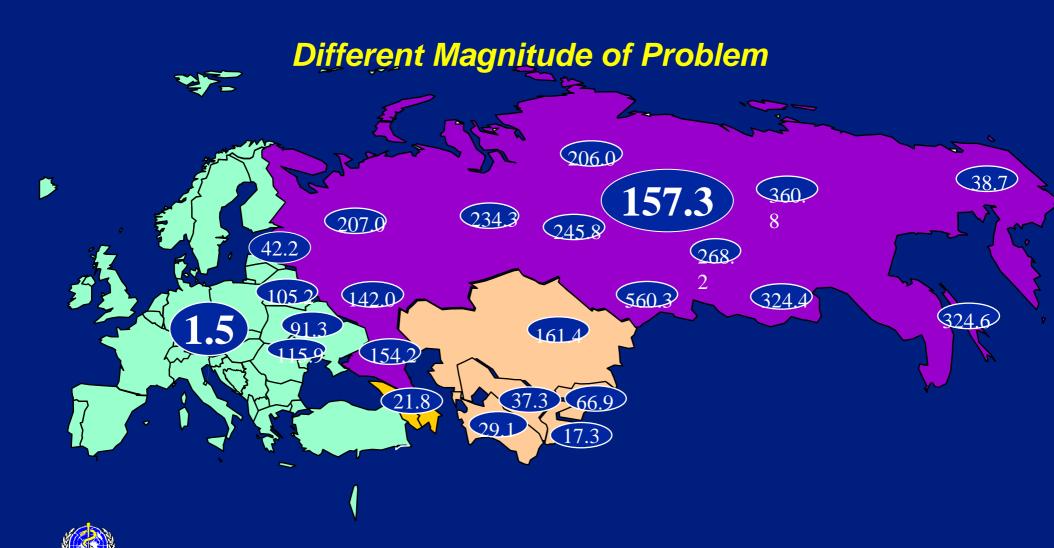


Epidemiology of STIs

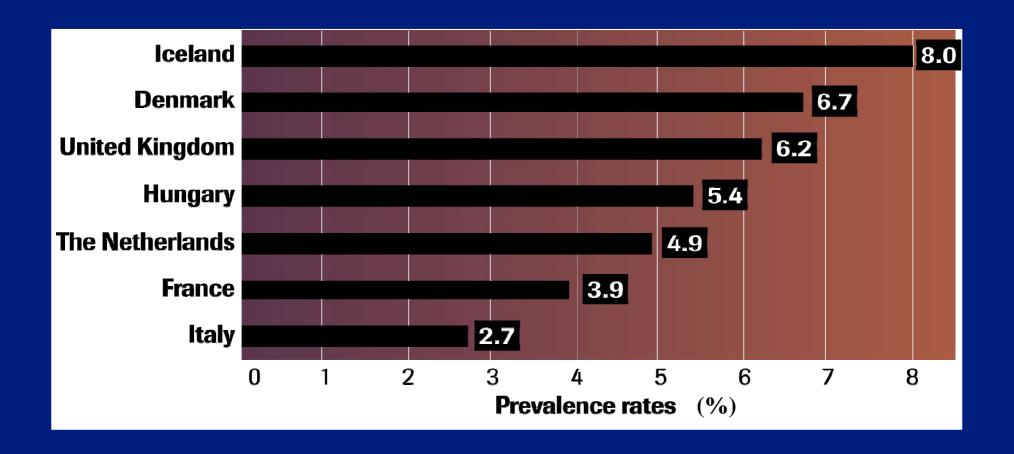




Incidence of syphilis in the WHO EURO Region 1999/2000 Rate per 100,000 population



Chlamydia prevalence rates (%) amongst asymptomatic women in European countries, 1990s





STI Epidemiology

East Asia and Western Pacific



STI trends and risks in Eastern Mediterranean and North Africa, 2003

- 270,000 cases of STI reported in Morocco
- Around 74 000 sexually transmitted Infections reported in 2002 from 5 countries of the Region
- Most reported STIs are Trichomoniasis, gonorrhoea and syphilis.
- Observed increased rate of syphilis among pregnant women in Bahrain from 0.25% in 2001 to 0.35% in 2002
- In Pakistan 78% of women are reported to have vaginal pathogenic discharge, 29.4% had pelvic tenderness, 17% had cervical ulcers, 4.5% had abdominal tenderness and 2.9% had vesicles on the genitalia



Need to measure the burden of STI and trends and implement effective STI syndromic case management

Eastern Mediterranean and North Africa: Surveillance for HIV/AIDS and STD, improvement needed

- Reported AIDS data persistently incomplete
- Transmission data have been missing from 10% to 14% of total reports in the past several years.
- Mode of transmission is reported unknown in 20% of reports received from the easternmost countries of the Region, compared to more than 50% from the countries of the GCC
- Lack of active surveys

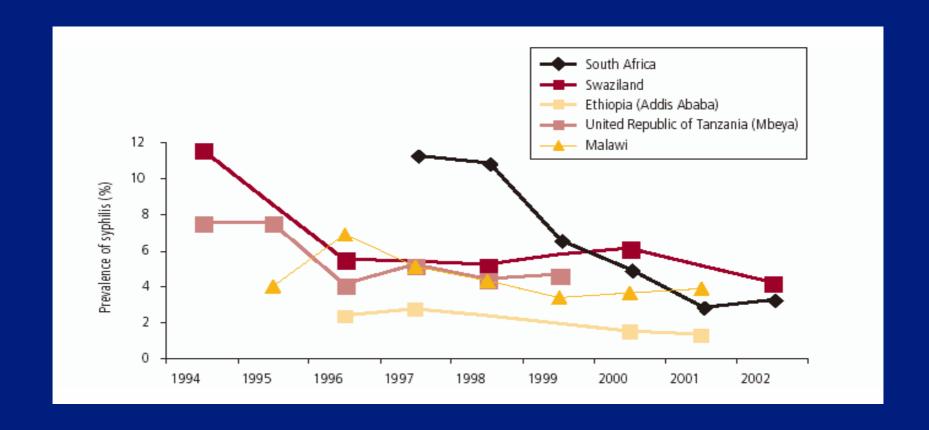




Trends in STIs

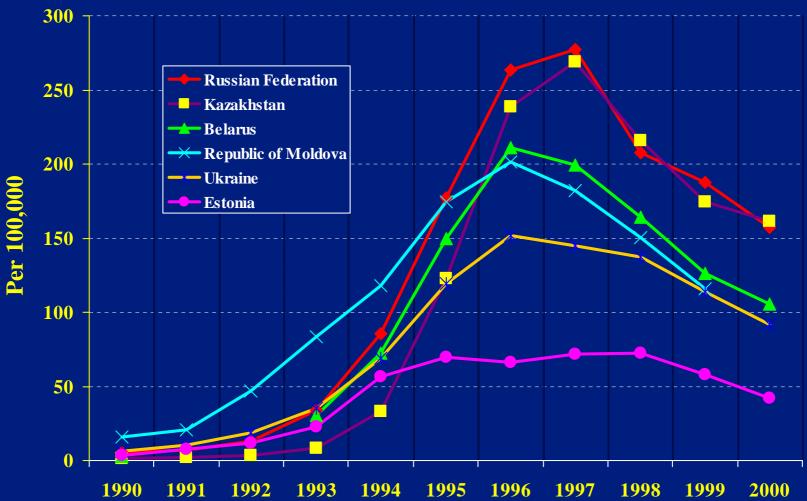


Trends in prevalence of syphilis among attending antenatal care clinics at selected sites, by country, 1994 - 2002



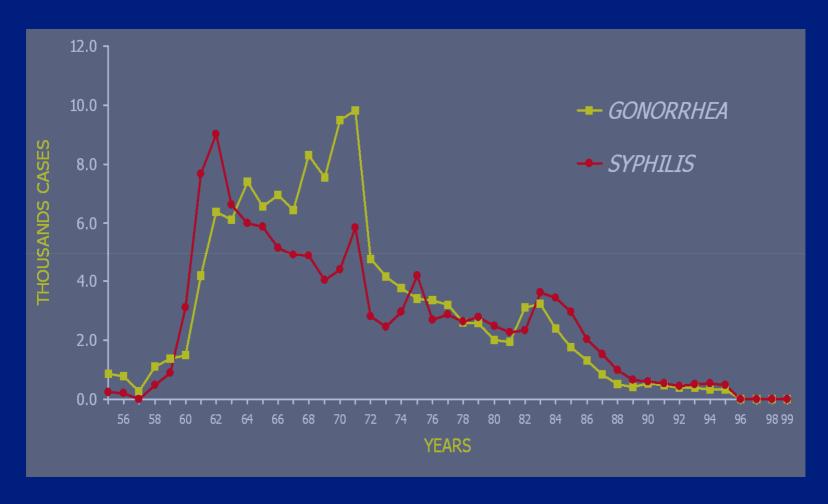


Incidence of syphilis in Belarus, Estonia, Kazakhstan, Moldova, Russia, Ukraine, 1990-2000 (rate per 100 000)



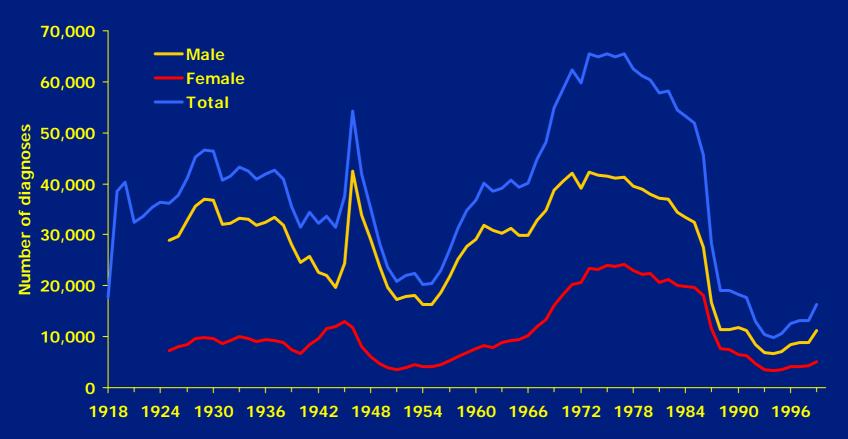


Gonorrhea and syphilis in Italy *Mandatory notifications, 1955-1999*



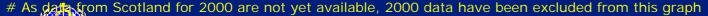


Diagnoses of gonorrhoea seen in GUM clinics England, Scotland and Wales*, 1918 to 1999

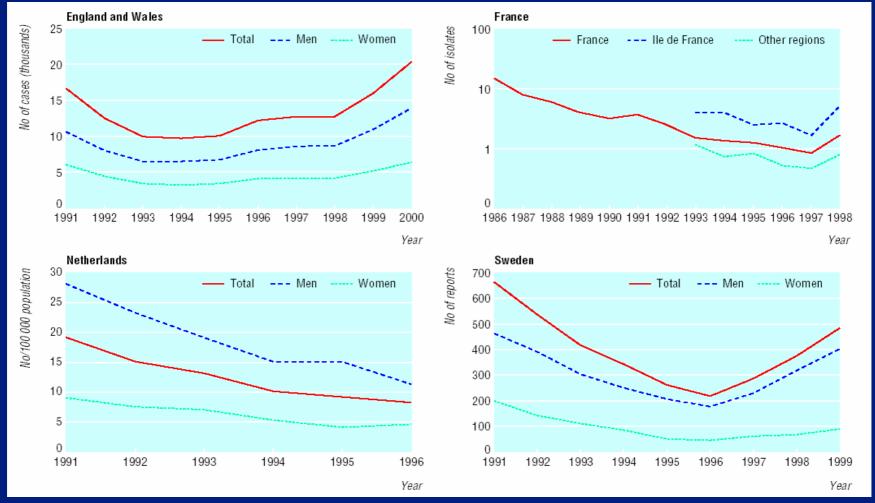


^{*}As Northern Ireland data from the time period 1918 to 1999 are largely incomplete they have been excluded from this figure





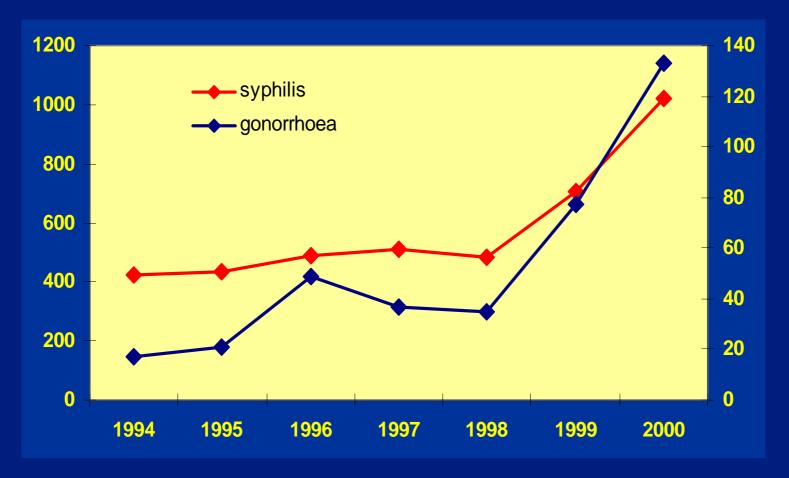
Trends in gonorrhoea in England and Wales, France, the Netherlands, and Sweden



SOURCES: Source: Nicoll & Hamers, BMJ 2002;324:1324–7

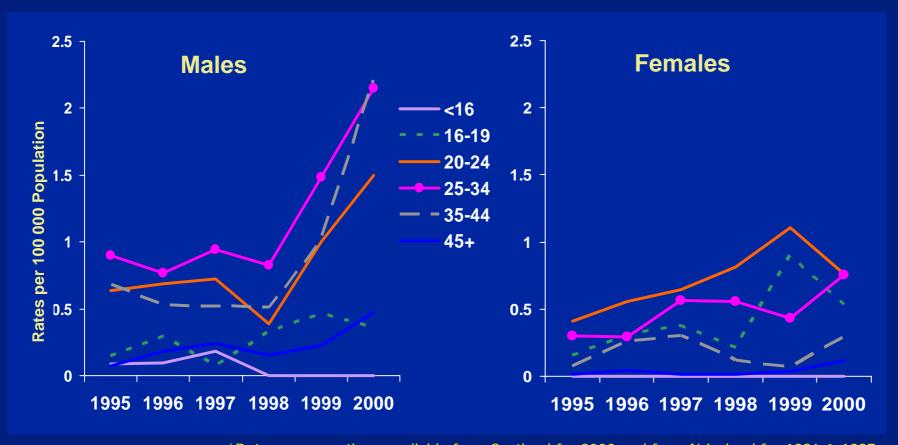
England and Wales: cases of gonorrhoea seen in GUM clinics, 1991-2000; France: trends in gonococcal infections in RENAGO laboratories, 1991-9
Netherlands: notified cases of gonorrhoea per 100 000 inhabitants, 1976; Sweden: number of clinically reported Neisseria gonorrhoeae cases, 1991-99 (adapted from Smittskyddsinstitutet (Swedish Institute for Infections Disease Control). Smittsamma Sjukdomar 1999. Stockholm: Smittskyddsinstitutet, 2000)

Netherlands: Gonorrhoea and syphilis, STD clinic Amsterdam (annual reports, GG&GD Amsterdam).



GO: 1999: + 46%;MSM 59% heter 16% fem 66%; 2000: + 45%; 33% 56% 72% Lues: 1999: + 120%; MSM 333% heter 54% fem 40%; 2000: + 63% (MSM 136%)

Diagnoses of infectious syphilis (primary and secondary) in GUM clinics by sex and age group, UK: 1995-2000*

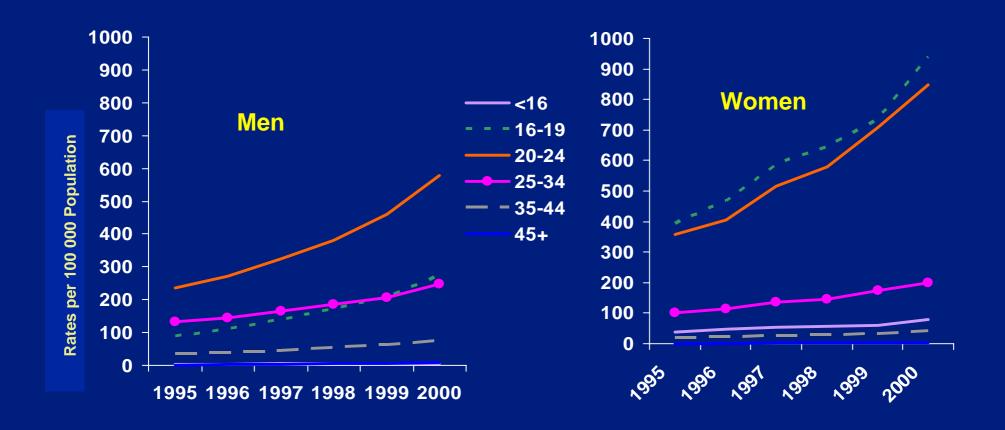


*Data are currently unavailable from Scotland for 2000 and from N.Ireland for 1996 & 1997



Source: ESSTI/PHLS, UK

Diagnoses of uncomplicated genital chlamydial infection in GUM clinics by sex and age group, UK: 1995-2000*



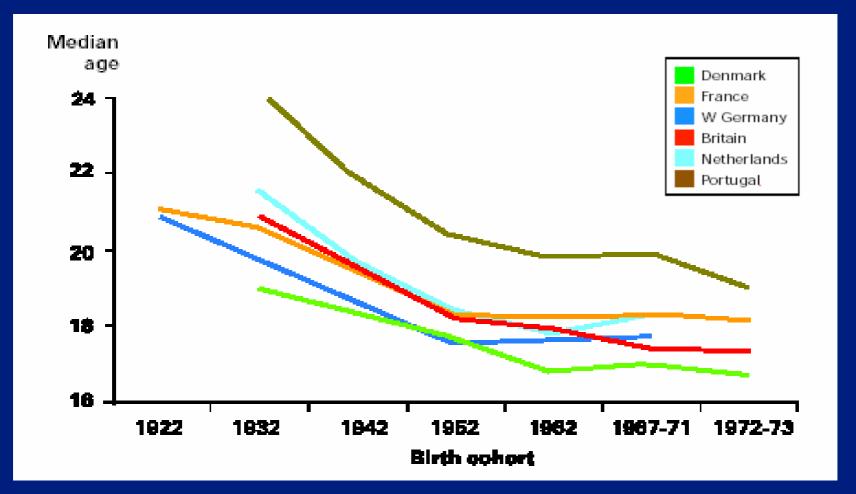
^{*}Data are currently unavailable from Scotland for 2000 and from N.Ireland for 1996 & 1997



STI epidemiology and social changes



Median age at first intercourse by birth cohort and selected country, females





UK enhanced surveillance programmes: Data from syphilis outbreak sites Chronology and distribution of syphilis outbreaks in MSM 1999-2002

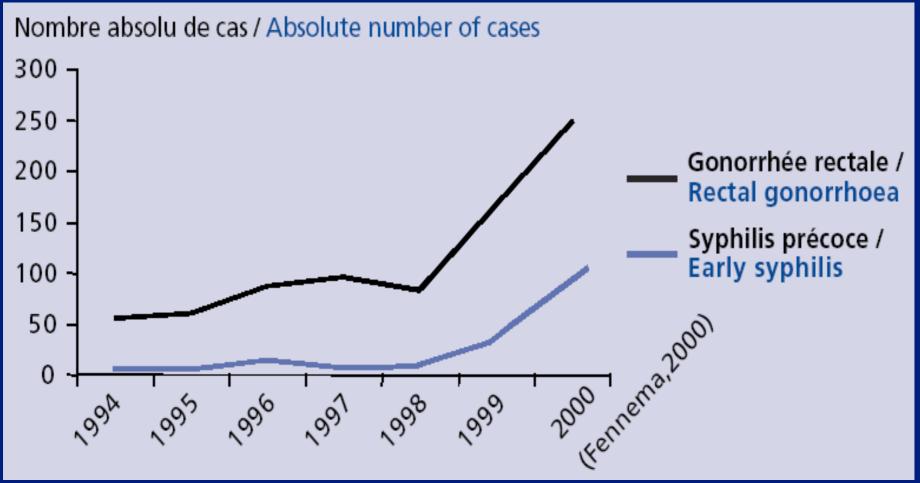
- Syphilis outbreaks concentrated in MSM in Manchester, Brighton and London
- Key characteristics of outbreaks:
 - High proportion of HIV positive MSM
 - High rates of partner change
 - Use of cruising grounds and dark rooms
 - Use of alcohol





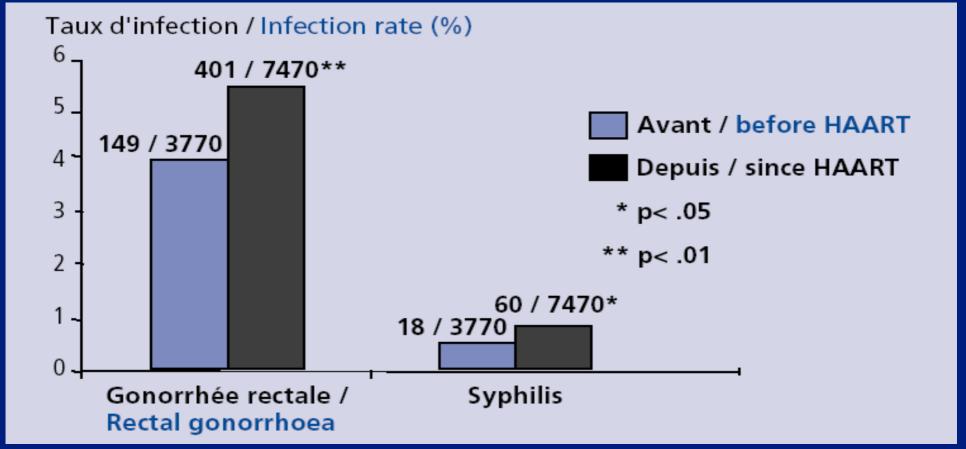
Source: ESSTI/PHLS, UK

Absolute number of rectal gonorrhoea and early syphilis, diagnosed among homo- and bisexual visitors of the STD outpatients clinic in Amsterdam, 1994-2000





Relative numbers (infection rate) of rectal gonorrhoea and early syphilis diagnosed among homo- and bisexual men before and after the introduction of anti HIV therapies, Amsterdam STD outpatients clinic, 1994-1999



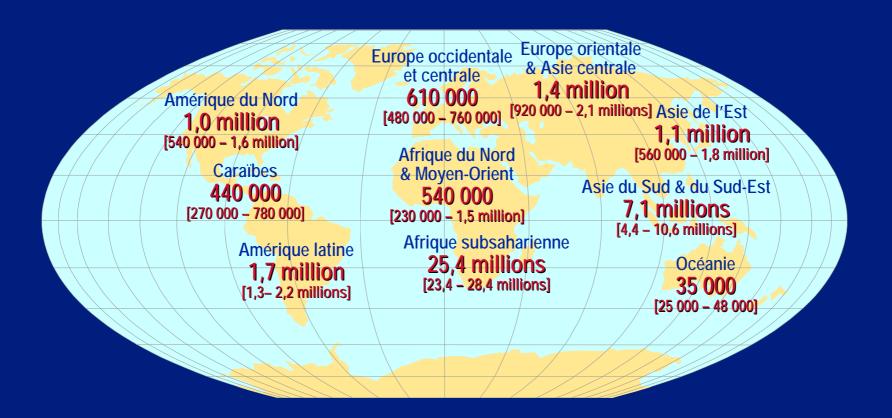


STI and HIV transmission

- STIs are co-factors for HIV transmission
- To control STIs enhance reduction of HIV transmission



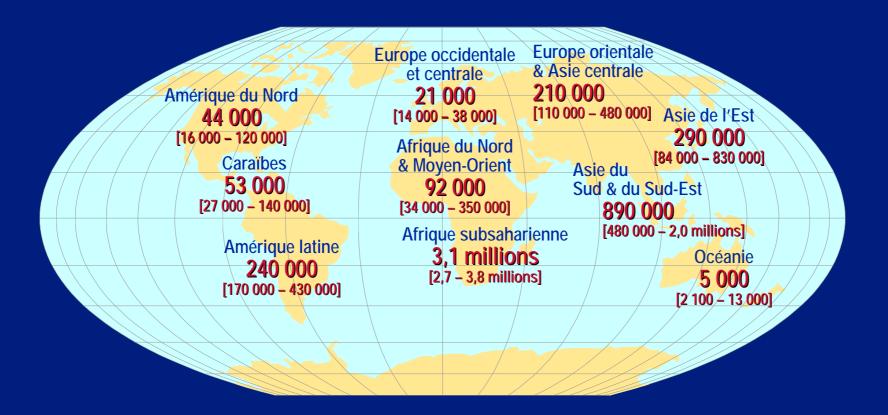
Adults and children estimated to be living with HIV/AIDS as of end 2004







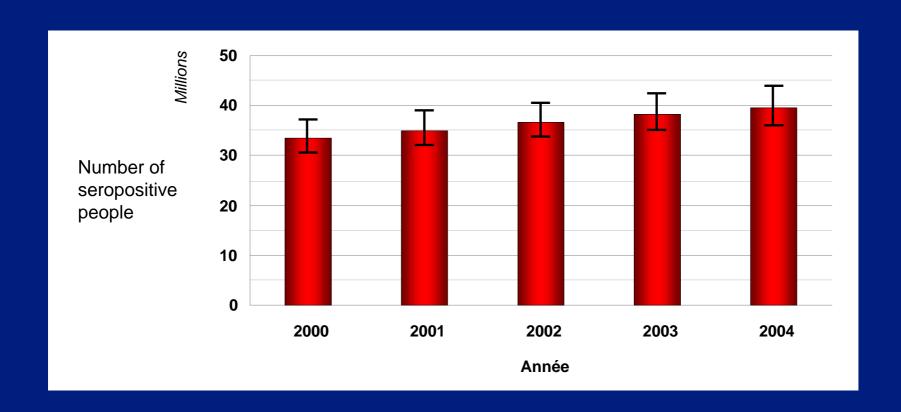
Estimated number of adults and children newly infected with HIV during 2004



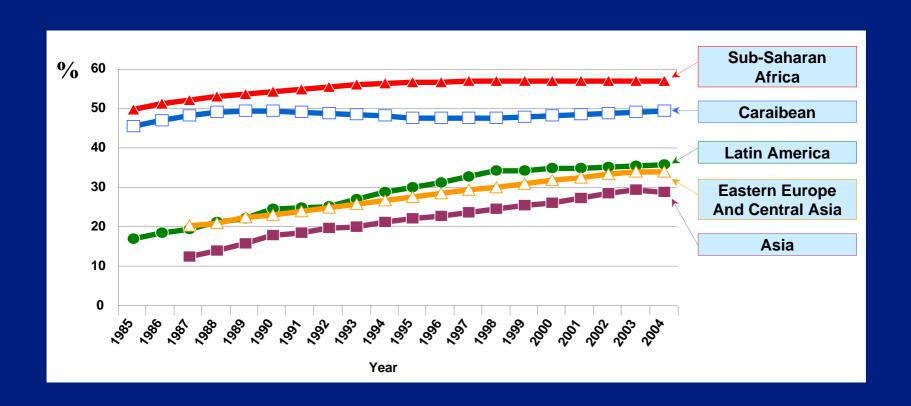




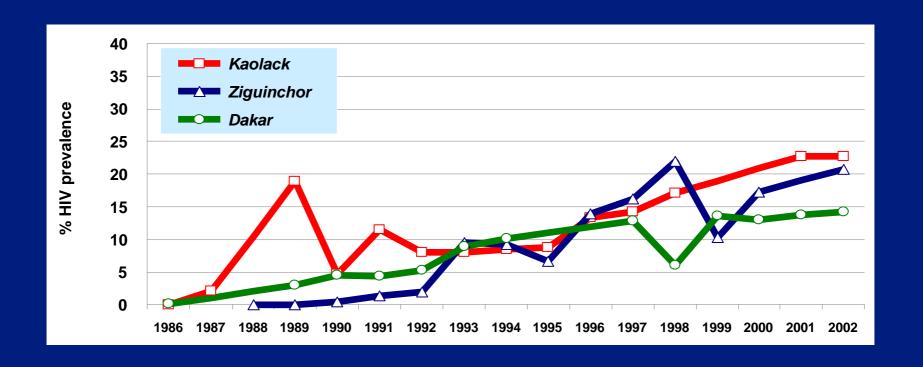
Estimated number of seropositive people 2000 - 2004



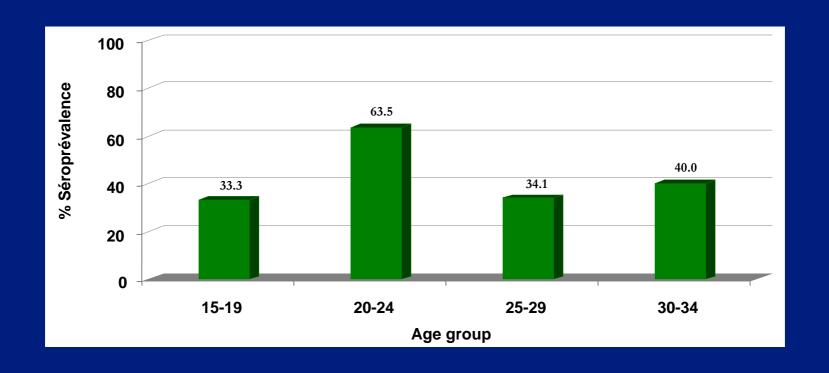
Proportion of women among seropositive population 15-49 year 1985–2004



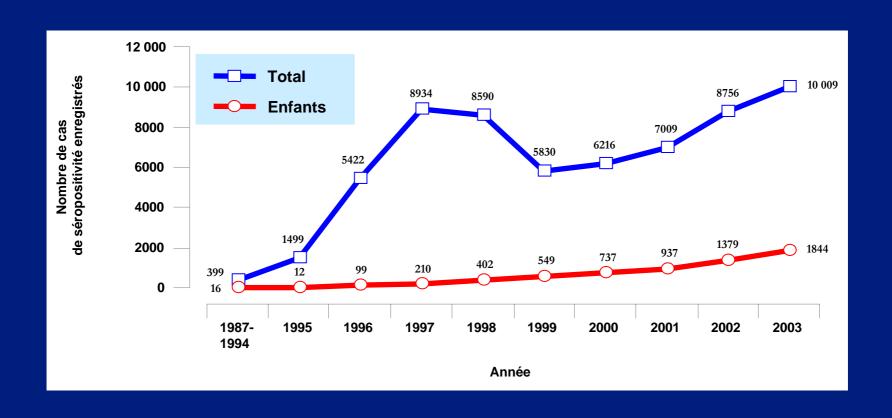
HIV prevalence among female sex workers, different sites in Senegal, 1986 - 2002



HIV prevalence among female sex workers per age group, Saint Petersburg, Russia, 2003



New cases of HIV, Ukraine, 1987–2003



Role of Reproductive Health services and of Family Planning in particular

- Promote dual protection
- Training on how to approach and discuss STI with family planning clients missing
- At national level, increase awareness on the importance of STI and their consequence on reproductive health

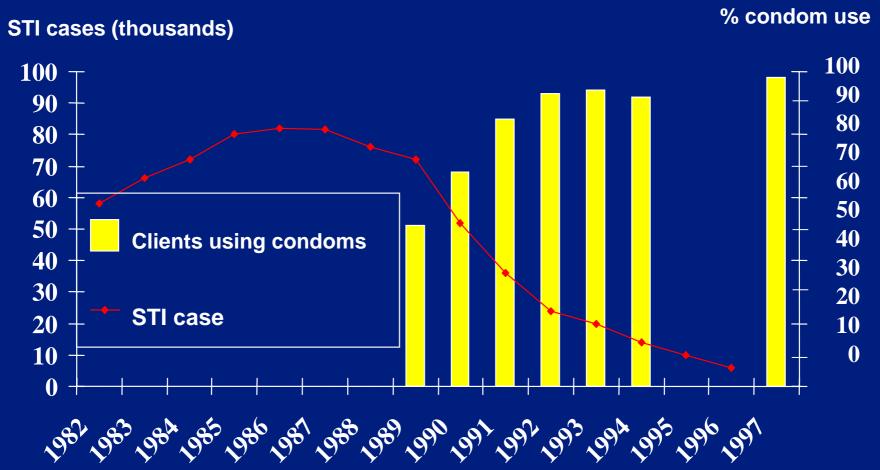


Difficulty to integrate STI control into Reproductive Health services

- Stigmatisation
- Wrong information on STI prevalence in RH services
- Difficulties to counsel on one family planning method and condom use
- Training
- Disponibility of tests, speculum, drugs
- Health policies: only specific medical staff can treat STI (syphilis for example)



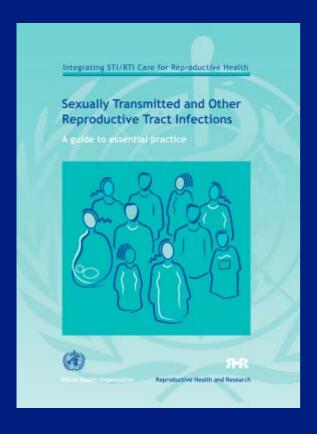
Condom use among sex worker clients in Thailand



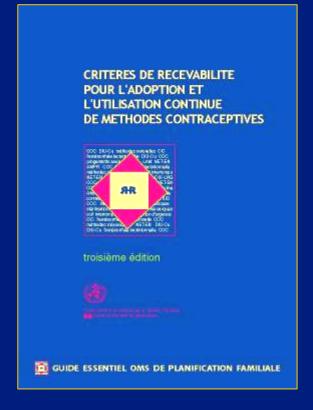


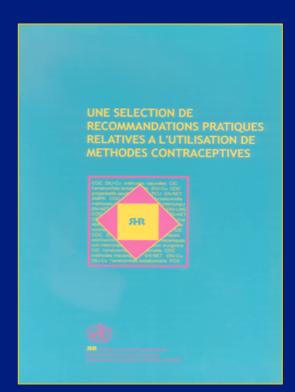


Control of STI in reproductive health settings



STI control in FP guides











STI/RTI Control: the package

Assisting programme managers and health-care providers with tools suited to their environment

Programmatic guides

STI/RTI Programme guidance tool STI.PAC - STI Prevention and care

Generic guidelines for health care providers



Sexually transmitted and other reproductive tract infections - A guide to essential practice



Guidelines for the management of STIs



Implementation tools

Training tools Adaptation guide

Supporting guides

Guidelines for STI surveillance Initiating 2nd generation HIV surveillance systems Laboratory diagnosis of STDs Managing the drug supply The male latex condom