Seventh IUVDT Regional Conference on Sexually Transmitted Diseases, Kuala Lumpur, 5-7 September 1991

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The Seventh IUVDT Regional Conference was organised by Associate Professor Yun Fong Ngeow of the Department of Medical Microbiology, of the Faculty of Medicine, of the University of Malaysia. Previous meetings of the IUVDT Asia-Pacific Branch have been held in Singapore 1977, Christchurch, New Zealand 1981, Bangkok, Thailand 1983, Bombay, India 1985, Bali, Indonesia 1987 and Queenstown, New Zealand 1990. The purpose of the meeting in Malaysia was to make as many professional workers as possible aware of the importance of the control of STD and HIV-AIDS in Southern and South East Asia. It brought together not only local researchers, clinicians and public health workers, but their colleagues from Australasia, Europe, North America and other Pacific nations. Fifty two papers were read. In addition there were 15 poster presentations. Delegates from at least 15 countries were present.

The first session was introduced by Dr M Waugh with an overview of the surveillance and control of sexually-transmitted diseases, highlighting the issues of education, risk group targetting, welfare provision, surveillance and partner notification. This was of particular relevance to the rest of the morning which was concerned with sexually-transmitted diseases and HIV in Asia. The latest epidemiological data were presented from Thailand, Malaysia and Japan by Professor P Thongcharoen, Dr J Singh and Dr Y Sakurai respectively, all key workers in developing strategies for control of the AIDS epidemic. The overriding conclusion was that present difficulties paled into insignificance compared to the monumental task that Asian countries face in having any influence on the progression of this epidemic. In Thailand, intravenous drug use has up to now been the commonest risk factor for infection but heterosexual transmission is becoming increasingly important. Up to the end of May 1991, there were 148 AIDS, 318 ARC and 30,027 asymptomatic HIV infected persons reported. Heterosexual transmission as a cause of infection has increased from 2% in 1989 to 56% in 1990. There is a male to female ratio of 3:1 but most of the infected women are in the 15-24 year age group.

A total of 28 AIDS cases and 1,116 HIV infected persons have been reported in Malaysia up to the end of June 1991. Most of the AIDS cases are in men and 57% of the cases had sexual contact as a cause of transmission

and 21.4% intravenous drug abuse. In Hong Kong 1% (52,000) of the population are intravenous drug users, with 94% sharing needles. One fifth of men have sex with prostitutes. Japan is at present relatively spared from the epidemic with haemophiliacs accounting for 85% of the 1402 sero-positive individuals. The difficulties of reporting systems were highlighted, in particular the under-reporting by private practitioners and absence of reporting in some areas. Some countries lack enough adequately trained doctors and facilities for management of sexually transmitted diseases.

Professor John Dwyer, Professor of Medicine at the University of New South Wales, spoke on minimising the spread of HIV in Asia. His concerns were that the epidemic in Asia was young but spreading rapidly and that control measures need to be implemented urgently and simultaneously. He recommended that all governments should accept that HIV was a problem and not assume that traditional values and beliefs would protect their countries from this epidemic. He predicted that India was heading for the largest pandemic and it was important for the government, having acknowledged the problem, to introduce appropriate strategies for prevention of spread. In Asia these should include ceasing to promote these countries as places of sexual adventure, educating and screening of health workers, education for the general population starting with school children and in the workplace. There should be special programmes for control of STD which would incorporate improved facilities for STD and obstetric care, screening of blood products and continuing emphasis in promoting a healthy lifestyle by a coordinated approach from voluntary and government organisations.

The afternoon free paper session continued on the same theme of control of STD and HIV. Of particular note were two papers from Australia concerned with sexual behaviour: The Sydney Sexual Lifestyle Study has recruited a cohort of 151 heterosexuals through advertisements in local papers, followed them at six-monthly intervals with a questionnaire on sexual behaviour and screened for STD including HIV and Hepatitis B. A surprisingly high number reported unprotected anal intercourse (25% men, 18% women). One subject was found to be HIV positive and 11% of men had asymp-

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tomatic non-gonococcal urethritis. Follow up of a cohort of 100 homosexual men in Melbourne over 8 years showed that there had been a significant fall in the frequency of unsafe sex, increased use of condoms and no HIV seroconversions since 1985, giving a prevalence of HIV infection amongst homosexuals of 31%.

An interesting paper was presented from Sydney on the effect of zidovudine therapy on clearance of P24 antigen and changes in CD4 counts in relation to prognosis. The conclusions were that subjects without P24 antigenaemia survived significantly longer than those who were initially antigenaemic but cleared the antigen. The worst prognosis was in those who remained antigenaemic. Patients with a CD4 count greater than 50 had a better prognosis but the best survival predictor was a favourable CD4 response after the initiation of treatment. A lively question time ensued after a paper on computerisation to enhance STD control in prostitutes in Singapore. The prostitute control programme in Singapore is strict; female prostitutes undergo fortnightly cervical and rectal gonococcal cultures and 3-monthly HIV/syphilis serology, and male prostitutes a fortnightly rectal gonococcal culture and monthly HIV/syphilis serology. The computerised system maintains a record of infections and laboratory tests both in patients and prostitutes with past and current infections. A contact-tracing facility helps to track sexual contacts and statistical data are available for both clinical and treatment parameters. The conference participants from countries with a more "liberal" approach were surprised at the rigid enforcement of rules which includes immediate deportation of foreign prostitutes back to their country of origin who fail to comply or who are found to be HIV-positive.

The second day commenced with an excellent overview from Professor David Taylor Robinson on extra-genital chlamydial and mycoplasmal infections. Professor Michael Ward of Southampton talked about immunity to chlamydia infection and its implications for vaccine production. The topic of persistent/recurrent non-gonococcal urethritis was reviewed by Professor K K Holmes.

The afternoon session of free papers concentrated on treatment of chancroid, gonococcal and non-gonococcal urethritis (NGU) and evaluation of detection tests for *C trachomatis* infection. The possibility of a single-dose treatment for NGU/*C trachomatis* was enthusiastically received by clinicians in developing countries where facilities for follow up are limited and compliance is a problem.

Professor Bernard of Singapore University introduced other viral STD with an excellent

review of the papilloma virus and its role in genital carcinogenesis. He discussed the relevance of gene expression, particularly E5, E6 and E7 gene products in permitting the maintenance of HPV infection by low level replication. He hypothesised that HPV infection is one step in the multi-step aetiology of the development of CIN and subsequent malignancy with host cell factors playing a major part. He therefore suggested that procedures which detect the lesion rather than the virus (PAP smear and colposcopy) continue to be clinically more relevant than techniques for diagnosis of viral types. He also emphasised that cervical cancer could not be viewed as a venereal disease in the strictest sense since HPV infection may occur through means other than sexual transmission and the disease depended on host factors as well as infection.

The final day commenced with an overview of bacterial vaginosis (BV) from Professor KK Holmes. He provided evidence for the association of BV with adnexal tenderness and suggested that BV is a risk factor for pelvic infection, a hypothesis that needs further evaluation. The conference was brought to a close with further HIV related papers. Dr Santana from the Philippines gave an informative paper on the AIDS epidemic in relation to women and children. She discussed the problems of vertical transmission of HIV infection and the global impact of high infant mortality and parental mortality. She highlighted particular problems in the Philippines where zidovudine is unavailable. Although only 12 babies born of HIV positive mothers have been followed, more women than men (65%) are infected and heterosexual transmission is the commonest risk factor (54%). This paper set the scene for the final talk from Professor Dwyer. He took the opportunity, during his talk on the influence of STD on the AIDS epidemic, to force each of us to look at the contribution we could make to influence this epidemic. He gave reasons why he thought the strategies up to now were failing, such as inadequate facilities for managing STD, by not considering HIV with other STD, by not making condoms more widely available or encouraging their use in anal intercourse, by linking condom use to contraception rather than infection control, and by not educating school children because of the socially sensitive nature of the topic. He so rightly emphasised that this is a "poverty virus". The WHO predicts more than 10 million children will be infected with HIV by the year 2000. He encouraged each of us who were privileged to attend the meeting to accept the challenge and take a lead in tackling this pandemic.