

Strengthening STI surveillance globally

a road map for improving the use of routinely collected STI data to improve programmes

Routine reporting of
STI data found for
59% of countries
worldwide

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November 2012

Key
■ Syndromic Data only
■ Aetiologic Data only
■ Aetiologic and Syndromic Data
□ No data found

Rationale

- Importance of STIs
- Feasibility of control
- **Need for reliable data**
- Problems and solutions

STI Survey

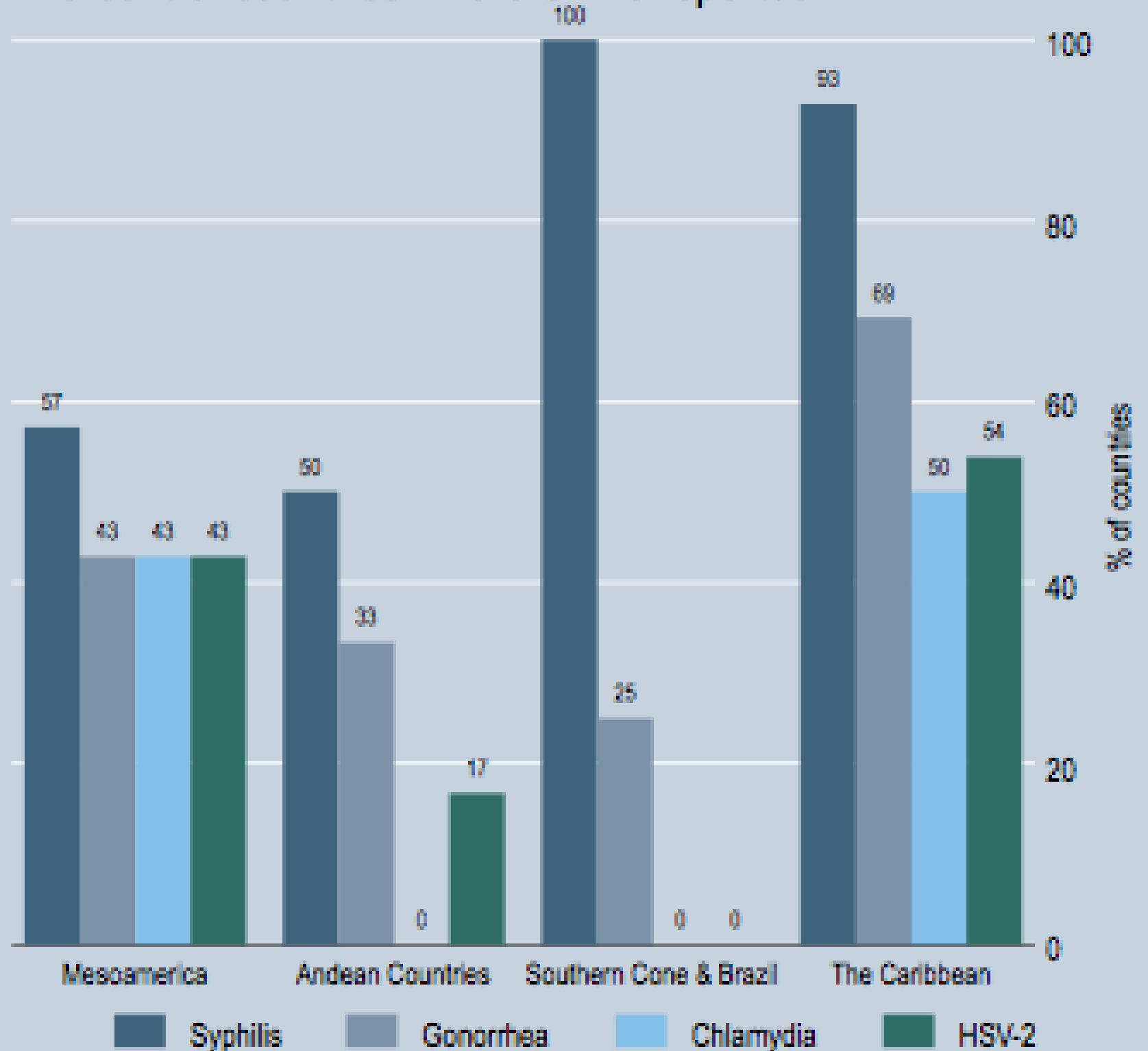
Percent of countries where STI is reported

STI Indicator

Etiologies

Syndromes

- Herpes Simplex
- Chlamydia
- Congenital Syphilis
- Gonorrhoea
- Syphilis
- Other Etiologies
- Cervical Infection
- Vaginal Infection
- Scrotal Swelling
- Inguinal Bubo
- Neonatal conjunctivitis
- Lower Abdominal Pain
- Vaginal Discharge
- Urethral Discharge
- Genital Ulcer
- Other Syndromes



CORE COMPONENTS AND OBJECTIVES of STI SURVEILLANCE

Core components

Case reporting

Prevalence assessments

Etiologies of STI syndromes

Antimicrobial Resistance monitoring

Objectives

Magnitude of STI problem in target populations

Improve programme management

Inform treatment recommendations

Improve patient care



Routinely collected STI data = 1) incident case reporting + 2) prevalence monitoring from routine screening

1) Incident case reports

New cases meeting case definition...

- symptomatic patients
- positive contacts of STI cases
- newborns meeting CS definition from routine clinic visits

In sites with laboratory capacity to diagnose gonorrhoea (minimum Gram stain) and syphilis (serology or rapid test), additional reporting by aetiology is recommended

Urethral discharge

Genital ulcer

Aetiological diagnosis

Gonorrhoea

Syphilis

Congenital syphilis

Minimal disaggregation...

Gender
▸ female
▸ male

Already part of elimination initiative

Age group (excl CS)
▸ 15-24
▸ ≥25

2) Prevalence monitoring

Positivity rate in select populations

- Pregnant women
- Sex workers
- MSM

from routine screening programmes

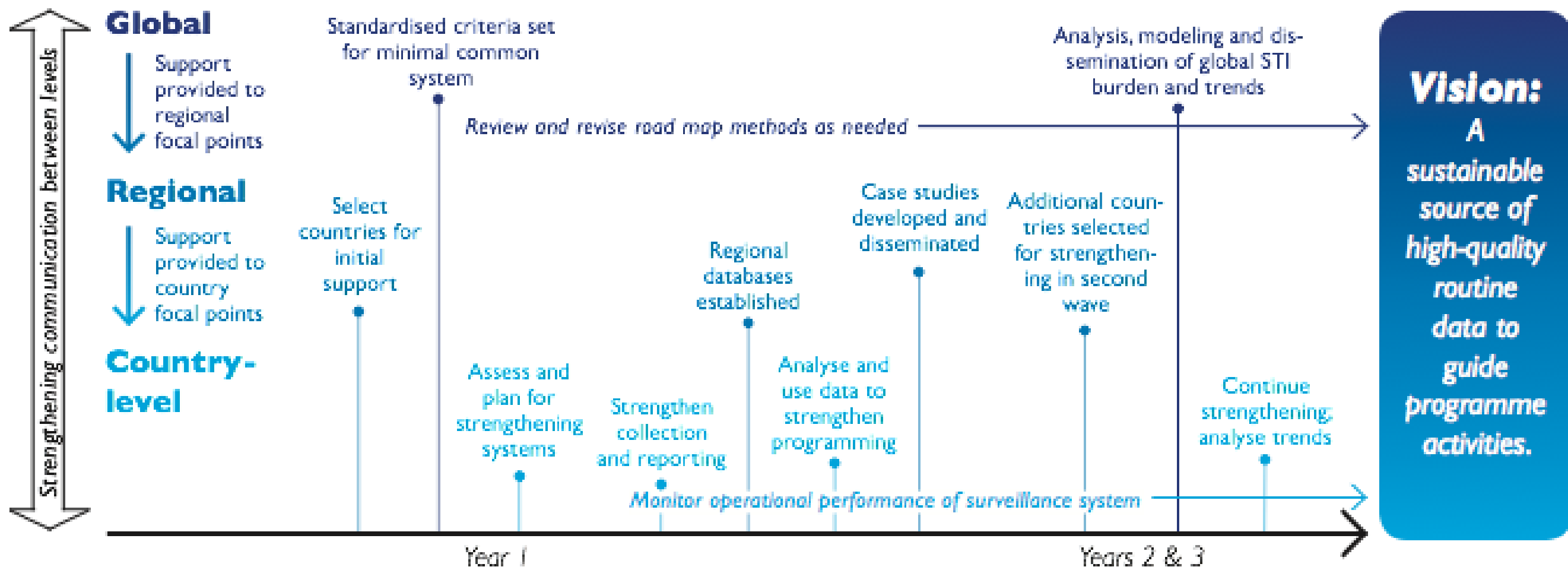
Already part of UA reporting

Aetiological diagnosis

Syphilis

Stage (only syphilis)
▸ primary/secondary
▸ latent

At least 60% of countries do some of this but data not systematically captured



Good data used in country but not reported to WHO

Good data in country, but not analysed or used

Guidelines exist but poor quality, incomplete data

No guidelines exist

Develop mechanisms for reporting to CO/RO/HQ

TA to improve analysis, use in improving response

TA to improve collection and reporting systems

TA to develop guidelines & build surveillance system

Surveillance reflecting STI transmission dynamics



STI case
reporting

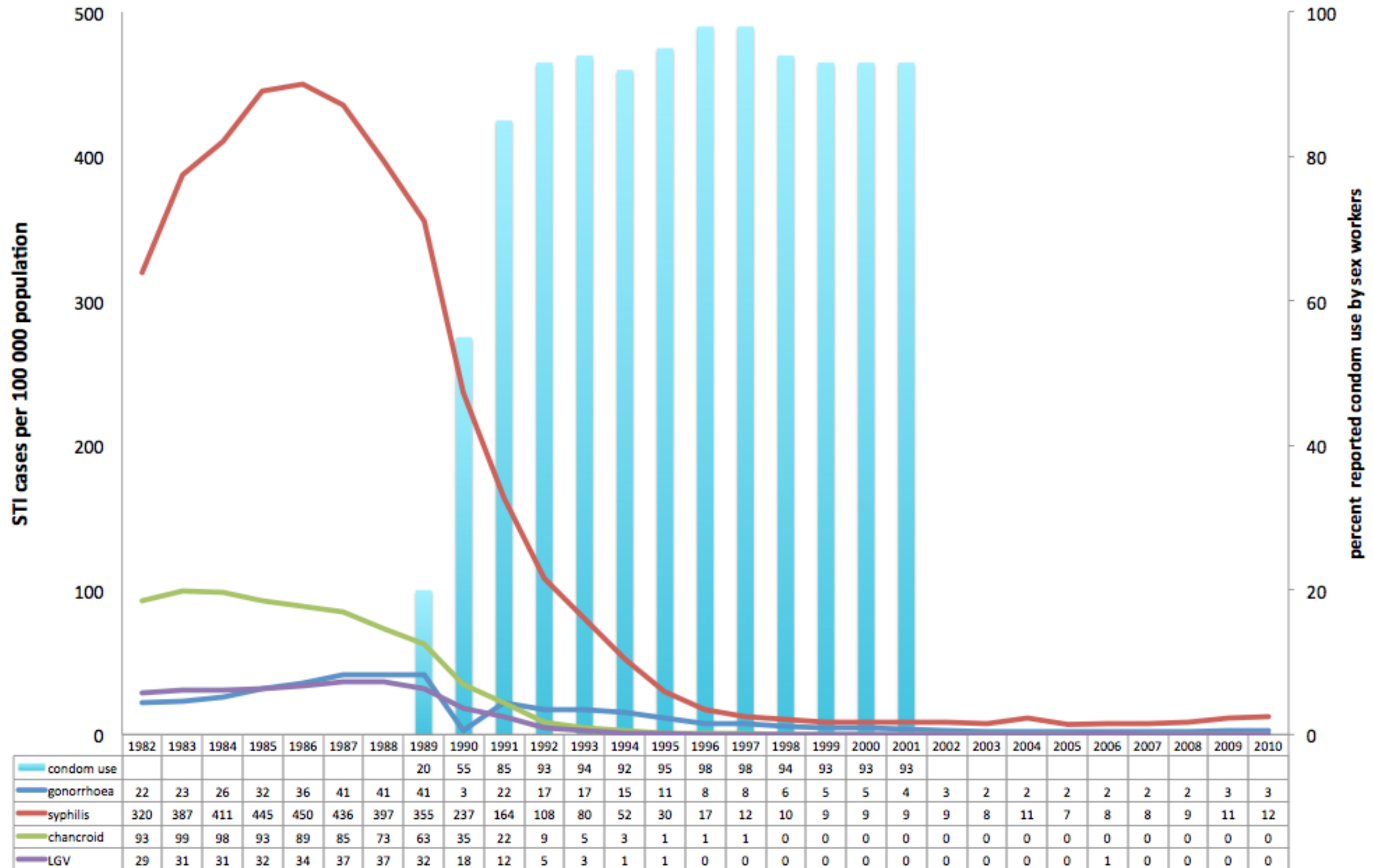
Men with STIs
attending STI or
outpatient
clinics

Syphilis
prevalence
monitoring

Sex workers
and MSM
attending
clinics

Pregnant
women
attending ANC
clinics

Thailand: condom use in sex work and STI incidence



Year

Country

Date of report

Aetiologic STI diagnoses*

	Syphilis						Gonorrhoea
	Primary/secondary			Latent/unknown			
	M	F	Total (M+F)	M	F	Total (M+F)	Males
15-24							
>=25							
Total							

*sites with laboratory capacity to report aetiologically following case definitions

Year

Country

Date of report

Syndromic STI diagnoses

	Genital ulcer disease (GUD)			Urethral discharge (UD)
	Male	Female	Total (M+F)	Male
15-24				
>=25				
Total				

Year

Country

Date of report

ANC syphilis screening

Number of ANC first visits in year	
Number of pregnant women tested	
Number of pregnant women with reactive STS*	
Number of pregnant women treated for syphilis	

*STS=serologic test for syphilis (RPR, VDRL, TPHA, Rapid test, etc)

Year

Country

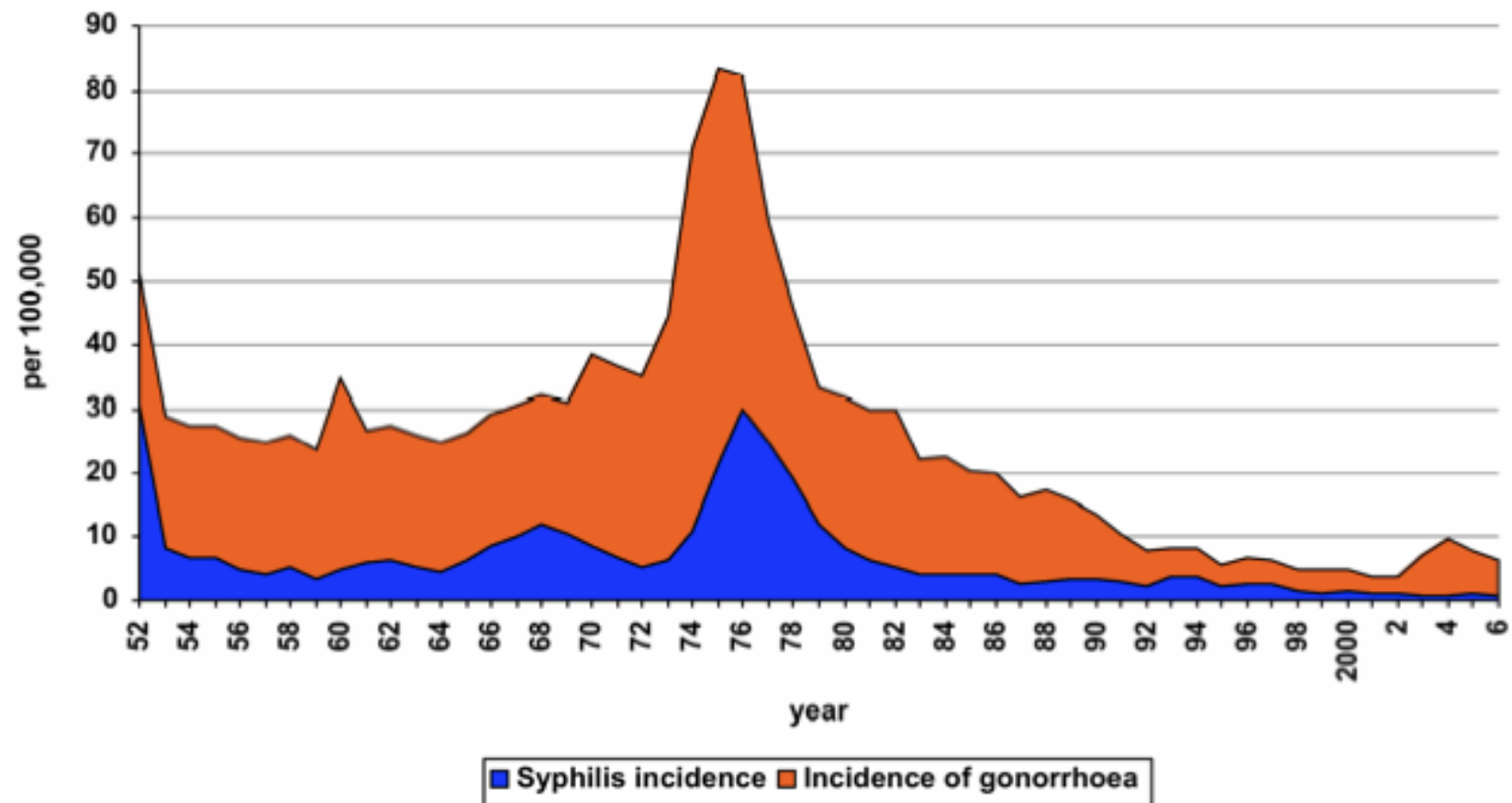
Date of report

Sex worker syphilis screening

Number of sex workers attending at least once in year	
Number of sex workers tested	
Number of sex workers with reactive STS*	
Number of sex workers treated for syphilis	

*STS=serologic test for syphilis (RPR, VDRL, TPHA, Rapid test, etc)

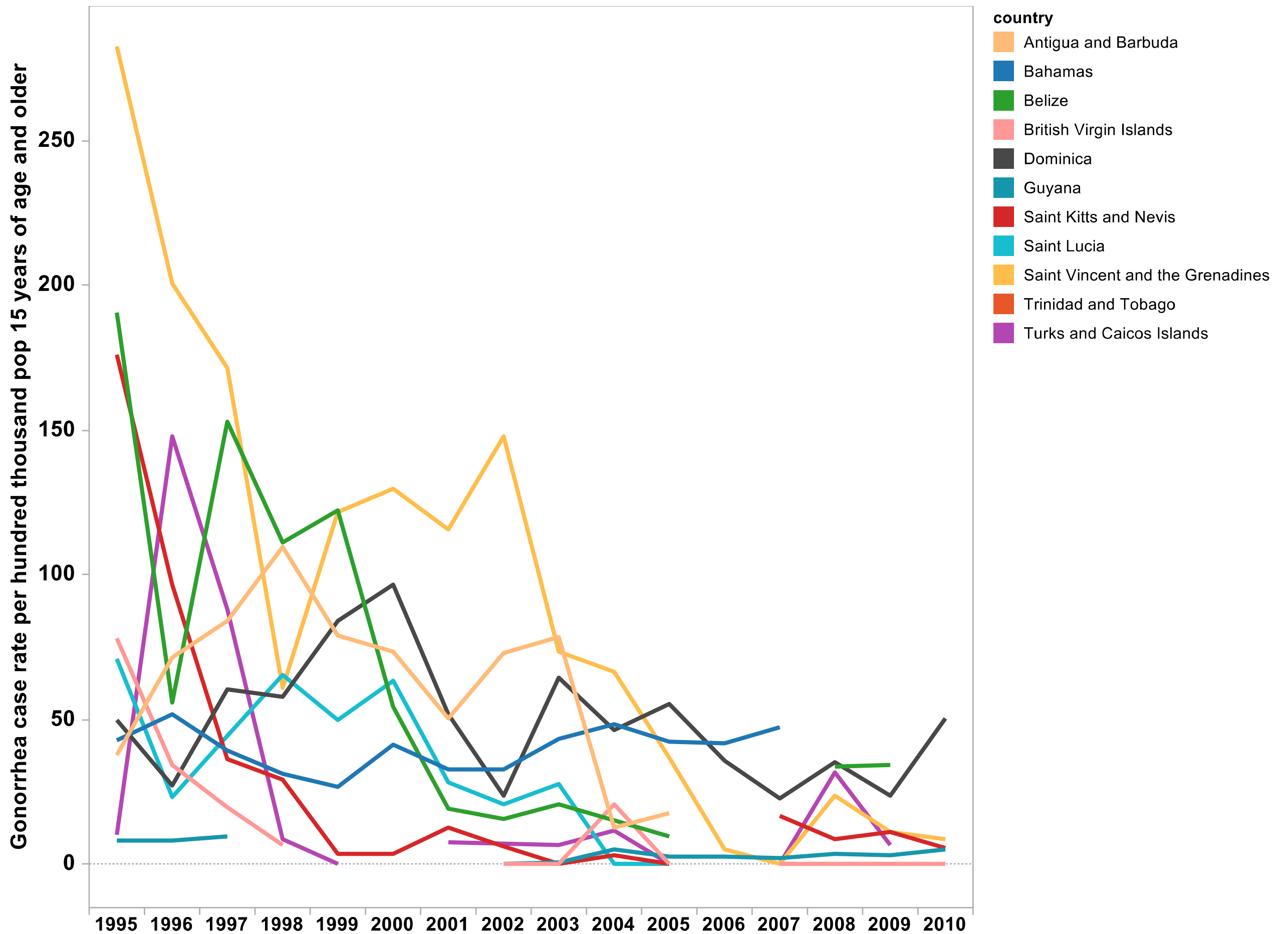
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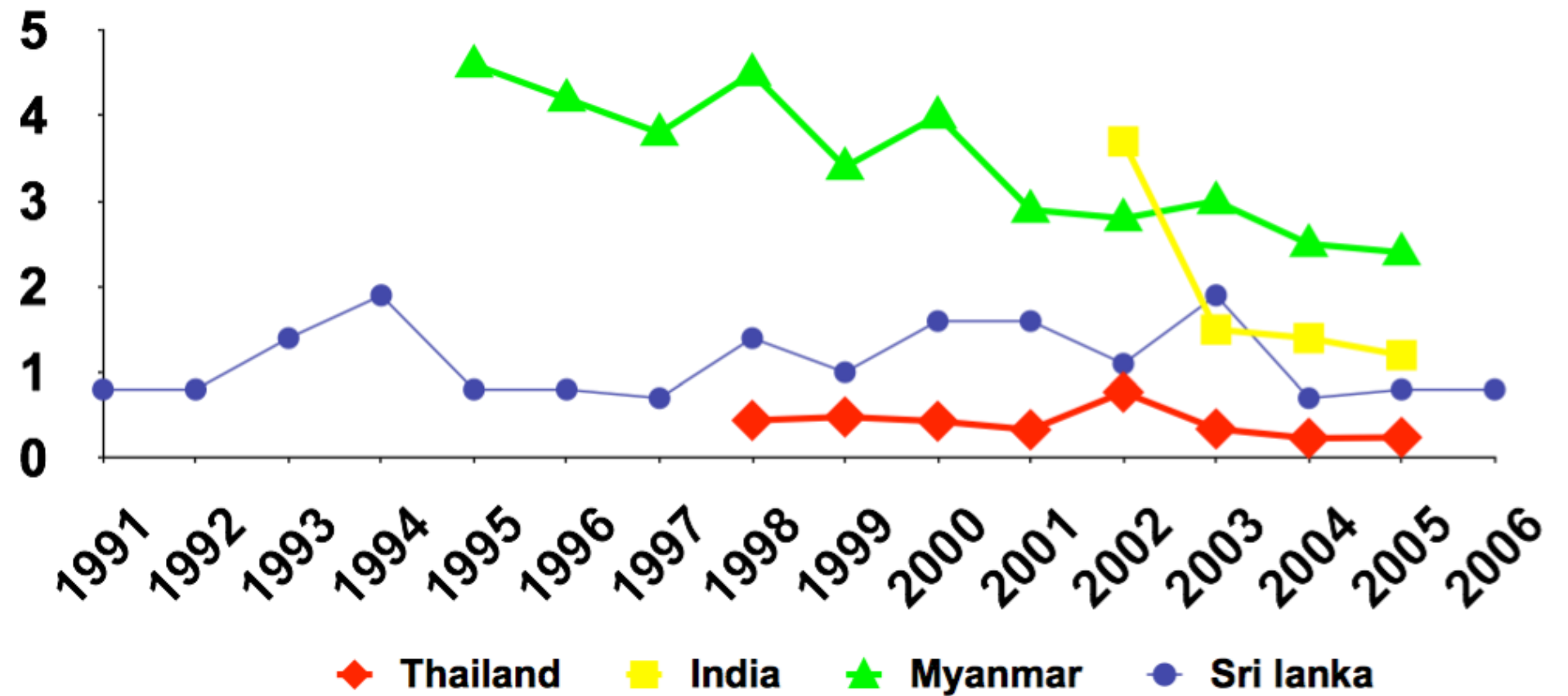
☒ Monitor incidence (case reports*)

- ▶ gonorrhoea (and/or UD)
- ▶ syphilis (and/or GUD)
- ▶ congenital syphilis

* case reports are new cases = incidence measure



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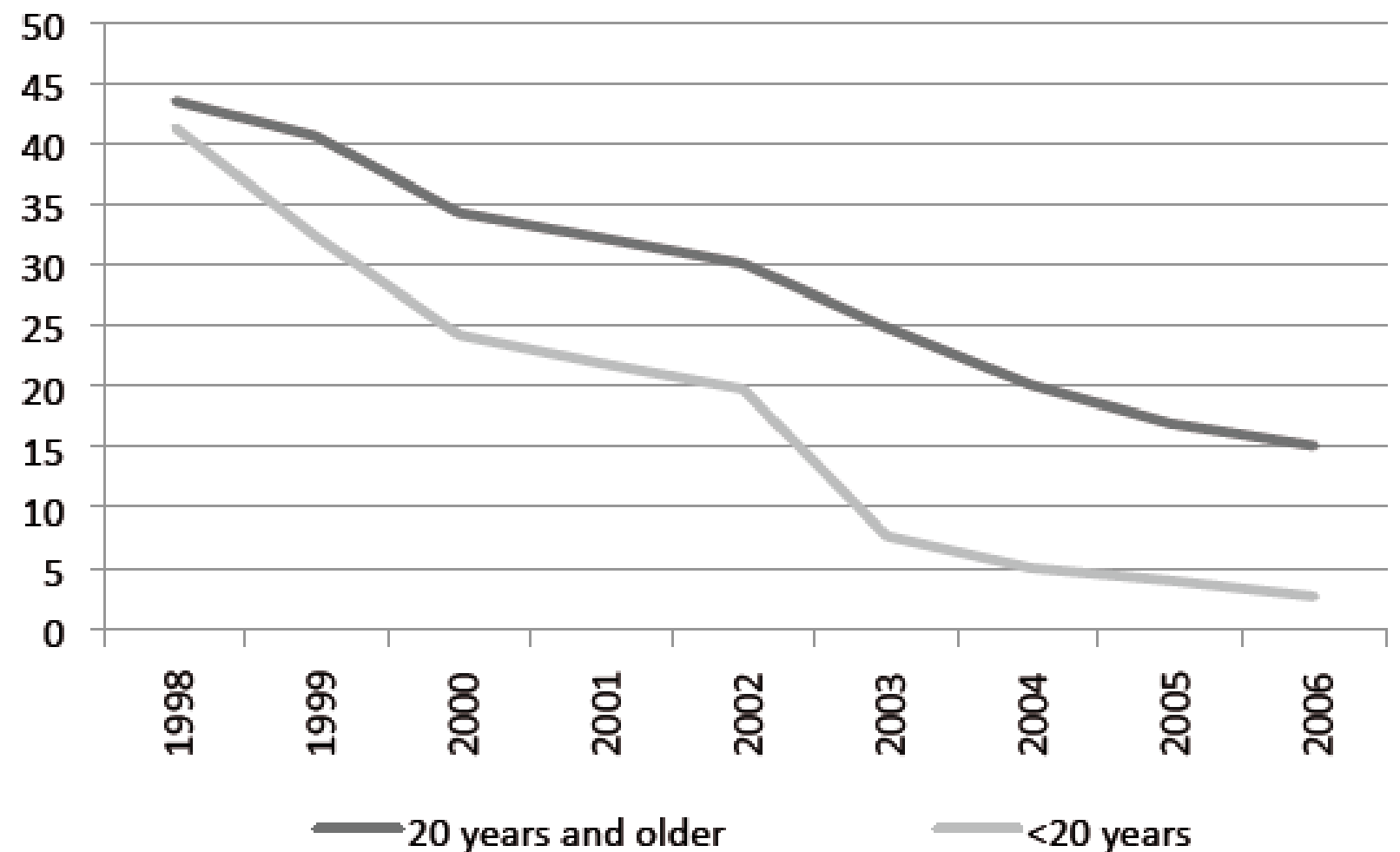
☒ Monitor prevalence (screening data*)

► syphilis

* screening for syphilis is part of routine service delivery for pregnant women (ANC), sex workers and MSM



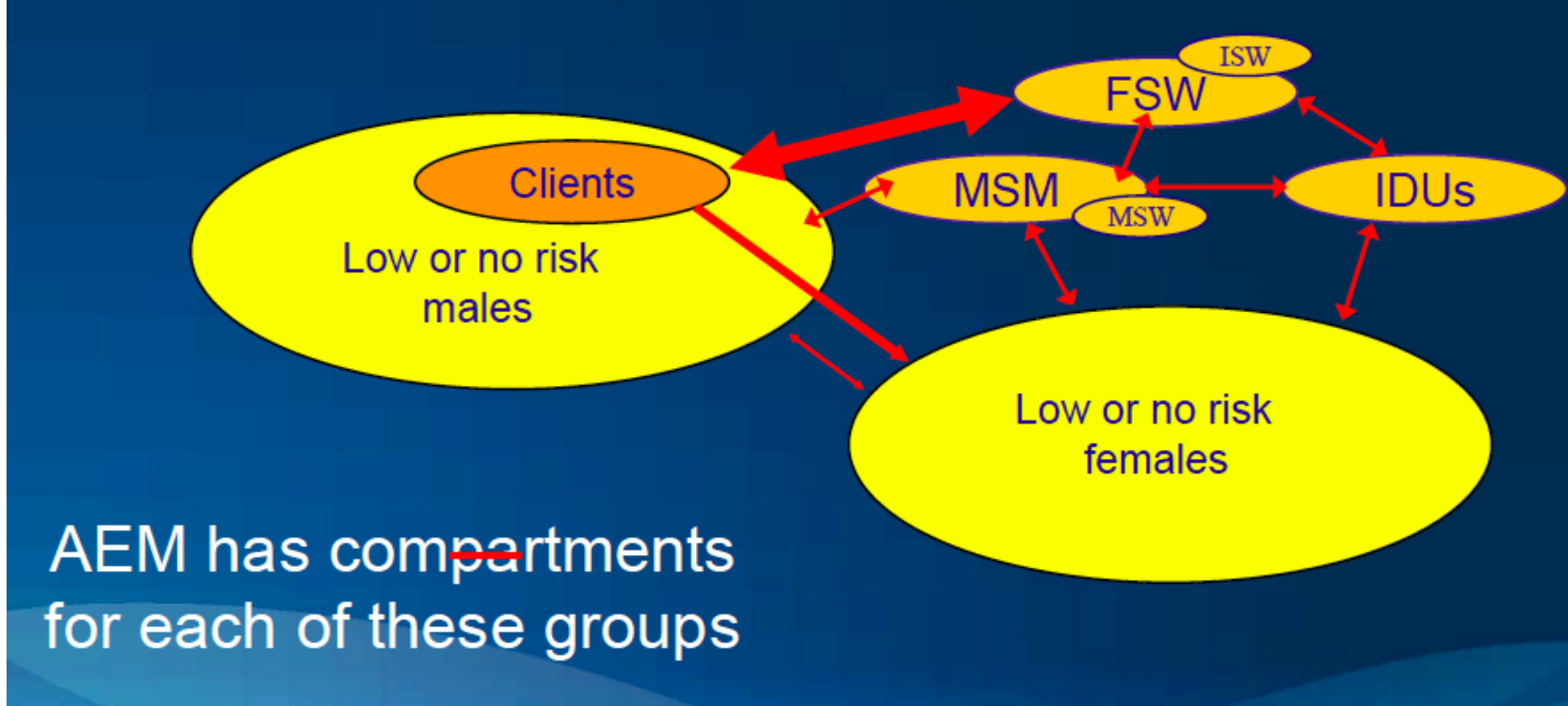
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☒ Disaggregate by demographics
(minimal)

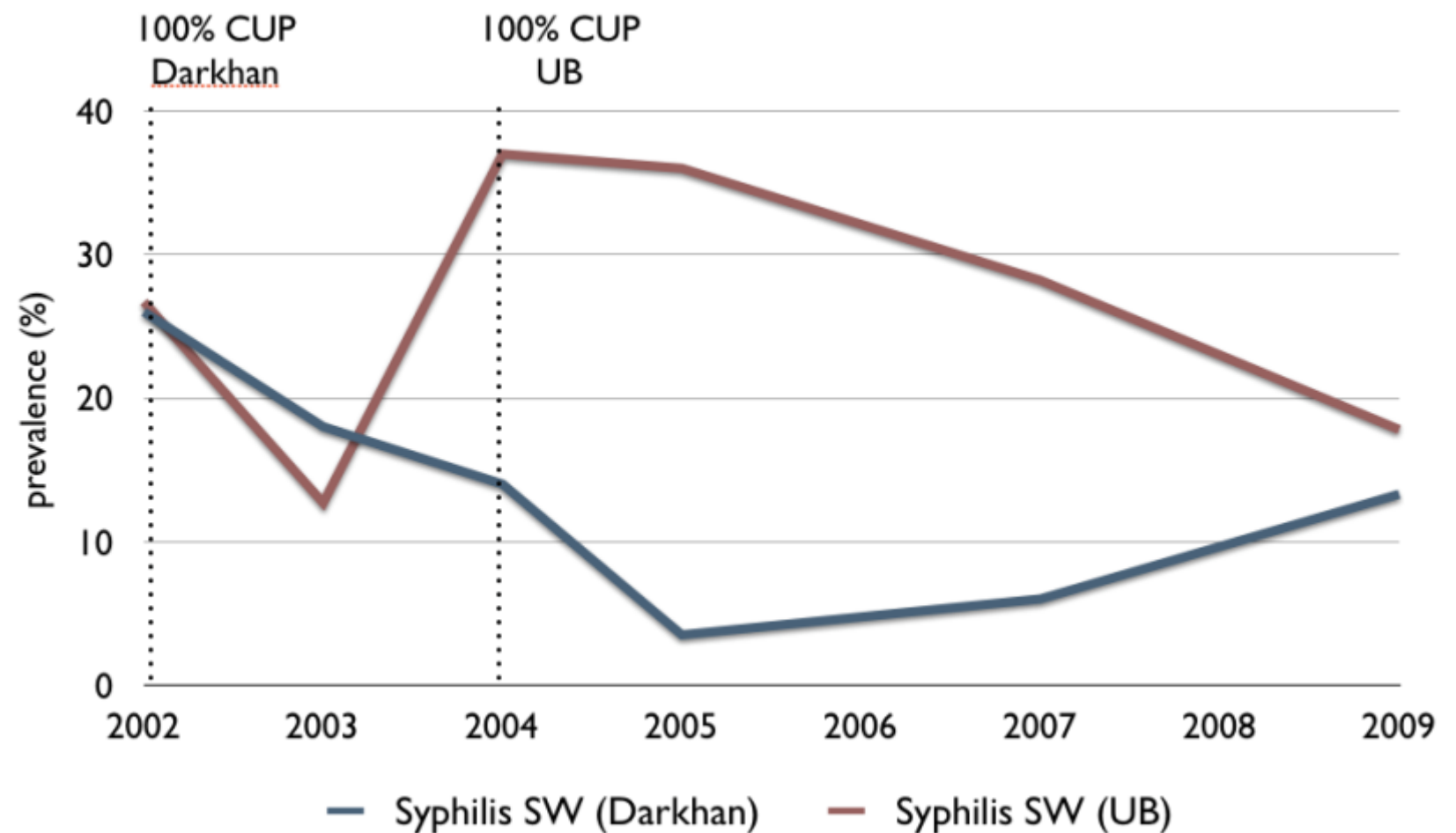
- ▶ Gender
- ▶ Age groups: 15-24 and ≥ 25

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- ☒ Disaggregate by populations
 - ▶ Key populations (sex workers, MSM...)
 - ▶ Male bridging groups (STI patients)
 - ▶ General population (pregnant women)

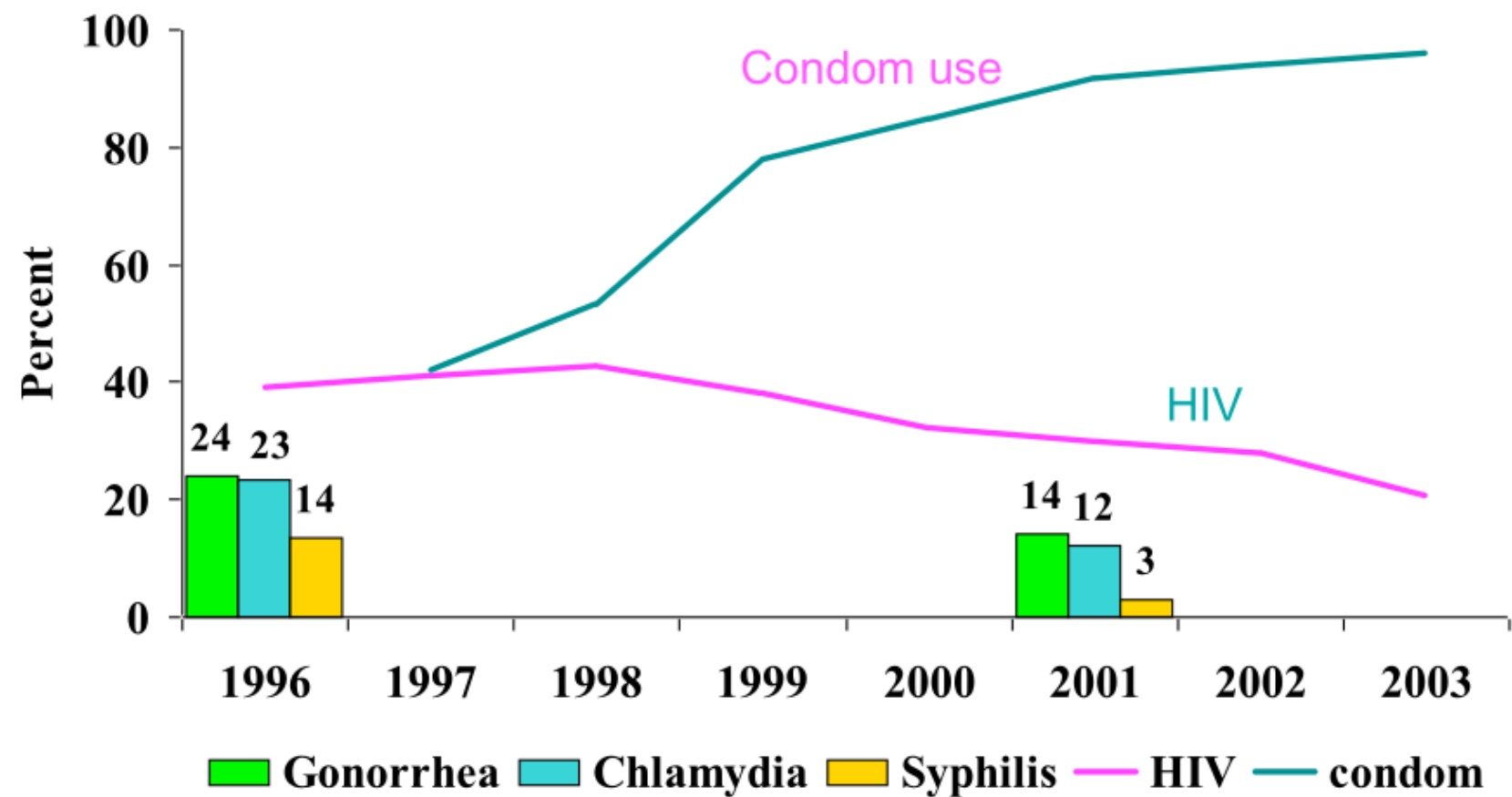
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☒ Analyse trends by time and place

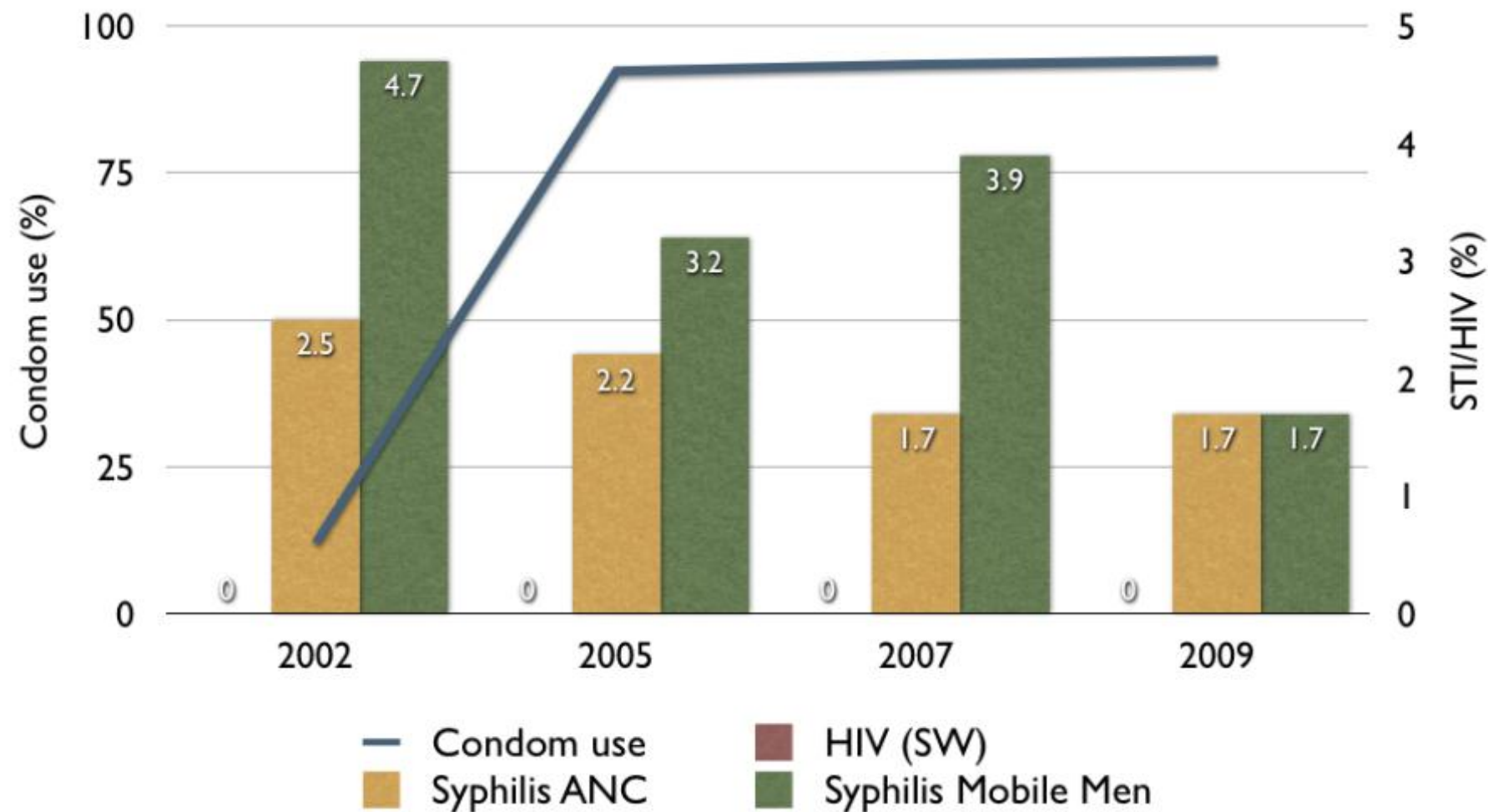
- ▶ STIs sensitive marker of increasing (or decreasing) sexual transmission trends

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- ☑ Triangulate with other data
 - ▶ Condom use trends in key populations
 - ▶ HIV prevalence trends

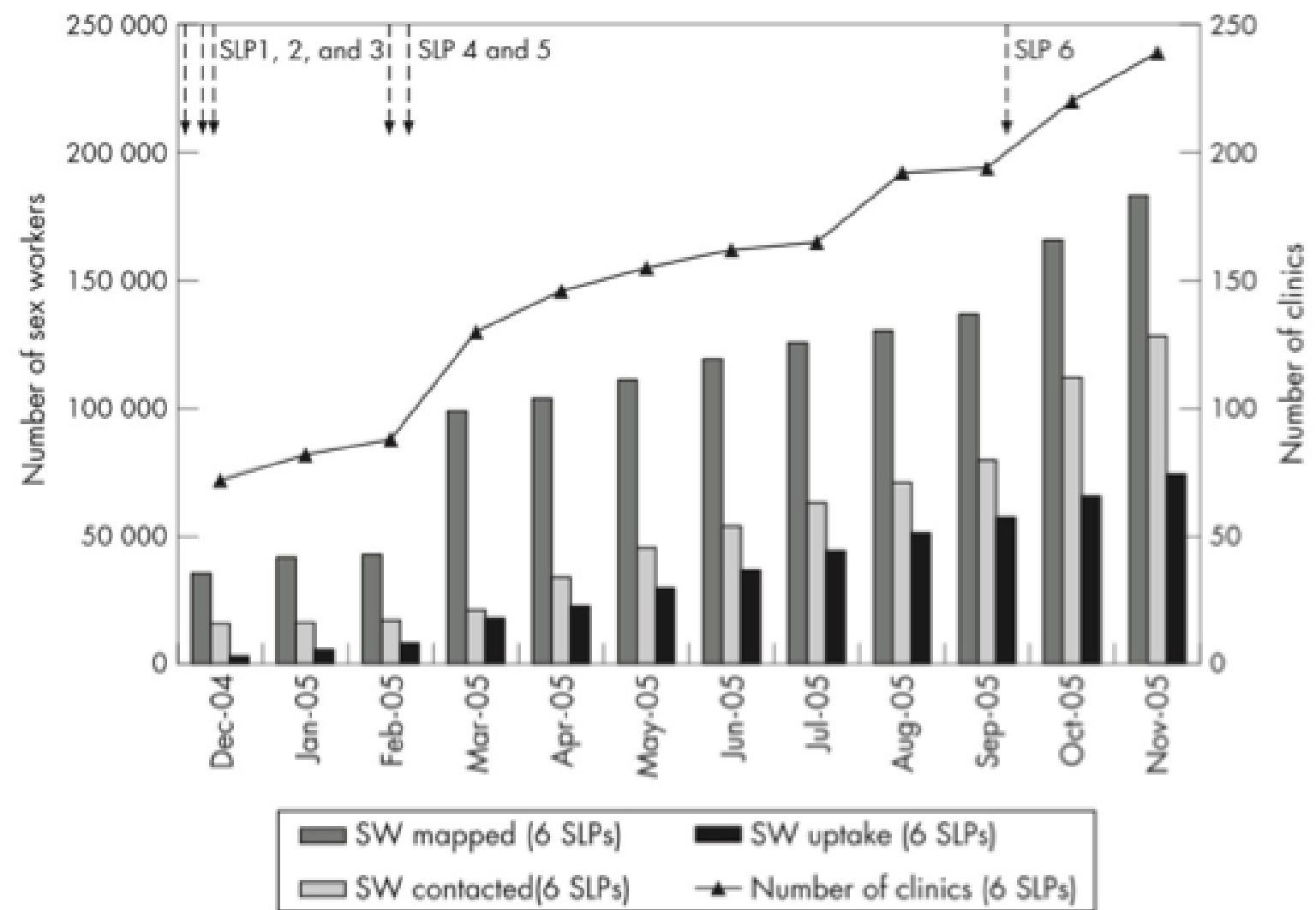
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☒ Triangulate by transmission dynamics

- ▶ STIs spread from people at higher risk (more partners) to those at lower risk (fewer partners)
- ▶ Determine whether trends are consistent

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☒ Relate to programme inputs and other control efforts

- Identify areas where interventions need strengthening