

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

Rationale

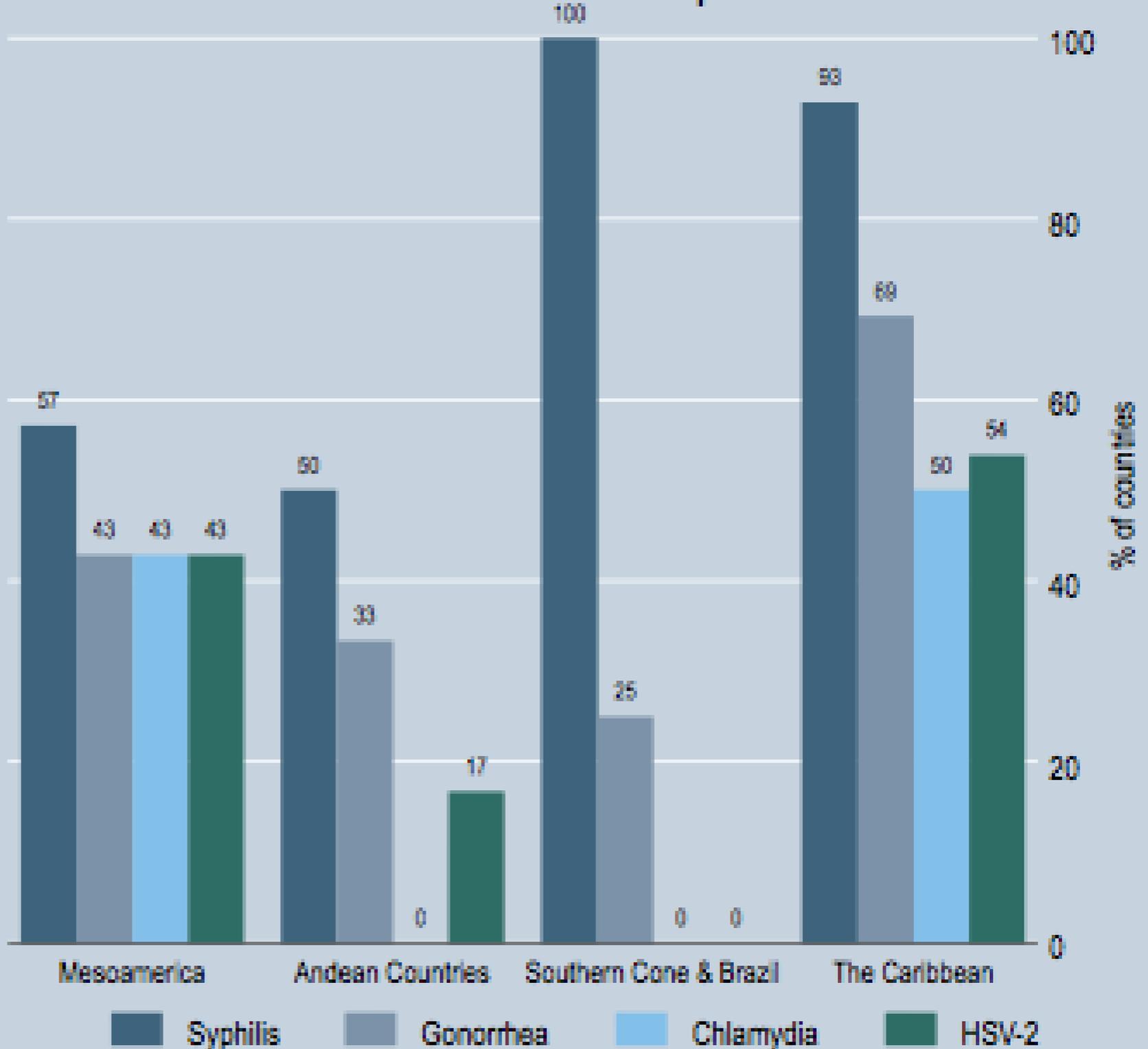
- Importance of STIs
- Feasibility of control
- **Need for reliable data**
- Problems and solutions

STI Survey

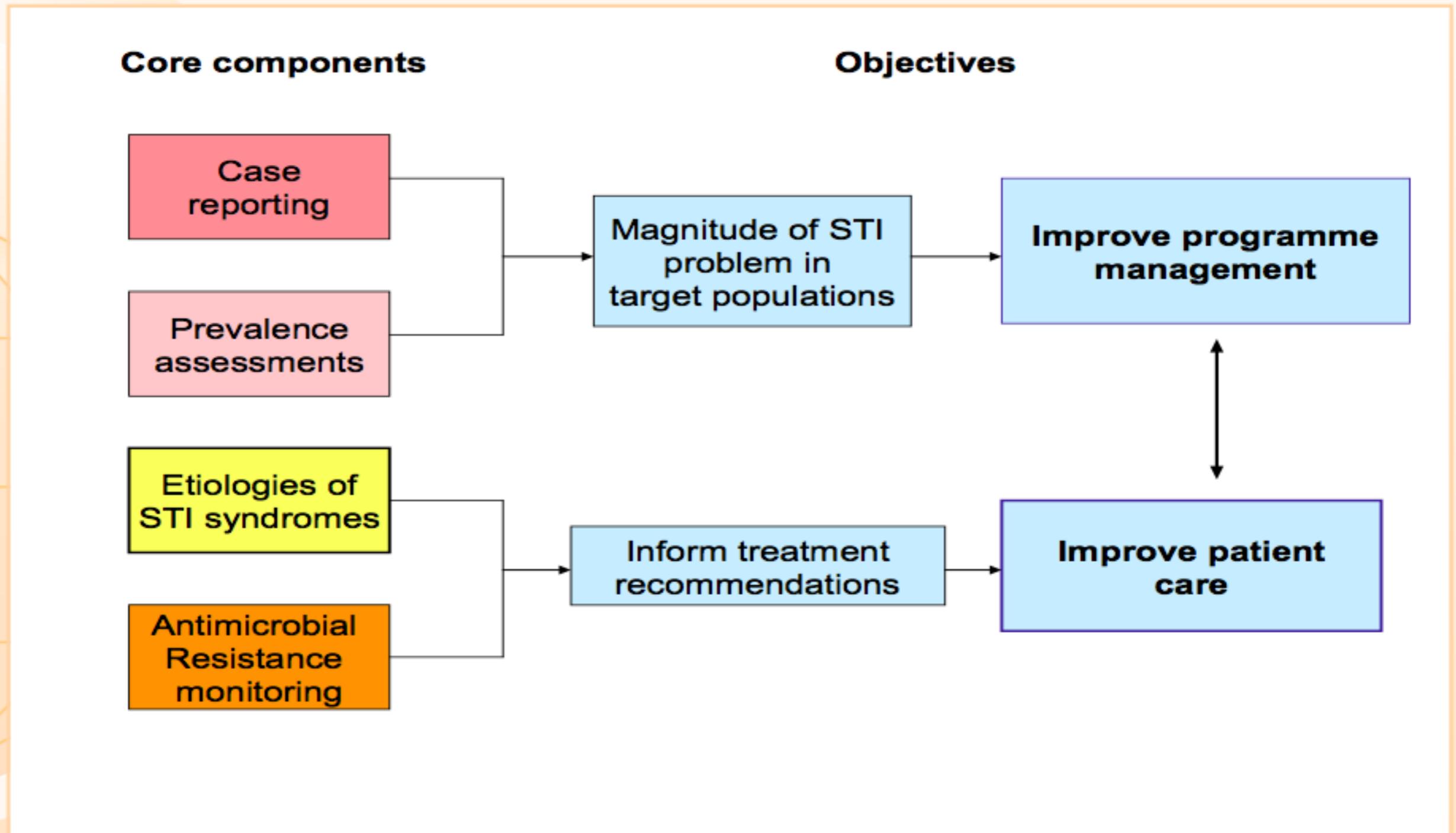
STI Indicator
Etiologies
Syndromes

- 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

Percent of countries where STI is reported



CORE COMPONENTS AND OBJECTIVES of STI SURVEILLANCE



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

Aetiologic diagnosis

Gonorrhoea

Syphilis

Congenital syphilis

Aetiologic diagnosis

Syphilis

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

Minimal disaggregation...

Gender
 ▶ female
 ▶ male

Already part of elimination initiative

Age group (except CS)
 ▶ 15-24
 ▶ >=25

Stage (only syphilis)
 ▶ primary/secondary
 ▶ latent

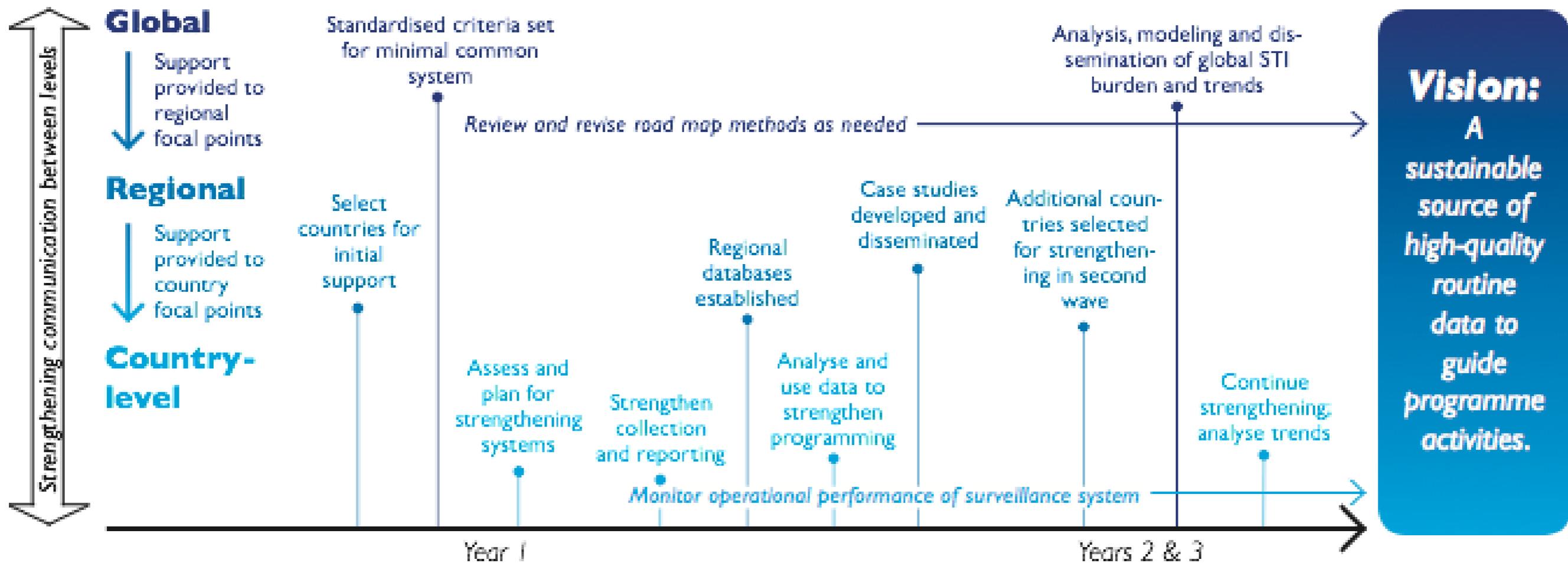
2) Prevalence monitoring

Positivity rate in select population

- ▶ Pregnant women
- ▶ Sex workers
- ▶ MSM

from routine screening programmes

Already part of UA reporting



Good data used in country but not reported to WHO

Develop mechanisms for reporting to CO/RO/HQ

Good data in country, but not analysed or used

TA to improve analysis, use in improving response

Guidelines exist but poor quality, incomplete data

TA to improve collection and reporting systems

No guidelines exist

TA to develop guidelines & build surveillance system

Surveillance reflecting STI transmission dynamics



STI case reporting

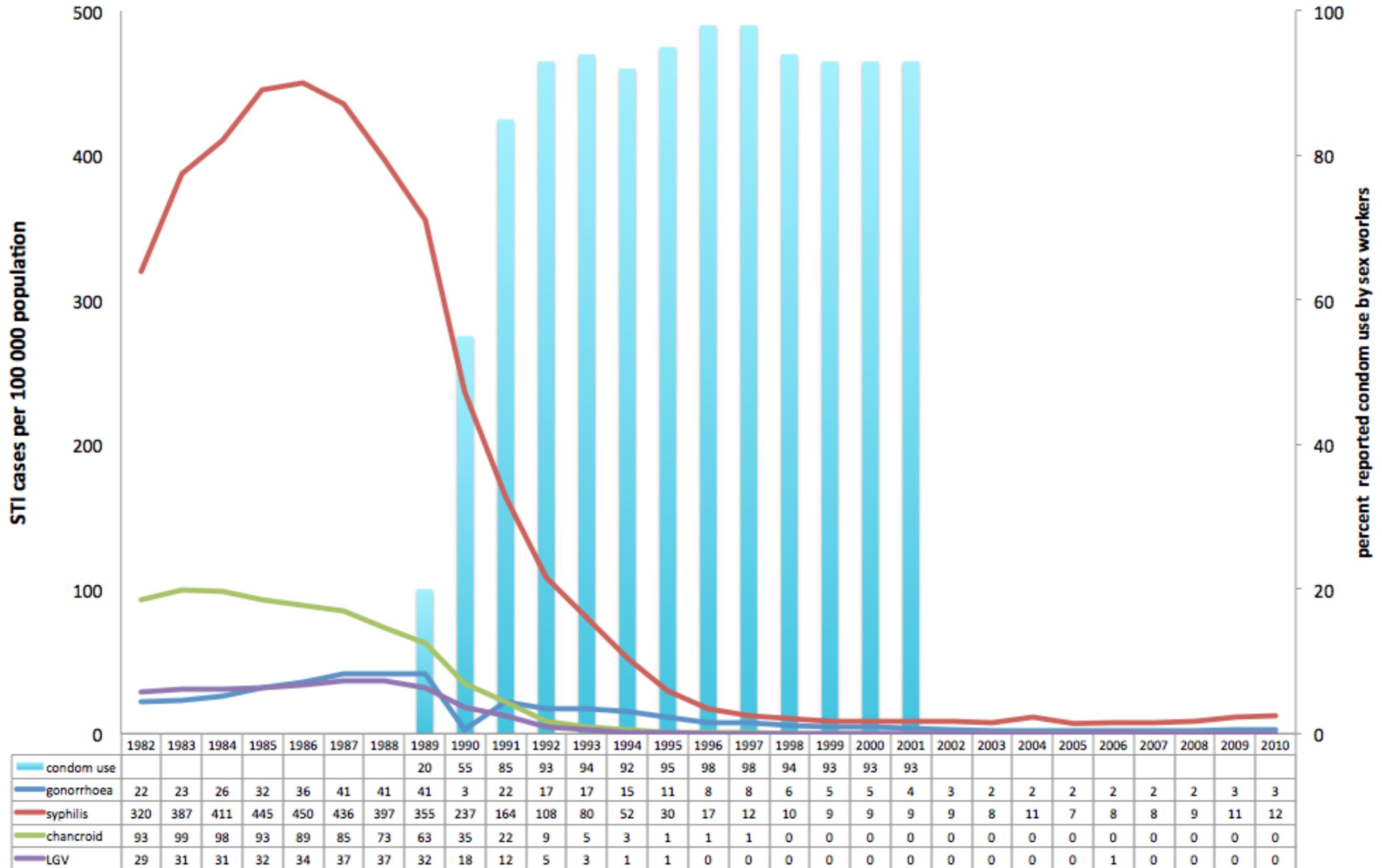
Men with STIs attending STI or outpatient clinics

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

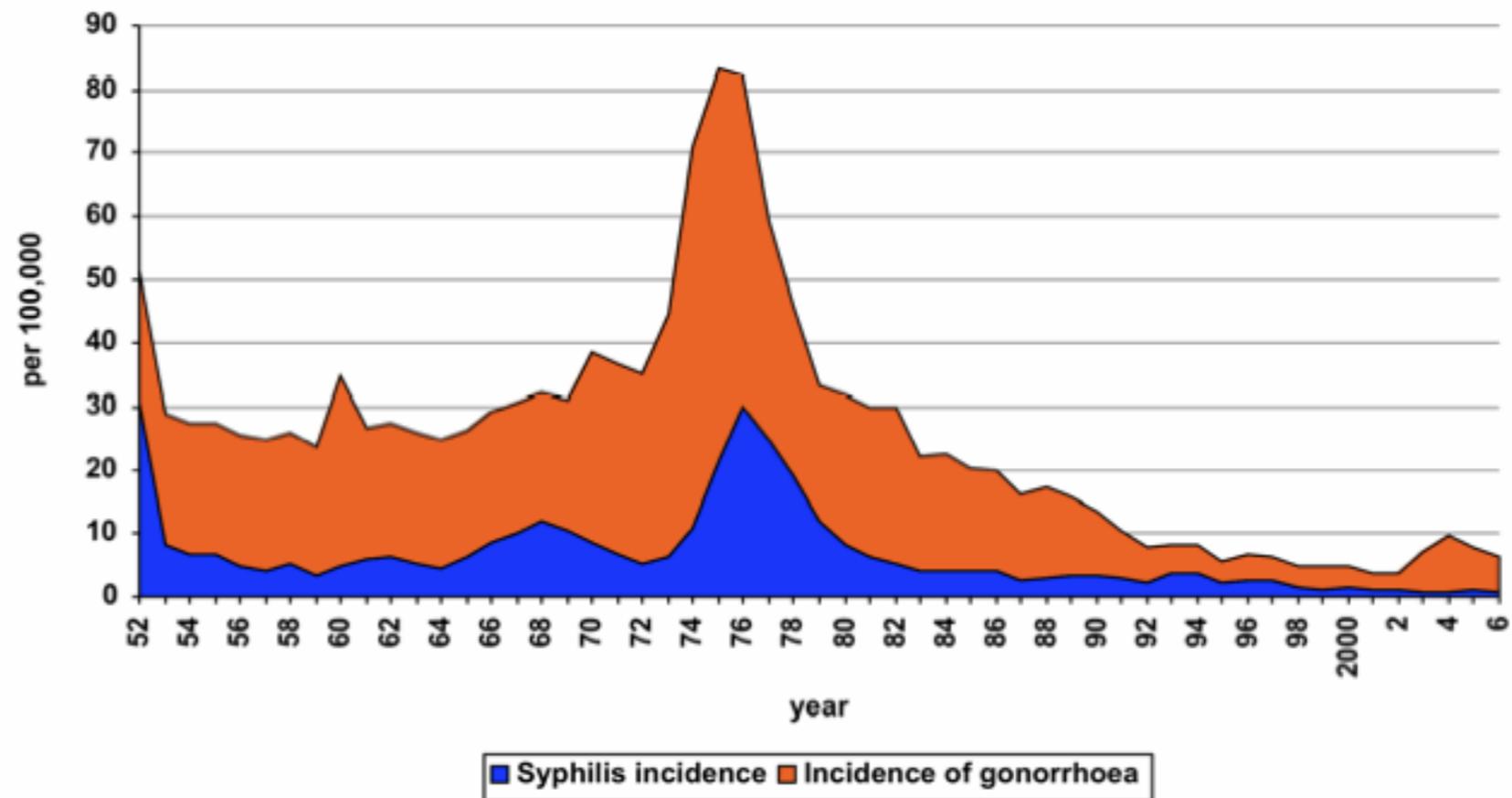
Date of report

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)

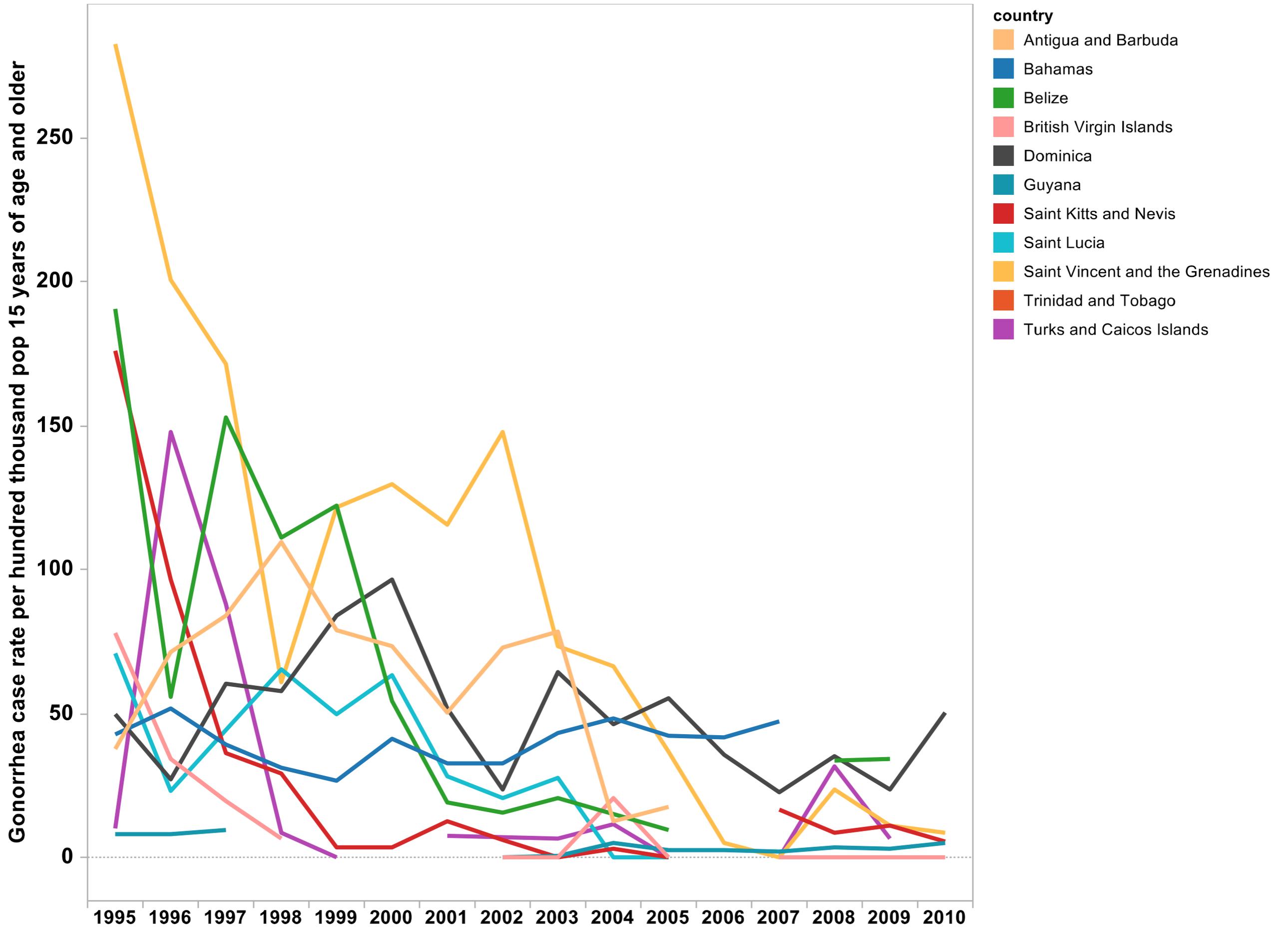
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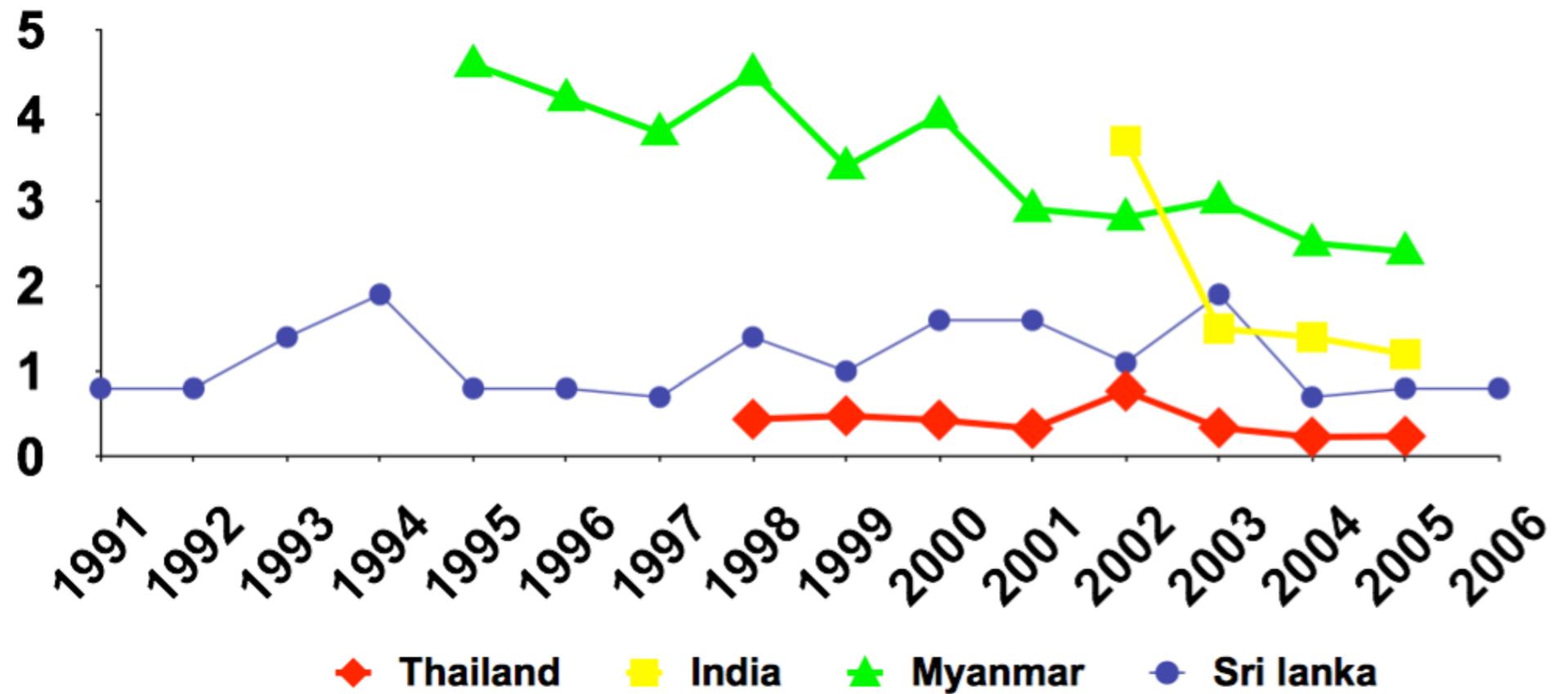
Monitor incidence (case reports*)

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

* case reports are new cases = incidence measure



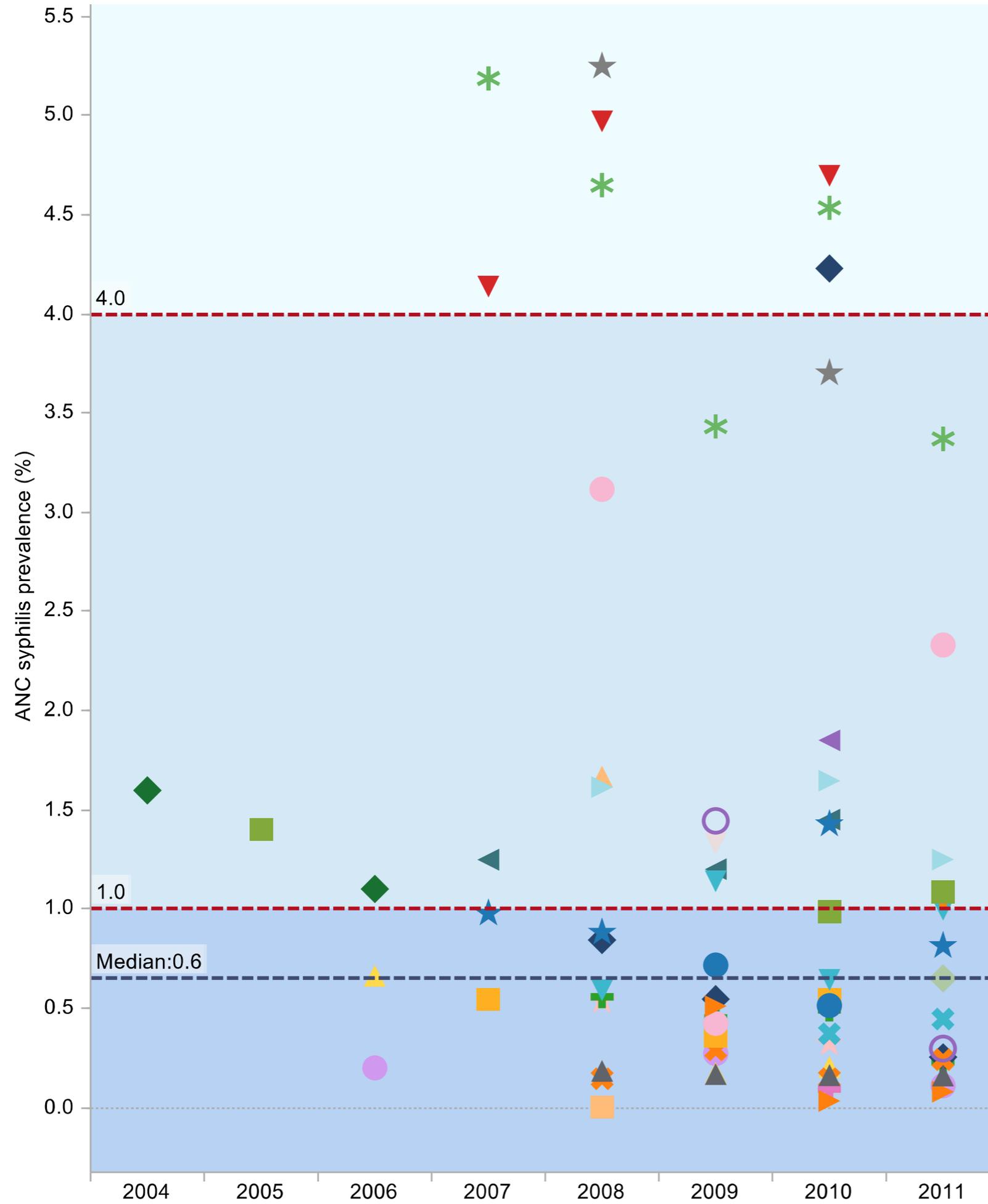
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Monitor prevalence (screening data*)

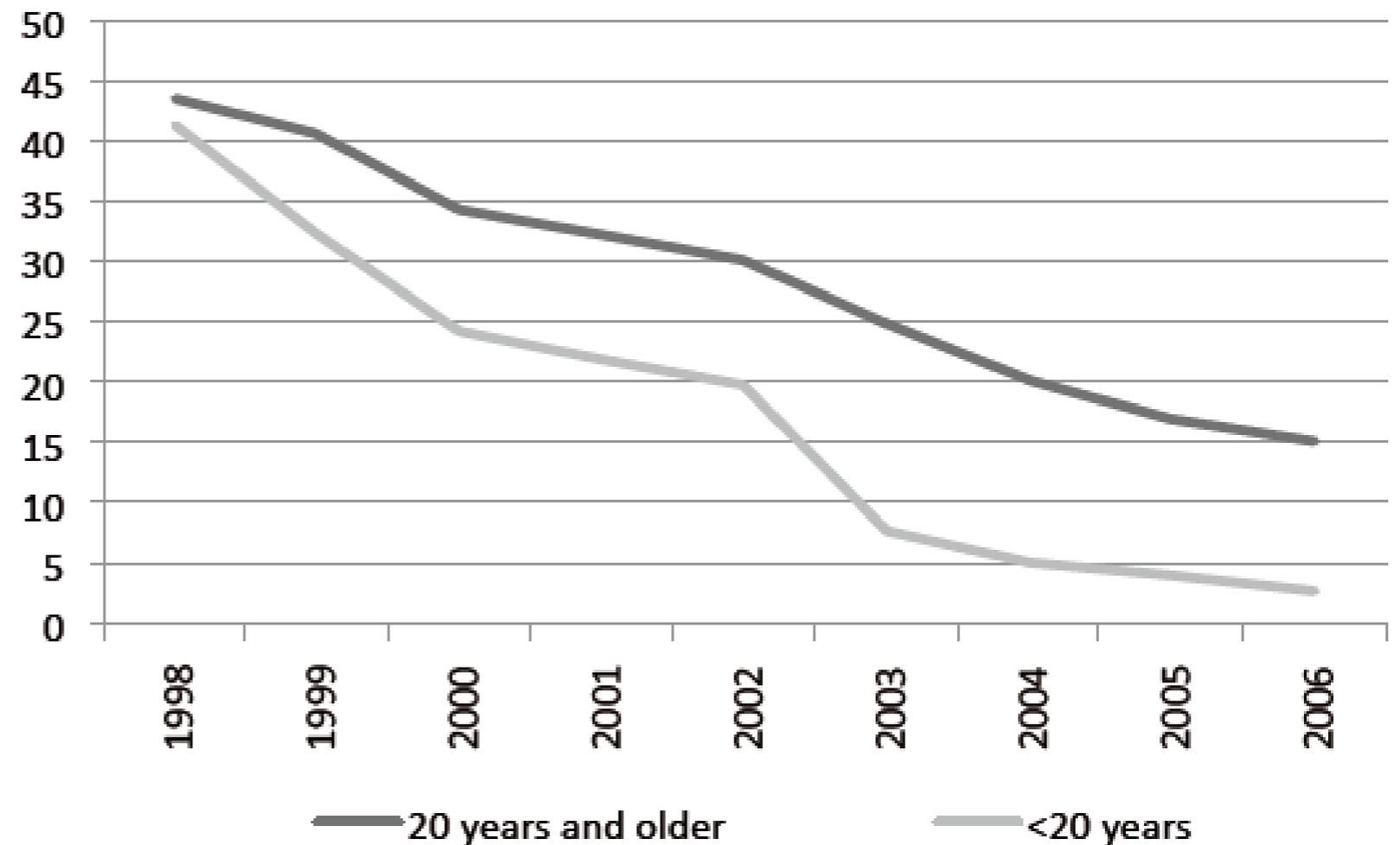
▶ syphilis

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



- Country**
- Antigua and Barbuda
 - Argentina
 - Bahamas
 - Barbados
 - BELIZE
 - Brazil
 - CHILE
 - Colombia
 - Costa Rica
 - Cuba
 - Dominica
 - Dominican Republic
 - Ecuador
 - El Salvador
 - Grenada
 - Guatemala
 - Guyana
 - HAITI
 - Honduras
 - Jamaica
 - Mexico
 - Montserrat
 - Nicaragua
 - Paraguay
 - PERU
 - Saint Vincent and the Grenadines
 - Trinidad and tobago
 - URUGUAY
 - Venezuela

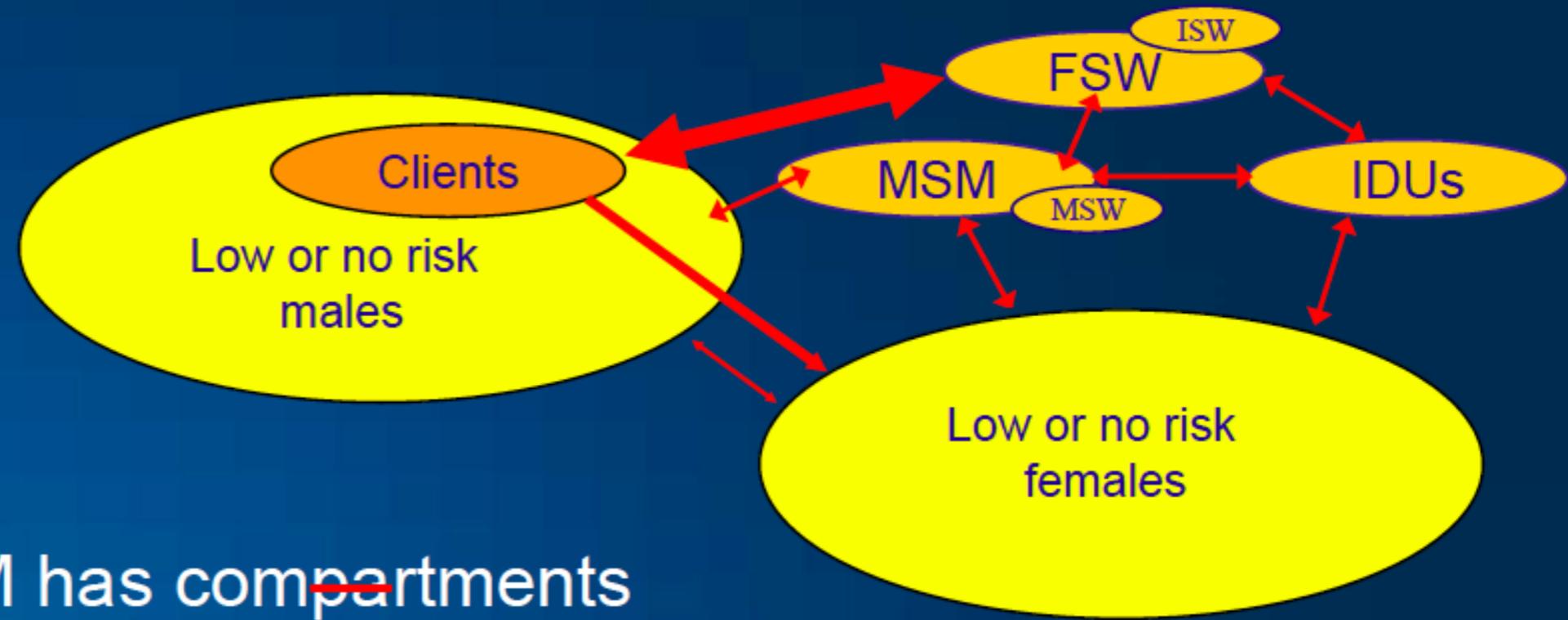
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Disaggregate by demographics
(minimal)

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

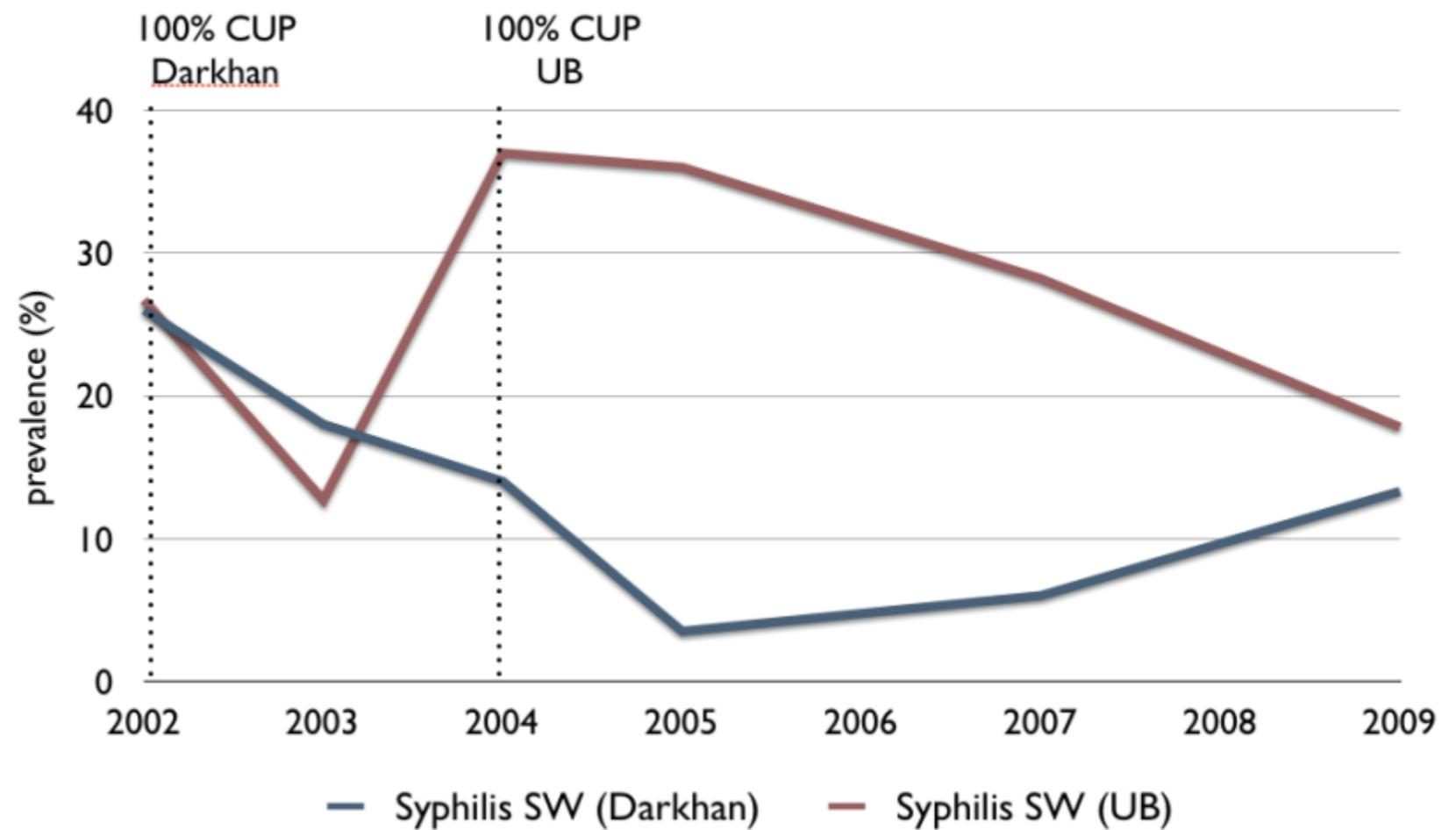
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AEM has compartments for each of these groups

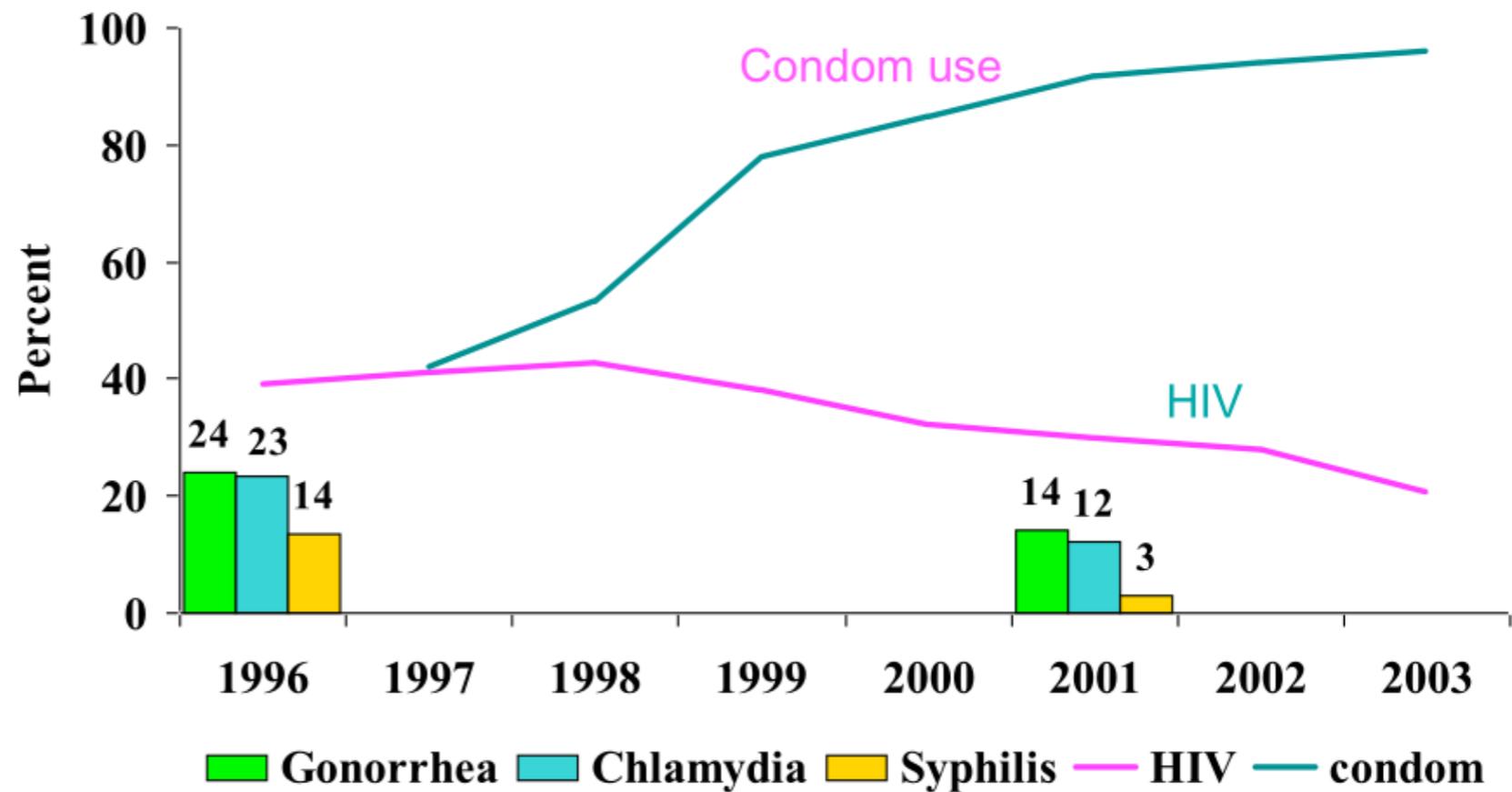
- Disaggregate by populations
 - ▶ Key populations (sex workers, MSM...)
 - ▶ Male bridging groups (STI patients)
 - ▶ General population (pregnant women)

5



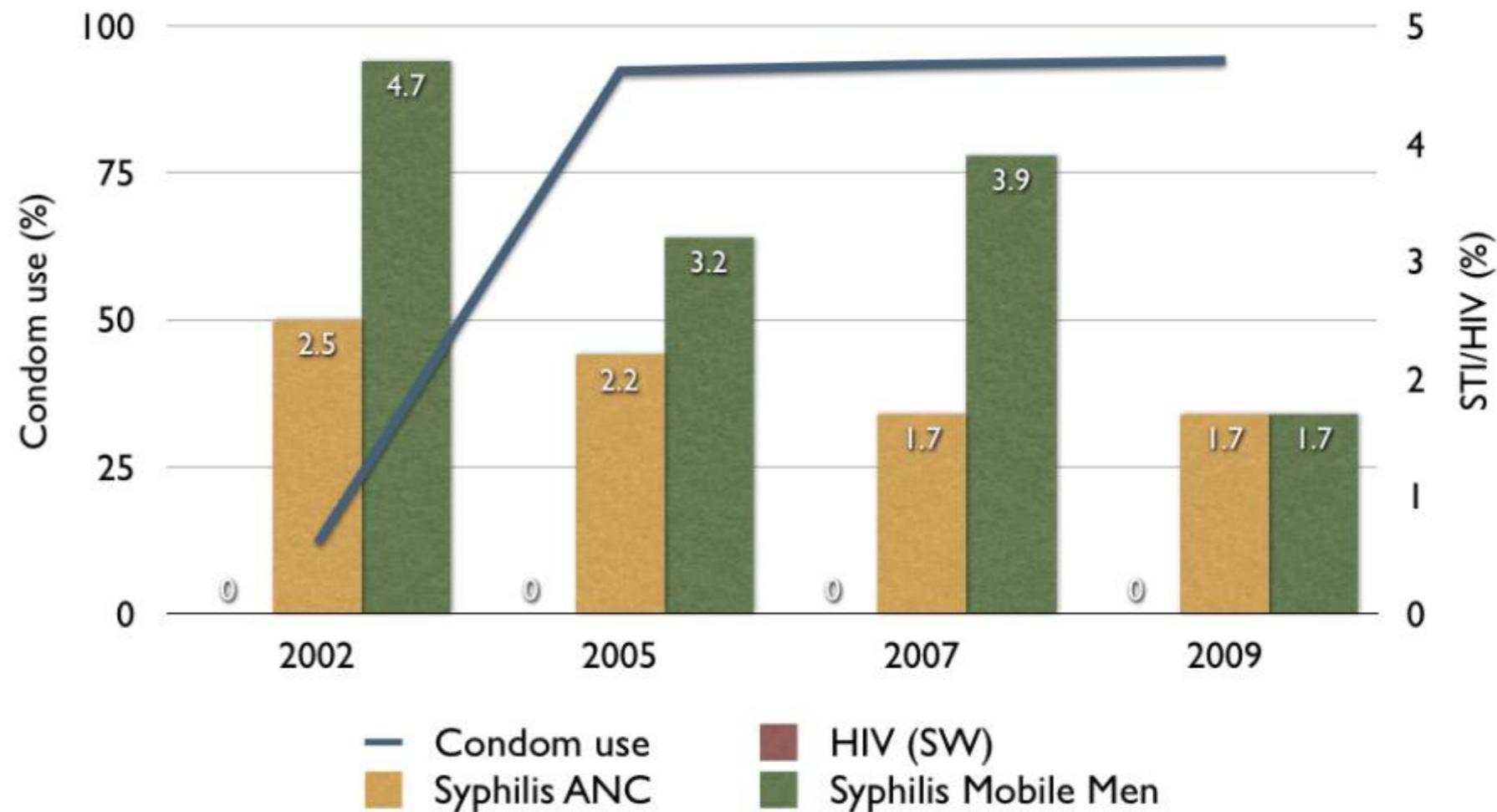
- Analyse trends by time and place
 - ▶ STIs sensitive marker of increasing (or decreasing) sexual transmission trends

6



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

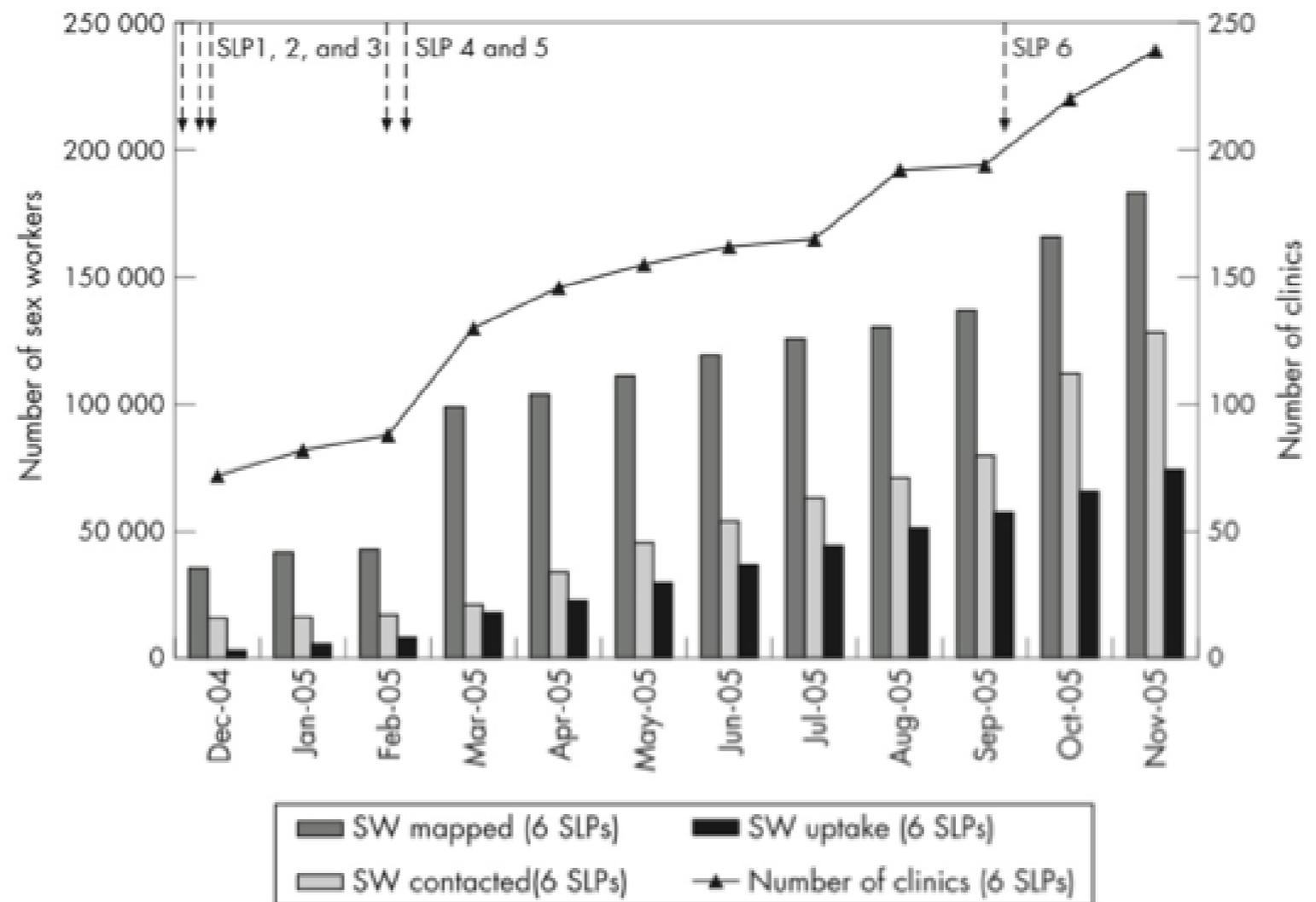
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Triangulate by transmission dynamics

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

8



Relate to programme inputs and other control efforts

- ▶ Identify areas where interventions need strengthening