



# BREAKING THE SILENCE: RESPONDING TO THE STI EPIDEMIC IN THE PACIFIC

Summary of Recommendations  
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**On average, 1 in 4 sexually active young people in the Pacific has a sexually transmitted infection.**

The Pacific Regional Sexually Transmitted Infection Working Group recommends that Pacific Island Countries and Territories (PICTs) implement a comprehensive package of interventions for enhanced sexually transmitted infection (STI) control, including:

1. Targeted strategic health communication campaigns to increase awareness of high local rates of STIs (symptoms, long term consequences, availability of testing and treatment) and promote both preventive/safe sex (condom use, partner reduction) and health care seeking behaviours
2. Provision of quality comprehensive syndromic management for symptomatic STIs
3. Counselling, testing and treatment for asymptomatic STIs, including proactive screening for Chlamydia, syphilis and HIV among vulnerable and most at risk groups
4. Improved partner management
5. Epidemiologic (presumptive) treatment for chlamydia in antenatal women and their partners in high burden PICTs.
6. Prophylaxis for neonatal conjunctivitis should be administered at birth
7. Effective drugs for the treatment of STIs, in line with appropriate Regional Guidelines, should be available free of charge and administered at all levels of the health care system
8. Framework for monitoring prevalence and long term consequences of STIs and evaluation of the impact of the STI strategy.

Ministries of Health in each PICT are encouraged to ensure adequate financial and human resources are available to support all components of the enhanced package for at least 2-3 years.



## Objectives

One main goal of the Pacific Regional Strategy on HIV and STIs 2009-2013 (PRSIP II) is to reduce the overall prevalence of STIs, in particular chlamydia. The specific objectives of this response are to:

- reduce Chlamydia prevalence by 50% by 2013 compared with 2008 levels
- eliminate neonatal consequences of parental STIs, including congenital syphilis
- reduce the long term consequences of STIs, including ectopic pregnancies and miscarriage

## Background

Chlamydia is a common sexually transmitted infection (STI) worldwide, particularly among sexually active young people. Second Generation Surveillance (SGS) surveys in the Pacific over a number of years have shown high prevalence of STIs, and chlamydia prevalence of 20-25% in many Pacific Island Countries and Territories (PICTs). Prevalence in young people was up to 40% - among the highest in the world. Most people infected with chlamydia **initially** have no symptoms or complaints.

However, if left untreated, both chlamydia and gonorrhoea infection can cause pelvic inflammatory disease, ectopic pregnancy and infertility. They may also cause conjunctivitis and pneumonia in newborns. Syphilis is an important cause of miscarriage, stillbirth and congenital syphilis. The latter may cause irreversible damage to cardiovascular and nervous system of the newborn infected child.

Amongst both men and women, HIV transmission is facilitated by the presence of any STI, including asymptomatic chlamydia. Although HIV is currently at low prevalence in most PICTs, to prevent HIV from increasing, and to address the high rates of STIs, urgent action needs to be taken. The Pacific Regional STI Working Group therefore recommends that PICTs implement a comprehensive package of interventions for enhanced STI control.

## Recommendations

### ➤ Strategic Health Communication (SHC)

Adopting and maintaining healthy behaviour is one of the most fundamental challenges when confronting HIV and STIs (and many other diseases). The various components of the package should work synergistically and therefore clinical strategies should be linked to targeted interventions, including campaigns which raise awareness of the prevalence and consequences of STIs, promote the testing and treatment available in PICTs and support behaviour change to reduce transmission of STIs, including use of condoms. Behaviour change is difficult, but it is essential for the success of the STI control strategy.

### ➤ Syndromic Management of Symptomatic STIs

STI management should be provided at all levels of the health care system, including the Primary Health Care centres. Health care providers should be trained to implement syndromic diagnosis of STIs and have the capacity and authority to dispense STI drugs, for patient and their sex partner(s).

### 🔗 **Expanded Testing for Chlamydia and Other STIs**

An approach recommended to strengthen the regional response to chlamydia control is to redirect molecular testing from a combined approach (Chlamydia and gonorrhoea) to a chlamydia-only policy. This means that more patient samples can be tested for approximately the same technician time and cost. This should be combined with awareness raising and outreach to increase uptake of testing by youth and most at risk groups.

Gonorrhoea prevalence is lower (1-5%) in PICTs and can be diagnosed via culture and Gram Stain. Culture of gonorrhoea should be available for antibiotic sensitivity testing, to monitor resistant strains of gonorrhoea and support treatment recommendations. Countries are encouraged to participate in the WHO Gonococcal Antimicrobial Surveillance Program (GASP).

Syphilis prevalence rates are still above 1% in many countries. Universal screening of all pregnant women for syphilis at first antenatal visit is recommended.

### 🔗 **Epidemiological Treatment (or presumptive treatment) of Chlamydia**

Epidemiological (presumptive) treatment (Epi-Tx) of chlamydia should be developed in response to local epidemiology and requires locally developed guidelines. Epi-Tx is a short term measure, which in combination with increased awareness and behaviour change interventions, aims to reduce Chlamydia prevalence in the population relatively rapidly.

Epi-Tx is recommended for antenatal women and their partners in PICTs with very high Chlamydia prevalence. This approach significantly reduces costs, protects newborns from infection, addresses issues of access to testing facilities and will free up laboratory capacity to expand testing to other population groups.

### 🔗 **Monitoring and evaluation**

A monitoring and evaluation framework needs to be developed in order to track the effectiveness of the strategy and provide evidence for any additional recommendation or changes to this strategy.

## **Resources**

This package for enhancing STI control requires detailed country specific planning prior to implementation. Training and information needs to be delivered to prepare all relevant MOH and NGO personnel. Supervision is recommended to ensure quality of services. The supporting SHC approach needs to be developed. Adequate financial and human resources must be available, as well as a secure supply of drugs and condoms, to support all components of the enhanced package for a minimum of 3 years, in order to achieve a significant, sustainable reduction in STIs and prevent an increase in HIV in the region.