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syphilis is recommended by WHO. It is a highly cost-effective health intervention, even in settings where the burden of syphilis is low, and is also one of the four pillars of the global strategy to eliminate congenital syphilis.5

Periodic presumptive treatment approaches

Periodic presumptive treatment is an intervention that has been successfully used to target key populations at high risk of STI infection, who have multiple sex partners, and thus may be more likely to acquire and transmit STIs. Treatment is provided to individuals based on their increased risk of exposure.6 It is useful in situations where infections are asymptomatic and/or sensitive screening tests are not affordable or feasible. Periodic presumptive treatment has been used as one component of a package of STI control interventions to rapidly reduce STI prevalence, and has been shown to be useful through mathematical modelling,7 especially in instances where STI prevalence is high.

For example, periodic presumptive treatment (azithromycin), coupled with strategic health communication, significantly reduced the prevalence of N gonorrhoeae, C trachomatis and genital ulcer disease in a South African mining community and in a group of female sex workers living around the mine8. Six observational studies also confirmed earlier randomised controlled trial findings that periodic presumptive treatment reduces gonorrhoea and chlamydia prevalence among sex workers.9

Mass treatment approaches

Mass treatment approaches have been used for the rapid control of several infections at the population level and are recommended by WHO.

Here are some examples:

- The use of mass drug administration with safe oral anthelminthic drugs (praziquantel, ivermectin and albendazole) for control of onchocerciasis, lymphatic filariasis and schistosomiasis. This approach is currently being used in several PICTs.10
- The use of mass treatment for yaws12, an infectious disease caused by the

blindness. This approach is currently being used in several PICTs.11

Access the Summary of Recommendations for STI Control 2010 on the SPC website. Go to www.spc.int/hiv and click on ‘Downloads’, and then ‘Recommendations for STI Control in the Pacific’.


A urine specimen jar is labeled by a VCCT counselor in Bikenibeu, South Tarawa.
bacterium Treponema pallidum pertenue, which closely resembles the causative agent of syphilis. It causes disfiguring, and sometimes painful lesions of the skin and bones. This approach is currently being used in several PICTs.13

• Although not as widespread, the mass treatment approach has also been used to control STIs. It has been shown to be an effective approach in several studies. One study shows significant reductions in the prevalence of syphilis and trichomonal infections in the general population;14 another shows significant reductions in the prevalence of chlamydia, gonorrhoeal infections and genital ulcers in targeted, ‘at risk’ women in a mining community. A targeted mass treatment programme in Vancouver also provided oral azithromycin to control an outbreak of syphilis.15

• Cook Islands and Nauru recently conducted a mass treatment campaign to reduce the prevalence of chlamydia. A significant drop in chlamydia prevalence was observed in Nauru – from 49% in 2009 to just 4% in 2012 – among antenatal clinic (ANC) women (with a coverage rate of 95%). In Cook Islands, a significant drop was also observed, from 20%16 to 11.5%17 (with approximately 55% coverage during the mass treatment campaign).

• This approach is an effective strategy for use in some

16 Cook Islands 2006 Second Generation Survey and 2009 routine testing data
17 Cook Islands 2012 routine testing data
In some Pacific countries, as many as one in two young people have chlamydia, an infection that, if left untreated, can lead to serious reproductive and other health problems. High rates of sexually transmitted infections also leave Pacific Islanders particularly vulnerable to HIV.

‘If you have an STI, you are at greater risk of HIV due to behavioural, biological and gender-related factors,’ said Dr Dennie Iniakwala, HIV and STI Team Leader at SPC.

Despite the high rates of STIs across the Pacific region, there have been significant successes.

In Nauru and Cook Islands, for example, where chlamydia has been aggressively targeted, have made considerable progress. In 2009, 49% of pregnant women in Nauru had chlamydia. In Cook Islands, it was one in five. By 2012, the proportion of pregnant women with chlamydia in Nauru and the Cook Islands had dropped to 4% and 11.5% respectively.

‘In Nauru, STI control measures, mass treatment for chlamydia, coupled with community awareness and education were actively used to address high STI rates, with a particular emphasis on condom promotion’, said Dr Seta Vatucawaqa, Director of Public Health at the Nauru Public Health Centre.

‘Advocacy and media collaboration were the underpinning pillars to the campaign, with special care given to cultural and religious sensitivity.

‘Workshops were conducted for all district leaders, youth,
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women’s groups, church leaders, health workers, and people in work places. Brochures and posters were disseminated and key health officers gave TV interviews,’ said Dr Seta.

In Cook Islands, targeted strategic health communication campaigns are the first of eight components of the regional STI control strategy successfully implemented by the Polynesian nation. A second key component of this strategy is targeted population-based presumptive chlamydia treatment. Such presumptive treatment – whereby infection is presumed in people at high risk of infection whether or not they show symptoms – rapidly reduces the chlamydia rate in target groups.

‘Azithromycin was provided to the individuals with water, and they took the tablets on the spot. Booth style clinics were set up around the island so that people could drop in and take their medication,’ explains Cook Islands National HIV STI Coordinator Ana File.

Prevention and STI control activities across the Pacific, including in Cook Islands and Nauru, have been supported by the Pacific Islands HIV and STI Response Fund.

Disc jockeys George Williams, left, and Mii Taokia, work the airwaves from their radio station 88 FM in Rarotonga, Cook Islands. The station has hosted many segments discussing HIV and other STIs. Such strategic health communication campaigns are the first of eight components of a comprehensive STI control strategy successfully implemented by the Polynesian nation.

Figure 1: Improvements in reducing Chlamydia in Cook Islands.
Source: IBBS survey and routine testing data. Population: antenatal clients.
Nine PICTs renewed their international licenses to ship samples by air to reference laboratories this year, enabling them to identify sexually transmitted infections (STIs) and other diseases, such as dengue fever, typhoid fever and measles, more promptly.

Initial and re-certification of 21 shippers was organised by SPC and the Pacific Island Health Officers’ Association (PIHOA) during a three-day workshop on International Air Transport Association (IATA) regulations for infectious substances, which took place on 13-15 June 2013 at SPC in Suva, Fiji.

Participants included human and animal health technicians from Nauru, Kiribati, Tonga, Samoa, Tokelau, Vanuatu, Solomon Islands, Tuvalu and Fiji. Two quarantine officers also took part in this workshop; the first time that quarantine officers had been included.

The licensing enables certified PICTs to access laboratory testing overseas, when those services are not available at home.

‘It is very important that PICTs comply with IATA shipping regulations and renew their licenses every two years so that they are able to send samples to regional reference labs with more extensive testing capabilities,’ says Mr Tebuka Toatu, HIV and STI Laboratory Specialist at SPC.

‘If PICTs don’t comply with international regulations for the packaging and transportation of samples, airlines can refuse to transport their samples and even blacklist them from shipping biological samples in future.’

‘This is a dangerous prospect for any PICT, given the limited number of airlines operating in the region, potentially prohibiting PICTs from monitoring and responding to disease outbreaks within their borders,’ says Mr Toatu.

PICTs send 1000 to 2000 samples every year to regional reference laboratories in Fiji, Guam, New Caledonia, French Polynesia, Australia, New Zealand and Hawaii for testing and confirmation.

The workshop was funded by the Pacific Islands HIV and STI Response Fund and facilitated by the Pacific Public Health Laboratory Network (LabNet), a function of the Pacific Public Health Surveillance Network. SPC and PIHOA have been organising IATA training courses for PICTs since 2010.
Part of the process: locally relevant, comprehensive STI management guidelines

Pacific Island countries and territories are better able to address STI prevention, diagnosis and treatment with the completion of the Comprehensive Sexually Transmitted Infections Management Guidelines published by SPC in 2012.

‘The guidelines support health care providers, ensuring that they manage STI cases in the best possible way,’ says Dr Sophaganine Ty Ali, SPC STI and Counselling Adviser.

The guidelines are uniquely adapted to the Pacific context, and were developed after extensive training and consultation with ministries of health around the region. Countries can now use them to support the development of their national STI treatment guidelines.

‘We were a part of the process; that’s why these guidelines are different. The islands are different, families are close together. It’s a small island, everyone knows everyone,’ says Nancy Lynn Edward, HIV/STD Coordinator with the Department of Health in Pohnpei State, Federated States of Micronesia.

‘It’s good to have locally relevant, comprehensive, management guidelines to guide us in our work, because it helps us improve the health of our people,’ says Mrs Edward.

The guidelines equip Pacific ministries of health and clinics with information and skills in syndromic diagnosis and treatment, education and counselling, and recording and reporting, providing a holistic and comprehensive approach to STI management.

Syndromic diagnosis is diagnosis based on the patient’s symptoms, and can often be undertaken during the patient’s first visit to the clinic and later supported by laboratory testing, where available.

It enables health care providers to treat patients on the spot, without waiting for the results of time-consuming and costly laboratory tests. This approach helps to prevent the further spread of STIs and reduces the risk of developing other infections.

The guidelines were developed with the participation of the World Health Organization, the United Nation Children’s Fund, the United Nations Population Fund, the Oceania Society for Sexual Health and HIV Medicine, the Centers for Disease Control and Prevention and the College of Medicine, Fiji National University.

The guidelines were launched in Nadi, Fiji on 11 September 2012 and were funded by the Pacific Islands HIV and STI Response Fund and the Global Fund for HIV, Malaria and Tuberculosis.

Access Comprehensive Sexually Transmitted Infections Management Guidelines on the SPC website. Go to www.spc.int/hiv and click on ‘Downloads’, ‘Recommendations for STI Control in the Pacific’ and then ‘Comprehensive STI Management’.

Former MSM peer educator Peter Bihi at the Wan Smolbag clinic in Port Vila, Vanuatu.