IUSTI 2025 Aten

Inessa Bjartmar

38th IUSTI EUROPE CONGRESS

Sexual health from Hippocrates to AI

October 9-11 2025
Hotel Divani Caravel • Athens, Greece

Welcome Message

Dear Colleagues and Friends,

Organized by:

Activate Wi
Go to Settings

- Gå från infektionskontroll till **sjukdoms**prevention
- Lång process
- Få med de som testar och de som testas

Workshop 1: To screen or not to screen? Dutch experience with the abandonment of screening asymptomatic clients

Chair: **Birgit van Benthem** (The Netherlands) – **Nicole Dukers** (The Netherlands) - **Henry de Vries** (The Netherlands)

Welcome and introduction by the Chairs

Nicole Dukers (The Netherlands): *Guideline development and content, policy at SHC, what are the changes and for whom*

Hanna Bos (The Netherlands): *Communication messages/Media coverage*

Bernice Hoenderboom (The Netherlands): *Implementation research among SHC professionals, what is needed for successful de-implementation? (VIMP)*

Inge van Loo (The Netherlands): *Laboratory challenges*

Daphne van Wees (The Netherlands): *Changes in STI testing behavior after the implementation of restrictive chlamydia testing guidelines for asymptomatic individuals at Dutch Sexual Health Centers*

Birgit van Benthem (The Netherlands): *Complications surveillance*

Zoïe Alexiou (The Netherlands): *Current trends in surveillance data*

Discussion

Public Chlamydia message

- You can get Chlamydia when you have sex, especially if you don't use a condom.
- **Usually, you don't notice Chlamydia and it goes away on its own without harming your body.**
- Do you have no symptoms? Then you usually don't need a test or treatment.
- Do you have symptoms? Then medicine can help you feel better.

SOAIDS
Nederland

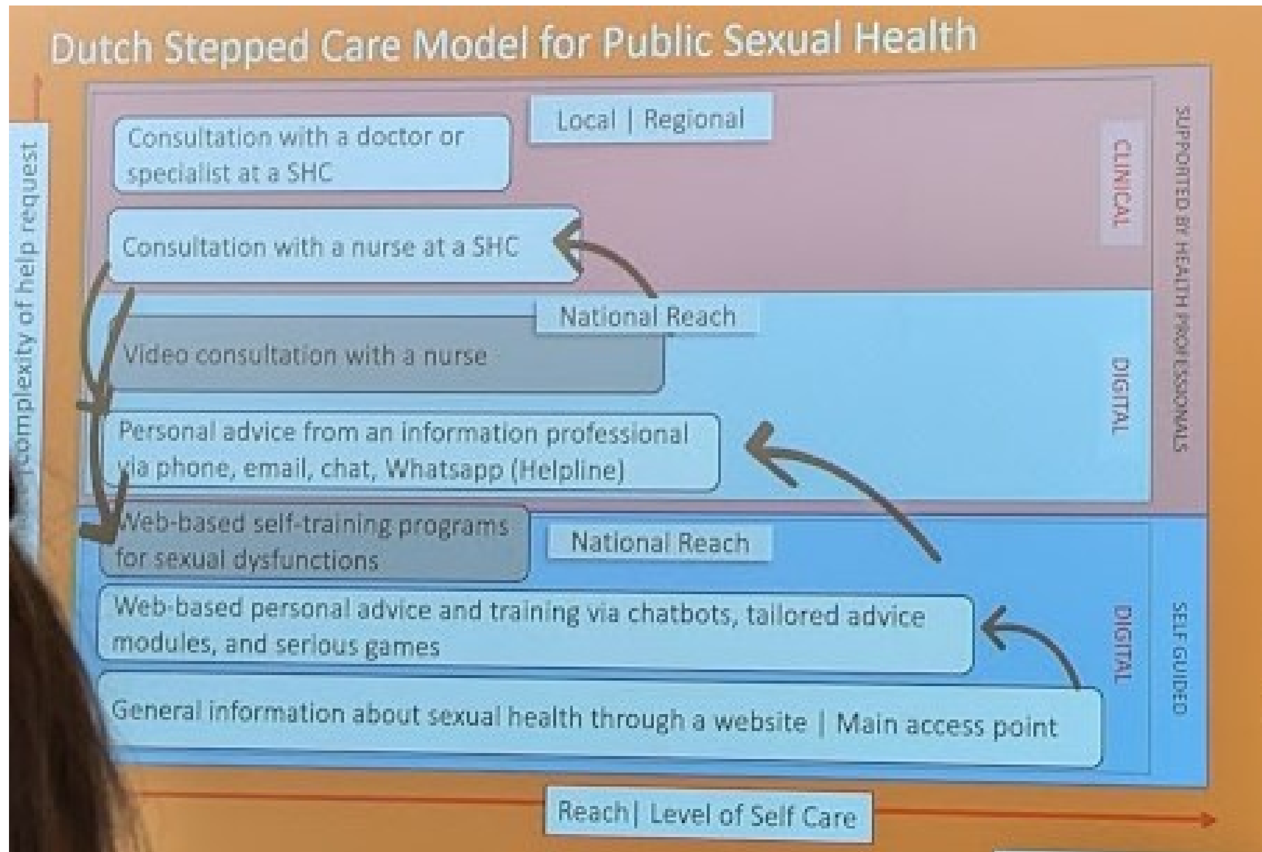
Svårigheter

- Labtekniska problem – dubbeltester
  - ”Ignorera” postiva ct

- LGV?
- Provtagningen skiftade från STI-kliniker som började med implementeringen till vårdcentraler och hemtester

- Hur övervaka komplikationer och vilken tidsram?

Digital vård – ”Stepped care model”

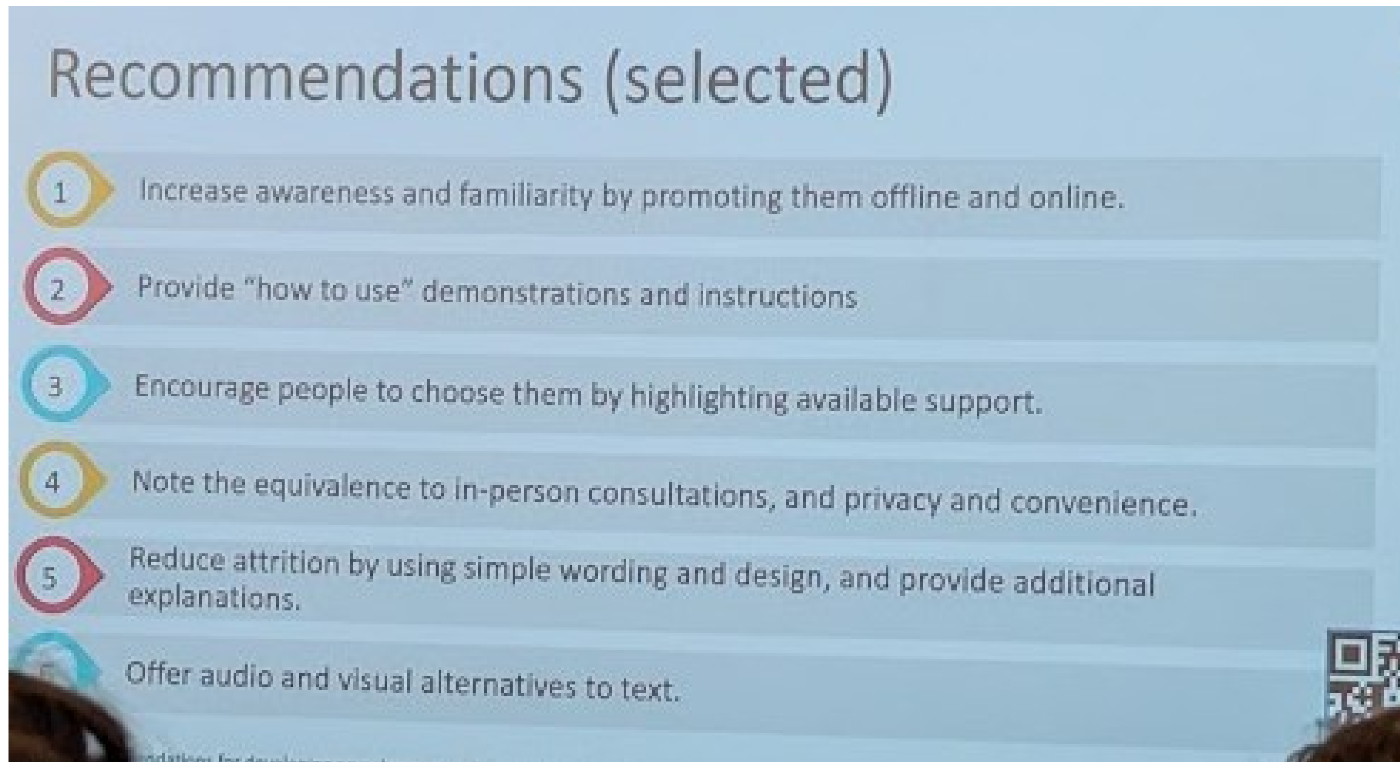


Session 1: **Providing equitable sexual health care in a digital world: using the research to design and deliver inclusive services to reduce health inequalities**
Chair: **Andrew Winter** (United Kingdom)

Claudia Estcourt (United Kingdom): *How should we design and deploy equitable online clinical care pathways for STI testing and management? Evidence from The SEQUENCE Digital Research Programme*
Filippo Zimbile (The Netherlands): The Dutch Stepped Care Model: Using Stepped care to plan eSexual Health and promote self-care
Melvina Woode Owusu (United Kingdom): Using co-production to develop culturally sensitive online sexual health interventions for young people – why we need to blur the researcher-lay person boundaries
Discussion

Digital divide

- Digital health literacy
- Skillnad i socioekonomiska grupper som använder digitala vårdtjänster

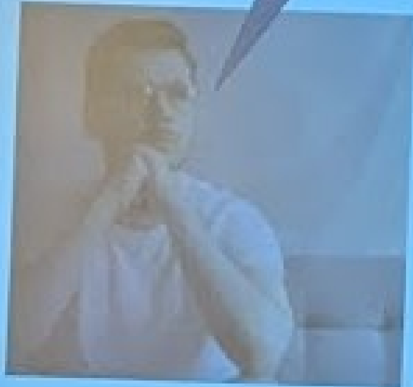


Resistens

- Gc – hög prio
- Monitorering
  - Ökad minskad känslighet för ceftriaxon

Session 3: **Combating antimicrobial resistance in STIs**
Chairs: **Christopher Kenyon** (Belgium) - **Jorgen Skov Jensen** (Denmark)

Helene Zondag (The Netherlands): *Monitoring Neisseria gonorrhoeae in the Netherlands: Insights from the Dutch Reference Laboratory*
Christopher Kenyon (Belgium): *What happened to the incidence of N. gonorrhoeae and C. trachomatis since stopping screening for these infections in MSM in Belgium?*
Jorgen Skov Jensen (Denmark): *Antimicrobial resistance in Mycoplasma genitalium*
Andrei Tanasov (Romania): *Bracing for resistance: Challenges and Gaps in Monitoring Gonorrhea AMR*
Discussion



- Belgien – slutat screena ct/gc hos PrEP
- Inga spoilers

- Mycoplasma
- Dubbelresistens
- Problem

Third-line treatment

> Pristinamycin 1 g x 4 for 10 days, 75% cure (Read, 2019)
  - Considered safe in pregnancy
  - Consider combining with doxycycline (non-pregnant)
    - Export ban from France

> Minocycline 100 mg x 2 for 14 days, 70% cure (Clarke 2023)
  - Consider combining with metronidazole 400 mg x 2, 80% cure
    - CNS + GI side effects increase (Htaik, 2025)

> Sitafloxacin 100 mg x 2 for 7 days, 70% cure (GyrA mutations are important)
  - Consider combining with doxycycline 90% cure (Durukan, 2020)
    - Export ban from Japan

- Nya syfilisbehandlingar på g?
  - Cefixime vid graviditet – pågående
  - Linezolid
    - Lovande som behandling vid tidig syfilis
    - Passerar BBB – lämpligt neurosyfilis?
- Nya herpesbehandlingar i studier
  - Helicase primase complex inhibitors
    - Mindre virusshedding

Plenary Session 1: **Syphilis: the persistent challenge**
Chairs: **Electra Nicolaidou** (Greece) - **Marco Cusini** (Italy) - **Airi Poder** (Estonia)

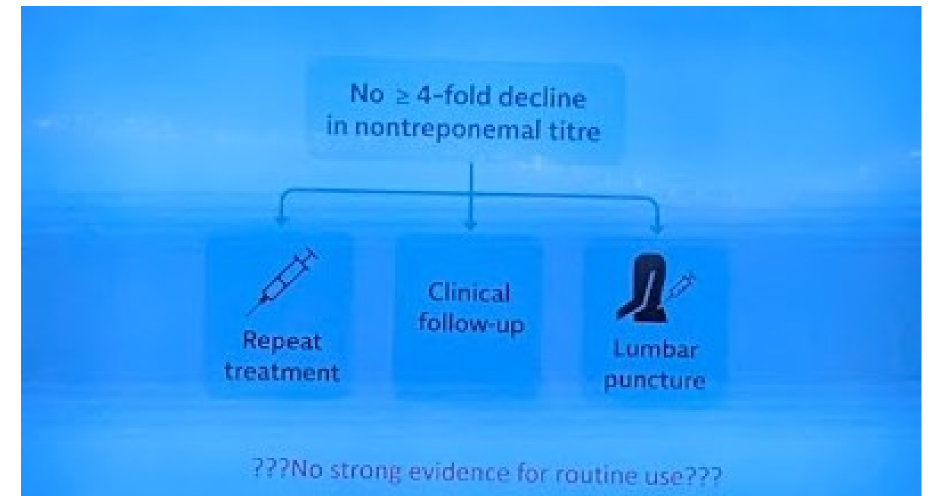
Marco Cusini (Italy): *Syphilis: still a difficult diagnosis*
Pille Konno (Estonia): *Oral syphilis*
Maciek Pastuszczak (Poland): *Immunological determinants of the serological response to the treatment of early syphilis*
Susana Muñoz-Gómez (Spain): *Exploring Alternative Syphilis Treatments: Linezolid and Cefixime for Early Syphilis, Neurosyphilis, and Pregnancy*
Discussion

Session 4: **Managing genital herpes: Challenges and solutions**
Chairs: **Raj Patel** (United Kingdom) - **Suzana Ljubojević Hadžavdić** (Croatia)

Suzana Ljubojević Hadžavdić (Croatia): *Managing Genital Herpes in Pregnancy*
Matthew Phillips (United Kingdom): *Criminalization of STI transmission*
Emily Clarke (United Kingdom): *Why did the UK change its Herpes Management in Pregnancy Guideline*
Raj Patel (United Kingdom): *Update on subclinical shedding and transmission - can we do better?*
Discussion

Om serofast syfilis

- När titrarna inte går ner
  - Ca 15%
- Eventuell association med IFN-γ genotyp
  - SNPs associerade med lägre IFN-γ produktion -> ökad risk för serofast syfilis
- IL-10???



- Ceftriaxon som behandling för neurosyfilis
- Doxycyklin vid ögonsyfilis

Session 6: **STIs beyond the genitals!**
Chairs: **Carmen Salavastru** (Romania) - **Nicolas Dupin** (France)

Carmen Salavastru (Romania): *Scabies*
Nicolas Dupin (France): *Syphilis: an old disease going forward*
Valeria Gaspari (Italy): *Microbiome and Bacterial STIs: Emerging Perspectives*
Gilbert Donders (Belgium): *Global burden of vulvovaginitis*
Discussion

Vulvovaginit

- Candida/BV
  - livskvalitet
- Recurrence
  - Biofilm BV
- Mikroskopi!

- Olika bud kring partnerbehandling

Genital crohns

- Anti-TNF
  - Adalimumab
  - Infliximab

- Ustekinumab
- JAK-hämmare
  - Tofacitinib, upadicinib

Kanske bättre vid huddominans/icke-intestinal sjukdom

Lunchpaus

DoxyPEP – en paneldiskussion

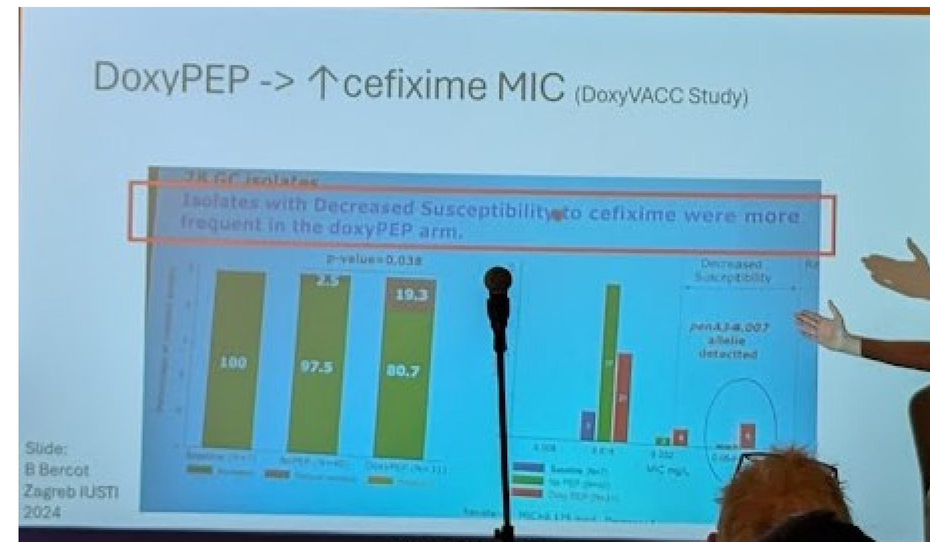
För:

- Fokus minskad infektionsbörda
- Minskning av syfilis även hos kvinnor

- Mindre antibiotikaanvänding över tid?

Mot:

- Resistens
- Inadekvat behandlad syfilis
  - Diagnostikproblem



En poster

Dark Ground Microscopy (DGM)- Is it still a useful tool in the modern day?

Miss Anais Bruder[1]; Dr Nadi Gupta[2]

[1]University of Sheffield Medical School, [2]Rotherham Sexual Health Services

ABSTRACT

Background

Dark ground microscopy (DGM) enables immediate identification and prompt treatment of primary syphilis. With the availability of and ease of serological testing (and PCR in some centres), it is possible that DGM is less utilised. Furthermore, the sensitivity of DGM is variable and depends on the expertise of the clinician obtaining the sample as well as the microscopist. This study aims to assess the benefit of using DGM within a UK sexual health clinic.

Methods

A retrospective case note study was undertaken of all patients who underwent DGM of genital ulcer specimens from 2018 to 2025. Data was collected on demographics, DGM results, serological testing and syphilis POCT (point of care test).

Results

A total of 90 patients with genital ulceration were identified, of which 42 (47%) were subsequently diagnosed with primary syphilis. A total of 96 DGM results were analysed (some patients attended on more than one occasion for repeat DGM, when initial DGM was negative): 20 (21%) DGM positive (motile spirochetes seen), 5 (5%) suspicious (non-motile spirochetes), and 71 (74%) negative DGM. All positive DGM cases received immediate (same day) treatment for primary syphilis.

16 (80%) patients with a positive DGM also had a positive serological test or syphilis POCT. 27 of 71 (38%) patients with negative DGM results were subsequently diagnosed with syphilis by positive serology.

Conclusions

Our work highlights that DGM is still a valuable tool in diagnosing syphilis, with a fifth of DGM tests being positive within our service. Whilst serological tests are the mainstay of syphilis diagnosis, the results are not immediately available. In addition, a fifth of positive DGM tests were in the absence of positive serology, highlighting that early serology may be false-negative. Furthermore, the turn-around-time of serological testing means that the diagnosis and treatment are delayed. Given the current syphilis epidemic, we suggest that DGM plays an imperative role in enabling earlier primary syphilis diagnosis and treatment, thus reducing onward transmission.

CONTACT

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INTRODUCTION

We are currently experiencing a syphilis epidemic, with over 9,000 cases of early syphilis diagnosed in England in 2024, a 2% increase from 2023[1], and a 140% increase from 2013-2019 in England[2].

DGM enables immediate identification and prompt treatment of primary syphilis. With the availability and ease of serological testing (and PCR in some centres), it is possible that DGM is less utilised. Furthermore, the sensitivity of DGM is variable and depends on the expertise of the clinician obtaining the sample as well as the microscopist[3]. This study aims to assess the benefit of using DGM within a UK sexual health clinic.

METHODS AND MATERIALS

A retrospective case note review was undertaken of patients who had a DGM taken from ulcers from 2018-2025.

The electronic patient record was used to collect data on:

- Patient demographics
- DGM result
- Treponemal serology test result
- Syphilis POCT result (point of care test)

RESULTS

A total of 90 patients with genital ulceration were identified, of which 42 (47%) were subsequently diagnosed with primary syphilis by one or more of the following methods; DGM / serology / POCT.

Median age (range) at diagnosis – 32 years (18-62 years), 88% (37) male, 60% gay / bisexual men, 6% patients living with HIV.

A total of 96 DGM results were analysed (some patients attended on more than one occasion for repeat DGM, when initial DGM was negative):

- 20 (21%) positive (motile spirochetes seen)
- 5 (5%) suspicious (non-motile spirochetes)
- 71 (74%) negative

Median duration of ulceration - 20 days.
DGM was obtained from penile, vulval and peri-anal ulcers.

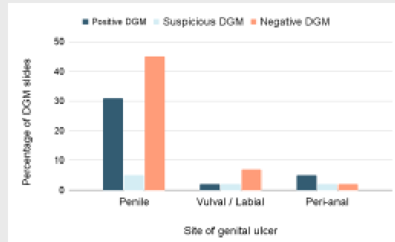

Chart 1. DGM status depending on site of specimen taken

RESULTS

Concordance with treponemal serology (see table 1)

16 (80%) patients with a positive DGM also had a positive serological test or syphilis POCT.
4 (20%) patients with a positive DGM had negative serology or syphilis POCT.
4 of 5 (80%) patients with a suspicious DGM had positive serology.
27 of 71 (38%) patients with a negative DGM were subsequently found to have positive serology.

At our service:

Sensitivity of DGM - 0.43
Specificity of DGM - 0.90
Positive predictive value - 0.80
Negative predictive value - 0.62

All positive DGM cases received immediate (same day) treatment.

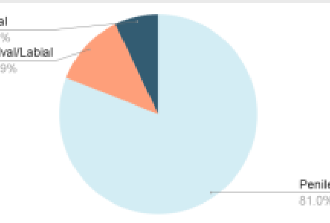

Chart 2. Anatomical sites of DGM sampling

	Serological test positive	Serological test negative
DGM positive	16 (17%)	4 (4%)
DGM negative	27 (28%)	44 (46%)
DGM suspicious	4 (4%)	1 (1%)

Table 1. DGM result in comparison to serological or POCT test result

DISCUSSION

Our work highlights that DGM is still a valuable tool in diagnosing syphilis, with over a fifth of DGM tests being positive within our service. DGM was more likely to be positive in swabs taken from penile ulcers than vulval or peri-anal ulcers.

Whilst serological tests are the mainstay of syphilis diagnosis, the results are not immediately available.

In addition, a fifth of positive DGM tests were in the absence of positive serology, highlighting that early serology may be false-negative.

Furthermore, the turn-around-time of serological testing means that the diagnosis and treatment are delayed which can lead to onward transmission of syphilis.

CONCLUSIONS

Given the current syphilis epidemic, we suggest that DGM still retains an essential role in enabling earlier primary syphilis diagnosis and prompt intervention, thus reducing onward transmission.

REFERENCES

1-GOV.UK [Internet]. 2025. UKHSA publishes latest STI data

2- GOV.UK [Internet]. UK Health Security Agency; 2024. *Tracking the syphilis epidemic in England: 2013 to 2023*

3- Lejarraga-Cañas C, Ayerdi-Aguirrebengoa O, Menéndez-Prieto B, Tello-Romero E, Rodriguez-Martín C, del Romero-Guerrero J. Is dark-field microscopy still useful for the primary syphilis diagnosis in the 21ST century? Enfermedades infecciosas y microbiologia clinica (English ed) [Internet]. 2022 Jan 1;40(1):32–4.

Tack!