Report on global sexually transmitted infection surveillance 2018

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Abbreviations and acronyms

ABO	adverse birth outcome
AMR	antimicrobial resistance
ANC	antenatal care
EMTCT	elimination of mother-to-child transmission
ESC	extended-spectrum cephalosporins
FSW	female sex worker
GAM	Global AIDS Monitoring
GARPR	Global AIDS Response Progress Reporting
GASP	Gonococcal Antimicrobial Susceptibility Programme
GUD	genital ulcer disease
HPV	human papillomavirus
MIC	minimum inhibitory concentration
MSM	men who have sex with men
MTCT	mother-to-child transmission
NGO	nongovernmental organization
PID	pelvic inflammatory disease
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
RST	rapid syphilis test
SDGs	Sustainable Development Goals
STI	sexually transmitted infection
UD	urethral discharge
UI	uncertainty interval
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNPD	United Nations Population Division (of the Department of Economic and Social Affairs)
WHO	World Health Organization
XDR	extensively drug-resistant

Executive summary

Globally, more than 1 million curable sexually transmitted infections (STIs) occur each day. According to WHO global estimates for 2016, there were roughly 376 million new infections of the four curable STIs – chlamydia, gonorrhoea, syphilis and trichomoniasis.

STI prevention and control have widespread public health benefits and contribute to progress towards the Sustainable Development Goals (SDGs) related to ending preventable deaths of children under 5 years, combating communicable disease, and providing universal access to sexual and reproductive health care.

In 2016, WHO released its *Global health sector strategy on sexually transmitted infections 2016–2021*. The Strategy envisions that by 2030, rates of congenital syphilis will be reduced to less than 50 cases per 100 000 live births in 80% of countries; and the incidence of infections with *T. pallidum* (syphilis) and *N. gonorrhoeae* (gonorrhoea) would have fallen by 90% globally between 2018 and 2030.

To achieve its goals, a critical component of the Global STI Strategy is strengthening STI surveillance and programme monitoring systems. This report summarizes the latest country-reported data from Global AIDS Monitoring (GAM) and the Gonococcal Antimicrobial Susceptibility Programme (GASP) as well as regional- and country-level estimates generated using tools developed with support from WHO for modelling STI epidemics: Spectrum-STI and the WHO congenital syphilis estimation tool.

Towards elimination of mother-to-child transmission of syphilis

with few countries from high-burden regions reporting these values into GAM.

Syphilis prevalence among key populations

The seroprevalence of syphilis among key populations such as female sex workers (FSWs) and men who have sex with men (MSM) is an important indicator of progress in STI control. About one fifth of countries reported syphilis prevalence among key populations to GAM in 2016–2017.

The median reported syphilis seroprevalence for FSWs was 3.2%, in contrast to 6.0% for MSM. About 40% of the countries (15 out of 38) reported more than 5% prevalence among FSWs, and more than half of the countries (24/41) reported more than 5% prevalence of syphilis among MSM. More effort is needed to scale up programmes to increase the coverage of prevention and treatment services for these most-at-risk populations in order to reduce the burden of syphilis in the general population.

General population case reporting on urethral discharge and gonorrhoea

Case reporting indicators based on STI syndromes and etiological causes were incorporated into GAM in 2013. In 2016–2017, roughly 47% of countries globally (91 out of 194) reported either urethral discharge (UD) or gonorrhoea among men aged 15–49 years. Of these, 35 countries reported both indicators. Case rates varied widely within and across regions, and probably underestimate the burden of UD and gonorrhoea due to limitations and inconsistencies in reporting and diagnosis, as well as barriers to health-care-seeking behaviours. The median case rates per 100 000 men 15–49 years of age were: