

**Risks of getting HIV infections and STIs when traveling to Latin America**

G. Lopardo

*FUNCEI, Buenos Aires, Argentina*

Sexually transmitted infections (STIs) including HIV infection are responsible for a variety of acute and chronic medical problems. Travel may interfere with human sexual practices by splitting fixed sexual partnerships and removing social taboos. Increased sexual promiscuity and casual sexual relationships are likely to occur during travel because people have the opportunity to escape from standard behaviors.

In Latin-American countries (LAC) the prevalence of STIs is extremely high. Syphilis has a variable prevalence rate among sex workers in LAC, ranging from 7% in Panama to 29% in Santos, Brazil. The same applies for gonococcal infections and other STIs. Resistance rates of *Neisseria gonorrhoeae* to different antibiotics vary according to different countries. Regarding chronic hepatitis B, seroprevalence for different LAC varies between high-endemicity regions like the Amazon basin, and low and intermediate areas like Argentina and South Brazil, respectively, determining different risks of exposure to travelers. There are no vaccines for STIs, with the exception of those for HBV. It is estimated that in the Latin American area there are 2 million people living with HIV and AIDS. Brazil accounts for more than 40% of total infections. In some Brazilian cities, more than 60% of drug users are HIV positive. The most severe epidemics are found in smaller countries such as Belize, Guyana and Suriname, with HIV prevalence rates of 2.1%, 2.5% and 2.4% respectively. The majority of countries in the region have prevalence rates of less than 1%, but the prevalence among specific groups, such as men who have sex with men and sex workers, is often very high. Primary resistance rates of HIV vary according to the visited area.

Screening of asymptomatic travelers who had casual sex abroad should be encouraged.

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**The WHO global plan to map and combat neglected tropical diseases**

L. Savioli

*WHO, Geneva, Switzerland*

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doi:[10.1016/j.ijid.2010.02.1869](https://doi.org/10.1016/j.ijid.2010.02.1869)**Neglected tropical diseases in Latin America and the Caribbean: Prospects for Control and Elimination**

S. Ault

*PAHO, Washington, DC*

In Latin America and the Caribbean, 180 million people live in poverty, and carry most of the burden of neglected tropical diseases (NTDs) like soil-transmitted helminthiasis, schistosomiasis, Chagas disease, lymphatic filariasis, onchocerciasis, leishmaniasis, trachoma, rabies, and other infections of poverty like neonatal tetanus and congenital syphilis.

These neglected diseases are often restricted to the rural and urban poor and vulnerable and excluded groups like women and children, and indigenous communities. They adversely affect school attendance, children's physical and cognitive development, pregnancy outcome, labor productivity, and/or income-earning capacity, and create social stigma.

A comprehensive integrated approach with access to diagnostic and treatment tools and an agenda to address their social determinants. Political commitment from multiple sectors is needed to ensure resource availability and international support. To facilitate development of this commitment, the Pan American Health Organization (PAHO)/WHO with its partners have recently taken several major actions. Ten neglected diseases have been mapped by PAHO in 14 countries for "hot spots". PAHO partnered with the Inter-American Development Bank and the Global Network for Neglected Tropical Diseases to develop a new Regional Fund for control and elimination of NTDs and other infectious diseases of poverty. PAHO's Directing Council passed Resolution CD49.R19 (2009) in which Member States committed by 2015 to eliminate or reduce those neglected diseases for which adequate tools and strategies exist, to levels in which they are no longer public health problems.

PAHO and partners will complete mapping of the distribution and overlap of neglected diseases in the Region; develop evidence-based guidelines and demonstration projects for integrated control; develop models to address social determinants; strengthen, scale up and intensify existing programs of control and elimination through technical cooperation; and plan for certification of elimination of diseases like onchocerciasis and lymphatic filariasis which are close to elimination in the Region.

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**Chagas disease research: Advances and needs**

Z. Yadon

*Pan American Health Organization, Washington DC, DC, USA*

American trypanosomiasis – a zoonotic disease caused by *Trypanosoma cruzi* (Protozoa, Kinetoplastida) – is transmitted to humans by blood-sucking triatomine bugs, blood transfusion and congenital transmission. Successful regional vector control programs based on the residual application of insecticide and improved screening of blood donors have