

STDs

HIV

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Phoenix College, Spring 2010

The goals of this seminar are:

- 1) To convince you that as a past, present and/or future sexually active human being, you are at risk (no matter how invulnerable you may *feel*) for contracting one or more sexually transmitted diseases (STDs), including HIV.**
- 2) To get you to practice Safer Sex, thereby reducing your chance of contracting one or more STDs, including HIV.**

What is meant by "Safer Sex"?

- Romantic and sexual relationships with reduced risk of STDs**
- Romantic and sexual relationships with reduced fear of contracting and spreading STDs**
- Romantic and sexual relationships which are more enjoyable because of reduced medical, emotional, and social risks**

The Human Body and Infection
a biological message from the microbes

My family members and I are microbes, though specifically, I come from the family of sexually transmitted microbes. You know, viruses and bacteria and such. We have a long and proud heritage when it comes to our relationship with the human species. Why, without you, we wouldn't be the force we are today.

Just like any living species on this earth, we sexually transmitted microbes have some real basic needs. Just like you, for our species to survive, we need to live long enough so that we can reproduce and pass on our genes to our next generation.

Because we're not visible to the naked eye, many of you forget we exist. But believe us, size doesn't matter when it comes to strength and potency. We've been around a lot longer than your species and we'll be here long after. We're tough. However, we do need some help. We need a host in which to live and reproduce, and you humans are terrific candidates. You provide a warm, moist, active environment - perfect for us to thrive in.

Remember, above all, we have the urge to pass our genes. The more of you we can find our way into, the better for us and our species. More of us can live happily in our human hosts.

And the members of my extended family are quite clever in transferring from one of you to another. Some of us microbes go by air. Some of us prefer to travel on a carrier, like a mosquito or tick. Yet another group of us microbes, my specific family, have to wait until one of you comes in to contact with another of you.

That brings us to the good part. There you all are. Rubbing skin against skin, and most opportunistic for us, inserting body parts into body parts without any form of latex or polyurethane barrier between you. We sexually transmitted microbes literally jump at the chance when this happens. We get a free ride from one of you to another - our genes spread successfully once again.

You humans have the knowledge to stop us, and many of you do. You learn about us, you realize that you are at risk for one or more of us finding our way into you, using you as a host. You put these horrifying latex barriers in our way. We can't reproduce!

Ah, but others of you, especially those of you under 25, seem not to be too concerned about our reproductive march... you, who feel invulnerable and powerful, whose motto is something along the lines of "it can't happen to me"...

And you, who aren't educated about my family and me...

And you, who wrongly believe that one of our sexually transmitted family members, a member we're especially proud of, the powerful and potent HIV, is only attracted to gay men and IV drug users...

And you, who are taken advantage of emotionally and physically by overpowering partners...

And you, who are ashamed of your sexual desires or drug addictions and feel you must hide them...

And you, who under the influence of alcohol and drugs end up doing things with other people you never quite intended doing...

To all of you - we sexually transmitted microbes salute you.

RISK ASSESSMENT FOR STDs, INCLUDING HIV

Are you at risk? Most likely, YES.

- **If you *have ever had or will ever have vaginal or anal sex without a condom, you are at risk for STD infection, including HIV.*** Even if you have always had sexual intercourse with a condom, you may still be at risk since condoms are not 100% effective, especially with herpes and HPV.
- People have said STD infection does not apply to them if they and their partner have each tested negative for HIV or if they and their partner have never had sex with anyone else. However, **most people have had sex with more than one person**, even if they don't admit it.
- **Few people confess to high-risk behavior.** What are the chances that someone will confess past high-risk behavior to you if they want to have sex with you?
- **Sexual experimentation rates are high among young people**, especially among males. Gay, bisexual or straight, most people won't discuss with you what they're doing sexually with their friends or with strangers.
- **People under the age of 25** are far more likely to be infected with STDs than older people for several reasons. Young people are less likely to use condoms, more likely to engage in sexual risk taking, and more likely to have multiple partners. Young women, in particular, are more biologically susceptible to STDs than older women. Their bodies are smaller, and they may be more likely to experience tearing during intercourse. Their cervixes also aren't fully developed, and are more susceptible to STD infection.
- **People who trade sex for money or drugs** are unlikely to be sufficiently empowered to negotiate that the sex be safer sex. Furthermore, partners acquired in this manner are far more likely to be infected with STDs than people in the general population.
- **People who already have an STD** are at higher risk for contracting an additional STD, including HIV.
- There is an excellent HIV and other STDs **risk assessment survey** that you can take on the web. To see your level of risk for contracting an STD, including HIV, go to www.thebody.com/surveys/sexsurvey.html

SAFER SEX PITFALLS: "excuses, excuses, excuses"

I don't practice safer sex because I know and trust my partner. Unfortunately knowing your partner is a nice person and trusting them not to cheat on you does not tell you anything about whether or not he or she was infected with an STD, including HIV, before you met. Remember, a person could have been infected with HIV 10 years earlier or more and not know it because they have no obvious health problems. Also, many STDs have no symptoms. You could be having sex with an infected person who doesn't even know he or she is infected.

We have a monogamous relationship, so we don't have to practice safer sex. This would make sense if neither of you had ever had sex with anyone else. Most people practice "serial monogamy." They are monogamous with one person for a few weeks, months, or years, and then when that relationship ends they are monogamous with someone else. Since most people you encounter have had sexual intercourse before, it's possible that you could be monogamous with an infected partner.

Alcohol and/or drug use sometimes makes me forget about safer sex. This is a big problem for a lot of us. When we've been drinking or using other drugs, we often do sexual things we didn't expect to do. We are usually much less likely to protect ourselves sexually when we are under the influence. Stay in charge of yourself. Protect yourself and your partner(s).

I'm afraid of rejection. Some people fear rejection if they ask their partner to use condoms. Women sometimes think their partner will think they sleep around if they ask their partner to practice safer sex. But many women who only have monogamous relationships insist on practicing safer sex. Men sometimes think that if they have a condom their partner will think they had planned to have sex all along. But some men and women always carry condoms, just to be sure. Most people use a condom or practice other types of safer sex when asked by their partner to do so. If your partner refuses the request, use all your emotional and physical willpower to refuse their advances for unprotected sex. Find a partner who respects your requests – there are plenty of them out there.

CAN I STILL HAVE ROMANTIC & SEXUAL RELATIONSHIPS WITHOUT HAVING TO WORRY SO MUCH ABOUT STDs, INCLUDING HIV?

“Yes!”

- There are many kinds of romantic and sexual activities that do not involve sexual intercourse yet are very enjoyable and are relatively safe, even without condoms. These include massage, mutual masturbation, and other physically intimate activities that do not involve inserting the penis in the vagina, mouth or anus (sexual intercourse).
- Get tested together. If you find out you are both free from STDs, including HIV, you can proceed with sexual relations as you see fit. Of course, you still want to use a condom every time you have sex because you can't ensure your partner's monogamy. If you find out that one or both of you have an STD, you can learn about what you need to do and can discuss precautions, treatments and how to proceed sexually from there.

CONDOMS: USE THEM EVERY TIME YOU HAVE SEX

Use good “condom sense”

- The **correct use of good quality latex or polyurethane condoms** dramatically reduces the risk of HIV and other STD infection if you engage in vaginal or anal intercourse, or oral sex.
- **Consistent use** means using a new latex or polyurethane condom from start to finish with each act of intercourse.
- **Correct condom use** includes the following steps:
 - 1) Use a new latex or polyurethane condom for each act of intercourse.
 - 2) Check the expiration date. Never use condoms that are past their expiration date.
 - 3) Check the condom package for leaks by gently squeezing it.
 - 4) Put on the condom as soon as erection occurs and before any sexual contact (vaginal, anal or oral). This does not mean starting to have intercourse without a condom, and then stopping and putting on a condom part way though before the male partner ejaculates.
 - 5) Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom for semen, yet ensuring that no air is trapped in the condom's tip. A good measure is about ½ inch, or the width of a finger.
 - 6) Adequate lubrication is important, but use only water-based lubricants, such as glycerine or lubricating jellies (easily purchased at the drugstore). Oil-based lubricants such as petroleum jelly, cold cream, hand lotion or baby oil can weaken or destroy the condom.
 - 7) Withdraw from the receptive partner immediately after ejaculation, holding the condom firmly at the base of the insertive partner's penis to keep it from slipping off.
 - 8) Have the insertive partner turn away from the receptive partner and then remove the condom.

- Do not use animal skin (or natural membrane) condoms! **Use latex or polyurethane only.**
- **Female condoms** are available and some women insist on using them.
- **Use a condom no matter what you hear from your partner.** Most people are honest but others can't always be counted on to be honest about their STD status, especially because they may not even know they have one. *Always* use a condom to protect yourself and your partner.
- Some people complain that condoms are not comfortable. **“Making Condoms Comfortable”** is an excellent, honest video (1:30 minutes long). Find it on YouTube by typing in “making condoms comfortable.” The video is carried on several websites, including PeopleJam and SexHealthGuru.
- Myths about condoms:
 - Myth #1 – Condoms don't work.* Condoms work very well when they are **used properly and consistently**. Condoms don't work when they are used improperly, inconsistently or not at all.
 - Myth #2 – STDs, including HIV, can pass through a condom.* This may be true for natural membrane (or animal skin) condoms but it is NOT true for latex or polyurethane condoms. Laboratory studies show that latex or polyurethane condoms provide a continuous barrier to microorganisms, including sperm. Condoms are highly effective against chlamydia, syphilis, gonorrhea and HIV. They are also effective against herpes and HPV but these STDs can be passed through body parts not covered by a condom.
 - Myth #3 – Condoms frequently break.* Condoms made in the United States are regulated by the FDA. Every quality condom made in the United States is tested for defects before it is packaged. Most condom breakage is due to incorrect use rather than poor condom quality. Additionally, exposure to heat or sunlight or age can weaken a condom. Condoms can also be torn by teeth or fingernails.

PROTECT YOURSELF – IT'S YOUR (SEX) LIFE!

Protect your partner, too

- **Know your own body.** Know what is "normal" for you so that you can tell when something is different.
- **See a medical professional for anything out of the ordinary.** Sores on the genitals; unusual discharge or discomfort when urinating; or pain during sex are good reasons to go see a health care professional. There's no need to be embarrassed when talking to them. They have seen everything(!) and are trained to be non-judgmental.
- **It's important to be able to talk about sex.** It can be uncomfortable to have direct conversations about sex, but it does get easier if you are confident about your facts. Approaching it from a biological perspective (these pathogens want to get in us to reproduce, let's keep them out) can also help. Bottom line: When it comes to sex, good communication is important. Talk freely with health care providers, and most importantly, your sexual partner(s).
- **How to have that talk.**
 - Choose a relaxed time and comfortable place before you get intimate. That means before you take your clothes off.
 - Be sure to arm yourself with facts so you can answer any questions your partner may have. This packet is filled with up-to-date information. Read it together. There are also many valuable websites you can go to (listed on page 17 of this packet).

- **When you're ready to have sex.**
 - Turn on the lights – at least at first. It may be more romantic to “do it in the dark,” but turning on the lights helps you see if your partner has any visible symptoms. Remember, many STDs have no visible symptoms, so you still want to wear a condom even if you don't see anything out of the ordinary. Checking each other out can be a fun part of foreplay.
 - Have that condom ready. Be sure to put it on before there's any contact with the penis to the vagina or anus.
- **Exchange contact info.** Symptoms from many STDs, including HIV, don't show up right away. Get in the habit of exchanging contact info with anyone you have sex with. If either of you find out you have an STD, you can contact the other person to let them know they should get tested. Do your part to keep our whole community as healthy as can be.
- **Negotiating some tricky situations:**

Scenario #1: You're thinking about having sex but you're just not comfortable talking about it with your partner.
Solution: Maybe one of you thinks that talking about sex kills the mood or that sex should just happen naturally when the moment is right. Wrong. Talking about sex is one of the best ways to reduce your anxiety and risk. That's because talking about sex can help build trust and respect between you and your partner. Most importantly, it helps you plan ahead so that if you do decide to have sex, you can establish your sexual boundaries together and you can decide how you are going to protect yourselves against STDs.

Scenario #2: Your partner does not want to use a condom.
Solution: Some people use a variety of lame excuses to weasel out of using condoms so you should be armed with a response.

EXCUSE	ANSWER
Don't you trust me?	Trust isn't the point, you or I could have infections without realizing it.
It takes away the romance.	So could getting an STD.
I can't feel a thing (or as much) when I wear a condom.	I'll feel more relaxed, If I am more relaxed, I can make it feel better for you. (Or...)You'll feel even less if you don't use one because we won't be having sex.
I don't stay hard when I put on a condom.	I'll help you put it on, that will help you keep it hard.
I don't have a condom with me.	I do.
I'm clean. I won't give you any diseases.	It's nothing personal but I want to make sure both of us stay healthy.
Putting it on interrupts everything.	Not if I help put it on.
I guess you don't really love me.	I am sure not risking my future to prove it.
I'll pull out in time.	I could still get STDs (or pregnant) from pre-ejaculate.
But I love you.	Then you'll help us to protect ourselves.
Just this once.	Once is all it takes.

***It's more than OK to say, "NO CONDOM, NO SEX."
Many people do.***

SPECIAL STD CONCERNS FOR WOMEN WHO HAVE SEX WITH WOMEN (WSW)

- For many women, health care revolves around the need for contraception. **Women who don't need contraception**, either because of age, sexual orientation, or other lifestyle issues, are less likely to take advantage of recommended preventative care.
- Even if lesbians and other WSW do use traditional health care, they may feel uncomfortable **disclosing their sexuality to doctors**. Lack of ability to discuss sexual health, however, may impact other areas of a woman's life. When you shut the door on talking about something as essential as sexuality, you also lose the opportunity to talk about many other health issues. Remember that most medical professionals are trained to be non-judgmental.
- Many women who identify as lesbians have had **sex with a man** at least once in their lives. For many reasons, women who identify as lesbians are less likely to use protection during sexual encounters with men.
- Lesbians who have **never slept with a man** are also at risk of sexually transmitted diseases. A higher number of female partners has been associated with increased risk of bacterial vaginosis, herpes, and HPV. This risk is compounded by the fact that many lesbians and other WSW consider sex between women to be a low-risk activity and therefore do not practice safer sex.
- There are ways to improve the **safety** of most, if not all, sexual activity that takes place between women. The mechanics of many safer sex acts between women are the same as those for many other types of couples and include:
 - Using barriers, such as dental dams, saran wrap, or slit open condoms, for oral-vaginal and oral-anal contact.
 - Using gloves when inserting fingers into the vagina or rectum.
 - Putting condoms on insertable sex toys and changing the condom for each partner. Condoms should also be changed when moving a toy from the vagina to the rectum or vice versa.

SPECIAL STD CONCERNS FOR MEN WHO HAVE SEX WITH MEN (MSM)

- In the years since the AIDS crisis began in the early 1980s, the gay male population in the U.S. has been the target of aggressive public-health and STD-prevention campaigns. By most accounts, these efforts have been successful in drastically decreasing the number of new HIV diagnoses among many gay men and creating an increased sense of responsibility for one's own health and the health of the community.
- Since approximately 2004, however, doctors and journalists in the gay press have noticed **a backlash against the stringent rules of safer sex**, including the rise of barebacking, or having anal sex without a condom. Researchers at the Centers for Disease Control also note that fewer gay men are going in for STD testing.
- Consequently, many major U.S. cities have noticed a **marked increase** in certain sexually-transmitted diseases, like syphilis and gonorrhea, among gay men and MSM.
- It has been suggested that **alcohol and drug use** (and abuse) may be higher among gay men. Alcohol and drug use can increase the risk for STDs, including HIV. While under the influence, people tend to have sex more often, are less likely to use condoms, or are less likely to use condoms correctly.

- Some gay men suffer from **depression and low self-esteem** due to societal and family discrimination. When a person has low self-esteem, they tend to value their life (and their health) less seriously. They are therefore less likely to protect themselves and others against STDs, including HIV.
- If you are a gay man or a MSM, ask yourself **what you personally can do** to make *your* community healthier. Work to keep yourself and other men healthy. Buy condoms, and learn to use them correctly, then teach others to do the same. Reduce your use of alcohol and other drugs and teach others to party responsibly.

SEX TOYS AND STDs

- Couples of all kinds enjoy using sex toys. If you and your partner are among them, know that **they can facilitate the spread of STDs**, so learn how to use them safely.
- Depending on how sex toys are used, they can come in contact with vaginal fluids, blood, or feces. And because each of these things can carry STDs, it's a **bad idea to share sex toys**—that is, to use the same toy on two different people—without taking proper precautions. In addition, some toys can crack or develop holes over time where bacteria can easily hide out.
- The best way to be safe with sex toys is to **use condoms** and change the condom each time the toy changes partners or moves from one area of the body to another (especially after being used in the anus).
- Also, **clean the sex toy** between uses. Salespeople at sex-toy shops can help you figure out proper cleaning methods. Cleaning often involves soap and water, or even a run through the dishwasher. Submersion in boiling water might also be a good idea, depending on the material the toy is made of and the type of toy it is (such as whether it has moving or electric parts). Sex-toy emporium Babeland offers a comprehensive guide to toy cleaning and care. Find it at www.babeland.com/shoppingadvice/care-and-cleaning.

SEXUALLY TRANSMITTED DISEASES (STDs)

- STDs often have **no symptoms**, or if they do they last about a week. Therefore, many people do not know they have them.
- By the age of 24, 1 in 3 sexually active people have contracted an STD.
- 15 million cases of STDs, other than HIV, are diagnosed annually in the U.S. About two-thirds of those are among **people under the age of 25**.
- Because STDs are almost always spread through **high-risk sex**, it's clear that many people are engaging in the sort of high-risk behavior that leaves them open for an STD, including HIV. High-risk behavior includes having vaginal or anal intercourse without a condom.
- Anyone of any age, sex, or sexual orientation who engages in high-risk sex is leaving himself or herself open for acquiring an STD, including HIV.
- Some STDs are spread to and by body parts not covered by a condom. For example, infectious herpes sores could be active on the buttocks or upper thighs.

- Ask your doctor or medical professional for a full STD screening. Not all of them will do it automatically. Insurance covers many STD tests.
- **STD Screening Recommendations:**
 1. Sexually active males and females under age 25 should be screened at least twice a year.
 2. Patients testing positive for an STD have a 50% chance of a second infection of another STD or a reinfection of the same STD from an untreated partner within 6 months of resuming sexual activity. For these people, more frequent testing may be needed.
 3. High-risk patients (intravenous drug users, any drug users, those who have been in or are in correctional or detention facilities, those with more than 3 partners per year, those with anonymous partners, those having unprotected sex, *and those having sex with partners in any of these categories*) should be tested more frequently.
 4. HIV-infected patients should be screened for curable STDs twice a year and assessed for herpes.
 5. High-risk patients should be considered for treatment of locally prevalent STDs.
 6. The Arizona Department of Health Services recommends that all sexually active people get tested for HIV once per year.
- **How to tell your partner you have an STD.**
 - If you have an STD, telling your partner is the right thing to do. It helps build trust between you.
 - You might want to start the conversation on a positive note, for example, telling your partner that you really care for him or her and that's why you want to discuss something important. You might say that last year you found out you carry HPV, or that you just learned that you have chlamydia. If you have genital herpes, you might explain that you sometimes get sores in the genital area. Keep it simple and just give the facts about symptoms, treatment, how the disease is spread, and how you can protect each other. These can be awkward conversations that can stir up a lot of emotions, but try to think of it as simply sharing vital information.
 - Then give your partner some time and space to digest the news. Offer to provide more information or an STD hotline number or website. With everything that's been learned in recent years about STDs and their transmission, it's entirely possible for people with an STD to have a satisfying sex life without passing infection to their partners. Lots of people do.
 - It's best to avoid sex if you or your partner is having an outbreak of an STD. Cuddling and spending time with each other are great ways to build your relationship.
- **Beware of promises for “alternative” STD treatments, especially those you find on the web.** Many companies offer enthusiastic testimonials for private and embarrassment-free results through their natural and herbal medications. But these companies can rarely produce *evidence* that their products work. Don't send your money to these e-commerce outfits, no matter what your friends say. See a credible medical professional.

COMMON STDs

Chlamydia (cla-MIH-dee-ah)

What is it? Chlamydia is the most common and most invisible sexually transmitted disease in America. Chlamydia is a bacterium and can be treated successfully.

Rates: Two to four million (estimates vary) American men and women become infected every year. Many people are unaware that they are infected. *It is most common among men and women under the age of 29. Nearly 80% of cases are in women.*

Transmission methods:

- vaginal and anal intercourse
- oral sex
- from the birth canal to the fetus

Common symptoms:

<u>For Women</u>	<u>For Men</u>
- discharge from the vagina	- discharge from the penis
- pain or burning while urinating	- swelling or pain in the testicles
- more than usual urination	- pain or burning while urinating
- excessive vaginal bleeding	
- painful intercourse	
- spotting between periods or after intercourse	
- abdominal pain, nausea, fever	
- inflammation of the rectum or cervix	

Roughly 75% of women and 50% of men with chlamydia *have no symptoms*. Symptoms appear in 7 to 21 days— *if they appear*.

Treatment: Both partners can be treated successfully with antibiotics.

Protection: Condoms offer very good protection against chlamydia. Have routine checkups for STDs. Abstinence is the only sure way to protect yourself from chlamydia.

Gonorrhea (gone-o-RHEE-a)

What is it? Gonorrhea is a bacterium that can cause sterility, arthritis, and heart problems.

Rates: More than 700,000 cases of gonorrhea are reported every year in the U.S. and 50% of these infections are among those ages 10-19. 80% of women and 10% of men will have no symptoms.

Transmission methods: vaginal, anal, and oral intercourse.

Common symptoms:

For women:

- 80% of women with gonorrhea show no symptoms. *If symptoms appear, they appear within 10 days.*
- Frequent, often burning urination.
- Menstrual irregularities, pelvic or lower abdominal pain.
- Pain during sex or pelvic examination.
- Yellowish or yellow-green discharge from the vagina.
- Swelling or tenderness of the vulva; and even arthritic pain.

For men:

- 10% of the men with gonorrhea show no symptoms. *If they appear, it takes from 1-14 days.*
- A pus-like discharge from the urethra or pain during urination.

Treatment: Both partners can be successfully treated with oral antibiotics. Often people with gonorrhea also have chlamydia. They must be treated for both infections at the same time.

Note: 38% of gonorrhea cases in homosexual men and 7% in heterosexual men are currently proving drug resistant. Gonorrhea has already become resistant to 4 classes of antibiotics. The current antibiotic is the “last” one left as no new class of antibiotics is on the horizon at this time.

Protection: Condoms offer very good protection against gonorrhea. Have routine checkups for STDs. Abstinence is the only sure way to protect yourself from gonorrhea.

Syphilis (SIF-i-lis)

What is it? Syphilis is caused by a bacterium called *Treponema pallidum*. The bacterium is systemic, meaning it can move throughout the body, damaging many organs over time.

Rates: In 1999, the Centers for Disease Control was nearly ready to call syphilis a conquered disease. Due to high-risk behavior among many populations, syphilis is back and rates are on the increase, with the majority of infections in people 20-39 years old. Men contract syphilis at six times the rate of women, especially men who have sex with other men.

Transmission methods: The bacterium spreads from the sores of an infected person to the mucous membranes of the genital area, the mouth, or the anus of a sexual partner. It can also pass through broken skin on other parts of the body. People with syphilis sores increase their risk of contracting HIV two to fivefold.

Common symptoms:

Syphilis has several phases that may overlap one another. They do not always follow in the same sequence. Symptoms vary with each phase, but there are no symptoms most of the time.

Primary Phase: Painless sores or open, wet ulcers, called chancres (SHAN-kers), often appear from 10 to 90 days after infection. They last three to six weeks. They appear on the genitals, in the vagina, on the cervix, lips, mouth, or anus. Swollen glands may also occur during the primary phase. It is the easiest to treat syphilis in this stage. If untreated, the disease progresses through the three other stages.

Secondary Phase: Other symptoms often appear from 3-6 weeks after the sores appear. They may come and go for up to two years. They include body rashes that last from two to six weeks—often on the palms of the hands and the soles of the feet. There are many other symptoms, including: mild fever, fatigue, sore throat, hair loss, weight loss, swollen glands, headache, and muscle pains. At this stage, any physical contact (sexual or non-sexual) with the broken skin can spread the infection.

Latent Phase: No symptoms. No longer contagious. Latent phases occur between other phases or can overlap them.

Late Phase: Untreated people with syphilis can experience serious damage to the nervous system, heart, brain, or other organs, and death may result.

Syphilis is especially contagious when sores are present early in the disease—the liquid that oozes from them is very infectious.

Treatment: Antibiotics are successful for both partners—but only in the first two stages. Damage caused by the disease in the later phases cannot be undone.

Protection: Condoms offer very good protection during vaginal, anal, and oral intercourse. Have routine checkups for STDs. Abstinence is the only sure way to protect yourself from syphilis.

Human Papilloma Virus (pap-ill-LOW-mah) - Genital Warts

What is it? There are more than 40 different sexually transmitted strains of human papilloma viruses (HPVs). Some types of HPV are referred to as “low risk.” These cause warts, and the warts, when found, can be treated. Other HPV types are referred to as “high risk.” These cause other conditions, including penile and

anal cancer in men and cervical cancer in women. Finding out you have HPV is not as important as finding out if you have the diseases that it can cause.

Rates: Nearly every sexually active person gets HPV at some point, and most get it as soon as they start having sex. While the virus can remain in the system for life, most people fight off infection within two years. A person can have HPV for many years before it's found or causes health problems.

Transmission methods:

- Vaginal and anal intercourse.
- Genital HPVs can spread with or without visible warts.
- You cannot get HPV from being unclean or from toilet seats. Rough sex is no more likely to cause HPV. Women can't get HPV from having an abortion or from having sex during their period. These are all myths.
- There is no way to know if your partner gave you HPV or if you gave HPV to your partner. HPV shouldn't be seen as a sign that you or your partner is having sex outside of the relationship. It should, however, be a motivation for both of you to get checked.

Common symptoms:

- Warts in or on the genitals, in the anus, or on the thigh.
- Genital warts are soft to the touch, and may look like miniature cauliflower florets. They may also look like flat growths. Warts don't hurt, though they may itch. Warts do not cause cancer.
- Untreated genital warts can grow to block the openings of the vagina, anus or throat.
- It usually takes from 2-3 weeks after infection for warts to develop, but it can take as long as 10 months. In women, genital warts grow more rapidly during pregnancy or when other infections are present.

Treatment:

- There is no treatment for HPV, but there are treatments for the health problems that HPV can cause – like genital warts (in men and women) and cervical cell changes (women only).
- Though they may recur, genital warts can be treated in a number of ways. They may be removed by carefully applying and often reapplying a prescription medication to the wart.
- A vaccine under the brand name Gardasil protects against genital warts. It's FDA approved and recommended for females and males, ages 9-26.
- Brand names Gardasil and Cervarix also provide good protection rates in women for HPV16, a strain of HPV that has been shown to lead up to more than half of all cervical cancer cases.

Protection:

- Condoms may offer some protection against genital HPVs, but the viruses may "shed" beyond the area protected by a condom.
- Have routine checkups for STDs.
 - Women: Get both a Pap test and an HPV test. The Pap test looks for cell changes on your cervix that could develop into cervical cancer. The HPV test looks for HPV, the virus that can cause these cell changes.
 - Men and women: You and your doctor should look carefully in the genital area for warts.
- Women: listen to this very short podcast about pap smears and HPV. Go to your favorite search engine and type in "Take Time to Save Your Life podcast."
- Abstinence is the only sure way to protect yourself from genital warts.

Herpes (HER-pee-z)

What is it? There are two forms of herpes:

1. Herpes simplex virus-1. Sores "above the waist."
2. Herpes simplex virus-2. Sores "below the waist."

Rates: Like many other viruses, the herpes simplex virus (HSV) remains in the body for life. More than 45 million Americans have genital herpes (HSV-2). It is estimated that 90% of the American population has HSV-1, the form of herpes that usually appears as oral herpes (also known as 'cold sores') and is most often spread without sexual contact. 1 out of 5 adults and adolescents have genital herpes.

Transmission methods:

- Touching, sexual intimacy—including kissing.
- Vaginal, anal, and oral intercourse.
- HSV may be passed from one partner to another, or from one part of the body to another, whenever contact is made with an active herpes virus. Oral sex play can pass herpes from the mouth to the genitals or from the genitals to the mouth.
- HSV is most contagious from the time the sores are present until they are completely healed and the scabs have fallen off. Unfortunately, recent studies show that some people may be contagious when they have no symptoms. Mucous membranes of the mouth, anus, vagina, penis, and the eyes are especially susceptible to infection.

Common symptoms:

- Symptoms usually appear from 2-20 days after infection—but it may be years before an outbreak occurs.
- A recurring rash with clusters of itchy or painful blistering sores appearing on the vagina, cervix, penis, mouth anus, buttocks, or elsewhere.
- Painful ulcerations that occur when blisters break open.
- The primary outbreak may cause pain and discomfort around the infected area, itching, burning sensations during urination, swollen glands in the groin, fever, headache, and a general run-down feeling.
- Recurrences are sometimes related to emotional, physical, or health stresses. During recurrences it is important to observe strict rules of day-to-day hygiene. Wash hands frequently and do not touch the sores. If the sores are touched inadvertently, wash hands immediately. Be particularly careful when handling contact lenses and touching the eyes.

Treatment: No cure. Symptoms can be relieved and the number of recurrences reduced with drugs. Experimental vaccine is showing some promise for uninfected women.

Protection: Partners should refrain from sexual intimacy from the time they know the blisters are going to recur until after the scabs have completely fallen off the healed sores. Condoms offer some protection against the virus between outbreaks, but not during outbreaks. Have routine checkups for STDs. Abstinence is the only sure way to protect yourself from herpes.

Human Immuno Deficiency Virus (HIV)

What is it?: The human immunodeficiency virus (HIV) causes an individual's immune system to weaken and lose its ability to fight off infections and cancers. After developing a number of these infections or reaching a certain blood count level, an HIV-positive person is diagnosed with Acquired Immunodeficiency Syndrome (AIDS).

Rates:

- The United States Public Health Service estimates about 1.1 million Americans are currently infected with HIV. At least 40,000 more Americans are being infected each year. Worldwide, nearly 40 million people are infected with HIV.
- Men: 70% of new HIV infections in the U.S. are among men. Of this population, 60% were infected through homosexual sex, 18% through injection drug use and 16% through heterosexual sex.

- Women: 30% of new HIV infections in the U.S. are among women. Of this population, 70% were infected through heterosexual sex, and 27% through injection drug use.
- It is true that overall HIV rates have declined in the last few years but **it is a myth that HIV is not that much of a danger anymore**. Health care professionals are again reporting increased rates of HIV infection, especially among young people in urban areas.

Transmission:

- HIV moves from one person to another in 4 ways: from a man's **semen**, a man or woman's **blood**, a woman's **vaginal secretions** and a woman's **breast milk**. For someone to become infected from one of these 4 sources, his or her blood has to come into contact with one of these 4 fluids.
 - The primary means of HIV infection is through *unprotected sexual intercourse* with an infected person. This means sex that allows vaginal fluids or semen from one person to come into contact with the other person's blood, or to be absorbed into the other person's body in some other way.
 - Another risk for HIV transmission is sharing needles. This is a concern for people who use injection needles for any reason, whether it's recreational drugs, steroids, or insulin. When a person is injecting, some of their blood is nearly always left on the needle or syringe. If you use that needle or syringe, that person's blood would then be injected into your blood.
 - A third concern is parents transmitting HIV to their children. Fathers can transmit HIV to the mother during sexual intercourse, who can then transmit it to the baby. A mother can transmit HIV to her baby while she is pregnant, during childbirth, or when breastfeeding.
- **You *can't* get infected with HIV** by using public toilet seats, touching door knobs, being sneezed or coughed upon, from pets, or by sharing your beer, ice cream, or other foods with someone who is infected.

Common Symptoms:

- There are no symptoms of HIV infection.
- The average time between HIV infection and AIDS is 8 to 11 years.
- Over time, HIV causes the body to develop opportunistic infections or cancers normally controlled by a healthy immune system.
- AIDS symptoms are usually those of the opportunistic infection or cancer. These include fever, chills and sweats, chronic fatigue, appetite or weight loss, muscle and joint pain, long-lasting sore throat, swollen lymph nodes, diarrhea, yeast infections, and skin sores.
- Opportunistic infections that most frequently affect someone with AIDS include Kaposi's sarcoma, Pneumocystis carinii pneumonia (PCP), tuberculosis, meningitis, and herpes simplex infections.

Treatment:

There is no cure or vaccine for HIV or AIDS. There are, however, combinations of drugs that allow people with HIV or AIDS to live for longer periods of time. Such treatments do not cure HIV or AIDS. They are expensive, complicate your life and have side effects. *However, the HIV virus is capable of mutating and drug-resistant forms of the virus are now being reported in about 16% of HIV cases.*

Protection:

Condoms provide the best protection for those who are sexually active, but remember that condoms are not 100% effective. Low-risk sexual activities such as mutual masturbation and French kissing, and no-risk sexual activities such as dry kissing and phone-sex also offer good protection. Also, do not share needles with anyone else. Abstinence is the only sure way to protect yourself from HIV.

You Should Consider HIV Testing

- Getting tested for HIV is relatively easy and painless. While blood testing is available, you can also be tested by oral fluid, urine or a finger-stick. You can often receive results the same day. Do be careful of home sample devices, like those you can order from the Internet.
- In most U.S. cities, you can be tested anonymously. The CDC runs a website where you can type in your zip code and find all testing locations and other details, such as contact info, hours, and cost (many are free). Find it at <http://www.hivtest.org/>
- The test does not test directly for HIV. It tests for antibodies for HIV. When your body is exposed to HIV it produces antibodies, which then can be detected in the HIV test. But it takes your body up to 21 days or more to produce these antibodies. This is called the "window period". This means you need to wait at least 21 days (some recommend 6 weeks) after last putting yourself at risk of HIV infection in order to know the test is accurate. Health professionals recommend getting tested once a year (if you are engaging in risky or high-risk sex).
- If you find out that you are infected with HIV, reach out to others. There are numerous counselors, hotlines, agencies, and medical professionals in our community who can help you. TheBody.com is an excellent, credible, up-to-date web resource.

OTHER COMMON STDs INCLUDE:

Chancroid (SHANG-kroid)

Chancroid is an especially dangerous sexually transmitted bacterium because the sores it causes increase the chances of getting HIV.

Cytomegalovirus (CMV) (sigh-tow-MEG-a-low-VI-rus)

CMV is a virus that is transmitted through many bodily fluids. Every year, CMV causes permanent disability, including hearing loss and mental retardation, for 4,000 to 7,000 babies when transferred from the mother.

Hepatitis B (HBV) (hep-a-TIE-tis)

Hepatitis B is an infection of the liver. It is spread through semen, vaginal fluids, blood, and urine.

About 46,000 American women, men, and children become infected with HBV each year. Most of these infections occur among people who are age 20 to 49.

Molluscum Contagiosum (mo-LUS-kum con-tay-gee-0H-sum)

Hundreds of thousands of cases of the virus, *molluscum contagiosum*, are diagnosed every year. Common symptoms include small, pinkish-white, waxy, round, polyp-like growths in the genital area or on the thighs.

Pelvic Inflammatory Disease (PID)

PID is a progressive infection that harms a woman's reproductive system. PID occurs throughout the pelvic area, in the fallopian tubes, the uterus, the lining of the uterus, and in the ovaries. Treated or untreated, PID can lead to sterility, ectopic pregnancy, and chronic pain.

Pubic Lice

Every year, millions of people treat themselves for pubic lice. These tiny insects are also called "crabs."

Trichomoniasis (trick-oh-mo-NEYE-ah-sis)

"Trich" is a protozoan—a microscopic, one-cell animal. It is a common cause of vaginitis. Up to five million Americans develop trichomoniasis every year.

Urinary Tract Infections

Urinary tract infections (UTIs) are caused by bacteria that have spread from the rectum to the vagina or penis and then to the urethra and bladder. Severe cases, left untreated, may cause kidney infection.

WEB LINKS:

The web is filled with great information. Always check – and then double check – the credibility of the website you're using. Don't trust "information" of websites whose real purpose is to sell you something. Find an unbiased governmental, educational or medical website. Here are just a few:

- **Condoms:** Outstanding, honest resource, including pictures and instructions for use, www.avert.org/usecond.htm
- **STDs:** www.plannedparenthood.org and www.cdc.org/STD
- **HIV:** www.thebody.com
- **Videos:** www.illumistream.com/index.php?index (click on health, then sexual health)
- **STD Risk Assessment Survey:** www.thebody.com/surveys/sexsurvey.html
- **Lesbian health:** <http://www.womenshealth.gov/faq/lesbian-health.cfm>
- **Gay Men's health:** <http://menshealth.about.com/od/gayhealth/>
- **Q&A on every imaginable sex question:** Go Ask Alice, sponsored by Columbia University's health services division. Find it at www.goaskalice.columbia.edu/Cat7-full.html#89
- **Test your smarts on sexual health:** www.avert.org/quizzes.htm
- **Sex Toy cleaning and care:** www.babeland.com/shoppingadvice/care-and-cleaning

GET YOURSELF CHECKED OUT:

- **See a medical professional.** There are many great doctors, nurse practitioners and other medical professionals in our community who are knowledgeable and non-judgmental. Though your friends mean well, they don't always have the knowledge or skill you need.
- **Planned Parenthood.** Go to the home page of **Planned Parenthood Arizona** (www.plannedparenthood.org/ppaz/). Type in your zip code at the top to find the nearest clinic. Costs and services provided vary depending on location and your income. Planned Parenthood is committed to providing services at the lowest possible cost and to ensuring that financial concerns are not a barrier to necessary health care. Many of their centers offer services on a sliding scale.
- **Maricopa Department of Public Health clinical services – STD screenings**
1645 E. Roosevelt
(602)506-5604 (STD screenings)
(602)506-2934 (HIV testing)
Call for hours and prices

Members of this STD committee, the PC Counseling Department and community agency representatives can answer your questions about STDs and can provide you with emotional and social support.
Take advantage of the access to these people and agencies.

Materials in this packet are adapted or quoted from:
Arizona Department of Health Services, The Centers for Disease Control and Prevention,
U.S. Department of Health and Human Services, <http://www.thebody.com>,
<http://plannedparenthood.org>, <http://www.health.com>,
<http://www.about.com>, <http://www.avert.org>, <http://mtv.com>

2010 STD updates provided by Brenton Cheeks, Robin Cotter, Patty Finkenstadt,
Kelly Lambert, Liz O'Brien, and John Schampel

based on original materials by
Robert W. Fernie, Department of Psychology, Phoenix College, Spring 1998

additions and revisions since 1999, annually and to present by
Liz O'Brien, Department of Communication, Phoenix College

PROTECT YOURSELF

from contracting a sexually transmitted disease

Emotional Protection

- Respect yourself.
- Don't let other people talk you into doing things you don't want to do.
- Look yourself in the eye and think seriously about your sexual health. Do you make good choices about protecting yourself and others? Why or why not?
- Listen to your instincts. If your 'gut' tells you not to do something, learn to listen.

Social Protection

- Practice saying "no" or practice insisting upon condom use. Have a friend pretend to pressure you into having sex without a condom. What will you say? Practicing with your friends in a fun, informal atmosphere can sometimes make it easier to do the right thing in a real situation.
- Monitor your drug and alcohol use. Stay in charge. We all know that we are more likely to do things when high or drunk (or even tipsy) that we never intended doing.
- Continue to educate yourself and your friends and partners about sexual health. Information changes – keep yourself current.

Physical Protection

- Get routine STD screenings.
- Buy condoms (men and women) and carry them with you just in case. Learn how to use them properly. More condom information, instructions and pictures are on the website www.avert.org/usecond.htm
- Monitor your own body and seek medical attention as soon as you suspect something is not right. Most of these STDs are more easily treated in early stages of infection.