Navy Environmental Health Center
Technical Manual NEHC–TM–HP-6100.01B (August 2004)

Sexual Health Primer

Sexual Health and Responsibility Program (SHARP)

NAVY ENVIRONMENTAL HEALTH CENTER
BUREAU OF MEDICINE AND SURGERY (M-11)

Foreword

This course is a component of the Sexual Health and Responsibility Program (SHARP). It is designed to provide Navy and Marine Corps leaders, medical professionals, and peer educators with information about sexual health, including HIV, other STDs and unplanned pregnancy, to assist their efforts to educate Sailors and Marines.

Upon completion of the attached quiz, a Certificate of Completion will be issued by the Sexual Health and Responsibility Program (SHARP) Manager. Comments on this course or additional training needs are encouraged and can be forwarded to the SHARP Program Manager at:

Navy Environmental Health Center
Directorate of Health Promotion and Population Health
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708-2197

sharp@nehc.mar.med.navy.mil
voice: (757) 953-0974 [DSN 377]
www-nehc.med.navy.mil/hp/sharp

Views and opinions expressed are not necessarily those of the Department of the Navy

Reviewed and Approved

D. M. Sack
Commanding Officer

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Summary of Changes

to NEHC Technical Manual TM 6100.01 (October 2003)

Updated HIV seroconversion data among Sailors and Marines.
Updated SHARPFact Fact sheets on HPV and emergency contraception.
Updated CME information for Certified Health Education Specialists.
Updated condom effectiveness information.
Updated data regarding condom use by military members.
Added CDC condom fact sheet.

Cognitive Learning Objectives

Upon completion, the student will be able to **identify** and **discuss** basic facts concerning:

- ✓ the impact of sexually transmitted diseases and unplanned pregnancy
- ✓ Sexual Health and Responsibility Program (SHARP) mission, vision, goals, products, and services
- ✓ purpose and content of sexual risk assessment and risk reduction counseling by health care providers
- ✓ sources of training for risk reduction counseling
- ✓ pregnancy and sexually transmitted diseases
- ✓ Chlamydia, Gonorrhea, Syphilis, Bacterial Vaginosis, Trichomoniasis, Genital Herpes, Human Papillomavirus, and Hepatitis B
- ✓ testing for HIV
- ✓ safer options to reduce risk, including male and female condoms
- ✓ talking to teens about sexual responsibility, and family planning

Achievement of these learning objectives is measured by scoring not less than 80% correct on the 40-question written examination included herein.

Continuing Education Credit

Medical Corps
This offering is approved by the Naval School of Health Sciences, Bethesda, which is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to approve continuing medical education for physicians. NSHS designates this continuing medical education activity as 3 Category II credits of the Physician's Recognition Award of the American Medical Association.

Nurse Corps
This Educational Design II activity has been approved by the Naval School of Health Sciences, Bethesda, which is accredited as an approver of continuing education by the American Nurses Credentialing Center Commission on Accreditation, for **3** contact hours. The accreditation approval number is 031024 (through 30 November 2005).

Navy Independent Duty Corpsmen
IDCs may claim 3 CEUs. The accreditation approval number from Naval Medical Education and Training Command is 53/02-9013.

Certified Environmental Health Technicians / Registered Sanitarians
This course has been approved by the National Environmental Health Association (NEHA Letter 8 Feb 2002) for 3 contact hours of continuing education credit.

Certified Health Education Specialists
NEHC, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc, approves this course for **3** Category I CECH in health education. (NCHEC provider VA0100)

Other Professions
Students are responsible for contacting their own respective professional organizations to determine appropriate category and documentation requirements.

Chapter 1
The Impact of Sexually Transmitted Diseases and Unplanned Pregnancy

Upon completion of this chapter, the student will be able to identify and discuss basic facts concerning the impact of sexually transmitted diseases and unplanned pregnancy.

Half of all **pregnancies** in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Nearly half of all unintended pregnancies end in abortion. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Although unplanned pregnancy rates have dropped since 1997, the rate is much higher than those seen in any other developed nation.

Unplanned pregnancy in the US is serious and costly. The cost to U.S. taxpayers for adolescent pregnancy is estimated at between $7 billion and $15 billion a year. The costs can also be measured in many social aspects such as reduced educational attainment and employment opportunity for the mother. With unintended pregnancy, there is increased likelihood of child abuse and neglect. There is also increased likelihood of infant and maternal illness and an increased likelihood of abortion. For teenagers, these problems are compounded. They are less likely than their non-pregnant peers to get or stay married, less likely to complete high school or college, and more likely to live in poverty. The national target is to increase the proportion of pregnancies that are intended to 70% (USDHHS 2000).

In the US Navy and US Marine Corps, unplanned pregnancy rates parallel civilian rates for age cohorts. A 2001 study (Navy Personnel R&D Center, 2001) found that 64% of pregnancies among enlisted women were unplanned. Many of the women who had an unplanned pregnancy had not used any form of birth control to prevent it. The study also found that the pill was the most failure prone form of birth control (as is true in the general population).

Unplanned pregnancy impacts Sailors and commands in many ways. The financial and contingency child-care challenges of single parenthood for Sailors, male and female, can be significant. Pregnant Sailors aboard ships can be difficult to manage because of the need to protect the health and careers of service women without degrading the mission of the command. Though Navy policy permits pregnant members to remain on board until the 20th week of gestation, Navy studies have found that many (but less than half) are transferred early, leaving the command shorthanded until a replacement arrives.

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity (USDHHS 2000). According to the American Social Health Association, the United States has the highest STD rates of any country in the industrialized world – an estimated 15.3 million new infections each year (ASHA, 1999). Of the top ten infections in the U.S., five are STDs.

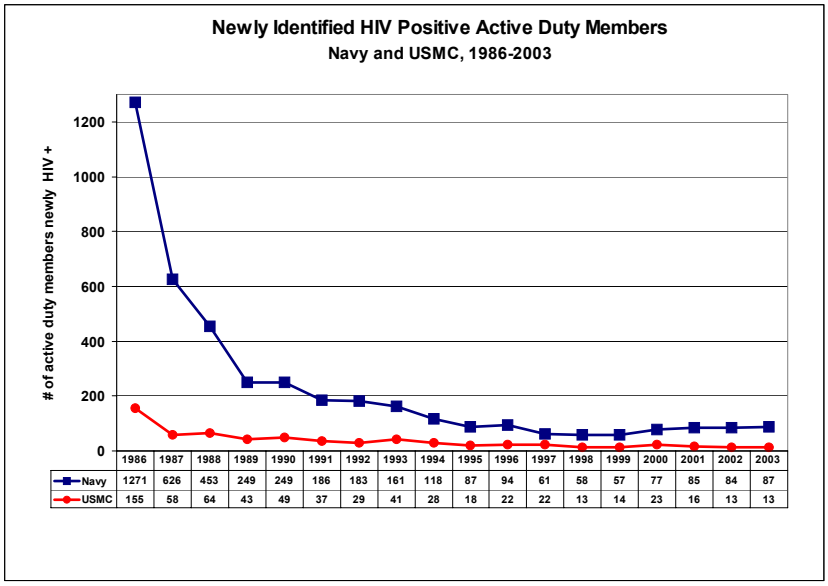
The total cost of the most common STDs and their complications is conservatively estimated at $17 billion annually (USDHHS, 2000). Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus (USDHHS, 2000).

In a ten year report on reportable communicable diseases (not all STDs are reportable) for active duty Navy and Marine Corps personnel (Navy Environmental Health Center, 1999a) syphilis, chlamydia and gonorrhea are in the top ten categories for the most commonly reported communicable diseases by both frequency and incidence. These diseases rank second, sixth, and tenth, respectively, for the Navy and second, third and tenth, respectively, for the Marine Corps. It is interesting to note that chlamydia, the most common STD in the U.S., was only reportable from 1997, the last year accounted for in the ten year summary. In just one year of data, its frequency and incidence propelled it to sixth and third overall for the decade.

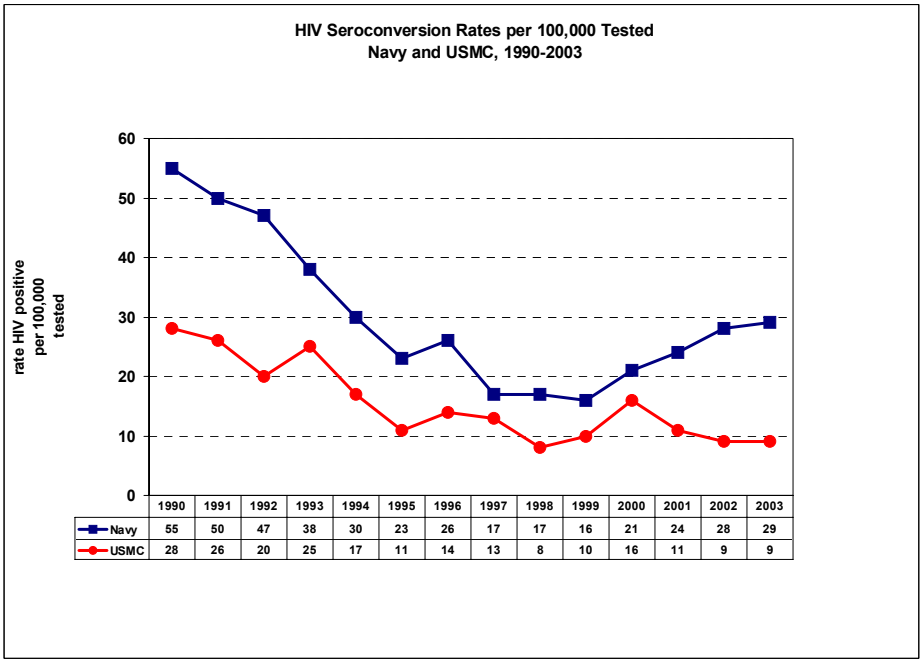
Compelling worldwide evidence indicates that the presence of STDs other than HIV increases the likelihood of both transmitting and acquiring **HIV** infection. The Centers for Disease Control and Prevention (CDC) estimates that 1 in 300 Americans are infected with HIV, and suggests the incidence of AIDS to be increasing 5% per year overall, with an increase of 15% each year for heterosexual transmission (CDC, 2000). Over 700,000 cases of AIDS have been reported in the United States since the HIV/AIDS epidemic began in the 1980s. The latest estimates indicate that 800,000 to 900,000 people in the United States currently are infected with HIV. The lifetime cost of health care associated with HIV infection, in light of recent advances in HIV diagnostics and therapies, is $155,000 or more per person. About one-half of all new HIV infections in the United States are among people under age 25 years, and the majority are infected through sexual behavior. HIV infection is the leading cause of death for African American men aged 25 to 44 years (USDHHS, 2000).

From 1985, when HIV testing in the Department of Defense began, through 31 December 2003, there have been 4,983 documented cases of HIV infection among U.S. Navy and Marine Corps active duty personnel (Navy Environmental Health Center, 1999b, 2000; NNMC Bethesda 2002, NNMC Bethesda unpublished data, February 2004). Among active duty members of the Navy and Marine Corps, HIV infections have occurred in members of all racial groups, all age groups, officer and enlisted, males and females (Calvert, 1998; Garland, Gorham, Miller, Hickey, & Balaza, 1990).

Newly identified cases of HIV infection among active duty Sailors and Marines from 1986-2003 are shown below. Note that this graph plots newly *identified* infections, not necessarily newly *acquired* infections. The distinction is important, particularly in the early two or three years, where the number of positive members is more an indication of pre-existing plus newly acquired HIV infection (prevalence). Predictably, the first few years of testing identified higher numbers of HIV positive members. Since all new accessions into the Navy and U.S. Marine Corps are screened for HIV infection (and people who are positive are excluded), the number of HIV infections identified in later years is more an indication of newly acquired infections (annual incidence).



HIV screening policies are given in DoD Directive 6485.1 (for all of the military services) and in Secretary of the Navy Instruction (SECNAVINST) 5300.30C (for Navy and USMC members). SHARP's self-study course "Navy and USMC HIV Policy" provides a more detailed discussion of DoN HIV policies. HIV seroconversion rates (newly identified HIV positive people per 100,000 tested) among active duty members of the Navy and Marine Corps from 1990-2002 are shown here. Over the period of a decade, these rates ranged from a high of 55 (Navy, 1990) to a low of 8 (USMC, 1998). In 2002, HIV seroconversion rates among Sailors rose for the 3rd consequtive year to 28 per 100,000. Rates among Marines fell to 9 per 100,000.



Americans generally underestimate their risk of becoming infected with an STD. While an estimated one in four Americans will get an STD in their lifetime, the majority of men (74%) and women (69%) believe the rate is one in ten Americans or fewer. Only 14 percent of all men and 8 percent of all women say they think they are at risk for STDs — and single men and women are not much more likely to feel they are at risk. The story is similar among teens 15-17 years: the majority of teen girls (73%) and boys (77%) think the STD rate is one in ten Americans or fewer in a lifetime. Only one in five teens say they think they are at risk of getting an STD (ASHA, 1999).

The secrecy and shame surrounding STDs interfere with communication between parents and children, sexual partners, teachers and students, and even patients and health care providers. According to the CDC (2000) in their 1999 STD report,

> "STDs are hidden epidemics of enormous health and economic consequence in the United States. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biologic and social characteristics of these diseases. All Americans have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. STDs are public health problems that lack easy solutions because they are rooted in human behavior and fundamental societal problems. Indeed, there are many obstacles to effective prevention efforts. The first hurdle will be to confront the reluctance of American society to openly confront issues surrounding sexuality and STDs".

Further complicating STD control is the asymptomatic nature of STDs. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they often are disregarded, resulting in a low index of suspicion by infected persons who should, but often do not, seek medical care. For example, as many as 85 percent of women and up to 50 percent of men with chlamydia have no symptoms. A person infected with HIV may be asymptomatic and may transmit the disease to another person. That person may be infected for years but remain unaware until symptoms manifest themselves (CDC, 2000).

Another factor which complicates control is the lag time between infection and complications. Often, a long interval—sometimes years—occurs between acquiring a sexually transmitted infection and recognizing a clinically significant health problem. Examples are cervical cancer caused by human papillomavirus (HPV), liver cancer caused by hepatitis B virus infection, and infertility and ectopic pregnancy resulting from unrecognized or undiagnosed chlamydia or gonorrhea. The original infection often is asymptomatic, and, as a result, people frequently do not perceive a connection between the original sexually acquired infection and the resulting health problem (CDC, 2000).

Prevention.

Three components have been identified as strategies for the prevention of sexual transmission of HIV (Cohen, Dallagetta, Laga & Holmes, 1997). They include

(1) increasing the use of condoms,
(2) decreasing the frequency of unsafe sexual behavior (decreasing number of partners and/or number of sexual encounters), and,
(3) controlling STDs which facilitate the transmission of HIV.

Considering these three components, prevention strategies for all STDs would include the first two components since the prevention of HIV transmission is closely related to the prevention of other STDs. ***For those individuals who choose to engage in sexual activity outside of a mutually monogamous relationship with an uninfected partner, increasing condom usage appears to be the most effective HIV prevention strategy***.

The correct and consistent use of latex condoms during sexual intercourse–vaginal, anal, or oral–can ***greatly reduce*** a person' s risk of acquiring or transmitting HIV, and reduce the risk of acquiring or transmitting some other infections, sucg as gonorrhea, chlamydia, and Trichomoniasis.

In the U.S., condom use is inconsistent. The CDC reports that only 23 percent of unmarried females aged 18 to 44 years reported condoms used by partners in 1995 (USDHHS, 2000).

Overall, among the military services, 42.1% said they did use a condom. Males were more likely than females to report they or their partner used a condom (44.6% vs. 33.2%, respectively). Active Duty Sailors, who had the lowest rate among the services when last measured in 1998, had the highest positive response rate in 2002, rising from 38.9 to 46.4%. Among Marines, the rate rose slightly from 42.7% in 1998 to 43.3% in 2002 (Bray et al, 2004). While condom use by male Sailors and Marines approached 1 of 2, among females condom use lags far behind at only 1 of 3. The correct and consistent use of latex condoms significantly reduces the risk HIV transmission and also reduces the risk of acquiring or transmitting many other sexually transmitted infections. Condoms can also reduce the risk of an unplanned pregnancy. But, for maximum effect, they must be used correctly and consistently. This report demonstrates, again, that condom use among unmarried Sailors and Marines may be improving but is not consistent and falls short of the national objective – particularly among female Sailors and Marines. Perhaps some proportion of our female population does not feel comfortable or empowered to have condoms when and where they may be needed and to insist on their use. Navy medical professionals, leaders, and SHARP advocates can help our people, male and female, understand that it is OK for them to take control of their own safety.

It is worth noting that this report does not measure correct condom use. Many studies indicate that a significant proportion of sexually active young Americans do not use condoms correctly.

Chapter 2
Sexual Health and Responsibility Program (SHARP)

Upon completion of this chapter, the student will be able to identify and discuss basic facts concerning the Sexual Health and Responsibility Program (SHARP) mission, vision, goals, products, and services.

The Sexual Health and Responsibility Program (SHARP) is one of the teams within the Directorate of Health Promotion and Population Health of the Navy Environmental Health Center.

SHARP Mission

Provide Department of Navy (DoN) members and family members with health information, education, and behavior change programs for the prevention of sexually transmitted diseases (STDs), including HIV, and unplanned pregnancy.

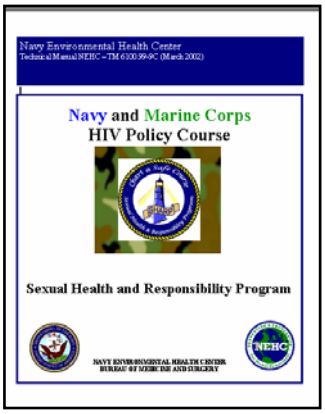
SHARP Vision

A DoN cultural norm in which sexual responsibility and safety is encouraged, supported, and expected, and a population in which all pregnancies are planned, syphilis is eliminated, and other STDs, including HIV are prevented.

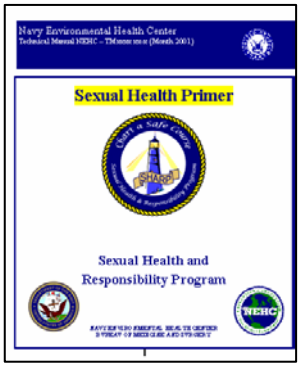
SHARP Goal

Reduce the occurrence of STDs, including HIV, and unplanned pregnancy among DoN members and beneficiaries to levels specified in select Healthy People 2010 Objectives.

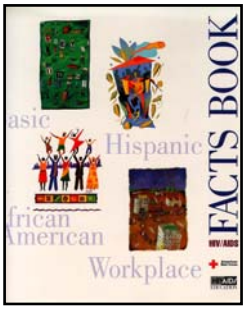
SHARP Instructor Training Sources



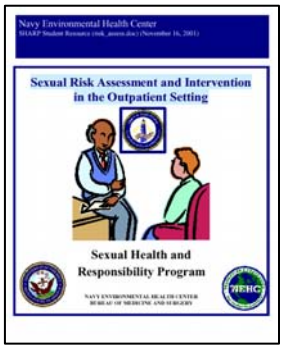
Navy and Marine Corps HIV Policy (previously known as "Navy HIV Instructor Course") explains DoD and DoN policy regarding HIV. This course and the examination are available on the SHARP web site at http://www-nehc.med.navy.mil/hp/sharp/education&training.htm. SHARP issues a certificate of training to each person who completes the 38-question exam. Continuing education credit is awarded.



SHARP's Sexual Health Primer includes the impact of STDs and unplanned pregnancy, Risk Assessment and Risk Reduction Counseling – Guidance and Training for Health Care Providers, "SHARP Facts" Fact Sheets on STDs; unplanned pregnancy; HIV testing; options for risk reduction; male and female condoms; talking to teens about sexual responsibility; and family planning. This course is available on the SHARP website. SHARP issues a certificate of training to each person who completes the 40-question exam. Continuing education credit is awarded.

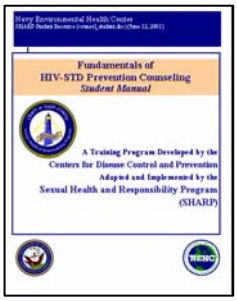


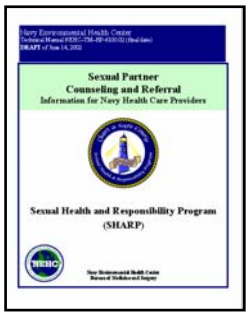
SHARP's "HIV-AIDS Facts Quiz" is a resource and self-study course for health care professionals, including Nurses, Physicians, Preventive Medicine Technicians, Independent Duty Corpsmen, and Environmental Health Officers. These registered SHARP instructors receive a copy of the American Red Cross ***Facts Book*** to help them answer, in a culturally sensitive, non-judgmental way, the HIV-AIDS questions people in their community are likely to ask. SHARP issues a certificate of training to each person who completes the 50-question quiz. Continuing education credit approval is pending.



"Sexual Risk Assessment in the Outpatient Setting". This is a fully scripted PowerPoint presentation and demonstration that includes a student manual. The lecture targets health care providers including IDCs. It may be used an in-service training session within medical treatment facilities or as a self-study course. The objective is to demonstrate the need for and the skills used in conducting a sexual behavior risk assessment during the routine out-patient encounter. Typical length of the lecture is 60-90 minutes. Continuing Education Credit is awarded. The PowerPoint presentation and the student manual may be downloaded from the SHARP website.

Fundamentals of HIV-STD Prevention Counseling is a 2 day course for Preventive Medicine Officers and Technicians, Environmental Health Officers, Independent Duty Corpsmen, health promoters, DoDDS school nurses, physicians, nurse practitioners, physician assistants, clinical nurses, and family service counselors – people tasked to counsel individual Sailors and Marines regarding sexual behavioral risk reduction. Continuing education credit is awarded. See page 21 for more details about this course.





Sexual Partner Counseling and Referral. This self-study course covers the CDC's 11-step process for bringing to treatment the sexual partners of patients infected with sexually transmitted infections. SHARP issues a certificate of training to each person who completes the 33-question quiz. Continuing education credit is awarded.

American Red Cross HIV Instructor Course –This training is conducted by American Red Cross Chapters. Students learn the facts about HIV and AIDS and learn how to conduct educational sessions for groups. Cost and availability vary somewhat by location. Contact your local Red Cross Chapter HIV/AIDS Training Coordinator for training opportunities in your area. A complete list of Red Cross Chapters is available on line at http://www.redcross.org/hss/swan.html.

Governing Directives. Links to these documents are at the SHARP website at http://www-nehc.med.navy.mil/hp/sharp/policytosexual_health.htm

Department of Defense Directive 6485.1 with Administrative Reissuance Incorporating Change 1, August 10, 1992. This is the DoD's policy, responsibilities and procedures on identification, surveillance, and administration of civilian and military personnel infected with HIV-1.

Assistant Secretary of Defense, Health Affairs Memorandum dated October 6, 1998, sets policy for deployment health assessments and blood samples including screening for HIV infection.

OPNAV INST 6120.3, Preventive Health Assessment, requires an annual health assessment of active duty men and women as part of their regular health care visits, including age-appropriate chlamydia screening, and sexual health counseling.

SECNAV INSTRUCTION 5300.30C establishes the Department of Navy's (DON) policy on identification, surveillance, and administration of people infected with HIV-1.

SECNAV NOTICE 5300 defines the Department of the Navy policy regarding HIV/AIDS training which among other things, requires commands to conduct a minimum of 1-hour HIV/AIDS prevention education each calendar year for all military personnel.

SECNAV INSTRUCTION 12792.4 provides the Department of the Navy policy and guidance concerning HIV and related illnesses in the civilian workforce.

BUMED Instruction 6222.10A provides current guidelines for treatment and prevention of sexually transmitted diseases (STDs).

MARINE CORPS ORDER P1700.29 defines the Marine Corps Semper Fit Program which includes HIV/STD prevention as a Health Promotion core element and requires HIV/STD education annually. Additionally, this order requires basic/technical training programs and professional level training programs for officers and enlisted have targeted education regarding STD and HIV transmission and prevention.

SECNAV INSTRUCTION 1000.10 provides Department of Navy policy for all military personnel on pregnancy and issues related to pregnant servicewomen including, but not limited to, thorough family planning information to be made available to servicemen and servicewomen through the training establishment and at the unit level.

BUMED Manual for Medicine provides requirements for the Annual Health Maintenance Examination for all female beneficiaries including counseling on family planning, contraceptives (including emergency contraception), prevention of Sexually Transmitted Diseases, and Health Promotion issues.

Chapter 3
Risk Assessment and Risk Reduction Counseling - Guidance and Training for Health Care Providers

Upon completion of this chapter, the student will be able to identify and discuss basic facts concerning the purpose and content of sexual risk assessment and risk reduction counseling by health care providers.

A Gallop Organization poll commissioned by ASHA in 1995, found that over half of adults and over one-third of teens said their health care providers spend "no time at all" discussing STDs with them. Kaiser Family Foundation/*Glamour* survey conducted in 1997 found that STDs are rarely discussed during OB/GYN visits, and that providers may not be asking adequate risk-assessment questions (ASHA, 1999). This data is closely mirrored in other studies. For example, a study reported in the American Journal of Preventive Medicine (Tou, Irwin, and Kassler, 2000) revealed that only 28% of adults who had a routine check-up in the past year reported being asked about STDs during that visit. The survey measured topics which were asked by health care providers during routine check-ups.

Topic	**% of patients asked**
Smoking	58.7
Physical Exercise	52.3
Alcohol	49.3
Diet	43.8
Contraceptives (aged 18-50)	36.1
Illegal drugs	31.3
STDs	27.9

Another national survey of internal medicine specialists found that 40% reported routinely asking patients about STDs. Another survey among primary care physicians showed that, overall, only 49% asked. These data demonstrate that most providers don't ask patients about their sexual health, as recommended by the Institute of Medicine and US Preventive Services Task Force, and thus are missing opportunities to identify, diagnose and treat STDs and to identify and intervene in risky sexual behavior.

If this is typical of Navy primary care encounters, it is alarming, especially considering that sexually transmitted diseases and unplanned pregnancies may have a dramatic and acute impact on the health, readiness, and availability of active duty Sailors and Marines. In the case of other consequences, such as HIV infection, congenital syphilis, pelvic inflammatory disease, and unplanned pregnancy, sexual behavior may also have dramatic long-term health, personal, and

financial consequences. Health care providers can and should speak with all their patients about sexual health.

Some **general recommendations for patient behavior counseling** are given in the *Guide to Clinical Preventive Services* (US Preventive Service Task Force, 1996). Here is an excerpt (emphasis added):

Recommendations for Patient Education and Counseling

(from the Guide To Clinical Preventive Services; An Assessment of the Effectiveness of 169 Interventions, Report of the U.S. Preventive Services Task Force; Williams & Wilkins, 1989) (on-line 17 Apr 2001 at http://wonder.cdc.gov/wonder/prevguid/p0000109/p0000109.asp#head005000000000000)

"Empirical research and clinical experience yield certain principles that clinicians can use to induce behavior change among patients…"

1. Develop a therapeutic alliance. See yourself as an expert consultant available to help patients who remain in control of their own health choices. This perspective facilitates development of a therapeutic alliance in which health is maintained or achieved through a provider-patient partnership. Help **motivate** patients who smoke, abuse alcohol and other drugs, or do not exercise to change these behaviors. Assist them in acquiring the necessary **attitudes and skills** to succeed in their attempts.

2. **Counsel all patients**. Most patients are eager for health information and guidance and generally want more than physicians provide. Whites tend to receive more information than blacks and Hispanics and middle class patients tend to receive more than working class patients. Physicians tend to talk more with patients who pose more questions, but those who are quieter are often in greater need of education. Make a concerted effort **to respond to the educational needs** of all your patients in ways **appropriate** to their age, race, sex, socioeconomic status, and interpersonal skills.

3. Ensure that patients understand the relationship between behavior and health. **Inquire about what your patients already know or believe** about the relationship between risk factors and health status. Do not assume that patients understand the health effects of smoking, lack of exercise, poor nutrition, and other lifestyle factors. Explain in simple terms the idea that certain factors can increase the risk of disease and that combinations of factors can sometimes work together to increase risk beyond the sum of their individual contributions. Respond to patients' questions, reinforce key points, and encourage patients to write down questions about risk factors for discussion at the next visit. Bear in mind that **knowledge** is a necessary, but **not a sufficient, stimulus for behavior change**.

4. Work with patients to **assess barriers** to behavior change. Anticipating obstacles to behavior change is fundamental to effective patient education since patients often do not follow physicians' advice concerning medication use or lifestyle changes. According to one well-studied model, three areas of beliefs influence the adoption and maintenance of behavior change: (1) susceptibility to continuing problems if the advice is not followed; (2) severity of problems associated with not following the advice; and (3) the benefits of adopting the advice weighed against the potential risks, costs, side effects, and barriers. Assess those areas and address those beliefs that are not conducive to healthful behaviors. In addition, try to determine other obstacles to change, including **lack of skills, motivation, resources, and social support**, and help patients determine ways to overcome them.

5. **Gain commitment from patients** to change. This is a critical step in patient education and counseling because patients typically come into the physician's office expecting to be treated for a condition. If patients do not agree that their behaviors are significantly related to health outcomes, attempts at patient education may be irrelevant.

6**. Involve patients in selecting risk factors to change**. Do not overwhelm patients by asking them to try to change all their unhealthful behaviors at the same time. Let patient need, patient preference, and your own assessment of relative importance to health dictate your recommendation of which risk factor to tackle first. Patients who achieve success in one effort may attempt other changes, since many behavior patterns tend to be linked. For example, quitting smoking may lead to renewed energy to begin exercising, which in turn may lead to better eating habits. There are situations, however, where it is advisable to address risk factors simultaneously, such as chemical dependence involving several substances.

7. Use a combination of strategies. Educational efforts that integrate individual counseling, group classes, audiovisual aids, written materials, and community resources are far more effective than those employing only one single technique. Be flexible about tailoring programs to individual needs; for example, some patients will not attend group classes, and others may have inflexible work schedules. Ensure that printed materials are accurate, consistent with your views, and at a reading level appropriate to the patient population. Use written materials to strengthen the message, personalizing them by jotting pertinent comments in the margins; this will help to remind patients later of your suggestions. Be wary of excessive use of print materials as a substitute for verbal communication with patients. Multiple studies have demonstrated that clinicians' individual attention and feedback are more useful than media or other communication channels in changing patient knowledge and behavior.

8. Design a **behavior modification plan**. Patient education should be oriented toward what patients should do, not merely what patients should know. Ask patients if they have ever tried to change the specific behavior before and discuss the methods used, the barriers encountered, and the degree of success. If patients have tried and failed, ask them to identify what they have learned from the attempt. Agree on a specific, time-limited goal to be achieved and record the goal in the medical record. Discuss the behaviors that need to be modified to achieve the goal, paying special attention to patient cultural **beliefs and attitudes that might facilitate or impede success.** Assist patients in writing action plans, review relevant instructional materials, and stress your willingness to be of continued assistance. Remember, at best patients often recall only about 50% of what they are told by their physicians, and lifestyle recommendations are remembered less than are medication regimens. Close your visit by **summarizing your mutual expectations** and expressing your confidence that the patient will make a good effort to modify his or her risk factors.

9. Monitor progress through follow-up contact. Once a strategy for behavior change has been developed, schedule a follow-up appointment or telephone call within the next few weeks to evaluate progress in achieving the goal. Reinforce successes through positive verbal feedback. If patients have not followed the plan, work with them to identify and overcome obstacles. Modify the plan if necessary to facilitate successful risk factor reduction. Strategies include **referring patients to community agencies** or self-help groups and eliciting support for the patient's prescribed regimen from family members or significant individuals in their social networks. Progressively transfer responsibility for self-care to patients by scheduling follow-up contacts with increasingly longer time intervals. Evaluate your office's capacity to monitor patient progress through computerized records or other tracking systems, and make necessary improvements.

10. Involve office staff. Use the team approach to patient education. Share responsibility for patients with nurses, health educators, dietitians, and other allied health professionals, as appropriate. Ask your receptionist to encourage patients to read materials that you have reviewed, approved, and placed in your reception area. Ensure that team members and the office environment communicate consistent positive health messages. Well-meaning comments such as "Well, you know the doctor is a fanatic about exercise,' or "I can't lose weight either" can unintentionally sabotage patient education strategies. If possible, form a patient education committee to generate program ideas and promote staff commitment."

Recommendations for STD counseling by health care providers are given in a number of documents. An essential document is the *Guidelines for the Treatment of Sexually Transmitted Diseases* (CDC, 1998) which offers disease-specific prevention and partner management information, in addition to the current treatment protocols. Others include the *Clinicians Handbook of Preventive Services* (PHS, 1998) and the *Guide to Clinical Preventive Services*.

These last two documents recommend that all adolescent and adult patients should be advised about risk factors for STDs and HIV infection and be counseled appropriately about reducing their risk. The assessment of risk should be based on a client-centered evaluation of sexual behavior and circumstances.

These documents include examples of questions a provider might ask to assess risk. Some examples of questions which can quickly reveal specific and general risk behaviors and can reveal important circumstances are given below. Notice that these questions (except the first) are open-ended.

Suggested Questions for Assessing Sexual Risk Behavior

Are you currently, or recently, in a sexual relationship?

How many people have you had sex within the last few weeks/months?

Were these partners new, casual, regular?

Have you ever traded sex for money or drugs?

What do you think is the riskiest thing you're doing that places you at risk of getting HIV?

What are your experiences with drugs / alcohol?

How has your use of alcohol influenced your sexual behavior?

What have you done to protect yourself from infection in the past?

What do you think you could do to protect yourself in the future?

What do you see as the advantages of doing [each safer goal behavior]?

What do you see as the disadvantages of doing [each safer goal behavior]?

Healthcare providers can help patients understand their options and can guide patients toward the adoption of safer behaviors. Here is one list of behaviors patient may be willing to try:

SAFER GOAL BEHAVIORS

Abstain from sex or delay sex
People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Outercourse vs. Intercourse
Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for HIV and many (though not all) STDs.

Monogamy
Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. People who get to know their partner and his/her sexual history before deciding to have sex can also reduce the chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers
When used correctly and consistently, condoms can significantly reduce the risk of getting a sexually transmitted disease. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission. A new condom/barrier should be used for each act of vaginal, oral, or anal sex.

Reduce # of partners
Many people who are infected with an STD don't know it, and you can't tell if a person is infected just by looking at them. The more people a person has sex with, the more likely one (or more) will be infected with an STD. Though not as safe as monogamy, reducing the number of people a person has sex with can reduce risk by reducing the number of potential exposures to an STD.

Do not have sex with "high-risk" people
You can't tell if potential partners are "high risk" just by looking at them. People who may be at higher risk of having a sexually transmitted infection including those who trade sex for money or sex for drugs, because they may have sex with many other people. Other people who may be at higher risk are people who share needles, because this activity can result in HIV, Hepatitis B and C infections, which can then be spread sexually. Non-monogamous men who have sex with men are also at higher risk of being infected with HIV and Hepatitis B because the risk of transmitting these viruses is greater with anal intercourse than with vaginal or oral intercourse and because these men may have many sex partners.

Here is an example of a brief but effective **Sexual Health Encounter**

Provider: Now that we've taken care of your (chief complaint), let's talk about your sexual health. Are you having any problems?

***Patient**: Nope.*

About how many people have you had sex with in the past 6 months or so?

Well, 4 or 5, I guess.

What do you do to protect yourself from sexually transmitted diseases, like HIV, and from an unplanned pregnancy?

I usually use condoms.

I'm glad to know that you use condoms. What prevents you from using a condom every time?

Well, I guess I don't think about having them when I end up needing them.

I'm concerned that you are putting yourself at considerable risk for a sexually transmitted infection, such as HIV, and for unplanned pregnancy as well, because you use condoms inconsistently. Abstaining from sex, or having sex with one uninfected person who only has sex with you, in other words monogamy, are completely safe options to avoid getting a sexually transmitted disease. For people who choose to have sex outside a monogamous relationship, latex condoms, when used correctly and every time you have sex, significantly reduces your risk of getting a sexually transmitted disease and for an unplanned pregnancy as well. In addition to using a condom every time you have sex, you can further reduce your risk by having sex with fewer people. What would you like to do to reduce your risk?

Well Doc, I'm really not ready to have just one sex partner…I guess I need to think about using a condom more often.

How would you feel, how would you be affected, if you got HIV or got (got someone) pregnant?

Well, I really hadn't thought about it – but a baby is definitely something I don't want to deal with at this point in my life, and HIV – I sure don't want HIV.

What would be difficult about using a condom every time you have sex?

Well, I guess having them when I need them. I better start carrying them with me when I go out.

Do you have any at home now?

No – I don't. I guess I need to go and buy some or see if the pharmacy will give me some.

Condoms are also available at (Preventive Medicine / pharmacy / etc) and are sold in every Navy Exchange and local convenience store. Do you have any other concerns about your sexual health?

Nope.

I'm glad you've decided to get condoms now so you have them to carry with you the next time, and every time, you "go out". And I'm glad you've decided to use a condom every time you have sex to protect yourself, since inconsistent use places you at considerable risk. Do you feel you're able to do this now?

Yes Doc. I do. And I'll pick some up today.

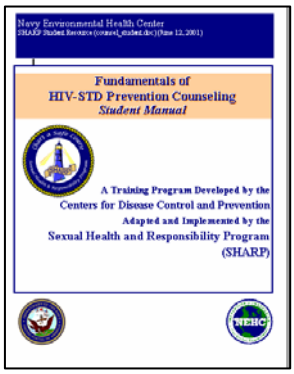
Good. If you have any other questions or problems concerning condoms or your sexual health, do make an appointment to see me, or you may want to speak with our Preventive Medicine people. They're very helpful and can talk with you about condoms and other sexual health issues.

You're all set. Good luck.

As the example demonstrates, once the provider has identified the risk taking behaviors, he/she can guide the patient in a client-centered discussion of options for safer behavior – seeking options the client is willing to try. This example consumes only a little over three-minutes. For encounters that will take longer than a provider has, one option is to refer the client to Preventive Medicine or some other trained counselor.

Training.

SHARP offers two courses designed to help Navy medical professionals perform sexual risk assessments and client-centered counseling.



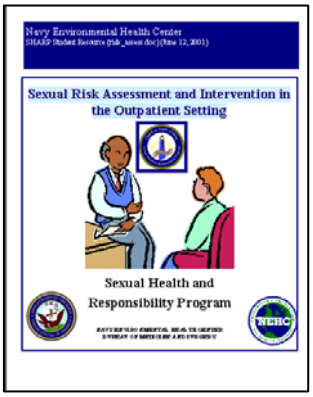
As previously mentioned in the text, the SHARP 2-day course **Fundamentals of HIV/STD Prevention Counseling** is designed to improve the ability of providers to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV or sexually transmitted diseases. This course was developed by the CDC based upon results from *Project Respect,* a model which has demonstrated reduction in risk taking behavior and STD reinfection rates.

It provides opportunities for the participants to examine the various factors that influence risk-taking behavior. Students improve their one-on-one disease prevention counseling skills by applying the *Project Respect* process during role-play scenarios. Counselors learn how to help clients identify their risks, understand their options, and develop a plan to reduce their risk of reinfection.

The course targets Navy physicians, Preventive Medicine Technicians, Preventive Medicine Representatives, Independent Duty Corpsmen, nurses, counselors, and public health educators, tasked to counsel individual Sailors and Marines regarding sexual behavioral risk reduction. All new Preventive Medicine Technicians (PMT) receive this training before they graduate from the Navy School of Health Care Sciences (making PMTs a valuable referral source for health care providers who don't have time to conduct lengthy counseling sessions). SHARP also conducts the course at NEHC in Norfolk and other sites upon request.

Continuing Education Credit is awarded. Requests for training can be coordinated with the SHARP staff.

Sexual Risk Assessment in the Outpatient Setting is a fully scripted PowerPoint presentation and demonstration that includes a student manual. As previously mentioned in this text, the lecture targets health care providers including IDCs. It may be used an in-service training session within medical treatment facilities or as a self-study course. The objective is to demonstrate the need for and the skills used in conducting a sexual behavior risk assessment during the routine out-patient encounter. Typical length of the lecture is 60-90 minutes. Continuing Education Credit is awarded. Download the PowerPoint presentation and the student manual to conduct this training lecture at your locale.

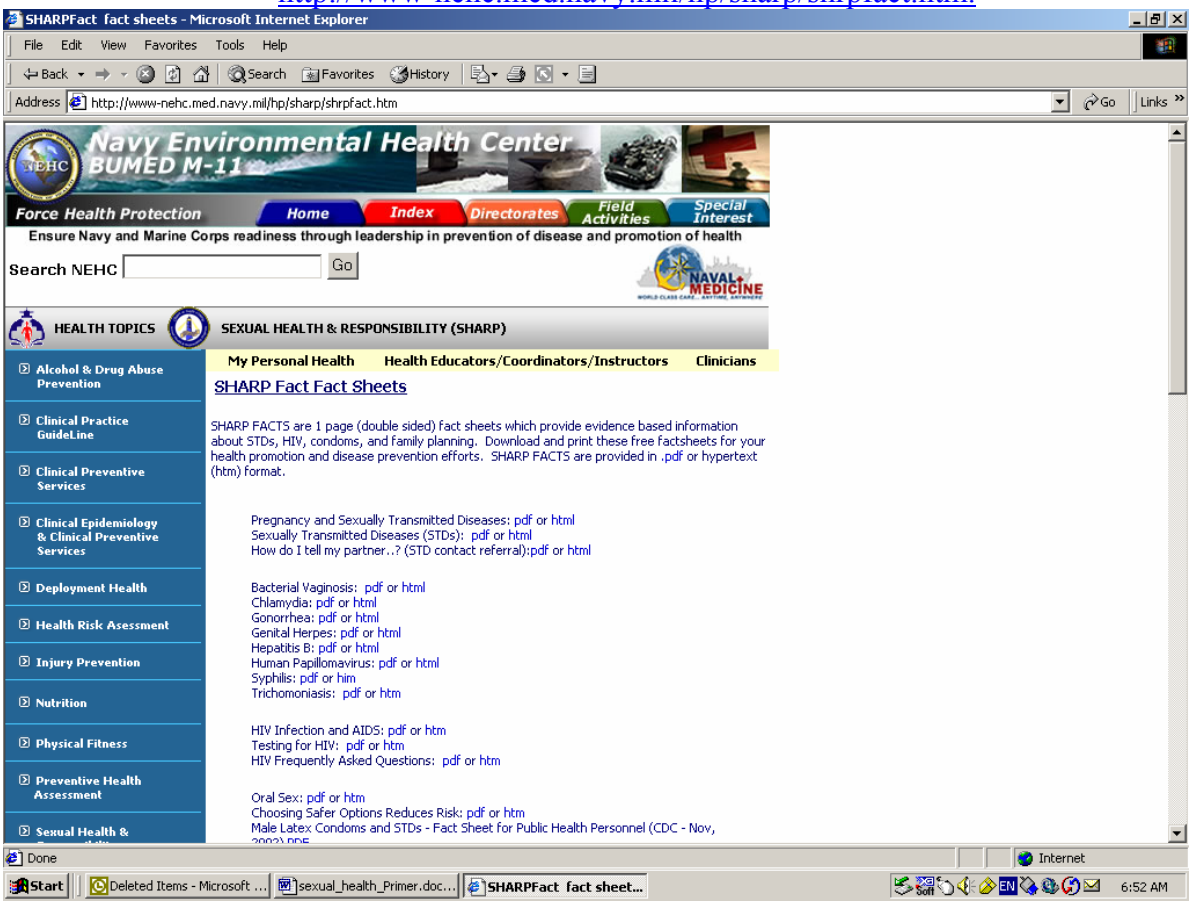


Chapter 4
"SHARP Fact" Fact Sheets

Upon completion of this chapter, the student will be able to identify and discuss basic facts concerning
- pregnancy and sexually transmitted diseases
- Chlamydia, Gonorrhea, Syphilis, Bacterial Vaginosis, Trichomoniasis, Genital Herpes, Human Papillomavirus, and Hepatitis B
- testing for HIV
- safer options to reduce risk, including male and female condoms, and
- talking to teens about sexual responsibility, and family planning.

The following pages in this chapter are "SHARP FACTS" which are 1 page (double sided) fact sheets on STDs, HIV, condoms, and family planning. They provide basic, evidence based information on these subjects. They're available to download and print for distribution as part of your disease prevention and health promotion efforts.

You can download these from the SHARP website at
http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.



SHARP FACTS

Sexually Transmitted Diseases (STDs)

What are STDs

Sexually transmitted diseases, or STDs, are diseases you can get by having sex – vaginal, oral, or anal – with someone who is already infected. STDs are caused by bacteria or viruses that are spread through blood, semen and vaginal fluids. Some STDs, like herpes and genital warts, are also spread simply by touching infected skin. If a woman is pregnant and has an STD, she and her developing baby may both be affected. Anyone who is sexually active can get an STD.

Globally, an estimated 333 million new cases of curable STDs occur each year among adults. Over the past four decades a great deal of progress in STD prevention has been made in the United States. Rates of gonorrhea and syphilis have recently been brought to historic lows. Yet the U.S. still has the highest rates of STDs in the industrialized world, with rates that are 50-100 times higher than other industrialized nations. There are an estimated 15 million new cases of STDs in the U.S. each year. Of these, about one-quarter occur among teenagers, 15 to 19 years old. A recent CDC report documented that over 85% of the most common infectious diseases in the U.S. are sexually transmitted.

Dangerous and Deadly Consequences

Most Americans are aware of HIV infection and AIDS, the most deadly of all STDs. But, for much of society, the other serious risks related to unsafe sexual behaviors may have been forgotten. There are over 20 diseases that are transmitted sexually. Many have serious and costly consequences. Some of the most common and serious STDs include:

Chlamydia An estimated 3,000,000 new cases each year. An estimated 1 in 10 of all American adolescent females are infected. Most infected females don't know it, and about 75% have no symptoms.

Gonorrhea An estimated 650,000 new cases each year

If not adequately treated, 20 to 40 percent of women infected with chlamydia and 10-40 percent of women infected with gonorrhea develop upper genital tract infection, also called **pelvic inflammatory disease (PID)**. Among women with PID, scarring will result in involuntary infertility in 20 percent, potentially fatal ectopic pregnancy in 9 percent, and chronic pelvic pain in 18 percent. **Ectopic pregnancy** is the leading cause of first trimester pregnancy-related deaths among American women. The ectopic pregnancy rate could be reduced by as much as 50% by early detection and treatment of STDs.

Human Papillomavirus (HPV) An estimated 5,500,000 new infections each year

Sexually transmitted HPV is the single most important risk factor for **cervical cancer**, which was responsible for approximately 5,000 deaths in American women in 1995. Pap smears can identify early signs of cell abnormalities and precancerous conditions. In addition, there are non-cancer-inducing types of HPV that cause genital warts. There are many treatments, but no cures for genital warts. The warts may go away, but the virus remains and others can be infected. There are likely more than 20 million Americans infected with HPV.

Genital Herpes An estimated 1,000,000 new cases each year

Herpes may be the most common STD in the United States. It is estimated that as many as 45 million Americans may now carry the herpes virus. There is no cure, but there are drugs to reduce the pain and length of outbreaks and reduce the likelihood of infecting a sexual partner.

Syphilis An estimated 70,000 new cases each year

Congenital Syphilis An estimated 3,400 new cases each year (babies born who need syphilis treatment)

Fetal or neonatal death occurs in up to 40 percent of pregnant women who have untreated syphilis. As many as 40 percent of live-born infants of women with untreated early syphilis suffer irreversible health consequences. The genital sores caused by syphilis in adults make it easier to transmit and acquire HIV infection sexually.

HIV An estimated 40,000 new infections each year

Sixty-four percent of all people diagnosed with AIDS, to date, have died. New advancements in the treatment of HIV disease, namely combination therapy, can increase the quality of and prolong life for people with HIV infection, but there remains no cure and no vaccine. Prevention remains our best and most cost-effective tool for saving lives and bringing the epidemic under control.

SHARP FACTS
Sexually Transmitted Diseases (STDs)

How can I tell if my partner or I have an STD?

It is possible for you or your partner to have an STD and not even know it. A person can have an STD, such as chlamydia or HIV, and not have any symptoms. However, some STDs may cause symptoms like:

- Sores, bumps or blisters near genitals or mouth
- Itching, burning or pain when urinating
- Pus like or watery discharge from the vagina or penis

How can I protect myself from STDs

Abstain from sex or delay sex

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Choose Outer-course vs. Intercourse

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for chlamydia, gonorrhea and HIV. However, herpes virus and Human Papillomavirus may be transmitted by non-penetrative contact, even if no lesions are visible.

Monogamy

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers

For those who have sexual intercourse outside a monogamous relationship, latex condoms may be effective when used consistently and correctly. Several studies have demonstrated that condoms can reduce the risk of acquiring chlamydia, gonorrhea, trichomoniasis, syphilis, chancroid and herpes. In addition, definitive data are lacking regarding the degree of risk reduction that latex condoms provide in preventing transmission of genital Humanpapilloma Virus. It is important to note that the lack of data about the level of condom effectiveness indicates that more research is needed – not that latex condoms don't work. The correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting HIV infection. **Note**: Washing the genitals, urinating, or douching after sex does not prevent STDs. Any unusual discharge, sore, or rash, especially in the groin area, should be a signal to stop having sex and to see a doctor at once.

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922 and their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the SHARP Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center in Norfolk Virginia from material developed by the Centers for Disease Control and Prevention, National Center for HIV, STD & TB Prevention, Division of STD Prevention (including Tracking the Hidden Epidemics: Trends in STDs in the U.S., 2000) and the American Social Health Association (including STDs in America, How Many and at What Cost, Dec 1998).

SHARP FACTS

Pregnancy and Sexually Transmitted Diseases

Introduction

Women who are pregnant can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any protection against STDs. In fact, the consequences of an STD can be significantly more serious--even life threatening--for a woman and her baby if the woman becomes infected with an STD while she is pregnant. As the list of diseases known to be sexually transmitted continues to grow, it is increasingly important that women be aware of the harmful effects of these diseases and know how to protect themselves and their children against infection.

How can STDs affect a woman during pregnancy?

STDs can have many of the same consequences for pregnant women as for women who are not pregnant. STDs can cause cervical and other cancers, chronic hepatitis, cirrhosis, and other complications. Many STDs are silent--or present without symptoms--in women. Additional consequences pregnant women may suffer from STDs include early onset of labor, premature rupture of the membranes surrounding the baby in the uterus, and uterine infection after delivery.

How can a pregnant woman's baby become infected?

STDs can be transmitted from a pregnant woman to the fetus, newborn, or infant before, during, or after birth. Some STDs (like syphilis) cross the placenta and infect the fetus during its development. Other STDs (like gonorrhea, chlamydia, hepatitis B, and genital herpes) are transmitted from the mother to the infant as the infant passes through the birth canal. HIV infection can cross the placenta during pregnancy, infect the newborn during the birth process, and, infect an infant as a result of breast-feeding.

How can STDs affect the fetus or newborn?

Harmful effects on the baby may include stillbirth, low birth weight, conjunctivitis (eye infection), pneumonia, neonatal sepsis (infection in the blood stream), neurologic damage (such as brain damage or motor disorder), congenital abnormalities (including blindness, deafness, or other organ damage), acute hepatitis, meningitis, chronic liver disease, and cirrhosis. Some of these consequences may be apparent at birth; others may not be detected until months or even years later.

How common are STDs among pregnant women in the U.S.?

Some STDs, such as genital herpes and bacterial vaginosis, are quite common among pregnant women in this country. Other STDs, notably HIV and syphilis, are much less common in pregnant women. The table below shows the estimated number of pregnant women in the U.S., per year with specific STDs.

Bacterial vaginosis	800,000
Herpes simplex	800,000
Chlamydia	200,000
Trichomoniasis	80,000
Gonorrhea	40,000
Hepatitis B	40,000
HIV	8,000
Syphilis	8,000

SHARP FACTS
Pregnancy and Sexually Transmitted Diseases

Should pregnant women be tested for STDs?
STDs affect women of every socioeconomic and educational level, age, race, ethnicity, and religion. The CDC STD Treatment Guidelines (1998) recommend that pregnant women be screened for the following STDs: Syphilis, Hepatitis B, Gonorrhea, Chlamydia, and HIV

Pregnant women should request these tests specifically because some doctors do not routinely perform them. New and increasingly accurate tests continue to become available. Even if a woman has been tested in the past, she should be tested again when she becomes pregnant.

Can STDs be treated during pregnancy?
Bacterial STDs (like chlamydia, gonorrhea, and syphilis) can be treated and cured with antibiotics during pregnancy. There is no cure for viral STDs such as genital herpes and HIV, but antiviral medication for herpes and HIV may reduce symptoms in the pregnant woman. In addition, the risk of passing HIV infection from mother to baby is dramatically reduced by treatment. For women who have active genital herpes lesions at the time of delivery, a cesarean section may be performed to protect the newborn against infection.

How can pregnant women protect themselves against infection?
Although a woman may be monogamous during her pregnancy, she can remain at risk of STDs if her partner is not monogamous. For this reason, she may want to consider consistent and correct use of latex condoms for every act of intercourse. Condoms can be expected to provide different levels of risk reduction for different STDs. There is no one definitive study about condom effectiveness for all STDs. Several studies have demonstrated that condoms can reduce the risk of acquiring chlamydia, gonorrhea, trichomoniasis, syphilis, chancroid and herpes. However, because not all studies have demonstrated protective effects, the body of evidence is considered inconclusive. In addition, definitive data are lacking regarding the degree of risk reduction that latex condoms provide in preventing transmission of genital Humanpapilloma Virus. It is important to note that the lack of data about the level of condom effectiveness indicates that more research is needed – not that latex condoms don't work. The correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting HIV infection. Protection is critical throughout a woman's pregnancy, including the last trimester when active infection can present a great threat to the health of a woman and her baby.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease or if you think you are pregnant. CDC provides information through their National STD Hotline at (800) 227-8922 and their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the Sexual Health and Responsibility Program (SHARP) Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS

Chlamydia

(May 25, 2004)

What is Chlamydia?

Chlamydia is a sexually transmitted disease (STD) that is caused by the bacterium *Chlamydia trachomatis*. Because approximately 70% of women and 50% of men have no symptoms, most people infected with chlamydia are not aware of their infections and therefore may not seek health care.

When diagnosed, chlamydia can be easily treated and cured. Untreated, chlamydia can cause severe reproductive and other health problems which include both short- and long-term consequences, including pelvic inflammatory disease (PID), which is the critical link to infertility, and potentially fatal tubal pregnancy.

Up to 40% of women with untreated chlamydia will develop PID. Undiagnosed PID caused by chlamydia is common. 20% of women with PID will become infertile; 18% will experience debilitating, chronic pelvic pain; and 9% will have a life-threatening tubal pregnancy. Tubal pregnancy is the leading cause of first-trimester, pregnancy-related deaths in American women.

Chlamydia may also result in adverse outcomes of pregnancy, including neonatal conjunctivitis and pneumonia. In addition, recent research has shown that women infected with chlamydia have a 3 – 5 fold increased risk of acquiring HIV, when exposed.

Chlamydia is also common among young men, who are seldom offered screening. Untreated chlamydia in men typically causes urethral infection, but may also result in complications such as swollen and tender testicles.

What is the magnitude of the problem?

Chlamydia is the most frequently reported infectious disease in the United States. An estimated 2.8 million Americans are infected with chlamydia each year. Women are frequently re-infected if their sex partners are not treated. Between 1% and 16% of young, sexually active Americans is infected – and most infected people are not aware of their infection.

What if I think I have it?

Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. If not treated, the infection may spread from the cervix to the fallopian tubes (tubes that carry eggs from the ovaries to the uterus). When this happens, some women still have no signs or symptoms, while others have lower abdominal pain, low back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. The infection may also spread from the cervix to the rectum.

Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Chlamydia can also be found in the throats of women and men having oral sex with an infected partner.

See your doctor promptly if you think you may have a Chlamydia infection – or if you think you may have any sexually transmitted disease.

SHARP FACTS
Chlamydia

What about my sexual partners?
If your sexual partner tells you that he/she has Chlamydia, then you may also have the infection. See a doctor promptly – even if you feel well.

If your doctor tells you that you have Chlamydia – tell all of your partners promptly (or work with your doctor so someone else tells your partners). They should receive the same medication you received.

What is being done to address the problem?
The US Navy screens all new recruits for chlamydia and treats those who are infected. Also, all sexually active, active duty Navy and Marine Corps females aged 25 and under are tested annually during their Preventive Health Assessment or their annual women's health exam.

How can I protect myself from contracting chlamydia?
Abstain from sex or delay sex
Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.
Choose Outer-course vs. Intercourse
Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for chlamydia.
Monogamy
Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.
Use Condoms and other barriers
Although not as safe as abstinence or monogamy, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can reduce a person's risk of acquiring or transmitting STDs. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission. Put the condom on before any vaginal, anal, or oral contact.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
Gonorrhea

What is gonorrhea?

Gonorrhea is a common sexually transmitted disease (STD) caused by Neisseria gonorrhoeae, a bacterium that can grow and multiply easily in mucous membranes of the body. Gonorrhea bacteria can grow in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacteria can also grow in the mouth, throat, and anus.

Gonorrhea is a very common infectious disease. Each year approximately 650,000 people in the United States are infected with gonorrhea. People with gonorrhea can more easily contract HIV, the virus that causes AIDS.

Any sexually active person can be infected with gonorrhea. In the United States, approximately 75% of all reported gonorrhea is found in younger people aged 15 to 29 years. The highest rates of infection are usually found in 15- to 19-year-old women and 20- to 24-year-old men. In 1999, 77% of the total number of reported gonorrhea cases reported to the CDC occurred among African-Americans. The infection rate among African-American males aged 15-19 was 52-times higher than the rate for white males of the same age.

How do people get gonorrhea?

Gonorrhea is spread through sexual contact (vaginal, oral, or anal). This includes penis-to-vagina, penis-to-mouth, penis-to-anus, mouth-to-vagina, and mouth-to-anus contact. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread from mother to child during birth. Gonorrhea infection can spread to other unlikely parts of the body. For example, a person can get an eye infection after touching infected genitals and then the eyes. Individuals who have had gonorrhea and received treatment may get infected again if they have sexual contact with people infected with gonorrhea.

What are the symptoms and complications of gonorrhea?

When initially infected, about 50% of **men** have some signs or symptoms. Symptoms and signs include a burning sensation when urinating and a yellowish white discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles. In men, gonorrhea can cause epididymitis, a painful condition of the testicles that can sometimes lead to infertility if left untreated. Without prompt treatment, gonorrhea can also affect the prostate and can lead to scarring inside the urethra, making urination difficult.

In **women**, the early symptoms of gonorrhea are often mild, and <u>many</u> women who are infected have <u>no</u> symptoms of infection. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include a painful or burning sensation when urinating and a vaginal discharge that is yellow or bloody. Women with no or mild gonorrhea symptoms are still at risk of developing serious complications from the infection.

Untreated gonorrhea in women can develop into pelvic inflammatory disease (PID). About 1 million women each year in the United States develop PID. Women with PID do not necessarily have symptoms or signs. When symptoms or signs are present, they can be very severe and can include strong abdominal pain and fever. PID can lead to internal abscesses (pus pockets that are hard to cure), long-lasting pelvic pain, and infertility. PID can cause infertility or damage the fallopian tubes (egg canals) enough to increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube

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How does gonorrhea affect a pregnant woman and her baby?

Gonorrhea in a pregnant woman can cause premature delivery or spontaneous abortion. The infected mother may give the infection to her infant as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will lessen the risk of these complications. Pregnant women should consult a health care provider for appropriate medications.

When do symptoms appear?

In males, symptoms usually appear 2 to 7 days after infection, but it can take as long as 30 days for symptoms to begin. Regardless of symptoms, once a person is infected with gonorrhea, he or she can spread the infection to others if condoms or other protective barriers are not used during sex.

Is there a cure?

Many of the currently used antibiotics can successfully cure uncomplicated gonorrhea. Because many people with gonorrhea also have chlamydia, antibiotics for both infections are usually given together. Persons with gonorrhea should also be screened for other STDs. It is important to take all of the medication prescribed to cure gonorrhea, even if the symptoms or signs stop before all the medication is gone. This is especially important since gonorrhea is becoming resistant to traditional antibiotic therapy. In 1999, the Gonococcal Isolate Surveillance Project (GISP) detected decreased susceptibility to ciprofloxacin in 1.1% of isolates (14.3% in Hawaii). Persons who have had gonorrhea and have been treated can also get the disease again if they have sexual contact with an infected person.

What if I have gonorrhea?

Any genital symptoms such as discharge or burning during urination or unusual sore or rash should be a signal to stop having sex and to consult a health care provider immediately. If you are told you have gonorrhea or any other STD and receive treatment, you should notify all of your recent sex partners so that they can see a health care provider and be treated. This will reduce the risk that your partners will develop serious complications from gonorrhea and will reduce your own risk of becoming re-infected.

How can I protect myself from STDs

Not having sex is the most effective way to prevent getting an infection. Monogamy is also safe; two people who only have sex with each other are safe if neither partner is infected. For people who choose to have sex outside a monogamous relationship, a latex condom put on before beginning sex and worn until the penis is withdrawn can reduce risk. Washing the genitals, urinating, or douching after sex does not prevent STDs. For more detailed information on strategies to reduce your risk of acquiring STD/HIV see ***SHARP Fact*** "Choosing Safer Options Reduces Risk" at http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.

Where can I get more information?

CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
Syphilis

What is Syphilis?
Syphilis is a complex, sexually transmitted disease (STD) that is caused by the bacterium *Treponema pallidum*. The symptoms of infection with syphilis vary with its initial stage which are characterized by highly infectious open sores at the site of infection.

How common is syphilis?
In the United States, an estimated 70,000 new cases of syphilis in adults and more than 3,000 new cases of congenital syphilis in newborns occur each year. Of the 11 states with the highest syphilis rates in 1999, seven are in the Southeastern region of the U.S. Other places with very high reported levels of syphilis include Baltimore, St. Louis, and Danville Virginia.

How do people contract syphilis?
The syphilis bacterium is passed from person to person through direct contact with a syphilis sore. Sores mainly occur on the external genitalia, vagina, anus, or rectum. Sores can also occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. An infected pregnant woman has about a 40% chance of having a stillbirth (syphilitic stillbirth) or delivering a baby who dies shortly after birth. About 12% of infected newborns will die because of the disease.

What are the symptoms in adults?
The time between getting infected with the bacterium and the appearance of the first sign or symptom can range from 10-90 days (average 21 days). The first stage of syphilis is marked by the appearance of a single sore (called a chancre). The chancre is usually firm, round, small, and painless. It appears at the spot where the bacterium entered the body. The chancre lasts 1-5 weeks and heals on its own.

The second stage starts when one or more areas of the skin break into a rash that usually does not itch. Rashes can appear as the chancre is fading or can be delayed up to 10 weeks. The rash often appears as rough, "copper penny" spots on the palms of the hands and bottom of the feet. The rash may also appear as a prickly heat rash, as small blotches or scales all over the body, as a bad case of old acne, as moist warts in the groin area, as slimy white patches in the mouth, as sunken dark circles the size of a nickel or dime, or as pus-filled bumps like chicken pox. Some of these rashes on the skin look like those of other diseases. Sometimes the rashes are so faint they are not noticed. Rashes last 2-6 weeks and clear up on their own. In addition to rashes, second stage symptoms can also include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and tiredness. A person can easily pass the disease to sex partners when first or second stage symptoms are present.

The latent (hidden) stage of syphilis begins when the secondary symptoms disappear. If the infected person has not received treatment, he/she still has syphilis even though there are no symptoms. The bacterium remains in the body and begins to damage the internal organs including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. The results of this internal damage show up many years later in the late or tertiary stage of syphilis in about one-third of untreated persons. Late stage symptoms include inability to coordinate muscle movements, paralysis, loss of pain sensation, gradual blindness, dementia (madness) or other personality changes, impotence, shooting pains, blockage or ballooning of heart vessels, tumors or "gummas" on the skin, bones, liver, or other

organs, severe pain in the belly, repeated vomiting, damage to knee joints, and deep sores on the soles of feet or toes. The damages may be serious enough to cause death.

How do I know if I have syphilis?

The syphilis bacterium can be detected by a health care provider who examines material from infectious sores under a microscope. Shortly after infection occurs, the body produces syphilis antibodies that are detected with a blood test. A syphilis blood test is accurate, safe, and inexpensive. A low level of antibodies will stay in the blood for months or years after the disease has been successfully treated, and can be found by subsequent blood tests. Because untreated syphilis in a pregnant women can infect and possibly kill her developing baby, every pregnant woman should have a blood test for syphilis.

Is there a cure?

One dose of the antibiotic penicillin will cure a person who has had syphilis for less than a year. More doses are needed to cure someone who has had it for longer than a year. A baby born with the disease needs daily penicillin treatment for 10 days. There are no home remedies or over-the-counter drugs that cure syphilis. Penicillin treatment will kill the syphilis bacterium and prevent further damage, but it will not repair any damage already done. Persons who receive syphilis treatment must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis also must notify their sex partners so they can receive treatment as well.

How can I avoid contracting syphilis?

Two people who know they are not infected and who have no other sex partners besides each other cannot contract syphilis. When a person has sex with a person whose STD status is unknown, a latex condom put on before beginning sex and worn until the penis may reduce the risk infection. Only lab tests can confirm someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it is not obvious by looking to determine whether a partner has syphilis. Washing the genitals, urinating, or douching after sex does not prevent STDs. Any unusual discharge, sore, or rash, especially in the groin area, should be a signal to stop having sex and to see a doctor at once.

The health problems caused by the syphilis bacterium for adults and newborns are serious in their own right. It is now known that the genital sores caused by syphilis in adults also make it easier to transmit and acquire HIV infection sexually. Areas of the country that have the highest rates of syphilis in the U.S. also have the fastest growing HIV infection rates in childbearing women.

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
Bacterial Vaginosis

What is bacterial vaginosis?
Bacterial vaginosis (BV) is the most common vaginal infection in women of childbearing age, and it is sometimes accompanied by discharge, odor, pain, itching, or burning.

What causes bacterial vaginosis?
The cause of BV is not fully understood. BV is associated with an imbalance in the bacteria that are normally found in a woman's vagina. The vagina normally contains mostly "good" bacteria, and fewer "harmful" bacteria. BV develops when there is a change in the environment of the vagina that causes an increase in harmful bacteria.

How do women get bacterial vaginosis?
Not much is known about how women get BV. Women who have a new sex partner or who have had multiple sex partners are more likely to develop BV. Women who have never had sexual intercourse are rarely affected. It is not clear what role sexual activity plays in the development of BV, and there are many unanswered questions about the role that harmful bacteria play in causing BV. Women do not get BV from toilet seats, bedding, swimming pools, or from touching objects around them.

How common is bacterial vaginosis?
Scientific studies suggest that BV is common in women of reproductive age. In the United States, as many as 16% of pregnant women have BV. This varies by race and ethnicity from 6% in Asians and 9% in whites to 16% in Hispanics and 23% in African Americans. BV is generally more commonly seen in women attending STD clinics than in those attending family planning or prenatal clinics.

What are the signs and symptoms of bacterial vaginosis?
Women with BV often have an abnormal vaginal discharge with an unpleasant odor. Some women report a strong fish-like odor, especially after intercourse. The discharge is usually white or gray; it can be thin. Women with BV may also have burning during urination or itching around the outside of the vagina, or both. Some women with BV report no signs or symptoms at all.

How is bacterial vaginosis diagnosed?
A health care provider must examine the vagina for signs of BV (e.g., discharge) and perform laboratory tests on a sample of vaginal fluid to look for bacteria associated with BV.

Who is at risk for bacterial vaginosis?
Any woman can get BV. However, some activities or behaviors can upset the normal balance of bacteria in the vagina and put women at increased risk. These are having a new sex partner or multiple sex partners, douching, and using an intrauterine device (IUD) for contraception.

What are the complications of bacterial vaginosis?
In most cases, BV causes no complications. But there are some serious risks from BV. Pregnant women with BV more often have babies who are born early or with low birth weight. The bacteria that cause BV can sometimes infect the uterus (womb) and fallopian tubes (egg canals). This type of infection is called pelvic inflammatory disease (PID). PID can cause infertility or damage the fallopian tubes enough to increase the future risk of ectopic pregnancy and infertility.

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Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube. BV can increase a woman's susceptibility to HIV infection if she is exposed to the virus. Having BV increases the chances that an HIV-infected woman can pass HIV to her sex partner. BV can increase a woman's susceptibility to other STDs, such as chlamydia and gonorrhea.

Who should be treated for bacterial vaginosis?

Although BV will sometimes clear up without treatment, all women with symptoms of BV should be treated to avoid such complications as PID. Treatment is especially important for pregnant women. All pregnant women, regardless of symptoms, who have ever had a premature delivery or low birth weight baby should be considered for a BV examination and be treated when necessary. All pregnant women who have symptoms of BV should be checked and treated. Male partners generally do not need to be treated. However, BV may spread between female sex partners.

What is the treatment for bacterial vaginosis?

BV is treatable with antimicrobial medicines prescribed by a health care provider. Two different medicines are recommended as treatment for BV: metronidazole or clindamycin. Either can be used with non-pregnant or with pregnant women, but the recommended dosages differ. Use all of the medicine prescribed for treatment of BV, even if the signs and symptoms go away. Women with BV who are HIV-positive should receive the same treatment as those who are HIV-negative. BV can recur after treatment.

How can bacterial vaginosis be prevented?

BV is not completely understood by scientists, and the best ways to prevent it are unknown. However, enough is known to show that BV is associated with having a new sex partner or having multiple sex partners. It is seldom found in women who have never had intercourse. Some basic prevention steps can help reduce the risk of upsetting the natural balance in the vagina and developing BV. These steps include using condoms during sex, limiting the number of sex partners, and refrain from douching.

For more detailed information on strategies to reduce your risk of acquiring STD/HIV see ***SHARP Fact*** "Choosing Safer Options Reduces Risk" at http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.

Where can I get more information?

A medical provider should be consulted if you suspect you may have BV. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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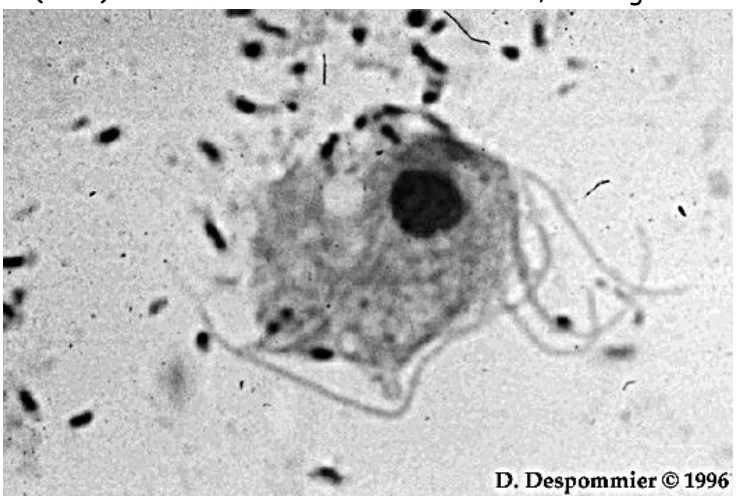
SHARP FACTS
Trichomoniasis

What is trichomoniasis?
Trichomoniasis is a common sexually transmitted disease (STD) that affects both women and men, although symptoms are more common in women.



What causes trichomoniasis?
Trichomoniasis is caused by the single-celled protozoan parasite Trichomonas vaginalis. The vagina is the most common site of infection in women, and the urethra is the most common site of infection in men.

How do people get trichomoniasis?
Trichomoniasis is a sexually transmitted disease that is spread through genital-to-genital contact with an infected partner.

How common is trichomoniasis?
Trichomoniasis is the most common curable STD in young, sexually active women. An estimated 5 million new cases occur each year in women and men.

What are the signs and symptoms of trichomoniasis?
Most men with trichomoniasis do not have signs or symptoms. Men with symptoms may have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation.

Many women do have signs or symptoms of infection. In these women, trichomoniasis causes a frothy, yellow-green vaginal discharge with a strong odor. The infection may also cause discomfort during intercourse and urination. Irritation and itching of the female genital area and, in rare cases, lower abdominal pain can also occur.

When do symptoms appear?
Symptoms usually appear within 5 to 28 days of exposure in women.

What are the complications of trichomoniasis?
Trichomoniasis in pregnant women may cause premature rupture of the membranes and preterm delivery. The genital inflammation caused by trichomoniasis might also increase a woman's risk of acquiring HIV infection if she is exposed to HIV. Trichomoniasis in a woman who is also infected with HIV can increase the chances of transmitting HIV infection to a sex partner.

How is trichomoniasis diagnosed?
To diagnose trichomoniasis, a health care provider must perform a physical examination and laboratory test. In women, a pelvic examination can reveal small red ulcerations on the vaginal wall or cervix. Laboratory tests are performed on a sample of vaginal fluid or urethral fluid to look for the disease-causing parasite. The parasite is harder to detect in men than in women.

Who is at risk for trichomoniasis?
Any sexually active person can be infected with trichomoniasis.

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What is the treatment for trichomoniasis?

Trichomoniasis can usually be cured with the prescription drug metronidazole given by mouth in a single dose. The symptoms of trichomoniasis in infected men may disappear within a few weeks without treatment. However, an infected man, even a man who has never had symptoms or whose symptoms have stopped, can continue to infect a female partner until he has been treated. Therefore, both partners should be treated at the same time to eliminate the parasite. Persons being treated for trichomoniasis should avoid sex until they and their sex partners complete treatment and have no symptoms. Metronidazole can be used by pregnant women.

How can trichomoniasis be prevented?

Abstain from sex or delay sex

Refraining from having sexual intercourse is the best way to prevent transmission of trichomoniasis and other STDs, including HIV. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Choose Outer-course vs. intercourse

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Choosing only non-genital contact can eliminate transmission risk for trichomoniasis and other STDs, including HIV.

Monogamy

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers

Although not as safe as abstinence or monogamy, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can reduce a person's risk of acquiring or transmitting trichomoniasis and other STDs, including HIV. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission.

If you think you are infected, avoid sexual contact and see a health care provider. Any genital symptoms such as discharge or burning during urination or an unusual sore or rash should be a signal to consult a health care provider immediately. If you are told you have trichomoniasis or any other STD and receive treatment, you should notify all your sex partners so that they can see a health care provider and be treated.

Where can I get more information?

A medical provider should be consulted if you suspect you may have trichomoniasis. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
Genital Herpes

What is genital herpes?
Herpes is a sexually transmitted disease (STD) caused by the herpes simplex virus (HSV). HSV-type 1 commonly causes fever blisters on the mouth or face (oral herpes), while HSV-type 2 typically affects the genital area (genital herpes). However, both viral types can cause either genital or oral infections. Most of the time, HSV-1 and HSV-2 are inactive, or "silent," and cause no symptoms, but some infected people have "outbreaks" of blisters and ulcers. Once infected with HSV, people remain infected for life.

How is genital herpes spread?
HSV-1 and HSV-2 are transmitted through direct contact, including kissing, sexual contact (vaginal, oral, or anal sex), or skin-to-skin contact. Genital herpes can be transmitted with or without the presence of sores or other symptoms. It often is transmitted by people who are unaware that they are infected, or by people who do not recognize that their infection can be transmitted even when they have no symptoms.

How common is genital herpes?
Results of a recent, nationally representative study show that genital herpes infection is common in the United States. Nationwide, 45 million people ages 12 and older, or one out of five (21.9%) of the total adolescent and adult population, is infected with HSV-2. HSV-2 infection is more common in women (approximately one out of four women) than in men (almost one out of five). This may be because male to female transmission is more efficient than female to male transmission. HSV-2 infection is also more common in blacks (45.9%) than in whites (17.6%). Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health such as poverty, access to quality health care, health-care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs.

Since the late 1970s, the number of Americans with genital herpes infection (i.e., prevalence) has increased 30%. Prevalence is increasing most dramatically among young white teens; HSV-2 prevalence among 12- to 19-year-old whites is now five times higher than it was 20 years ago. And young adults ages 20 to 29 are now twice as likely to have HSV-2.

Is genital herpes serious?
HSV-2 usually produces mild symptoms, and most people with HSV-2 infection have no recognized symptoms. However, HSV-2 can cause recurrent painful genital ulcers in many adults, and the infection can be severe in people with suppressed immune systems. Regardless of severity of symptoms, genital herpes frequently causes psychological distress among people who know they are infected.

In addition, HSV-2 can cause potentially fatal infections in infants if the mother is shedding virus at the time of delivery. It is important that women avoid contracting herpes during pregnancy, because the initial infection during pregnancy creates a greater risk of transmission to the newborn. If a woman has active genital herpes at delivery, a cesarean-section delivery is usually performed. Fortunately, infection of an infant is rare among women with HSV-2 infection.

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What happens when someone is infected with genital herpes?
Most people infected with HSV-2 are not aware of their infection. However, if symptoms occur during the primary episode, they can be quite pronounced. The primary episode usually occurs within two weeks after the virus is transmitted, and lesions typically heal within two to four weeks. Other symptoms during the primary episode may include a second crop of lesions, or flu-like symptoms, including fever and swollen glands. However, some individuals with HSV-2 infection may never have lesions, or may have very mild symptoms that they don't even notice or that they mistake for insect bites or a rash. Most people diagnosed with a primary episode of genital herpes can expect to have several symptomatic recurrences a year (average four or five); these recurrences usually are most noticeable within the first year following the first episode.

How is genital herpes diagnosed?
The signs and symptoms associated with HSV-2 can vary greatly among individuals. Health care providers can diagnose genital herpes by visual inspection, by taking a sample from the sore(s) and by testing it to see if the herpes virus is present.

Is there a cure for herpes?
There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks for whatever period of time the person takes the medication.

How can people protect themselves against infection?
When a person has sex with someone whose STD status is unknown, a latex condom put on before beginning sex and worn until the penis is withdrawn can reduce the risk of infection. However, condoms do not provide complete protection, because a herpes lesion may not be covered by the condom and viral shedding may occur. If you or your partner has genital herpes, it is best to abstain from sex when symptoms are present, and to use latex condoms between outbreaks. Washing the genitals, urinating, or douching after sex does not prevent STDs. Any unusual discharge, sore, or rash, especially in the groin area, should be a signal to stop having sex and to see a doctor at once.

In the United States, HSV-2 may play a major role in the heterosexual spread of HIV, the virus that causes AIDS. Herpes can make people more susceptible to HIV infection, and can make HIV-infected individuals more infectious.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
Human Papillomavirus (HPV)

What is Human papillomavirus (HPV)?
Human papillomavirus (HPV) is the name of a group of viruses that infect the skin. There are more than 100 different types of HPV. Certain types of HPV cause warts on the hands or feet, and other types can cause warts on the genitals. Other types cause cervical cancer.

How do you get HPV or genital warts?
Genital HPV and genital warts are usually spread by direct, skin-to-skin contact during vaginal, anal or (rarely) oral sex with someone who has this infection. Genital warts are growths or bumps that appear on the vulva, in or around the vagina or anus, on the cervix, or on the penis, scrotum, or groin. They may be raised or flat, single or multiple, small or large. Warts may appear within several weeks after sex with a person who has HPV; or they may take months or years to appear; or they may never appear. This makes it hard to know exactly when you got the virus or from whom you got it. (Warts on other parts of the body, such as the hands, are caused by different types of HPV. People do not get genital warts by touching warts on their hands or feet.)

Who gets HPV or genital warts?
HPV infection, including genital warts, can infect any sexually active person. Infants can be infected by their mothers during birth, but this is very rare. Approximately 5.5 million new cases of sexually transmitted HPV (one third of all new STDs) occur in the U.S. each year, with at least 20 million people currently infected. About half of sexual active Americans will likely become infected with genital HPV in their lifetime.

How can you avoid getting HPV or genital warts?
Ways that lower your risk of getting other sexually transmitted diseases (STDs) may also work to lower your risk of getting HPV or genital warts:

- Abstain from having sex.
- Abstain from sex with a person who has visible warts (although some infected people may not have visible warts but can still transmit the infection).
- Have sex with only one other uninfected person who has sex only with you (long-term mutual monogamy). Two people who are not infected cannot spread the infection to each other (although it's difficult to know if your partner is infected).
- Have sex with fewer people. The more people you have sex with, the greater your chance is of getting HPV.
- Select a sexual partner who has had fewer partners themselves (although this may be difficult to know for sure). People who have many sex partners are at higher risk of getting HPV and other sexually transmitted diseases.
- Use a latex condom every time you have sex. Evidence of the effectiveness of latex condoms in preventing HPV transmission is unclear. But, latex condoms, used correctly and every time, may reduce the risk of developing HPV-associated cervical cancer. Latex condoms can also reduce your risk of getting some other sexually transmitted diseases and can decrease the chance of on unintended pregnancy.
- If you think you may have genital warts, do not have sex, and speak with a doctor right away. Treatment of your genital warts may reduce (but probably not eliminate) the chance of you infecting your partner.

How are genital warts diagnosed?
You can check yourself and your partner(s) for warts, but remember: warts sometimes can be very hard to see. Also, sometimes it's hard to tell the difference between a wart and normal bumps or pimples. If you think you have warts or have been exposed to HPV, speak with your doctor.

SHARP FACTS
Human Papillomavirus (HPV)

What's the difference between a Pap smear and an HPV test?
A Pap smear is a test made to find abnormal cell changes in the cervix before they turn into cancer (precancerous changes). Women with an abnormal Pap smear may be examined further for cervical problems and may receive an HPV test.

Can HPV be cured?
There is no treatment for HPV infection. But, most people who become infected do not develop any problems from the infection, and most people who become infected with HPV spontaneously clear the infection from their bodies with no treatment within a year or two.

How are genital warts treated?
Genital warts caused by HPV can be treated. Removing or treating these may reduce – but probably not eliminate – the chances an infected person may pass the infection to their sexual partner. There are several treatments for genital warts. The goal of treatment is to remove visible genital warts to get rid of annoying symptoms. It may take a few treatments to clear genital warts, and for some people, it may take many treatments. None of the treatments for genital warts is a cure for HPV. The virus can remain in nearby skin even after treatment. Because the virus can lie dormant in cells, warts can return months after treatment. Sometimes warts may come back years after they've cleared, but that doesn't happen very often. Also, when warts return, it is hard to know if the warts are a return of the old warts or a new case. However, once clear for several months, most people with genital warts never have any come back.

What about HPV, genital warts and cancer?
The types of HPV linked to cervical cancer are different than the types that cause genital warts. But if you have genital warts, you may have also come in contact with the types of HPV that are linked to cervical cancer. Having regular Pap smears enables your doctor to detect infections of the cervix before they can cause cervical cancer. Cancer almost always can be stopped before it occurs by finding and treating abnormal cells early.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Navy Environmental Health Center, from material developed by the American Social Health Association (ASHA), the National Institutes of Health (NIH), and the Centers for Disease Control (CDC).

SHARP FACTS
Hepatitis B

What is Hepatitis B?
Hepatitis means "inflammation of the liver." Chronic infection can lead to liver cirrhosis and the destruction of liver cells. Hepatitis B is caused by a virus transmitted through exposure to infected blood, semen, and vaginal fluids. Many people still do not understand that it can be transmitted sexually.

In developing countries hepatitis B infection frequently occurs in infancy and childhood due to perinatal transmission and the use of contaminated needles. In developed countries, hepatitis B is more common in certain subgroups of the population, to include intravenous drug abusers, heterosexuals with multiple sex partners, gay men, staff of hemodialysis centers and others who are routinely exposed to infected blood.

Individual responses to infection can vary greatly. Persons infected with hepatitis B may not experience any adverse symptoms or may require hospitalization for severe liver disease, where treatment is basically supportive (no cure). The person's immune system responds to infection from the virus in one of two ways: by providing lifelong immunity through antibody production or by failing to respond, resulting in chronic infection and potentially life-threatening liver disease. Chronic infection is common when infection occurs during infancy or in persons with compromised immune systems.

Is there a vaccine which can prevent hepatitis B?
For several years a vaccine has been available which is very effective in preventing, although not in treating, hepatitis B. In the U.S., women who receive prenatal care are screened for hepatitis B infection. For women infected with hepatitis B, transmission to their newborns can be prevented by administering hepatitis B vaccine and immune globulin to their infants immediately after birth and continuing the series of three immunizations over the next six months. In infants born to uninfected women, the hepatitis B series is routinely started within the first two months of life.

Adults at risk for exposure to hepatitis B may also receive the hepatitis B vaccine series. Once completed, the vaccine provides highly effective, long-term protection; that is, direct exposure of a vaccinated individual to the virus through sex or blood will not result in infection.

In the past, recipients of blood products were at high risk. Blood donations in this country and other developed countries are now routinely screened and processed to virtually eliminate the risk of transmission through our blood supply system. In addition, people who have been vaccinated are no longer susceptible to hepatitis B through receipt of blood products.

What is the magnitude of the problem?
Chronic hepatitis B is found in up to 0.9% of the U.S. population. There is no reliable cure once infection has occurred. In certain foreign-born and high risk groups the rate of chronic infections may be much higher. The number of new cases of hepatitis B has declined significantly with the advent of effective screening tests and vaccine development in the early 1990s.

How are young adults affected?
Young adults who are sexually active risk exposing themselves to partners who carry this virus. Many young adults were not routinely vaccinated as children and remain unprotected.

SHARP FACTS
Hepatitis B

What is being done to address the problem?
Enough vaccine is now available to vaccinate anyone at risk for exposure to hepatitis B. Physicians and nurses should advise all sexually active persons with more than one long-term sex partner or anyone who is seen for another STD to be vaccinated. The hepatitis B vaccination series is now routinely administered to all active duty personnel.

What still needs to be done?
Programs to provide testing for infection and subsequent vaccination and counseling are still needed in some parts of our U.S. population. High risk groups, to include injection drug users, may be difficult to locate and vaccinate, and cost may discourage some persons at risk from obtaining the vaccine.

How can I protect myself from contracting hepatitis B?
Not having sex is the most effective way to prevent getting an infection. Monogamy is also safe; two people who only have sex with each other are safe if neither partner is infected. People who choose to have sex outside a monogamous relationship but don't know whether their partners carry this virus can protect themselves by receiving the vaccine series. Condoms may also be effective in preventing hepatitis B transmission. Washing the genitals, urinating, or douching after sex does **not** prevent STDs. For more detailed information on strategies to reduce your risk of acquiring STD/HIV see ***SHARP Fact*** "Choosing Safer Options Reduces Risk" at http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.

Are there other causes of hepatitis?
Hepatitis can be caused by many different types of hepatitis viruses. Currently vaccines are only available for hepatitis A and B, the most common forms.

Type A is found in human feces and is transmitted from person to person through ingestion, either of contaminated food or water or by direct ingestion of even small fecal particles during sexual activity. For this reason, people who handle food should wear gloves and wash their hands after using the restroom!

Hepatitis C is common among injecting drug users but can probably be transmitted less efficiently through sexual contact. Blood donors are screened for hepatitis C, but there is no vaccine to prevent infection.

In addition to viruses, chemicals may also damage the liver. Alcohol ingestion is the most common cause of non-viral hepatitis. Drinking excessively can lead to cirrhosis or liver cancer.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease, including hepatitis B. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center in Norfolk, Virginia from material developed by the Centers for Disease Control and Prevention, National Center for Infectious Diseases, and the American Public Health Association.

SHARP FACTS
Testing for HIV

What is HIV?
HIV (human immunodeficiency virus) is the virus that causes AIDS. AIDS stands for acquired immunodeficiency syndrome. A positive HIV test result does not mean that a person has AIDS, but does mean a person may develop AIDS. HIV is passed from one person to another through blood-to-blood and sexual contact. In addition, an infected pregnant woman can pass HIV to her baby during pregnancy or delivery, as well as through breast-feeding.

How can I tell if I'm infected with HIV?
The only way to know for sure if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected with HIV. Many people who are infected with HIV do not have any symptoms at all for many years. Similarly, you cannot tell that a person has HIV or AIDS simply by looking at them.

Will an HIV test protect from getting HIV?
No. The HIV test doe not protect you in any way. It only tells you if you have been infected with HIV.

Where can I get tested for HIV infection?
All active duty Sailors and Marines are tested for HIV at least every 2 years. Family members and certain civilian employees can request testing through their military healthcare provider. Other places offering testing include local health departments, hospitals, and sites specifically set up to provide HIV testing. The SHARP internet website http://www-nehc.med.navy.mil/hp/sharp/index.htm includes links (under "**My Personal Health**") to help you locate a military medical treatment facility or a free civilian source of HIV testing near you.

Never donate blood just to be tested for HIV.

Rapid testing is offered at many locations. A rapid test takes 30 minutes or less. Some testing sites may offer oral fluid rapid testing (no blood is needed). In comparison, results from the commonly used HIV antibody screening test, the enzyme immunoassay (EIA), takes about 1-2 weeks. Both the rapid tests and the EIA look for the presence of antibodies to HIV. As is true for all screening tests (including the EIA), a reactive rapid HIV test result must be confirmed before a final diagnosis of infection can be given.

It is important to seek testing at a place that also provides counseling about HIV and AIDS. Counselors can answer any questions you might have about risky behavior and ways you can protect yourself and others in the future. In addition, they can help you understand the meaning of the test result and describe what AIDS-related resources are available in the local area.

The Centers for Disease Control and Prevention (CDC) National AIDS Hotline can answer questions about testing and can refer you to testing sites in your area. The Hotline numbers are 1-800-342-2437 (English), 1-800-344-7432 (Spanish), or 1-800-243-7889 (TTY).

SHARP FACTS
Testing for HIV

Consumer-controlled test kits (popularly known as "**home test kits**") were first licensed in 1997. Although home HIV tests are sometimes advertised through the Internet, currently only the ***Home Access*** test is approved by the Food and Drug Administration. (The accuracy of home test kits other than Home Access cannot be verified.) The Home Access test kit can be found at most local drug stores, or may be ordered by mail. The testing procedure involves pricking your finger with a special device, placing drops of blood on a specially treated card, then mailing the card to a laboratory. Customers are given an identification number to use when phoning for the test results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when getting the result.

How long after a possible exposure should I wait to get tested for HIV?

The tests commonly used to detect HIV infection actually look for antibodies produced by your body to fight HIV. Most people will develop detectable antibodies within 3 months after infection, the average being 25 days. In rare cases, it can take up to 6 months. For this reason, the CDC currently recommends testing 6 months after the last possible exposure (unprotected vaginal, anal, or oral sex or sharing needles). It would be extremely rare to take longer than 6 months to develop detectable antibodies. It is important, during the 6 months between exposure and the test, to protect yourself and others from further possible exposures to HIV.

If I test HIV negative, does that mean that my partner is HIV negative also?

No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV. HIV is not necessarily transmitted every time there is an exposure. Testing should never take the place of protecting yourself from HIV infection. If your behavior is putting you at risk for exposure to HIV, it is important to reduce your risks.

What if I test positive for HIV?

If you test positive for HIV, the sooner you take steps to protect your health, the better. Early medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions.

Why should all pregnant women be tested for HIV?

There are medicines to lower the chance of an HIV-infected pregnant woman passing HIV to her infant. HIV testing and counseling provides an opportunity for infected women to find out if they are infected and to get medical care that may help to keep her healthy.

Where can I get more information?

Speak with your doctor right away if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the Sexual Health and Responsibility Program (SHARP) Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS

HIV Frequently Asked Questions

Can I get HIV from kissing?

HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes.

Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the Centers for Disease Control and Prevention (CDC) recommends against open-mouth kissing with an infected partner. There is only one case that suggests a woman became infected with HIV from her sex partner through exposure to contaminated blood during open-mouth kissing.

Can I get HIV from oral sex?

Yes, it is possible for you to become infected with HIV through performing oral sex. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. Blood, semen, pre-seminal fluid, and vaginal fluid all may contain the virus. Cells in the mucous lining of the mouth may carry HIV into the lymph nodes or the bloodstream. The risk increases if you have cuts or sores around or in your mouth or throat; if your partner ejaculates in your mouth; or if your partner has another STD.

It is even possible for you to become infected with HIV through receiving oral sex. If your partner has HIV, blood from their mouth may enter the urethra (the opening at the tip of the penis), the vagina, the anus, or directly into the body through small cuts or open sores. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex.

Can I get HIV from getting a tattoo or through body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask the staff at the establishment about procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

Should I be concerned about getting infected with HIV while playing sports?

There are no documented cases of HIV being transmitted during participation in sports. The very low risk of transmission during sports participation would involve sports with direct body contact in which bleeding might be expected to occur.

If someone is bleeding, their participation in the sport should be interrupted until the wound stops bleeding and is both antiseptically cleaned and securely bandaged. There is no risk of HIV transmission through sports activities where bleeding does not occur.

SHARP FACTS
HIV Frequently Asked Questions

Can I get infected with HIV from mosquitoes?

No. Since the beginning of the HIV epidemic there has been concern about transmission of HIV by biting and bloodsucking insects, such as mosquitoes. However, studies conducted by the CDC and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects -- even in areas where there are many cases of AIDS and large populations of mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

When an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another insect, the insect does not become infected and cannot transmit HIV to the next human it bites.

Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

No. HIV is not transmitted by day-to-day contact in the workplace, schools, or social settings. HIV is not transmitted through shaking hands, hugging, or a casual kiss. You cannot become infected from a toilet seat, a drinking fountain, a door knob, dishes, drinking glasses, food, or pets.

A small number of cases of transmission have been reported in which a person became infected with HIV as a result of contact with blood or other body secretions from an HIV-infected person in the household. Although contact with blood and other body substances can occur in households, transmission of HIV is rare in this setting. However, persons infected with HIV and persons providing home care for those who are HIV-infected should be fully educated and trained regarding appropriate infection-control techniques.

HIV is not an airborne or food-borne virus, and it does not live long outside the body. HIV can be found in the blood, semen, or vaginal fluid of an infected person. The three main ways HIV is transmitted are:

- through having sex (anal, vaginal, or oral) with someone infected with HIV.
- through sharing needles and syringes with someone who has HIV.
- through exposure (in the case of infants) to HIV before or during birth, or through breast feeding.

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the Sexual Health and Responsibility Program (SHARP) Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS
HIV Infection and AIDS

What is HIV? What is AIDS?
HIV (human immunodeficiency virus) is the virus that causes AIDS. HIV is not transmitted through the air or by eating food. It does not live long outside the body. HIV can be found in the blood, semen, or vaginal fluid of an infected person. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding.

AIDS stands for acquired immunodeficiency syndrome. A positive HIV test result does not mean that a person has AIDS. A diagnosis of AIDS is made by a physician using certain clinical criteria (e.g., AIDS indicator illnesses).

Infection with HIV can weaken the immune system to the point that it has difficulty fighting off certain infections. These types of infections are known as "opportunistic" infections because they take the opportunity a weakened immune system gives to cause illness. Many of the infections that cause problems or may be life-threatening for people with AIDS are usually controlled by a healthy immune system. The immune system of a person with AIDS is weakened to the point that medical intervention may be necessary to prevent or treat serious illness.

Where did HIV come from?
We do not know. Scientists have different theories about the origin of HIV, but none have been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasha, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s. We do know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

How many people have HIV & AIDS?
United States: Nearly 5000 active duty American Sailors and Marines have become infected with HIV. As of December 2002, 859,000 Americans had been diagnosed with AIDS, and 501,669 had died of AIDS. An estimated 800,000-900,000 Americans are living with HIV infection.

Worldwide: According to the World Health Organization-UNAIDS, an estimated 40 million people were living with HIV at the end of 2003. During 2003, an estimated 5 million people became infected, including 800,000 children, most of whom were infected through mother-to-child transmission.

How is HIV passed from one person to another?
HIV transmission can occur when blood, semen (including pre-seminal fluid), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person. HIV can enter the body through a vein (e.g., injection drug use), the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

SHARP FACTS
HIV Infection and AIDS

These are the most common ways that HIV is transmitted from one person to another:

- by having sexual intercourse (anal, vaginal, or oral sex) with an HIV-infected person
- by sharing needles or injection equipment with an injection drug user who is infected with HIV
- from HIV-infected women to babies before or during birth, or through breast-feeding after birth

Is there a cure or vaccine for HIV Infection?

There is no cure to rid the body of HIV infection.
There is no vaccine which can protect a person from becoming infected with HIV.

Today there are medical treatments that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS, though these treatments do not eliminate the HIV infection itself. As with other diseases, early detection offers more options for treatment and preventive health care.

How can I tell if I'm infected with HIV?

The only way to determine for sure whether you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected with HIV. Many people who are infected with HIV do not have any symptoms at all for many years. Similarly, you cannot tell that a person has HIV or AIDS simply by looking at them.

How can I avoid infection with HIV?

Two people who know they are not infected and who have no other sex partners besides each other cannot contract HIV. When a person has sex with a person whose STD status is unknown, a latex condom put on before beginning sex and worn until the penis is withdrawn can greatly reduce the risk of infection. Only lab tests can confirm someone has HIV. It is not obvious by looking to determine whether a partner has HIV or any other STD. Washing the genitals, urinating, or douching after sex does not prevent STDs.

For more detailed information on strategies to reduce your risk of acquiring STD/HIV see ***SHARP Fact*** "Choosing Safer Options Reduces Risk" at http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the Sexual Health and Responsibility Program (SHARP) Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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SHARP FACTS

Choosing Safer Options Reduces Risk

Introduction

Nearly 1 million Americans are infected with HIV, most of them through sexual transmission. As many as one-third of these people don't even know they are infected. One in three cases of HIV infection in the U.S. now occurs in a women. About half of all infected women and some infected men were infected by heterosexual contact.[1] HIV is spread between men and women. In fact, women in the U.S. and around the world are becoming increasingly affected by HIV. Approximately 46%, or 14.8 million, of the 32.4 million adults living with HIV or AIDS worldwide are women. An estimated 15.3 million new sexually transmitted infections, including HIV, occur each year in the United States. Experts estimate that one in four Americans will become infected with a sexually transmitted disease in their lifetime. Effective strategies for preventing these diseases are critical.

How can we reduce our risk of getting one of these diseases? What are the options?

Abstain from sex or delay sex

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Choose Outer-course vs. Intercourse

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for HIV and most (though not all) STDs.

But, if you choose to have sex, there are things you can do to reduce the risk of acquiring a sexually transmitted disease, including HIV:

Monogamy

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers

Although not as safe as abstinence or monogamy, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting many STDs, including HIV infection. In fact, recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used for every act of intercourse. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission. Put the condom on before any vaginal, anal, or oral contact.

Condoms can be expected to provide different levels of risk reduction for different STDs. There is no one definitive study about condom effectiveness for all STDs. Several studies have demonstrated that condoms can reduce the risk of acquiring chlamydia, gonorrhea, trichomoniasis, syphilis, chancroid and herpes. However, because not all studies have demonstrated protective effects, the body of evidence is considered inconclusive. In addition, definitive data are lacking regarding the degree of risk reduction that latex condoms provide in preventing transmission of genital Humanpapilloma Virus. It is important to note that the lack of data about the level of condom effectiveness indicates that more research is needed – not that latex condoms don't work.

Plastic Condoms. Studies show that the new polyurethane condoms have the same barrier qualities as latex. Lab testing has shown that particles as small as sperm and HIV cannot pass through this polyurethane material. A study of the effectiveness of this polyurethane condom for prevention of pregnancy and STDs is underway. The

new polyurethane condoms offer an alternative for condom users who are allergic to latex. Also, polyurethane condoms can be made thinner than latex, have no odor, and are safe for use with oil-based lubricants.

Condoms for Women. The "Reality" female condom™, also made of polyurethane, is lubricated and disposable. The lubricant is non-spermicidal. One study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users; for those who use the female condom correctly and consistently, the rate was approximately 5 percent. Unlike the male condom, the female condom™ protects the external female genitalia because its outer edge remains outside the vagina during sex – resulting in less skin-to-skin contact. If a male condom cannot, or will not be used, consider using a female condom.

Reduce the number of sexual partners

Many people who are infected with an STD don't know it, and you can't tell just by looking at them. The more people a person has sex with, the more likely it is that one (or more) will be infected with an STD. Though not as safe as abstinence or monogamy, reducing the number of people a person has sex with can reduce risk by reducing the number of potential exposures.

Do not have sex with "high-risk" people

You can't tell if potential partners are "high risk" just by looking at them. People who may be at higher risk of having a sexually transmitted infection include those who trade sex for money or sex for drugs, because they may have sex with many other people. Other people who may be at higher risk are people who share needles, because this activity can result in HIV, Hepatitis B and Hepatitis C infections, which can then be spread sexually. Non-monogamous men who have sex with men are also at higher risk of being infected with HIV and Hepatitis B because the risk of transmitting these viruses is greater with receptive anal intercourse than with vaginal or oral intercourse, and because these men may have many sex partners. Though not as safe as abstinence or monogamy, avoiding sex with "high-risk" people can reduce risk of exposure to a sexually transmitted infection.

Other things that can reduce the risk of infection with HIV or other STDs are:

Do not share needles or "works"

The safest thing a person can do is to not inject (non-prescription) drugs. For people who do continue to inject drugs, use a new, sterile needle from a reliable source each time. HIV and other viruses can be spread whenever needles are contaminated with blood - even small quantities of blood which may not be visible to the naked eye. This is true of all needles – including needles used for steroids, tattooing or body piercing. If sterile needles cannot be used, disinfect needles and syringes before and after each use.

Stay sober

Use of drugs or alcohol can affect sexual behavior because of reduced inhibitions and clouded judgment. Stay in control – stay sober.

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922 and their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the SHARP Home Page at http://www-nehc.med.navy.mil/hp/sharp.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

For more information:
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpin.org

CDC National STD/HIV Hotline
(800) 227-8922 or (800) 342-2437
En Espanol (800) 344-7432
www.cdc.gov/std

Fact Sheet for Public Health Personnel:

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (http://www.niaid.nih.gov/dmid/stds/condomreport.pdf). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of

intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

> ***Sexually transmitted diseases, including HIV***
> *Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.*

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine

accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a "retrospective" design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS
Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in "real-life" studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis

Discharge diseases, other than HIV
Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections
Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through "skin-to-skin" contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new

infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Department of Health and Human Services

For additional information on condom effectiveness, contact
CDC's National Prevention Information Network
(800) 458-5231 or **www.cdcnpin.org**

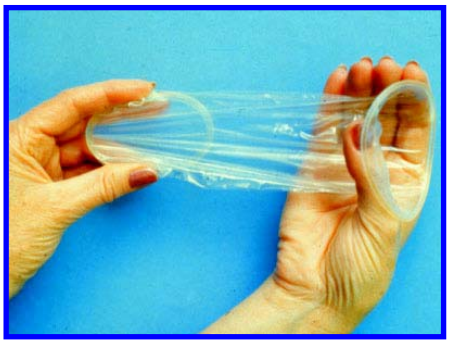
SHARP FACTS
Female Condom

Introduction
With nearly 1 million Americans infected with HIV, most of them through sexual transmission, and an estimated 15 million cases of other sexually transmitted diseases (STDs) occurring each year in the United States, effective strategies for preventing these diseases are critical.

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. But for those who have sexual intercourse, latex condoms are highly effective when used consistently and correctly. The correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting STDs, including HIV infection. In fact, recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used for every act of intercourse.

Why a *female condom*?
In the U.S., **women** account for 26% of new AIDS cases reported in the most recent period according to the CDC. Women of color are particularly affected accounting for 64% of all new HIV infections. Latinas account for 18%. In one study, half of the pregnancies in Navy women were unplanned, and half of these women were not using any form of birth control.[2] Because of economic, social, and gender inequalities, **women have not always been able to successfully negotiate male condom use** with their partners. [3] For some women, female condoms may be an option for them to protect themselves from sexually transmitted disease, HIV, and unwanted pregnancy.

What is the *female condom*?
The female condom is made of polyurethane, a soft, thin plastic which is stronger than the latex used to manufacture most male condoms. The female condom is lubricated and disposable. The lubricant is non-spermicidal. It has a 5-year shelf life and is resistant to the deleterious effects of heat and humidity. The female condom fits loosely in the vagina and has a soft ring at each end. The ring at the closed end is used to put the device inside the vagina and to hold it in place during sex. The other ring (open end) stays outside the vagina.



Will a *female condom* Protect Me?
One study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users; for those who use the female condom correctly and consistently, the rate was approximately 5 percent. Unlike the male condom, the female condom protects the external female genitalia because its outer edge remains outside the vagina during sex – resulting in less skin-to-skin contact.

According to the Female Health Company: "One calculation of the risk of STD transmission estimates a 97.1% reduction in the risk of HIV infection with correct and consistent use of the female condom. Results of reliability studies show that the breakage rate for the female condom is substantially lower than the breakage rate for the

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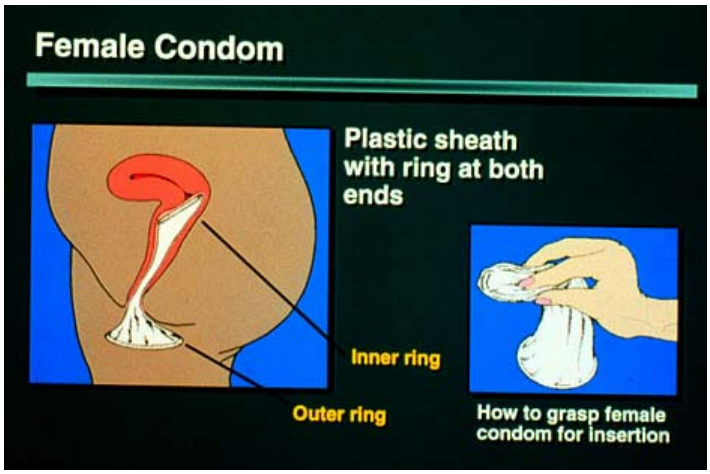
Female Condom™

male latex condom. When the female condom is used consistently and correctly, the accidental pregnancy rate is similar to, or lower than, rates for the diaphragm, cervical cap, and contraceptive sponge. The polyurethane female condom does not produce skin irritation, allergic reactions, or vaginal trauma nor does it alter the vaginal flora." [4]

How Do I Use a *female condom* ?

The female condom can be inserted up to eight hours before sex begins. The woman inserts the female condom with her fingers, much like a tampon with no applicator.

- Prior to inserting the condom into the vagina, ensure the condom is completely lubricated on the outside and the inside.
- While holding the sheath at the closed end, grasp the soft, flexible inner ring and squeeze it with your thumb and middle finger so it becomes long and narrow. With the other hand, separate the outer lips of your vagina.
- Gently insert the inner ring into the vaginal canal. You should feel the inner ring go up and move into place. Next, place your index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring remains outside of the vagina. The female condom is now in place and ready for use.



- Gently guide the penis into the sheath's opening to ensure that it enters properly. Be sure that the penis is not entering to the side of the sheath.
- To remove the condom, twist the outer ring and gently pull the condom out. Do this before standing up, to avoid any spillage. Throw the condom out in the garbage.
- *Use more lubricant* if: the penis does not move freely; the outer ring is pushed inside; you feel the female condom when it is in place; or the female condom comes out of the vagina during use.
- *Remove and insert a new female condom* if: the female condom rips or tears during insertion or use; the outer ring is pushed inside; the penis enters outside the pouch; the female condom bunches inside the vagina; or you have sex again. [4]

Where can I buy *female condoms?* The Female Health Company, the only manufacturer of the female condom, has an on-line index of stores that sell this product at http://www.femalehealth.com

Where can I get more information? Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

1 - CDC, HIV-AIDS Surveillance Report, Vol. 11 No. 1, page 3, June 1999
2 - Pregnancy and Single Parenthood in the Navy: Results of a 1997 Survey, TR-98-6, page vii, Navy Personnel Research and Development Center, Sep 1998
3 - Gilbert L., The Female Condom in the U.S., Lessons Learned, American Journal of Public Health, insert, Vol. 89, No. 6, page 6, June 1999
4 - Female Health Co., http://www.femalehealth.com/, as of 29 Mar 2000

SHARP FACTS

Oral Sex: What are the Risks?

Oral Sex is Not Considered Safe Sex

Like all sexual activity, oral sex carries some risk of infection with a sexually transmitted disease (STD), including Human Immunodeficiency Virus (HIV), particularly when one partner or the other is known to be infected, when either partner's STD/HIV status is unknown, and/or when either partner is not monogamous or injects drugs. **Numerous studies have demonstrated that oral sex can result in the transmission of HIV and other STDs**. Abstaining from oral, anal, and vaginal sex all together or having sex with a mutually monogamous uninfected partner are the only ways that people can be completely protected from the transmission of HIV and other STDs.

Oral sex with someone who is infected with HIV is **not** risk-free. Some people have indicated that they are less concerned about HIV because of new treatments and they are being less careful to avoid getting infected. But, in spite of the new treatments available to help the body manage an HIV infection, HIV remains a serious, lifelong disease that is best to prevent.

Oral Sex and the Risk of Sexually Transmitted Diseases

The likelihood of getting an STD/HIV from an infected person varies significantly depending on the type of exposure or contact involved. The risk of becoming infected through unprotected (without a condom) oral sex is lower than that of unprotected anal and vaginal sex. However, even a lower risk activity can become an important way people get infected if it is done often enough.

HIV - Measuring the exact risk of HIV transmission as a result of oral sex is very difficult. In addition, if sexually active individuals practice oral sex in addition to other forms of sex, when transmission occurs, it is difficult to determine whether or not it occurred as a result of oral sex or another sexual activity. Finally, several co-factors can increase the risk of HIV transmission through oral sex, including: oral ulcers, bleeding gums, genital sores, and the presence of other STDs.

When scientists describe the risk of transmitting an infectious disease, like HIV, the term "theoretical risk" is often used. Very simply, "theoretical risk" means that passing an infection from one person to another is *possible,* even though there may not yet be any actual documented cases. "Theoretical risk" is not the same as *likelihood.* In other words, stating that HIV infection is "theoretically possible" does not necessarily mean it is likely to happen—only that it might. Documented risk, on the other hand, is used to describe transmission that has actually occurred, been investigated, and documented in the scientific literature.

Theoretical and Documented Risk of HIV Transmission During <u>Oral sex</u>

<u>Theoretical</u>: There is a theoretical risk of transmission for both partners because infected fluids such as semen, vaginal secretions or blood can get into the mouth. There is also a theoretical risk of infection because infected blood from a partner's bleeding gums or an open sore could come in contact with a scratch, cut, or sore on the genitals.

<u>Documented</u>: Although the risk is many times smaller than anal or vaginal sex, **HIV has been transmitted** through oral sex, even in cases when partners didn't ejaculate.

SHARP FACTS
Oral Sex: What are the Risks?

Syphilis can be transmitted easily through oral sex if sores or mucous patches are present.

Gonorrhea can be transmitted moderately easy through oral sex. Transmission usually to and from the throat during penile-oral contact. Vaginal-oral transmission is less likely.

Herpes can be easily transmitted between the genitals and the mouth when sores are present, and can even be transmitted if no sores are present.

Other STDs which scientists have documented have also been transmitted through oral sex include **genital warts (Human Papilloma Virus), intestinal parasites (amebiasis),** and **hepatitis A**.

Because anal and vaginal sex are much riskier and because individuals who engage in unprotected oral sex may engage in unprotected anal and/or vaginal sex, the exact proportion of infections attributable to oral sex is unknown, but it is likely to be very small. This has led some people to believe that oral sex is completely safe. **It is not**.

Reducing the Risk of HIV Transmission Through Oral Sex

The consequences of HIV infection are life-long, life-threatening, and extremely serious. Herpes and Human Papilloma Virus infections are treatable but not curable. Abstaining from oral, anal, and vaginal sex all together or having sex only with a mutually monogamous, uninfected partner are the only ways that individuals can be completely protected from the sexual transmission of HIV and other STDs. People who decide they will have oral sex can lower their risk of getting HIV or other STDs by using latex condoms and other barriers. For example, non-lubricated, flavored condoms are available. Other barriers include plastic food wrap or a dental dam, which may serve as a physical barrier to prevent transmission of HIV and many other STDs.

How can I protect myself from STDs

Not having sex is the most effective way to prevent getting an infection. Monogamy is also safe; two uninfected people who only have sex with each other are safe. Washing the genitals, urinating, or douching after sex does not prevent STDs. For more detailed information on strategies to reduce your risk of acquiring STD/HIV see ***SHARP Fact*** "Choosing Safer Options Reduces Risk" at http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm.

Where Can I Get More Information?

A medical provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center in Norfolk Virginia from material developed by Centers for Disease Control and Prevention (HIV/AIDS Update, Dec 2000), and Flynn Publications, Decatur, GA 30030 (STD Advisor, 3;12;118-119; Dec 2000).

SHARP FACTS

Talking to Teens About Sexual Responsibility

Why should I talk to my teen about sexual responsibility?

Helping your children avoid teen pregnancy and infection with Sexually Transmitted Diseases (STDs) including HIV, works best when they occur as part of strong, close relationships with your children that are built from an early age. Research supports these common sense lessons: not only are they good ideas generally, but they can also help teens delay becoming sexually active, as well as encourage those who are having sex to plan for safety.

How do I talk to my teen about sexual responsibility?

The National Campaign to Prevent Teen Pregnancy offers these ideas for parents when discussing sexual responsibility with their children.

1. **Be clear about your own sexual values and attitudes**. Communicating with your children about sex, love, and relationships is often more successful when you are certain in your own mind about these issues. To help clarify your attitudes and values, think about the following kinds of questions:

- What do you really think about school-aged teenagers being sexually active-perhaps even becoming parents?
- Who is responsible for setting sexual limits in a relationship and how is that done, realistically?
- Were you sexually active as a teenager and how do you feel about that now?
- Were you sexually active before you were married? What do such reflections lead you to say to your own children about these issues?
- What do you think about encouraging teenagers to abstain from sex?
- What do you think about teenagers using contraception?

2. **Talk with your children early and often about sex, and be specific.** Kids have lots of questions about sex, and they often say that the source they'd most like to go to for answers is their parents. Start the conversation, and make sure that it is honest, open, and respectful. If you can't think of how to start the discussion, consider using situations shown on television or in movies as conversation starters. Tell them candidly and confidently what you think and why you take these positions; if you're not sure about some issues, tell them that, too. Be sure to have a two-way conversation, not a one-way lecture. Ask them what they think and what they know so you can correct misconceptions. Ask what, if anything, worries them.

Age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Resist the idea that there should be just one conversation about all this - you know, "the talk." The truth is that parents and kids should be talking about sex and love all along. This applies to both sons and daughters and to both mothers and fathers. All kids need a lot of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. And if you have regular conversations, you won't worry so much about making a mistake or saying something not quite right, because you'll always be able to talk again.

Many inexpensive books and videos are available to help with any detailed information you might need, but don't let your lack of technical information make you shy. Kids need as much help in understanding the meaning of sex as they do in understanding how all the body parts work. Tell them about love and sex, and what the difference is. And remember to talk about the reasons that kids find sex interesting and enticing; discussing only the "downside" of unplanned pregnancy and disease misses many of the issues on teenagers' minds.

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Talking to Teens About Sexual Responsibility

Here are the kinds of questions kids say they want to discuss:

- How do I know if I'm in love? Will sex bring me closer to my girlfriend/boyfriend?
- How will I know when I'm ready to have sex? Should I wait until marriage?
- Will having sex make me popular? Will it make me more grown-up and open up more adult activities to me?
- How do I tell my boyfriend that I don't want to have sex without losing him or hurting his feelings?
- How do I manage pressure from my girlfriend to have sex?
- How does contraception work? Are some methods better than others? Are they safe?
- Can you get pregnant the first time?

In addition to being an "askable parent," be a parent with a point of view. Tell your children what you think. Don't be reluctant to say, for example:

- I think kids in high school are too young to have sex, especially given today's risks.
- Whenever you do have sex, always use protection against pregnancy and sexually transmitted diseases until you are ready to have a child.
- Our family's religion says that sex should be an expression of love within marriage.
- Finding yourself in a sexually charged situation is not unusual; you need to think about how you'll handle it in advance. Have a plan. Will you say "no"? Will you use contraception? How will you negotiate all this?
- It's okay to think about sex and to feel sexual desire. Everybody does! But it's not okay to get pregnant/get somebody pregnant as a teenager.
- One of the many reasons I'm concerned about teens drinking is that it often leads to unprotected sex.
- (For boys) Having a baby doesn't make you a man. Being able to wait and acting responsibly does.
- (For girls) You don't have to have sex to keep a boyfriend. If sex is the price of a close relationship, find someone else.

By the way, research clearly shows that talking with your children about sex does not encourage them to become sexually active. And remember, too, that your own behavior should match your words. The "do as I say, not as I do" approach is bound to lose with children and teenagers, who are careful and constant observers of the adults in their lives.

Preventing HIV Infection and Other STDs: Recommended Prevention Strategies

Abstaining from sexual intercourse is the most effective pregnancy and STD/HIV prevention strategy. For individuals who are sexually active, the following may reduce risk:

- Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse
- Having intercourse only with one uninfected partner utilizing an appropriate contraceptive
- Using latex condoms correctly from start to finish with each act of intercourse

Where can I get more information?

For detailed information, counseling, and access to birth control options, contact your medical provider. A medical provider should be consulted if your child may have been exposed to any sexually transmitted disease or if they may be pregnant. CDC provides information through their National STD Hotline at (800) 227-8922. The National Campaign to Prevent Teen Pregnancy offers information for parents and teens through their website at: http://www.teenpregnancy.org For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center in Norfolk Virginia from material developed by The National Campaign to Prevent Teen Pregnancy.

SHARP FACTS
Family Planning

Why is Family Planning Important?
In the United States, only half of pregnancies are planned at the time of conception. For some of these unplanned pregnancies, the women would prefer to get pregnant later; for others, the women desired no more children. About one half of unplanned pregnancies end in an induced abortion. Among active duty enlisted female Sailors who became pregnant in 2003, approximately 55% of pregnancies were unplanned. About half of these women were not using any form of birth control. Unplanned pregnancies are also associated with more problems for the mother and infant than planned pregnancies. Women with unplanned pregnancies cannot take advantage of preconception care, a special healthcare visit that helps the women achieve the healthiest possible pregnancy outcome. Planning to become pregnant at a time when a woman is healthy and ready to become a parent can maximize the health and opportunities for women, children and families and reduce the likelihood of abortions.

What is the most effective method of birth control?
Only abstinence (not having sex) is 100% effective in preventing pregnancy. Methods that are highly effective are birth control pills, hormone injections, Norplant® inserts, IUDs (intrauterine devices) and sterilization (vasectomy and tubal ligation). Methods that can be effective when used correctly are the diaphragm, condoms, and spermicides (foam), cervical cap and rhythm (natural family planning).

What is the best method of birth control?
To choose the best method of birth control, a person should discuss the following issues with their partner and health care provider; their health, age, plans for future children, whether both partners are monogamous, the ability to use a method of birth control every time at intercourse, and for the woman, if she thinks she can take a pill every day. If a woman is postpartum or breastfeeding, there are additional issues and methods she needs to consider when selecting a form of birth control.

What are the different birth control methods, their advantages and disadvantages?
Birth control pills contain estrogens and a progestin or a progestin alone which are hormones similar to those that occur naturally in women. The pill is very effective if taken correctly. A back-up method (foam, condoms, diaphragm) is needed if you miss any pills. While women might have mild side effects during the first few months, the pill is safe for most women.

DepoProvera® is an injection (shot) of a progestin, which is similar to a naturally occurring hormone in women. Women must go to a clinic or doctor every 3 months to get the injection. Bleeding changes (spotting or no periods) are common

Norplant® implants are 6 small capsules filled with progesterone that are placed under the skin on the upper arm to prevent pregnancy. There are different formulations that will last from 3 to 5 years Capsules can be removed at any time and a woman can become pregnant once they are removed. Changes in menstrual pattern, such as spotting or no periods at all, are common.

IUD (intrauterine device) is a small, T-shaped piece of plastic which contains either copper or a hormone that prevents pregnancy. A doctor or nurse places it into the uterus, or womb. It may be kept in place for up to ten years. Menstrual periods may be heavier and longer; especially at first.

Diaphragm is inserted into the vagina and covers the cervix. It prevents pregnancy by stopping the sperm from entering the uterus. Diaphragms should be used in conjunction with spermicidal jellies or creams for maximum effectiveness.

Spermicides – contraceptive jellies, forms, creams, and suppositories which contain spermicides can be inserted into the vagina using an applicator. They reduce the chance of pregnancy by killing most sperm before they enter the uterus. They are recommended as a supplement to other contraceptives such as the diaphragm and condom.

SHARP FACTS
Family Planning

Withdrawal is a method that requires the male to withdraw from the vagina before ejaculation. Among typical users of this method, pregnancy rates of about 20% in the first year are probable. Withdrawal does not eliminate risks of STD transmission. The pre-ejaculate can contain HIV-infected cells, bacteria, and other viruses.
Female sterilization/tubal ligation is a very effective, permanent method of birth control if a woman is sure that she will not want children in the future. It is a safe, simple surgery, sometimes done without putting the woman to sleep. There are no known side effects other than discomfort or short term complications from the surgical procedure.
Male sterilization, or vasectomy, is a very effective, permanent method for men who are sure that they will not want children in the future. It is a safe, convenient, simple surgery done in a few minutes in a clinic or office, using local anesthetic for blocking pain. There are no known long term side effects.
Condoms are easy to use and can reduce risk of pregnancy and sexually transmitted disease if used correctly every time intercourse occurs. While there are no side effects, the man must always use a condom for them to be most effective. The **Female Condom, or vaginal pouch**, has recently become available in the United States. A small study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users. For those who use the female condom correctly and consistently, the rate was approximately 5 percent. Although laboratory studies indicate that the device serves as a mechanical barrier to viruses, further clinical research is necessary to determine its effectiveness in preventing transmission of HIV. If a male condom cannot be used, consider using a female condom.
Rhythm requires a woman to know the most fertile time of her monthly cycle so that she can avoid intercourse or use another method of birth control during that time. While this method can be effective if used correctly, in actual practice it is frequently less effective. General illness, vaginal infections, breastfeeding and stress can interfere with the monthly cycle or ability to determine her most fertile time. While there are no physical side effects, close cooperation between sex partners is essential.

What can a woman do to prevent pregnancy if she has unprotected sex?

If a woman has intercourse without using birth control or if something happens (such as a condom breaks), she can use emergency contraception or "the morning after pill" up to 72 hours after unprotected sex. She should call her health care provider or family planning clinic as soon as possible for the dosage and timing of the pills. EC does not prevent sexually transmitted diseases.

What services are available through the Navy?

Counseling and information

BUMED Instruction 6300.9 directs Naval medical facilities, including facilities on board naval vessels, to provide (or authorizes them to provide referral to) family planning services. Also, MANMED Article 15-76 provides annual health maintenance examination requirements for all active duty women which includes family planning, contraceptive counseling, and STD prevention counseling. Counseling should include information on availability and effectiveness of birth control methods (including emergency contraception).

Emergency Contraceptives

Emergency contraception pills are available by prescription from your health care provider.

Where can I get more information?

For detailed information, counseling, and access to birth control options, contact your medical provider. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate Population Health, Navy Environmental Health Center from BUMEDINST 6300.9 Family Planning Services (20 Sep 2001); MANMED Article 15-76, Annual Health Maintenance Examination Recommendations for Active Duty Members (change 118 20 Aug 2002); unpublished data from 2003 Pregnancy and Parenthood Survey, Navy Personnel Research, Studies, and Technology, Institute for Organizational Assessment, Millington TN (April 2004)

SHARP FACTS
Unplanned Pregnancy Prevention: An Emergency Option

Why is Family Planning Important?
In the United States, only half of pregnancies are planned at the time of conception. For some of these unplanned pregnancies, the women would prefer to get pregnant later; others do not desire pregnancy at all. About one half of unplanned pregnancies end in an induced abortion. Among surveyed active duty enlisted female Sailors who became pregnant in 2003, approximately 55% of pregnancies were unplanned. Half of these women were not using any form of birth control. Unplanned pregnancies are also associated with more problems for the mother and infant than planned pregnancies. Women with unplanned pregnancies cannot take advantage of preconception care, a special healthcare visit that helps the women achieve the healthiest possible pregnancy outcome. Planning to become pregnant at a time when a woman is healthy and ready to become a parent can maximize the health and opportunities for women, children and families.

What is the most effective method of birth control?
Only abstinence (not having sex) is 100% effective in preventing pregnancy. Methods that are highly effective are birth control pills, hormone injections, Norplant® inserts, IUDs (intrauterine devices) and sterilization (vasectomy and tubal ligation). Methods that can be effective when used correctly are the diaphragm, condoms, and spermicides (foam), cervical cap and rhythm (natural family planning).

What can a woman do to prevent pregnancy if she has unprotected sex?
If a woman has had intercourse without using birth control or if something happened (such as a condom broke), she can use emergency contraception **up to 72 hours after** unprotected sex. She should call her health care provider or family planning clinic as soon as possible for the dosage and timing of the pills. Emergency contraceptive pills will not protect a person from sexually transmitted diseases.

Facts about emergency contraceptives
A variety of pill combinations are available for use as emergency contraception. Also, two emergency contraceptive pill products have been approved by the Food and Drug Administration for use in preventing pregnancy after intercourse when barrier contraceptives have failed or when no contraceptives were used at all. One product contains the hormones progestin and estrogen; the other contains just progestin. EC pills are available by prescription only in most states. They may be purchased from pharmacies without a prescription in California, Washington, New Mexico, Hawaii and Alaska. Both products are believed to work by delaying or inhibiting ovulation, or by keeping a fertilized egg from implanting in the uterine wall. These pills are not effective once the fertilized egg has implanted.

Emergency contraceptives:
- do **not** protect against sexually transmitted diseases
- are **not** intended for frequent use
- should **not** be taken *before* unprotected sex
- are **not** recommended over other more effective contraceptive methods

How effective are emergency contraceptives?
Emergency contraceptives are about 75 percent effective, which means the number of women who would be expected to become pregnant after unprotected sex drops from eight out of 100 without any contraception to two out of 100 when an emergency contraceptive is used.

SHARP FACTS
Unplanned Pregnancy Prevention: An Emergency Option

What will happen when I take emergency contraceptive pills?
Side effects include nausea and vomiting, both of which were reported less frequently in women taking the progestin-only pills.

Is emergency contraception the same as the "morning after pill"?
The words "morning after" are misleading, because emergency contraceptive pills can be used up to 72 hours after sex, not just the next morning. However, it is more effective the sooner it is taken, and it's most effective during the first 24 hours.

Is emergency contraception the same as RU-486, the "abortion pill"?
No. RU-486 (the "abortion pill") and emergency contraceptive pills are completely different. Emergency contraceptive pills work the same way birth control pills do — they can prevent a pregnancy from starting. RU-486 will actually induce an abortion after a woman has conceived instead of preventing conception. The FDA has stated that there is no evidence that emergency contraceptive pills will have an adverse effect on an established pregnancy.

Is emergency contraception new?
No, emergency contraceptive therapy has been known and used for over 20 years.

What family planning services are available through the Navy?

Counseling and information

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This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate Population Health, Navy Environmental Health Center from Protecting Against Unintended Pregnancy: A Guide to Contraceptive Choices, U.S. Food and Drug Administration (June 2000); BUMEDINST 6300.9 Family Planning Services (20 Sep 2001); MANMED Article 15-76, Annual Health Maintenance Examination Recommendations for Active Duty Members (change 118 20 Aug 2002); unpublished data from 2003 Pregnancy and Parenthood Survey, Navy Personnel Research, Studies, and Technology, Institute for Organizational Assessment, Millington TN (April 2004); Fact Sheet – Women's Health Policy facts – Emergency Contraception, The Henry J. Kaiser Family Foundation, Menlo Park CA (Feb 2004), and material developed by the Planned Parenthood Federation of America, Inc.

SHARP FACTS
How do I tell my partner…?

Why should my sexual partner be told that I have a sexually transmitted disease?

If you have a sexually transmitted disease, any or all of the people you had sex with (vaginal, oral, or anal sex) may also be infected with the disease. But they may not even know they are infected. By notifying them, you can help ensure they receive the medical treatment they need. Telling your partner shows you respect and care about them. Your honesty may build trust and may encourage your partner to share sexual health information with you. Telling your partner may also prevent future misunderstandings or legal action. Many people who are infected with an STD do not notice any symptoms, until they become very ill. For example, while most (though not all) men who are infected with Chlamydia or gonorrhea get symptoms within 30 days of becoming infected, most women do not. Instead, many women may not notice their infection at all, until it causes very serious problems, like pelvic inflammatory disease (PID) or infertility. It is very important that everyone who may have been exposed to the disease gets treated. This protects people from the sometimes very serious consequences of untreated infections, and it protects their sexual partners (like you) from getting their infection.

Which of my partners need to know about this?

For each disease, there is a recommended contact tracing period. Anyone you have had sex with during the contact tracing period should be told that they might have been exposed. Some contact tracing periods are:

Chancroid	10 days
Chlamydia	60 days (or most recent partner if >60 days)
Genital Herpes	current sex partners
Gonorrhea	60 days (or most recent partner if >60 days)
Granuloma Inguinale	60 days
Hepatitis B, acute	within 14 days after the most recent sexual contact
Hepatitis B, chronic	No contact time period specified. Minimally, current sexual partners, needle-sharing partners and non-sexual household contacts should be offered hepatitis B vaccine.
Hepatitis C	Long-term, steady sex partners should be informed of the low but present risk of transmission and be offered counseling and testing.
HIV	Back to 6 months before last negative HIV test for people who have tested negative in the past. Or, one year back is a short enough period to have the greatest impact on disease transmission with most-recently-exposed partners, including current and steady partners. Some people may have a sense of when they became infected or for some other reason may be concerned about partners from further back than one year. Spouses: SECNACVINST 5300.30C requires that spouses of HIV positive military reservists be provided notification, counseling, and testing.
Human Papillomavirus (genital warts)	"Examination of sex partners is not necessary…" although "…sex partners…may benefit from examination to assess the presence of genital warts and other STDs." "Female sex partners of patients who have genital warts should be reminded that cytologic screening for cervical cancer is recommended for all sexually active women". (see page 56 of MMWR 51;RR-6, 10 May 2002)
PID	60 days
Pubic lice	one month
Lymphogranuloma Venereum	30 days
Nongonococcal Urethritis	60 days
Scabies	one month
Syphilis, primary	3 months, plus duration of symptoms
Syphilis, secondary	6 months, plus duration of symptoms
Syphilis, early latent	1 year
Trichomoniasis	"sex partners should be treated"

SHARP FACTS

How do I tell my partner…?

Ensuring medical treatment for everyone exposed is the right thing to do.

Everyone benefits from the elimination of sexually transmitted infections. Your partner is treated, you are protected from re-infection if you have sex with them again (assuming they are also treated), you receive the satisfaction of knowing you have acted responsibly, and the disease burden and potential sources of infection are reduced in the community.

What does my partner need to know?

- the name of the disease they may have, or may have been exposed to,
- the importance of seeing a doctor even if they have no symptoms of the disease,
- the importance of telling the doctor the name of the disease they may have,
  (They should **not** make the doctor guess why they are there. They should **not** just ask for a "check-up")
- the importance of acting promptly, since they may have had the infection for some time.

How can my partners be given the information they need?

There are a few ways to go about this. You might choose a different approach for each of partner, depending on your relationships and what you feel will work best for you and for them. Your health care professional will discuss each of these with you and help you formulate a plan.

- Option 1, "Client referral". You inform your partner that you have the disease and they may also have it. Use the name of the disease, and emphasize that it is very important they see a doctor promptly, even if they don't think they are infected. When speaking with your partner, a caring attitude is helpful, while a blaming attitude is not. Keep in mind that your partner, even if infected, may not know it. Some people may have some sexually transmitted infections for long periods without having symptoms.
- Option 2, "Provider Referral". With your permission, a trained health care professional informs your partner that someone with the disease has named them as a contact. This information is ideally shared face-to-face. The health care worker never discloses your name, but says only that a person who cares enough about them gave their name to ensure they receive appropriate care. The health care worker then helps your partner access medical treatment and testing.
- Option 3, "Dual Referral". You inform your partner in the presence of the health care professional. This approach supports you and ensures your partner receives prompt and complete information and medical care.
- Option 4, "Contract Referral". This is really Options 1 and 2 combined. You agree to inform you partner and, if that partner does not call or visit the health care professional by a given date, then the health care professional informs your partner and arranges treatment and testing.

Where can I get more information?

A health care provider should be consulted if you suspect you have a sexually transmitted disease. Your local health care provider or preventive medicine office can help you with the notification of your sexual contacts if you do have a sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center, from material developed by the National Center for HIV, STD and TB Prevention, Centers for Disease Prevention and Control, Partner Counseling and Referral Services Guidance (December 1998) and STD Guidelines for Treatment of STDs 2002 (MMWR 51;RR-6, May 10, 2002).

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Sexual Health Primer Course Exam

1. The mission of the Navy's Sexual Health and Responsibility Program (SHARP) is to provide programs for the prevention of
    a. Sexually transmitted diseases
    b. HIV
    c. Unplanned pregnancy
    d. All the above

2. What percent of unmarried active duty Sailors and Marines say they used a condom the last time they had sex?
    a. Sailors 96%, Marines 90%
    b. Sailors 86%, Marines 80%
    c. Sailors 66%, Marines 60%
    d. Sailors 46%, Marines 40%

3. SHARP offers a "SHARP Instructor" registration process (on-line) and self-study courses. These courses include
    a. Sexual Health Primer
    b. Navy and USMC HIV Policy (previously known as Navy HIV Instructor)
    c. SHARP HIV-AIDS Facts Quiz
    d. All the above

4. The document which requires annual, 1-hour, all-hands, HIV prevention education is:
    a. DoD 6485.1
    b. SECNAVINST 5300.30C
    c. SECNAV NOTICE 5300
    d. None of the above

5. The United States has the highest STD rates of any country in the industrialized world – an estimated ___ new infections each year:
    a. 15.3 thousand
    b. 15.5 hundred thousand
    c. 15.3 million
    d. none of the above

6. CDC estimates that 800,000 to 900,000 Americans are infected with HIV, an infection rate in America of:
    a. 1 in 3,000,000
    b. 1 in 300,000
    c. 1 in 30,000
    d. 1 in 300

7. The leading cause of death of African American men aged 25 to 44 years is:
    a. Cancer
    b. Traffic fatalities
    c. Cancer
    d. HIV infection

8. The estimated number of Americans who will get a sexually transmitted infection during their lifetime is:
    a. 1 in 40,00
    b. 1 in 4,000
    c. 1 in 400
    d. 1 in 4

9. The percent of pregnancies in the U.S. that were not planned at the time of conception is:
    a. 20%
    b. 30%
    c. 40%
    d. 50%

10. Approximately how many teenage girls in America have unplanned pregnancies each year?
    a. 1,000
    b. 10,000
    c. 100,000
    d. 1,000,000

11. Latex condoms greatly reduce risk of STD transmission during vaginal, anal, and oral sex if they are used
    a. Correctly
    b. Consistently
    c. Neither a or b
    d. Both a and b

12. CDC reports that only ___% of unmarried females reported condom use by their sexual partners:
    a. 53%
    b. 43%
    c. 33%
    d. 23%

13. In 1998, among unmarried active duty Sailors, condoms were reported used by roughly ___% during their last sexual encounter?
    a. 59%
    b. 49%
    c. 39%
    d. None of the above

14. One of the Healthy People 2010 objectives is to increase the proportion of sexually active adults who use condoms to ___
    a. 100%
    b. 75%
    c. 50%
    d. None of the above

15. In a study reported in the American Journal of Preventive Medicine, physicians asked their patients about STDs during routine check-ups about ___% of the time
    a. 58%
    b. 48%
    c. 38%
    d. 28%

16. According to the Guide To Clinical Preventive Services, which patients should be advised about risk factors for STDs and be appropriately counseled about reducing their risk?
    a. Young patients only
    b. Single patients only
    c. Young, single, patients only
    d. All patients

17. According to the Guide To Clinical Preventive Services, the following statement is **false**
    a. Most patients are eager for health information and generally want more than physicians provide
    b. Physicians should ask what patients already know or believe regarding their health related behavior
    c. Physicians should try to determine obstacles to behavior change including lack of skills, motivation, resources, and social support
    d. Physicians should not involve the patient in selecting risk factors to change, but should instead ask patients to change all their unhealthful behaviors at the same time

18. SHARP offers training in client centered counseling to help health care providers and other counselors to help people reduce their risk of acquiring or transmitting STDs/HIV. These courses are based on CDC's *Project Respect* which demonstrates the effectiveness of the client-centered model to
    a. Decrease risk taking behavior
    b. Decrease STD reinfection rates
    c. Neither a or b
    d. Both a and b

19. "SHARPFacts" are
    a. Facts sheets about sexual health issues
    b. One-page (double-sided)
    c. Free (download from the SHARP website)
    d. All the above

20. According to SHARPFact STDs, estimates of the annual incidence of STDs in the U.S. include
    a. 1 million new cases of genital herpes
    b. 3,400 new cases of congenital syphilis
    c. 5.5 million new cases of human papilloma virus
    d. all the above

21. According to SHARPFact Pregnancy and STDs, the CDC STD treatment guidelines recommend screening of pregnant women for these STDs
    a. Syphilis, and HIV
    b. Syphilis, HIV and Hepatitis B
    c. Syphilis, HIV, Hepatitis B, and gonorrhea
    d. Syphilis, HIV, Hepatitis B, gonorrhea, and chlamydia

22. According to SHARPFact Chlamydia, the Health Plan Employer Data Information Set (HEDIS) includes a measure for chlamydia screening which requires annual testing of
    a. All females
    b. All sexually active females
    c. All sexually active females with health plan coverage
    d. All sexually active females aged 15-25

23. According to SHARPFact Gonorrhea, the following are **true**
    a. this disease is often unnoticed by women in the early stages of infection
    b. Infections may occur in the vagina, urethra, anus, and throat
    c. People with gonorrhea may be more easily infected with HIV
    d. All the above

24. According to SHARPFact Syphilis, the typical syphilis chancre (ulcer)
    a. Is painless
    b. Disappears without treatment
    c. Is followed later by worsening symptoms if not treated
    d. All the above

25. According to SHARPFact Bacterial Vaginosis, the cause of this disease is not fully understood, but it can cause complications in women which include
    a. Babies born early and of low birth weight
    b. Pelvic inflammatory disease
    c. Ectopic pregnancy
    d. All the above

26. According to SHARPFact Trichomoniasis, most men with this infection do not get symptoms but they can continue to infect their sexual partners. Many women do get symptoms, which usually appear in __ after infection
    a. 5-8 hours
    b. 5-8 days
    c. 5-18 days
    d. 5-28 days

27. According to SHARPFact Genital Herpes, the following are **true**
    a. Latex condoms are a good defense against infection
    b. Condoms do not provide complete protection because lesions may not be covered by the condom
    c. Herpes simplex virus-2 may make people more susceptible to acquiring or to transmitting HIV
    d. All the above

28. According to SHARPFact Human Papilloma Virus, the following are **true**
    a. The virus can be transmitted sexually
    b. Some types of the virus can cause genital warts
    c. Some types of the virus have been strongly linked to cervical cancer
    d. All the above

29. According to SHARPFact Hepatitis B, there is a vaccine for this virus. This vaccination is a series of ___ shots that should be received over a six-month period
    a. There is no vaccine for this disease
    b. 1 shot
    c. 2 shots
    d. 3 shots

30. According to SHARPFact Testing for HIV, if I test negative for HIV, the following must be **true**
    a. My partner(s) must also be negative for HIV
    b. My sexual behavior/habits must be safe
    c. I am protected from getting HIV
    d. I am HIV negative or I don't have a detectable level of HIV antibodies in my blood

31. According to SHARPFact HIV Frequently Asked Questions, HIV is spread through
    a. Mosquitoes
    b. Mosquitoes and hugging
    c. Mosquitoes, hugging, and toilet seats
    d. None of the above

32. According to SHARPFact HIV Infection and AIDS, HIV has caused infections by transmission through which body fluids?
    a. Blood, sweat and tears

b. Blood, sweat, and semen
c. Blood, sweat, and vaginal secretions
d. Blood, semen, vaginal secretions, and breast milk

33. According to SHARPFact Choosing Safer Options Reduces Risk, things people who choose to have sex outside a monogamous relationship can do to reduce their risk of acquiring an STD include
    a. Use a latex condom
    b. Reduce the number of sexual partners
    c. Avoid sex with people who trade sex for money or drugs
    d. All the above

34. According to SHARPFact Condoms and Their Use in Preventing HIV and STDs, a latex condom should
    a. Be used for each act of vaginal, anal, and oral sex
    b. Be put on while holding the tip to leave space at the tip
    c. **Not** be used with oil-based lubricatants such as petroleum jelly or mineral oil
    d. All the above

35. According to SHARPFact Female Condom, one study of the product indicates a failure rate of approximately ___% when it is used correctly and consistently, while a "typical use" failure rate was ___%
    a. 20%; 31-36%
    b. 15%; 31-36%
    c. 10%; 21-26%
    d. 5%; 21-26%

36. According to SHARPFact Talking to Teens About Sexual Responsibility, when talking to teens about sexual responsibility, parents should
    a. Be clear about their own values and attitudes
    b. Talk with children early and often, and be specific
    c. Consider their own behavior and remember that teens are careful and constant observers of the adults in their lives
    d. All the above

37. According to SHARPFact Family Planning, about what proportion of unplanned pregnancies end in an induced abortion?
    a. One tenth
    b. One quarter
    c. One third
    d. One half

38. According to SHARPFact Family Planning, the only 100% effective method of birth control is
    a. Norplant
    b. The "pill"

c. "Withdrawal method"
d. Abstinence

39. According to SHARPFact Family Planning, if a woman has intercourse without using birth control or if something else happens (such as the condom breaks), she can use emergency contraception (sometime called a "morning after pill") up to ___ hours after unprotected sex
    a. 32 hours
    b. 42 hours
    c. 62 hours
    d. 72 hours

40. According to SHARPFact Family Planning, BUMED Notice 6320 provides annual health maintenance examination requirements for all active duty women which will include
    a. Family planning
    b. Contraceptive counseling
    c. STD prevention counseling
    d. All the above

End of Exam

Sexual Health Primer Critique and Answer Sheet

Please mail, e-mail, or fax to SHARP
e-mail: sharp@nehc.mar.med.navy.mil
voice: (757) 953-0974; DSN 377; fax x-0688
Navy Environmental Health Center
ATTN: HP/Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100, Portsmouth VA 23708-2103

Please print legibly – fax copies are difficult to read

Name (as you want it to appear on your certificate)_____
Profession: _____ SSAN: _____ Work phone: _____
Date: _____ E-mail address: _____
Mailing Address:_____

How helpful was the material in helping you to achieve the learning objectives (shown below)?

Identify and discuss basic facts concerning:

- the impact of sexually transmitted diseases and unplanned pregnancy. **not helpful** **helpful** **very helpful**

- Sexual Health and Responsibility Program (SHARP) mission, vision, goals, products, and services. **not helpful** **helpful** **very helpful**

- purpose and content of sexual risk assessment and risk reduction counseling by health care providers. **not helpful** **helpful** **very helpful**

- sources of training for risk reduction counseling. **not helpful** **helpful** **very helpful**

- pregnancy and sexually transmitted diseases. **not helpful** **helpful** **very helpful**

- Chlamydia, Gonorrhea, Syphilis, Bacterial Vaginosis, Trichomoniasis, Genital Herpes, HPV, and Hep. B. **not helpful** **helpful** **very helpful**

- testing for HIV. **not helpful** **helpful** **very helpful**

- safer options to reduce risk, including condoms. **not helpful** **helpful** **very helpful**

- talking to teens about sexual responsibility. **not helpful** **helpful** **very helpful**

What suggestions do you have for improving the course (please refer to page number; continue on separate page if needed:

Exam Answers

1.	6.	11.	16.	21.	26.	31.	36.
2.	7.	12.	17.	22.	27.	32.	37.
3.	8.	13.	18.	23.	28.	33.	38.
4.	9.	14.	19.	24.	29.	34.	39.
5.	10.	15.	20.	25.	30.	35.	40