

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, PURDUE UNIVERSITY,  
and TEXAS A&M UNIVERSITY

\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly.

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## Rural hospitals should consider periodic anonymous HIV seroprevalence surveys

Anonymous surveys of HIV seroprevalence assist in determining the extent of HIV infection in a particular facility and the community. Further, this information will help assess the need for routine, voluntary counseling and testing. In 1993, CDC recommended that acute-care hospitals with at least a 1% HIV seropositive rate offer voluntary HIV counseling and testing to 15 to 24 year old patients in a nonemergency situation.

Previous studies of anonymous seroprevalence hospital studies throughout the U.S. found HIV positive rates from 0.1% to 14%. However, most of the participating hospitals were urban, making the findings less useful for rural hospitals.

This study determined HIV seroprevalence trends in hospitals located in rural areas of south Georgia and to describe the demographic information of patients whose blood was tested. The objective of this analysis was to describe HIV seroprevalence trends from 1993 to 1999, describe two different methods of conducting HIV serosurveys, and determine if routine, volun-

tary HIV counseling and testing is warranted in these hospitals based on CDC recommendations.

### Methodology

From 1993 through 1997, five hospitals (labeled A through E) in the Albany, Valdosta and Waycross Public Health Districts participated in an anonymous HIV seroprevalence survey. Each hospital tested approximately 1,400 anonymous, leftover blood specimens per year from patients 15 to 54 years old. Two hospitals (C and E) tested all specimens, and three hospitals (A, B, and D) excluded blood known to be HIV-related.

### Outcomes of the Study

Data was collected on 30,546 specimens, of which lab results were available for 30,544. Of these 30,544 specimens, 480 (1.6%) were HIV-positive by EIA assay.

- The mean HIV seroprevalence at hospitals C and E was between 2.0% and 2.3% each year.
- The mean HIV seroprevalence in hospitals A, B, and D increased from 0.5% to 1.0% during 1993 to 1995, then decreased to 0.3% in 1997.
- For each year of the survey,

HIV positivity rates were higher in male patients, in African Americans compared to whites, and for persons aged 25 to 44 compared to persons in other age groups.

### Implications for Prevention

In hospitals C and E, the level of HIV disease was constant, whereas in hospitals A, B, and D, the HIV seroprevalence decreased .03%, suggesting that routine HIV counseling and testing is not currently needed in those hospitals. Rural hospitals should routinely conduct anonymous HIV seroprevalence surveys, sampling from all patients. If high rates of HIV/AIDS are found, and the hospitals have patients unaware of their own status, the testing can be helpful in making patients aware of their status. Hospitals can also offer treatment and counseling.

SOURCE: Beltrami, J., et al. (2001). Human immunodeficiency virus seroprevalence trends: Five hospitals in south Georgia, 1993 through 1997. *Southern Medical Journal*, 94, 421-426.

### STDs reported among older persons, but less than the younger

Little data is available on STDs in older persons. Most studies have been on younger persons who have the highest burden of these diseases. Understanding the epidemiology of STDs in older persons is important for reducing STD morbidity and for improving STD care.

Washington State's STD surveillance data from 1992 to 1998 were analyzed. For persons 50 to 80 years old, 1,535 episodes of STDs were reported, accounting for 1.3% of all reported STDs. Nongonococcal urethritis in men and genital herpes in women were the most common STDs. Compared with younger persons, older persons more often sought care at private clinics and had symptoms at time of clinic visit.

STDs are reported among older persons, but at lower rates than among younger persons. STD services, including counseling, should be provided for persons of all ages.

SOURCE: Fujie, X., et al. (2001). Sexually transmitted diseases of older persons in Washington state. *Sexually Transmitted Diseases*, 28, 287-291.

### HIV epidemic resurging among men who have sex with men

Studies of STDs and sexual behaviors suggest a resurgent HIV epidemic among men who have sex with men (MSM). To determine HIV incidence among young MSM, CDC analyzed data from the Young Men's Survey (YMS) in seven U.S. cities. YMS Phase I was a cross-sectional, multisite, venue-based sample survey of men aged 15-22 years.

In the seven cities, 3,492 young MSM enrolled. The prevalence of HIV infection was 7.2%, increased with age, and was higher among blacks, Hispanics, and men of mixed race than among whites or Asian/Pacific Islanders. These findings and the high prevalence of unprotected anal sex during the prior 6 months suggested high HIV incidence among these young men. The incidence was comparable to that reported in recent studies of adult MSM.

HIV prevention efforts targeting young MSM should begin early, should be sustained, and tailored to their needs. A vigorous public health response is warranted.

SOURCE: CDC. (2001). HIV incidence among young men who have sex with men -- Seven U.S. cities, 1994-2000. *MMWR*, 50, 440-444.

### Aerobic exercise training helps HIV-infected adults

HIV-1-infected persons who exercised regularly experienced gains in endurance and improved body composition. Subjects lowered their body weight and reduced their fat consumption. No significant changes in CD4+ cell count or HIV-1-RNA copy number occurred in either the experimental or control groups.

SOURCE: Smith, B. A., et al. (2001). Aerobic exercise: Effects on parameters related to fatigue, dyspnea, weight body composition in HIV-infected adults. *AIDS*, 15, 693-702.

### HIV strain linked to more cervical cancer

Mortality rates from cervical cancer caused by HPV-18, which is the second most common cause of the disease, could be four times as high as those caused by other HPV strains, including HPV-16. Persons with HPV-18 should receive intense treatment.

SOURCE: Schwartz, S.M., et al. (2001). Human papillomavirus and prognosis of invasive cervical cancer: A population-based study. *Journal of Clinical Oncology*, 19, 1906-1915.



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The opinions expressed here do not necessarily represent those of the cooperating universities.

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