

## Partner counseling yields high rate of new HIV detection

About one-quarter of persons living with HIV in the United States are not aware of their infection and their risk of transmitting HIV. This study evaluated the success of volunteer partner counseling and referral services (PCRS) in helping HIV-infected persons notify sex and needle-sharing partners of their need for HIV testing.

1580 persons newly infected with HIV were located and interviewed. Most were Black, non-Hispanic.

1532 sex or needle-sharing partners were identified through PCRS. Only 11% could not be notified. Half had not been previously tested for HIV. Of these, 64% were tested and 22% of them were HIV-positive. Overall, one new HIV case was identified for every 11 index patients interviewed through PCRS.

PCRS is a key strategy for stemming the flow of new HIV infection.

**SOURCE:** Centers for Disease Control and Prevention. (2003). Partner counseling and referral services to identify persons with undiagnosed HIV -- North Carolina, 2001. *MMWR*, 52, 1181-1184.

## Teachers /nurses lack time and resources for HPV education

Over 5.5 million new cases of HPV occur annually in the United States, making HPV the most common viral STD in the country. This study determined HPV knowledge, teaching attitudes and behavior, motivating and enabling factors, and barriers that impact how Vermont public school teachers and nurses addressed HPV prevention.

Teachers provided significantly more correct answers to questions about condom use and HPV prevention than did nurses (71% versus 41%). Slightly less than one-half did know that people with HPV do not always have genital warts nor that HPV cannot be completely prevented with condom use. Only 1 in 10 reported having adequate resources for teaching about HPV. About one-half reported that their school supported HPV education, but lack of class time prevented them from teaching about HPV. One-quarter reported a lack of knowledge about HPV as the main barrier to HPV education.

Public schools need strong HPV education materials and adequate classroom time for instruction.

**SOURCE:** Beatty, B. G., et al. (2003). Human papillomavirus (HPV) education in middle and high schools of Vermont. *Journal of School Health*, 73, 253-257.

## HCV infection rate low among HIV-infected women at risk

Persons infected with HIV are often co-infected with HCV. Of 1517 HIV-infected women, only 22 exhibited HCV seroconversion (1.5%). The HCV incidence rate in HIV-infected and HIV-uninfected women was 2.7 and 3.3 cases per 1000 person-years, respectively. The HCV co-infection rate with HIV was much lower than anticipated. Women with history of any drug use were more likely to have acquired HCV.

**SOURCE:** Augenbraun, et al. (2003). Incident hepatitis C virus in women with human immunodeficiency virus infection. *Clinical Infectious Diseases*, 37, 1357-1364.

## Syphilis continues to increase among men

The number of reported cases of primary and secondary syphilis increased 12.4% in 2002. This increase occurred among men, namely among MSM. P&S syphilis cases decline among women and non-Hispanic blacks. More intervention efforts are needed to prevent syphilis among MSM.

**SOURCE:** Centers for Disease Control and Prevention. (2003). Primary and secondary syphilis -- United States, 2002. *MMWR*, 52, 1117-1120.

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

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# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, PURDUE UNIVERSITY,  
and UNIVERSITY OF COLORADO

\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 8, No. 1, January 2, 2004

## STD/HIV risk behavior common among MSM attending Southern sex resort

In the United States men who have sex with men continue to experience a substantial and disproportionate risk of HIV infection. Further empirical investigations that identify correlates of engaging in unprotected anal sex are needed. Bath houses and sex clubs are potential venues for determining levels and correlates of risky sexual behavior among MSM. MSM risk behavior at sex resorts, as opposed to bath houses, has not been adequately studied.

This study identified demographic and behavioral correlates of recently engaging in unprotected anal sex among MSM attending a popular sex resort in the Southern U.S.

### Methodology

Male guests at a sex resort in northeast Georgia were randomly approached by male research staff and asked to participate in a brief survey about men's sexual health. Men were recruited only during leisure time spent on the patio or near the pool area. Data were collected Saturdays from May through November 2002.

Unprotected anal sex, either insertive or receptive, was the primary risk behavior assessed.

Self-reported history of STD infection was determined as well as the participant's recent practice of rimming, fisting, and group sex. HIV serostatus and number of sex partners were also determined.

### Outcomes of the Study

164 men were approached; of these, 150 men from 14 states completed the questionnaire (response rate of 91%). Mean age was 41 years. 93% identified as white, and 17% reported they were HIV-positive.

Major findings include:

- Unprotected anal receptive sex and unprotected anal insertive sex in the past three months were reported by 27% and 42%, respectively.
- One-half reported unprotected anal sex in the past three months.
- Men who recently practiced rimming were 1.7 times more likely to report unprotected anal sex.
- Men who recently practiced group sex were 2 times more likely to report unprotected anal sex.
- Men who recently had sex with 5 or more partners were 1.6 times more likely to report unprotected anal sex compared to those reporting fewer partners.
- Men using bath house, public restrooms, and circuit parties as a

way of meeting sex partners were 1.6, 1.5, and 1.7 times, respectively, more likely to report unprotected anal sex.

- Men who reported taking nonprescription Viagra were 1.2 times more likely to report unprotected anal sex.
- Men who reported being currently HIV-positive were 1.1 times more likely to report unprotected anal sex.

### Implications for Prevention

HIV/STD risk behavior was common among this sample of MSM attending a sex resort. Because of the high level of risk behavior and STD infection among this population, sex resorts could be an important venue for STD/HIV prevention among MSM. This has implications for rural STD prevention as some of the men travel from rural areas to the resorts and then return to their home sexual networks.

SOURCE: Crosby, R. A., et al. (2003). Correlates of recent unprotected anal sex among men having sex with men attending a large sex resort in the South. *Sexually Transmitted Diseases*, 30, 909-913.