

Oral and vaginal sex increase HSV-1 risk in women

Herpes simplex virus 1 (HSV-1) is an incurable STD and sexual activities associated with infection are not understood. This study sought to identify demographic and behavioral variables associated with the prevalence and acquisition of HSV-1 in women.

1207 non-pregnant women, aged 18-30 years old participated in the study from 1998-2000.

38% of the women were found to have HSV-1 serum antibodies at time of enrollment. Women who had vaginal intercourse were more likely than sexually inactive women to acquire HSV-1. Women who had only receptive oral sex without vaginal intercourse were more likely than sexually inactive women to acquire HSV-1.

Black race, less than 12 years education, older age, and history of five or more lifetime sex partners were also associated with the prevalence of HSV-1.

Cunnilingus and vaginal sex are important risk factors for acquiring HSV-1 for young women.

SOURCE: Cherpes, T. L., et al. (2005). Cunnilingus and vaginal intercourse are risk factors for herpes simplex virus type 1 acquisition in women. *Sexually Transmitted Diseases*, 32, 84-89.

Women inmates in Georgia have a high rate of STIs

From 1990 through 2001, the female incarcerated populations in the United States grew more than 100 percent. Although the number of female inmates is relatively small, many enter the prison system with numerous health and social problems. This study assessed the STI and pregnancy prevalence of women entering the Georgia prison system in 1998 to 1999.

Of 3636 women in which health information was gathered from prison records, 8.2%, 4.0%, 5.9%, and .07%, respectively, had positive screening tests for trichomoniasis, HIV, chlamydia, and gonorrhea. About 20% had at least one of these STI. HIV prevalence was higher among inmates who were black or had a rapid plasma reagin test for syphilis reactive. 4.3% were pregnant.

Inmates in this study had high rates of sexually transmitted infections and many were pregnant. During incarceration, STIs, HIV, TB, pregnancy and other health conditions call for prompt assessment and management.

SOURCE: De Ravello, L., et al. (2005). Sexually transmitted infections and other health conditions of women entering prison in Georgia, 1998-1999. *Sexually Transmitted Infections*, 32, 247-251.

Survival rates increased with triple-ARV therapy

For a group of 2000+ HIV-infected children /adolescents in the U.S. triple-antiretroviral therapy increased from 27% to 66% during 1997 to 2001. Coincident with increased triple-ARV and protease inhibitors therapy was an improvement in survival rates in the 1997 to 2001 birth cohorts. Survival rates improved for those receiving any triple-ARV therapy as compared to those never receiving such therapy.

SOURCE: McConnell, M. S., et al. (2005). Trends in antiretroviral therapy use and survival rates for a large cohort of HIV-infected children and adolescents in the United States, 1989-2001. *Journal of Acquired Immune Deficiency Syndromes*, 38, 488-494.

Securing essential needs more important

For a group of HIV+ and HIV-Black women in North Carolina, securing essential needs such as food and housing were considered more important than protecting themselves from STD. Most perceived low STD risk and had unprotected vaginal intercourse.

SOURCE: CDC. (2005). HIV transmission among Black women -- North Carolina, 2004. *MMWR*, 54(04), 89-94.

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

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High-risk young adults perceived risk for gonorrhea and chlamydial infection was low

Chlamydia is the most common bacterial sexually transmitted infection in the U.S. Five percent of white women age 18-26 and four percent of white men the same age have chlamydia, but rates among blacks and Hispanics are much higher. The overall prevalence of gonorrhea is low but higher among blacks. Untreated chlamydia and gonorrhea can lead to serious health problems and may increase the risk of HIV transmission.

Perceived risk is an important component in efforts to reduce the prevalence of chlamydia and gonorrhea.

This study examined the relationships between perceived risk and selected characteristics among sexually experienced young adults who have tested positive for chlamydia and gonorrhea.

Methodology

Participants were 11,821 sexually experienced 18-26 year olds who were part of the National Longitudinal Study of Adolescent Health, 2001-2002. Interviews were conducted and participants provided a urine sample for STD testing. Participants also responded to a measure of perceived risk.

Sexual experience was established by a positive response to the question "Have you ever had vaginal-penile intercourse?"

Outcomes of the Study

The sample was equally distributed by gender and age group. 68% were white, 16% black, 11% Hispanic, 3% Asian, and 1% Native American.

16% were from low socioeconomic status families and 19% were married. 80% had not been tested for chlamydia or gonorrhea in the past 12 months. 10% had tested positive. 24% of infected respondents reported that they had not used condoms in the past year.

Major findings include:

- 14% of all respondents and 33% of infected participants reported some perceived risk of chlamydia or gonorrhea infection.
- Blacks, Hispanics, unmarried respondents, and inconsistent condom users perceived more risk.
- Currently infected participants were more likely than those uninfected to perceive at least some risk of infection.
- 67% who tested positive for chlamydia or gonorrhea during the study did not perceive themselves as at risk for infection.

- Among infected participants, perceived risk was associated with being black or Hispanic, using condoms inconsistently or not at all, having exchanged money for sex, having been tested in the past year with diagnosis, testing positive, and reporting current symptoms.
- Unmarried respondents were more likely to report perceived risk than those married.
- Diagnosis of chlamydia or gonorrhea in the past year was associated with perceived and current symptoms.

Implications for Prevention

Most of the young adults of this study who were at risk for chlamydia and gonorrhea did not realize or acknowledge their risk. Interventions aimed to increase young adults' accurate perceptions of risk for STD may influence prevention and health care seeking behavior and reduce STD prevalence.

SOURCE:

Ford, C. A., et al. (2004). Perceived risk of chlamydial and gonococcal infection among sexually experienced young adults in the United States. *Perspectives on Sexual and Reproductive Health*, 36, 258-264.