

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,  
AND UNIVERSITY OF KENTUCKY

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

Vol. 11, No. 3, March 2, 2007

## Many MSM report higher rates of HIV/STI-related risk behavior while on vacation

Prevalence data indicates that the majority of new AIDS cases in the United States continue to occur among men who have sex with men. Actually, studies show a resurgence of sexual risk behaviors among MSM.

Recent research has documented an increase in certain HIV/STD-related risk behaviors in MSM who are traveling on vacation. While on vacation, away from the constraints of everyday life, some persons may make high-risk choices. Some vacation destinations advertise themselves as providing a carefree, uninhibited atmosphere where anonymity is preserved.

This study examined correlates of sexual risk behavior among men who have sex with men traveling for leisure.

### Methodology

A brief survey was administered, June through September 2004, to MSM recruited in Rehoboth Beach, Delaware (n = 200) and Key West, Florida (n = 104). Data was not collected during any special events, such as Gay Pride celebrations, but during "typical" summer travel periods.

Participants were recruited from gay bars, the beach, gay sections of

certain streets, and from gay houses. More than 70% and 90% of men approached in Key West and Rehoboth Beach, respectively, agreed to participate.

### Outcomes of the Study

The mean age was 38 years with 90% being college educated. 83% were white with 11% Latino, 3% black, and 2% Asian American. Major findings include:

- During their present trip, 24% (n = 65) of participants reported having unprotected anal sex and 39% (n = 77) reported having unprotected oral sex. 53% reported having no anal or oral sex during their vacation.
- Among the 47% that reported they were sexually active, 30% reported having one partner with whom they engaged in unprotected insertive anal sex and 3% reported having 2 or more unprotected insertive anal sex partners.
- 30% of the sexually active participants reported having unprotective receptive anal sex with one partner and 2% reported this behavior with two or more partners.
- More than half (57%) of the sexually active men reported

having anal sex with a partner of unknown HIV status. Participants' own HIV status was not associated with asking sexual partners about their HIV status.

- 56% (n = 147) reported drinking until they were intoxicated and 16% reported using at least one illegal drug. 11% reported taking an erection dysfunction medication
- Individuals reporting substance use (e.g. poppers, alcohol, ecstasy, and ketamine) and erectile dysfunction drugs reported higher rates of sexual risk behavior.

### Implications for Prevention

Many MSM report unprotected sexual activity and substance use during vacations, many of which place them at risk for HIV/STI.

Greater HIV/STI intervention efforts should be directed toward reducing sexual risk among MSM when they are on vacation.

### SOURCE:

Benotsch, E. G (2006). Substance use, medications for sexual facilitation, and sexual risk behavior among traveling men who have sex with men. *Sexually Transmitted Diseases*, 33, 706-711.

## Daily needle exchange and HIV found not related

The study re-examined results of prior study in Vancouver that found greater HIV incidence among injecting drugs users who more frequently used the needle-exchange program.

At four years after recruitment, the cumulative HIV incidence rate was 18.1% among those reporting daily needle exchange use at baseline, compared with 10.7% among those who did not report this behavior. But, comparing HIV incidence among daily versus nondaily exchange users, while stratifying the cohort into those who did and did not report daily cocaine injection at baseline, the association between daily exchange use and HIV incidence was no longer significant.

Compared to less frequent needle-exchange users, daily needle-exchange program attendees were more likely to be female, Aboriginal or American Indian, living in unsteady housing, involved in commercial sex work, and daily heroin or cocaine users. Hence, causal factors explain the Vancouver HIV outbreak.

SOURCE: Wood, E. (2007). Frequent needle exchange use and HIV incidence in Vancouver, Canada. *The American Journal of Medicine*, 120, 173-179.

## Male circumcision significantly reduced HIV incidence in men

Final data from two NIH-funded studies conducted in Kenya and Uganda found that male circumcision can reduce a man's risk of HIV infection, as reported in the February 23, 2007, *Lancet*.

In Kenya, men were randomly assigned to be immediately circumcised (n=1391) or delayed circumcision (n=1393). In Uganda, men were randomly assigned to receive immediate circumcision (n=2474) or circumcision delayed for 24 months (n=2522).

47 cases of HIV occurred in uncircumcised men in Kenya, compared with 22 among circumcised men: a 53% reduction. In Uganda, 43 cases of HIV occurred in the uncircumcised men, compared with 22 among circumcised men: a 48% reduction.

The researchers stated that male circumcision eliminates many cells most vulnerable to HIV and that the circumcised penis develops tougher skin resistant to HIV infection.

SOURCES: Bailey, R. C., et al. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet*, 369, 643-656; Gray, R. H., et al. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *Lancet*, 369, 657-666.

## Gonorrhea history among men related to bladder cancer risk

Bladder cancer is the fourth most common cancer and gonorrhea is the second most common STI among men in the U.S. Data from The Health Professionals Follow-Up Study and the National Death Index were examined. Men with a history of gonorrhea had a two-fold increase in bladder cancer risk compared to men without a history of gonorrhea. The association was stronger for invasive and advanced bladder cancer and among current smokers.

SOURCE: Michaud, D. S., et al. (2007). Gonorrhoea and male bladder cancer in a prospective study. *British Journal of Cancer*, 96, 169-171.

## HIV/AIDS rates lower among Blacks in FL

During 1999-2004, the HIV/AIDS diagnosis rate among Blacks in Florida decreased from 224.4 cases per 100,000 population in 1999 to 134.0 in 2004. This decrease was greater than for other racial/ethnic groups and not the result of decreased HIV testing in Blacks.

SOURCE: CDC. (2007). HIV/AIDS diagnosis among Blacks -- Florida, 1999-2004. *MMWR*, 56(04), 69-73.

**RAP\* Time** is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Colorado, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

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

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