

# 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.

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## Illicit drug use and exchange of sex for drugs contributed to syphilis outbreak in rural area

In contrast to the other regions of the country, the Southeastern part of the United States has consistently had higher rates of sexually transmitted infections. Syphilis outbreaks in rural areas have not been thoroughly analyzed to identify risk factors that contribute to the outbreak. Understanding the conditions associated with syphilis infection in rural communities with high morbidity will help direct prevention efforts for rural areas.

This investigation was conducted to determine factors associated with a syphilis outbreak in a rural North Carolina county.

### Methodology

A retrospective chart review was conducted on 61 primary (S), secondary (SS), and early latent (ELS) syphilis case patients reported in Columbus County (North Carolina) between January 2001 and February 2002. Columbus County is a rural county with a population of 54,749 residents, 23% being below poverty line. The population is largely white with 31% black and 2% Hispanic.

Cluster interviews were conducted to identify persons (in addition to sex partners) who are in the case patients' community or

social networks of friends or acquaintances who may have symptoms of syphilis, be partners of infected persons, or who may benefit from an STI examination.

### Outcomes of the Study

20 PS, 25 SS, and 16 ELS case patients, mainly black, were identified. The male-to-female case ratio among those with early syphilis was 1.8 and the mean age was 35 years. Major findings include:

- Over 90% reported only having sex partners of the other sex.
- The mean number of sexual partners during incubation period was 2.4.
- 12% reported meeting partners in clubs or bars in the area.
- 30% reported crack cocaine use, 28% had sex with a partner who used crack cocaine, and 51% reported use of crack and/or having sex with a partner who was a crack user.
- 31% reported exchanging sex for drugs or money, of whom 12% reported using crack.
- Overall, 59 case patients named 306 contacts (sexual partners and acquaintances), providing an average of 5.0 contacts per infected person.
- 72% of patients were found to

have at least one partner with documented early syphilis, and 10% of these had two or more infected partners.

- The overall sociosexual network included 262 persons, of whom 89% were linked in one highly interconnected group.
- Exchange of sex for crack cocaine appeared to be a unifying feature among persons with multiple concurrent sexual partners who comprised the core of the sexual network.

### Implications for Prevention

This rural community syphilis outbreak primarily involved heterosexual transmission among blacks. Illicit drug use (mainly crack cocaine) and exchange of sex for drugs within a dense socialsexual network were major contributing factors of the outbreak.

The application of a rapid outbreak response would be valuable in syphilis outbreaks in rural communities.

### SOURCE:

Sena, A. C., et al. (2007). Factors and the sociosexual network associated with a syphilis outbreak in rural North Carolina. *Sexually Transmitted Diseases*, 34, 280-287.

## Attractive romantic partners perceived as less health risk

Studies have shown that many individuals engage in "risky" sexual behavior with safe partners and in "safer" sex with riskier partners. This study assessed the determination of "risky" and "safe" status.

Descriptions of romantic partners based on attractive and/or risky traits were randomly made. 20 descriptions were evaluated for attractiveness, health risk, likelihood of going on a date, likelihood of unprotected sex, and likelihood of STD/HIV.

Respondents were most attracted to and perceived the least risk from attractive descriptions and were least attracted to and perceived the most risk from the risky descriptions. Descriptions that began with attractiveness information but ended with risk information were evaluated more positively than those that began with risk and ended with attractive information.

Further research should examine whether person act according to these perceptions.

SOURCE: Hennessy, M., et al. (2007). Evaluating the risk and attractiveness of romantic partners when confronted with contradictory cues. *AIDS and Behavior* 11, 479-490.

## Beliefs that ART is not protective was related to more condom use

Research on the sexual risk behavior after diagnosis of HIV-infected women has found conflicting results. This study described the sexual behavior of HIV-positive women within new versus more established relationship and determined whether health beliefs about HIV antiretroviral therapy (ART) impacted these behaviors.

Sexually active HIV-positive women (N=1,090) of the Women's Interagency HIV Study were interviewed at 6-month intervals.

Of 1,517 sexual partners reported, 32% were acquired in prior 6 months. Compared with more established sexual relationships, newer ones had greater condom use consistency. In established relationships, 63% had consistent condom use if they believed ART is not protective; 54% reported consistent condom use if they believed ART is protective.

The results highlight the need further education for HIV-positive women that focuses on sexual risk reduction and ART beliefs.

SOURCE: Wilson, T. E., et al. (2007). Acquisition of new sexual partners among women with HIV infection: Patterns of disclosure and sexual behavior within new relationships. (2007). *AIDS Education and Prevention*, 19, 151-159.

## One-half of deaths from HIV disease are residents of the South

Persons dying of HIV disease are increasingly residents of the South (50% in 2004), women (27%), non-Hispanic blacks (55%), and persons 45 years or older (50%). HIV disease is the leading cause of death among persons 25 to 44 years old, particularly those who are black or Hispanic. The annual rate of death peaked in 1994 or 1995, decrease rapidly through 1997, and became level after 1998.

SOURCE: CDC. (2007). Updated Mortality Slide Set. <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/mortality/index.htm>.

## Valacyclovir reduces outbreak of herpes

Herpes simplex virus type 2 and type 1 symptoms were treated with valacyclovir and placebo. Early therapy with valacyclovir reduced recurrent outbreaks, especially for patients with HSV-2. Valacyclovir was also associated with improved herpes-related quality of life.

SOURCE: Handsfield, H. H., et al. (2007). Suppressive therapy with valacyclovir in early genital herpes: A pilot study of clinical efficacy and herpes-related quality of life. *Sexually Transmitted Diseases*, 34, 339-343.

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

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