

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. 14, No. 2, February 5, 2010

Half of teenage women became infected with a STI within 2 years of first intercourse

Screening adolescent women for selected STIs is endorsed by clinical practice guidelines. Screening is justified by the disproportionate STI morbidity among young women, including PID, ectopic pregnancy, tubal infertility and increased risk for HIV infection.

National STI treatment and screening guidelines do not suggest the beginning age for STI screening. Identifying major sex-related events in young women could aid in the development of more definitive screening guidelines.

This longitudinal study determined the time between first sexual intercourse and first sexually transmitted infection (chlamydia, gonorrhea, trichomoniasis) and time between repeated infections.

Methodology

This analysis was based on a convenient sample of young women (age 14-17 years) enrolled in a longitudinal study related to STI. The study was conducted at 3 adolescent medical clinics primarily serving the inner-city population of Indianapolis, IN. Young women were enrolled without regard to sexual experience.

Enrollment in the study started in 1999 with the maximum length

of followed-up being 8.2 years. Cervical and vaginal specimens were collected for three STI: chlamydia, gonorrhea and trichomoniasis.

Outcomes of the Study

Mean age at enrollment was 15.3 years. Nearly 90% were African American ethnicity. Mean number of lifetime partners at enrolled was 3. 78% reported intercourse prior to study enrollment with 22% becoming sexually active during enrollment. Major findings include:

- By age 15 years, 25% of the participants had acquired their first STI, most often chlamydia.
- Median interval between first intercourse and first STI diagnosis was 2 years.
- Within 1 year of first intercourse 25% had their first chlamydia infection.
- Repeated infections were common: within 3.6, 6, and 4.8 months, 25% of the women with prior chlamydia, gonorrhea and trichomoniasis infection were reinfected with the respective organisms.
- Within 2 years, about 75% with an initial STI were diagnosed with a second STI.
- Within 4 years of first STI diagnosis, 92% had a second STI.

- Considerable delay in STI testing was found for those who began sexual intercourse at a younger age.
- The median interval between first sex and first test were 4, 9, 3.5, 2.1, 1.8, and 1.2 years for those who had first sex at ages 10, 11, 12, 13, and 14 years, respectively.

Implications for Prevention

This study of teenage inner-city women found that half became infected with an STI within 2 years of first sexual intercourse. Repeated infections were common and the time for reinfections was usually very short.

Study findings highlight the value of early STI screening in urban teenage women, particularly given the minimal harm of screening. Screening should begin within a year after first intercourse and infected persons should be retested every 3 to 4 months.

SOURCE:

Wanzhu, T., et al. (2009). Time from first intercourse to first sexually transmitted infection diagnosis among adolescent women. *Archives of Pediatric and Adolescent Medicine*, 163, 1106-1111.

40% of children had sex prior child-parent talk about STDs

This study examined the timing of parent-child discussions about sexual topics relative to child-reported sexual behavior.

Participants were 141 parents and their children (ages 13-17 years).

Children and adolescents who had not progressed beyond the pre-sexual stage (holding hands, kissing) had parents who reported discussing relationship topics (e.g. why not have sex) and developmental issues (e.g. how girls' and boys' bodies change). Over one-half participated in genital touching before discussing birth control, resisting partner pressure for sex, STD symptoms, condom use, choosing birth control, or partner condom refusal.

About 40% had vaginal intercourse before talk of STD symptoms and choosing birth control. Once coitus had been initiated, the youth and parents reported more discussions.

The study found that most parents and the adolescents do not talk about sexual topics prior the adolescent's sexual debut.

SOURCE: Beckett, M. K., et al. (2010). Timing of parent and child communication about sexuality relative to children's sexual behaviors. *Pediatrics*, 125, 34-42.

Serosorting may increase HIV risk among MSM

Serosorting, increasing among men who have sex with men, is the practice of seeking to engage in unprotected anal intercourse with partners of the same HIV status.

This study used a mathematical model to estimate the risk of HIV acquisition associated with serosorting compared with not serosorting among gay men.

The study found that serosorting is unlikely to be highly beneficial in many MSM populations, particularly where the prevalence of undiagnosed HIV infections is relatively high. Serosorting was found to be beneficial in reducing the relative risk of HIV transmission if the prevalence of undiagnosed HIV infections is less than ~20% and ~40%, in populations of high (70%) and low (20%) treatment rates, respectively, even though treatment reduces the absolute risk of HIV transmission. Serosorting can lead to increased HIV risk in many settings. In settings with low HIV testing rates serosorting can more than double the risk of HIV acquisition.

Caution should be taken before endorsing serosorting.

SOURCE: Wilson, D. P., et al. (2010). Serosorting may increase the risk of HIV acquisition among men who have sex with men. *Sexually Transmitted Diseases*, 37, 13-17.

cART decreased mortality rate by 52% in AIDS patients

Data from 12 US and European studies of 62,760 patients who had started HIV therapy were followed for a mean of 3.3 years. Those treated by combined antiretrotherapy (cART) had 52% less mortality rate than those who did not have cART. This was a 5% increase in five-year survival for patients beginning cART.

SOURCE: The HIV-Casual Collaboration. (2010). The effect of combined antiretroviral therapy on the overall mortality of HIV-infected individuals. *AIDS*, 24, 123-137.

Chlamydia prevalence declined, 2003 to 2007

5-year prevalence chlamydia trends were analyzed among men and women, ages 16 to 24 years, who entered the National Job Training Program. About 15,000 women and 30,000 men were screened annually. From 2003 to 2007, an 8% and 19% decline was detected among men and women.

SOURCE: Satterwhite, C. L., et al. (2010). Chlamydia prevalence among women and men entering the National Job Training Program: United States, 2003-2007. *Sexually Transmitted Diseases*, 37, 63-67.

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.

Senior Director
William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Richard A. Crosby, Ph.D.
University of Kentucky
Susan L. Dreisbach, Ph.D.
University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
<http://www.indiana.edu/~aids>