

-- Sexually Transmitted Diseases (STDs) --

Common STD Symptoms

Remember that some STDs cause no symptoms, and when symptoms do occur, they often go unrecognized. Most people with STDs have no symptoms. So you can be infected and even infect someone else without knowing it. However, there are some common signs to watch for. The symptoms listed below are tricky, as they can show up anywhere from two days to a couple of months after initial exposure to the disease. Sometimes symptoms can show up as much as several years after the initial STD infection.

With that in mind, take note of any: sores, bumps, or blisters near the mouth or genitals; burning or pain during urination or a bowel movement; flu-like symptoms including fever, chills, and aches; swelling in the groin area. Men specifically may have a discharge from penis, as well as pain and/or swelling in the testicles.

Blister/bumps/pimple/sore

Q: I see a small pimple-like thing just inside the head of my penis at edge of the urethra which is sometimes painful. Can you help with possible identification?

A: Painful lesions at the tip of the penis could be a herpes infection, yeast infection, infected hair follicle or gland, irritation from a lubricant, trauma, or less likely, a syphilis infection. Only a doctor can make a diagnosis after an examination. Get a check up!

Q: I have a blister/sore/pimple/bump on my penis/scrotum/genital area. What is it and what should I do?

A: Scrotums and penises have many tiny bumps and textures that are absolutely normal. Non-STD lesions on the penis include the common condition of folliculitis, which is skin bacterial infection of a hair follicle, usually caused by friction or irritation. Lesions on the genitals can be a sign of infection. Painful, tiny clusters of small blisters may indicate genital herpes. Other ulcers or sores on the penis, whether painful or painless, could be a symptom of Syphilis. Rarely, scabies can present as bumps under the skin in the pubic region, and small blisters could also be caused by allergies or yeast. Only a doctor can make a diagnosis after a proper medical examination.

Q: The guy I've been dating has some little bumps similar to pimples on the underside of the shaft of this penis. Do you know what he has?

A: The only way to get a proper diagnosis is to see a doctor or healthcare provider. All sexually active people should get regular check-ups. Just so you know, there are a several kinds of bumps that persist on the penis and are part of normal anatomy. One type is sebaceous (epidermoid) cysts. These are basically swollen follicles under the skin that are

whitish-pink-yellow in color, smooth, and are single or in groups. Another cause of bumps that are normal are called pearly penile papules -- shiny bumps along the coronal sulcus -- the ring around the head of the penis. Abnormal bumps like warts are usually rougher and more cauliflower-like. They can be the same color as the skin or somewhat lighter or darker. Other bumps that are infectious include Syphilis, herpes or scabies.

Q: After I had protected anal sex with my partner (I'm the top), I noticed two small, painless round red marks on the head of my penis. One was near the base, the other was closer to midway up between the base and urethra. What could they be and what should be my next course of action?

A: The red marks you describe may be nothing more than irritation. But some STDs like syphilis and herpes have red spots, bumps or lesions. There is no way to evaluate your marks without seeing a medical provider in person and requesting a blood test or culture if open sores are present. Make an appointment to see your health care provider for a full exam and STD screening. Be open about what type of sex you've had.

Q: My boyfriend developed a cold sore on his mouth. He rimmed me last night. What is the likelihood of my developing a cold sore on my ass?

A: Cold sores on the lips are often caused by Herpes Simplex Virus type I. If you never have been infected with HSV-I, yes, you are at risk for getting herpes around the anus. HSV-I is increasingly becoming a common cause of genital and anal herpes. The only way to know if you ever have had HSV-I is to have had clinical symptoms (cold sores) or a blood test that measures the HSV-I antibody.

Discharge

Q: I experienced open mouth kissing several months ago, and lately I noticed a yellowish discharge from my penis during urination. Does it mean I have STD?

A: Yellowish discharge from the penis sounds like inflammation or irritation of the urethra -- the tube that carries urine or cum out of the penis. In medicine this is called urethritis. Urethritis can be caused by bacterial infections such as gonorrhea or chlamydia. You can get urethritis in a variety of ways, including vaginal, anal and oral sex. Other less common causes of urethritis include autoimmune diseases like allergic reactions, urinary tract infection in women, an inflamed prostate, a tightening of the foreskin, or by inserting something into your penis (catherization). In people who are not sexually active, STDs would not be expected. It is best to see a doctor for a full evaluation to find out exactly what's happening in your case.

Q: I always test clean, however every so often I experience discharge after urination. If I'm disease free, what could cause this? I've also experienced an occasional discomfort like a mild burning during urination, but it's nothing severe or constant.

A: What you describe could be an STD called urethritis. About 40% of cases are caused by bacteria like chlamydia or gonorrhea. Other cases may be caused by other bacteria like mycoplasma, viruses like herpes or even yeast. Receiving oral sex can cause urethritis from bacteria in the mouth. Other causes can include reactions to chemicals or lubricants like N-9. Rarely urinary tract infections and kidney stones can cause urethritis. Only a doctor can make a diagnosis after an examination.

Transmission of STDs

Q: What STDs are associated with oral sex without a condom, inserter or receiver, with or without ejaculation?

A: STD risks include: Chlamydia; Genital herpes; Genital warts; Gonorrhea; Hepatitis B and C; HIV; Molluscum; Syphilis. Most STDs are transmittable in the fluid that exits the penis just before, or through open sores in the skin called *lesions*. If STDs are suspected, or if the health status of a partner is unknown and a condom is not available, it is advisable to withdraw the penis before ejaculation. This can significantly reduce the spread of disease.

Care should also be taken to keep the skin and gums of the mouth intact and free from bleeding. It is helpful to avoid behaviors such as eating crispy foods, like chips, and hot foods, like melted cheese, which can wound the inside of the mouth. Partners are advised to postpone oral sex for several minutes following brushing or flossing, as both can irritate the gums.

If a lesion, open wound, or pus is found on the penis or opening (meatus), it may be better to keep it out of the mouth. The inability to achieve an erection may also be a sign of STD. If this occurs in a partner who feels ill, it may be best to avoid oral sex. Avoiding genital herpes, genital warts, and molluscum is harder because the lesions can be difficult to see. For example, molluscum often affects the pubic area and may be hidden beneath hair. Lesions are not painful and may be hidden under the tongue or on the roof of the mouth. Oral contact with these lesions, whether they are visible or not, can lead to infection.

Q: What STDs are associated with penis-to-anus penetration without a condom, with or without ejaculation?

A: STD risks include: Anogenital warts (human papillomavirus, HPV; causes anogenital warts associated with genital and reproductive cancers); Chlamydia (Chlamydia trachomatis; genital bacterial infection causing discharge); Genital herpes (herpes simplex virus, HSV; causes genital sores); Gonorrhea (Neisseria gonorrhea; bacterial infection of genital mucosa causing discharge); Hepatitis B and C; HIV; Syphilis (Treponema pallidum; bacterial infection causing lesions; may affect nervous system and heart)

Some STDs produce lesions or a discharge that is noticeable on the penis or anus and some do not. Asking a partner if he has a history of warts, sores, or discharge before sex is a good practice. Before anal intercourse, partners should examine one another's penis and anus for lesions, growths, or torn skin and each should ask about the other's health history. Although sex is safer with a condom, either partner should be comfortable abstaining from sex when there are signs of STDs.

Some people believe that it is safe to have anal sex without a condom if they are taking antibiotics for an STD. This is not true. The risk for transmission exists until the course or treatment is completed. Before anal intercourse, the anus should be relaxed by massaging it with a liberal amount of water-based lubricant (e.g., KY Jelly®) that does not contain nonoxonyl-9 (N9). This reduces the chance for tearing and bleeding and minimizes the risk for STDs. Anal sex, especially without lubricant, can cause rips and lesions and exacerbates hemorrhoids. Lubricants containing N9 are actually associated with an increased risk of HIV transmission.

Q: What STDs are associated with fingering?

A: STD risks include: Hepatitis A, B, and C; HIV; Parasites (intestinal protozoa; e.g. Giardia lamblia, Entameba histolitica, Cryptosporidium parum; spread by fecal-oral transmission). As long as the skin of the fingers and anus is intact (wound free), there is little risk associated with finger-to-anus stimulation. If the fingers are cut or the anus torn, this method of stimulation is not advised. The above STDs can be spread through blood, semen, and body fluid. It may be safer to use one hand to stimulate a partner's anus while avoiding anal contact with the other hand. The hand used for anal stimulation should be kept away from the mouth and should be washed afterwards, to minimize the chance of spreading parasites.

Q: What STDs are associated with cuddling?

A: STD risks include: Crabs and Scabies. Crabs (pediculosis pubis: crab louse) are lice that predominantly infest the pubic region and can affect other hairy places on the body. They cause severe itching and must be treated with medicated shampoos. Physical removal of the eggs (nits) attached to the hair follicles must be done with a special comb to prevent subsequent infection when the eggs hatch. Scabies (sarcoptes scabiei) are arachnid mites that burrow under the skin and reproduce. They cause severe itching, pain, and slightly elongated red lines and spots on the skin. They are treatable with medication. Both parasites are transmitted through skin-to-skin contact or clothes, but crabs can be contracted through contact with infected sheets or toilet seats. If a partner is infected, cuddling with clothes on is the safest behavior.

HIV and AIDS

HIV and AIDS Basics

Q: What Does "AIDS" Mean?

A: AIDS stands for Acquired Immune Deficiency Syndrome:

Acquired means you can get infected with it.

Immune Deficiency means a weakness in the body's system that fights diseases.

Syndrome means a group of health problems that make up a disease.

AIDS is caused by a virus called HIV, the Human Immunodeficiency Virus. If you get infected with HIV, your body will try to fight the infection. It will make "antibodies" -- special molecules to fight HIV. A blood test for HIV looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive."

Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. These are called "opportunistic infections" (see [Fact Sheet 500](#) at "thebody.com" for an overview of opportunistic infections). The term AIDS applies to the most advanced stages of the infection, when the infected person's immune system is so impaired that the opportunistic infections begin to occur.

Q: How do you get AIDS?

A: You don't actually "get" AIDS. You might get infected with HIV, and later you might develop AIDS. You can get infected with HIV from anyone who's infected, even if they don't look sick and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen/pre-cum, and breast milk of people infected with HIV has enough of the virus in it to infect other people. HIV can enter the body through a vein, the anus/vagina/penis/mouth, other mucous membranes (like the eyes or inside of the nose), or any open cuts/sores. Most people get the HIV virus by:

- having unprotected sex with an infected person;
- sharing a needle (shooting drugs) with someone who's infected;
- being born when their mother is infected, or drinking the breast milk of an infected woman.

Can I get AIDS from a blood transfusion?

Getting a transfusion of infected blood used to be a way people got HIV, but now the blood supply is screened very carefully and the risk is extremely low.

There are no documented cases of HIV being transmitted by tears or saliva, but it is possible to be infected with HIV through oral sex, especially if you have open sores in your mouth or bleeding gums.

Q: What happens if I am HIV positive?

A: You might not know if you get infected by HIV. Some people get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks. Most people think it's the flu. Some people have no symptoms. The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people.

When your immune system responds, it starts to make antibodies. When this happens, you will test positive for HIV. After the first flu-like symptoms, some people with HIV stay healthy for ten years or longer. But during this time, HIV is damaging your immune system.

One way to measure the damage to your immune system is to count your CD4+ cells. These cells, also called "T-helper" cells, are an important part of the immune system. Healthy people have between 500 and 1,500 CD4 cells in a milliliter of blood. Without treatment, your CD4 cell count will most likely go down. You might start having signs of HIV disease like fevers, night sweats, diarrhea, or swollen lymph nodes. If you have HIV disease, these problems will last more than a few days, and probably continue for several weeks.

Q: Is there a cure for AIDS?

A: There is no cure for AIDS. There are drugs that can slow down the HIV virus, and slow down the damage to your immune system. There is no way to "clear" HIV from the body.

HIV Prevention and Transmission

Q: How can I tell if I'm infected with HIV?

A: The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected with HIV. Many people who are infected with HIV do not have any symptoms at all for many years. However, the following **may be** warning signs of infection with HIV:

- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

It is important to note that no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, **the only way to determine whether you are infected is to be tested for HIV infection.** Similarly, you cannot rely on symptoms to establish that a person has AIDS. **The symptoms of AIDS are similar to the symptoms of many other illnesses.** AIDS is a medical diagnosis made by a doctor based on specific criteria established by the CDC.

Q: How is HIV passed from one person to another?

A: HIV transmission can occur when blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person. HIV can enter the body through a vein (e.g., injection drug use), the lining of the anus or rectum, the lining of the vagina and/or cervix, the opening to the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having unprotected sex (anal, vaginal, or oral) with an HIV-infected person;
- by sharing needles or injection equipment with an injection drug user who is infected with HIV; or
- from HIV-infected women to babies before or during birth, or through breast-feeding after birth.

HIV also can be transmitted through receipt of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world. Some health-care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently, when infected blood comes in contact with the worker's open cut or is splashed into the worker's eyes or inside his or her nose. There has been only one instance of patients being infected by an HIV-infected health care worker. This involved HIV transmission from an infected dentist to six patients.

Q: Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

A: No. You can only get HIV from intimate contact with specific body fluids from an infected person, like blood, cum/pre-cum, vaginal fluid, or breast milk. You can't get HIV from day-to-day contact in the workplace, schools, or social settings, and you can't get HIV from shaking hands, hugging, or a casual kiss. You also can't get infected from a toilet seat, a drinking fountain, a doorknob, dishes, drinking glasses, food, or pets. HIV is not an airborne or food-borne virus and does not live long outside the body.

Q: Can I get HIV from open-mouth kissing?

A: Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV

to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner. One case suggests that a woman became infected with HIV from her sex partner through exposure to contaminated blood during open-mouth kissing.

Q: Can I get HIV from oral sex?

A: Yes, it is possible for either partner to become infected with HIV through performing or receiving oral sex. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex. If the person performing oral sex has HIV, blood from their mouth may enter the body of the person receiving oral sex through:

- the lining of the urethra (the opening at the tip of the penis);
- the lining of the vagina or cervix;
- the lining of the anus; or
- directly into the body through small cuts or open sores.

If the person receiving oral sex has HIV, their blood, semen (cum), pre-seminal fluid (pre-cum), or vaginal fluid may contain the virus. Cells lining the mouth of the person performing oral sex may allow HIV to enter their body.

The risk of HIV transmission increases:

- if the person performing oral sex has cuts or sores around or in their mouth or throat;
- if the person receiving oral sex ejaculates in the mouth of the person performing oral sex; or
- if the person receiving oral sex has another sexually transmitted disease (STD).

Not having (abstaining from) sex is the most effective way to avoid HIV. If you choose to perform oral sex, and your partner is male, use a latex condom on the penis; or if you or your partner is allergic to latex, plastic (polyurethane) condoms can be used.

Studies have shown that latex condoms are very effective, though not perfect, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

If you choose to have oral sex, and your partner is female, use a latex barrier (such as a natural rubber latex sheet, a dental dam or a cut-open condom that makes a square) between your mouth and the anus. Plastic food wrap also can be used as a barrier. If you choose to perform oral sex with either a male or female partner and this sex includes oral contact with your partner's anus (analingus or rimming), use a latex barrier (such as a natural rubber latex sheet, a dental dam or a cut-open condom that makes a

square) between your mouth and the anus. Plastic food wrap also can be used as a barrier.

If you aren't going to use a condom, the following are ways to reduce the risk of HIV transmission:

- Don't brush or floss your teeth for at least an hour before giving head. You can use a mouthwash, breath mint, or gum instead. This will keep the number of tears and cuts in our mouth to a minimum.
- Try not to eat abrasive foods (like tortilla chips, French bread, pretzels, etc.) for the same reasons.
- In general, it's also a good idea to maintain excellent oral hygiene to prevent the possibility of easy tears/cuts in the mouth.
- Avoid getting semen in your mouth; semen contains active HIV. If you do get semen in your mouth, as the saying goes, "Swallow or spit, just don't let it sit." The longer semen in your mouth, the more potential for HIV to find an entry point into your body.
- Avoid deep throating since this can cause abrasions in the throat. Pre-cum/semen can come into contact with these abrasions, creating an effective entry point for HIV infection.

Q: Can I get HIV from anal sex?

A: Yes. In fact, unprotected (without a condom) anal sex (intercourse) is considered to be very risky behavior. It is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-seminal fluid, or vaginal fluid of a person infected with the virus. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis. Having unprotected (without a condom) anal sex is considered to be very risky behavior. If you are going to have anal sex, you can reduce the risk of HIV transmission significantly by using a latex or plastic (polyurethane) condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex. Thus, even with a condom, anal sex can be risky. A person should use generous amounts of water-based lubricant in addition to the condom to reduce the chances of the condom breaking.

If you are barebacking, have the insertive partner (top) should pull out before ejaculating or avoid douching (enema) beforehand as this actually puts you at a higher risk for becoming infected with HIV. Douching may wash away helpful or "good" bacteria in the mucous membrane lining your ass as well as reducing your natural lubrication. This increases the friction of being penetrated, which can cause tears in the rectum and anus. It's also not good to douche after being penetrated since this could spread the virus around even more. Also, use lots of lube, to make sure that your anus and rectum are as thoroughly lubricated as possible, which also helps to avoid cuts and tears which would make it easier for HIV to get into your body's blood stream.

Q: Can you get HIV from giving a rim job?

A: No. While it may be theoretically possible to get HIV from a rim job, most health experts believe this is safe sex in terms of HIV. Just so you know, there have been no cases reported of HIV transmission through oral-anal sex. Oral-anal sex can, however, transmit shigella, amoeba, giardia, hepatitis A and maybe even syphilis and gonorrhea. There are vaccinations available so that you can avoid worry about getting hepatitis A and B. Regular STD check-ups are also recommended as a good way to stay healthy.

Q: I would like to know if it's a myth that bareback sex is less risky for the top than the bottom.

A: Insertive anal intercourse, that is, the top, is about 10 times less risky than receptive anal intercourse, or the bottom. An HIV-negative bottom has about a 1 in 50 chance of getting HIV infected after one act of intercourse with an infected partner. As a top, that chance is about 1 in 500. Using condoms cuts that risk down substantially. STDs like gonorrhea, chlamydia, syphilis and herpes can increase the risk of transmitting HIV to either partner.

Q: What are the risks from fingering someone?

A: Fingering is considered low-risk for HIV. I am not aware of any cases of anyone becoming infected with HIV specifically through this activity. If there are fresh, open cuts on the fingers, there would be some possibility of infection. However, since most of the time people don't have fresh open cuts on their fingers, this is generally considered a low-risk activity. To be sure, it's a good idea to use latex gloves or finger cots for fingering.

Q: Can you get HIV or STD from a person who is not infected? Does anal sex “make” the HIV virus?

A: Many people incorrectly believe that just having sex (anal intercourse, vaginal intercourse, oral sex, etc.) will give you a disease like HIV/AIDS. The fact is, sex by itself is not what gives you an infectious disease. It is having unprotected sex *with an infected person* that makes sex risky, as far as HIV and other STDs are concerned. If you have unprotected sex with a person who is not infected, you are at no risk whatsoever for HIV and other STDs. A person cannot give you a disease that they do not have. Also, if you have sex by yourself (solo masturbation), you are at no risk whatsoever for HIV and other STDs. You cannot give HIV (or any other STD) to yourself.

Q: Can I get HIV from an insect or animal bite?

A: HIV is a virus that infects humans and thus cannot be transmitted to or carried by non-human animals. The only exception to this is a few chimpanzees in laboratories that have

been artificially infected with HIV. Because HIV is not found in non-human animals it is not possible for HIV to be transmitted from an animal bite, such as from a dog or cat.

Q: Why is injecting drugs a risk for HIV?

A: At the start of every intravenous injection, blood is introduced into the needle and syringe. HIV can be found in the blood of a person infected with the virus. The reuse of a blood-contaminated needle or syringe by another drug injector (sometimes called "direct syringe sharing") carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream. Sharing drug equipment (or "works") can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by:

- using blood-contaminated syringes to prepare drugs;
- reusing water;
- reusing bottle caps, spoons, or other containers ("spoons" and "cookers") used to dissolve drugs in water and to heat drug solutions; or
- reusing small pieces of cotton or cigarette filters ("cottons") used to filter out particles that could block the needle.

"Street sellers" of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

Q: How can injection drug users reduce their risk for HIV infection?

A: The CDC recommends that people who inject drugs should be regularly counseled to stop using and injecting drugs and complete substance abuse treatment (including relapse prevention).

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks:

- Never reuse or "share" syringes, water, or drug preparation equipment.
- Only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs).
- Use a new, sterile syringe to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs.
- Clean the injection site with a new alcohol swab prior to injection.
- Safely dispose of syringes after one use.

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse. Injection drug users and their sex partners also should take

precautions, such as using condoms consistently and correctly, to reduce risks of sexual transmission of HIV. Persons who continue to inject drugs should periodically be tested for HIV.

HIV Testing

Q: What is HIV testing?

A: HIV testing tells you if you are infected with the Human Immunodeficiency Virus (HIV) which causes AIDS. These tests look for "antibodies" to HIV. Antibodies are proteins produced by the immune system to fight a specific germ. Other "HIV" tests are used when people already know they are infected with HIV. These additional tests can measure how quickly the virus is multiplying or the health of your immune system.

Q: Why should I be tested for HIV?

A: The length of time between HIV infection and the development of AIDS can be as long as ten years...sometimes longer. Knowing your HIV status has two vital benefits. First, if you know you are HIV infected, you can be evaluated for treatment even before symptoms appear. Second, if you know you are infected, you can take all necessary precautions to prevent the spread of HIV to others.

Q: Where can I get tested for HIV?

A: Many places provide testing for HIV infection. Common testing locations include local health departments, offices of private doctors, hospitals, and sites specifically set up to provide HIV testing. It is important to seek testing at a place that also provides counseling about HIV and AIDS. Counselors can answer any questions you might have about risky behavior and ways you can protect yourself and others in the future. In addition, they can help you understand the meaning of the test results and describe what AIDS-related resources are available in the local area.

You can also search for local testing resources on the web at www.hivtest.org.

Q: How long after a possible exposure should I wait to get tested for HIV? When should I get tested?

A: If your exposure was within 72 hours, contact your physician or a local HIV/STD clinic. If your risk of contracting HIV from the exposure is high, a physician may prescribe you a course of anti-HIV medications that may decrease the odds of infection by 81%. The treatment is often known as P.E.P.S.E., or Post-Exposure Prophylaxis for Sexual Exposure.

Otherwise, since the tests commonly used to detect HIV infection are actually looking for the antibodies produced by your body to fight HIV, rather than HIV itself, it's suggested that you wait at least 2-3 weeks after a possible exposure to take the test. This will allow

your body to develop more HIV antibodies if you have been exposed and can make for a more accurate test result. Most people will develop detectable antibodies within 3 months after infection, the average being 25 days. In rare cases, it can take up to 6 months. For this reason, the CDC currently recommends testing 6 months after the last possible exposure (unprotected vaginal, anal, or oral sex or sharing needles). It would be extremely rare to take longer than 6 months to develop detectable antibodies. It is important, during the 6 months between exposure and the test, to protect yourself and others from further possible exposures to HIV.

Q: What are the common HIV antibody tests?

A: There are several HIV antibody tests being used today. All testing options are not available in all areas. Contact your local health department for the tests available in your area. The tests that are generally available are:

Antibody Blood Tests—Antibody blood tests are used to detect HIV antibodies in the bloodstream. The most common screening tests used today are EIA (enzyme immunoassay) and the ELISA (enzyme-linked immunosorbent assay). A second test, referred to as the Western Blot test, is run to confirm a positive result. When the EIA or ELISA is used in conjunction with the Western Blot confirmation test, the results are more than 99.9% accurate. Results from EIA/ELISA HIV tests are usually available several days to several weeks later.

Oral Testing for HIV—Oral HIV antibody EIA and oral HIV antibody Western Blot tests are alternatives to blood tests. Oral testing is done with samples of mucus from inside the cheeks and gums rather than with blood. Oral tests have been approved by the FDA and are as accurate as blood tests. This test is done to detect the presence of HIV antibodies, not the virus itself. No cases of HIV transmission have been attributed to saliva. Results from Oral Antibody HIV tests are usually available in several days, although rapid oral tests are now available that gives results in 20 minutes.

Home Testing Kits—Home Testing Kits, also referred to as Home Blood Collection Systems, contain HIV/AIDS literature and materials that permit you to take your own blood sample, which you then mail to a testing facility where your HIV status will be determined. Results are accessed by an anonymous identification number and are given over the telephone several days later. Home Testing Kits are sold in drugstores and health clinics throughout the country and are available by mail. Currently only the Home Access test kit has been approved by the FDA.

Urine HIV Antibody Test—The urine HIV-1 testing method is a painless, non-invasive option for getting an HIV antibody test. This test uses the urine EIA (ELISA) and urine Western Blot technique to detect HIV antibodies and is FDA-licensed as an alternative to the blood test system. This test eliminates accidental needle sticks and exposure-related dangers, protecting the patient and healthcare worker.

Rapid HIV Antibody Tests—Where the standard HIV antibody testing procedure requires up to two weeks for results, the rapid test gives results in 5-60 minutes. For rapid blood testing the fingertip is cleaned with alcohol and pricked with a lancet to get a small drop of blood. The blood is collected with a specimen loop and transferred to a vial, where it is mixed with a developing solution. For oral testing oral fluid specimens are obtained by swabbing gums with test devices and placed in a solution. In as little as 20 minutes, the test device will indicate if HIV-1 antibodies are present in the solution. Although the results of rapid screenings will be reported in point-of-care settings, as with all screening tests for HIV, if the test gives a reactive test result, that result must be confirmed with an additional specific test.

Q: Can I keep my test result private? What's the difference between anonymous and confidential HIV testing?

A: Two types of testing are available. The first is called **Anonymous HIV Testing**. This means that no name is given to the testing center. Instead, the person tested is given a unique identifier code. The person tested is the only one who is made aware of the test results. Anonymous testing is available in many states. At-home "collection kits" are also available. Each comes with a unique identification number. You do not give your name. Kits can be purchased over the counter or by mail. Home tests are generally quite accurate. However, you would not have the benefit of in-person counseling.

The other form of testing is called **Confidential HIV Testing**. This form of testing (also called "names reporting") records the person's name. Confidentiality laws and regulations protect the information. Medical personnel and, in some states, the state health department will have access to your test results. Also, if you choose to sign a release form to have your personal physician notified, the information will become a part of your medical record. It may be seen by health care workers, insurers or employers. Your status may become known if you make a claim for health insurance benefits or apply for life insurance or disability insurance. Confidential testing is available in all states.

Q: What if I test positive for HIV?

A: If you test positive for HIV, early medical treatment and a healthy lifestyle can help you stay well, delay the onset of AIDS, and prevent some life-threatening conditions. If you are HIV-positive, follow these important steps immediately to protect your health:

- See a doctor, even if you do not feel sick -- preferably a doctor who has experience treating HIV. There are many drugs to treat HIV infection and that may help you maintain your health.
- Get tested for tuberculosis. Undetected TB can cause serious illness, but it can be successfully treated if caught early. Also, test for Hepatitis B and C and syphilis.
- Don't smoke cigarettes, drink too much alcohol, or use drugs. These can weaken your immune system and allow the virus to duplicate itself more rapidly. Find programs to help you reduce or stop using these substances, if necessary.

Q: If I test HIV negative, does that mean that my partner is HIV negative too?

A: No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV. HIV is not necessarily transmitted every time there is an exposure. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected. Testing should never take the place of protecting yourself from HIV infection. If your behaviors are putting you at risk for exposure to HIV, it is important to reduce your risks.

Q: If I'm HIV positive, where can I get information about treatment?

A: CDC recommends that you be in the care of a doctor or medical service, ideally one with experience treating people living with HIV. Your doctor can provide information and guidance. Detailed information on specific treatments is also available from the HIV/AIDS Treatment Information Service (ATIS) at 1-800-448-0440. You can obtain information on enrolling in clinical trials from the AIDS Clinical Trials Information Service (ACTIS) at 1-800-874-2572 (English and Spanish) and 1-800-243-7012 (TTY). The CDC National AIDS Hotline can offer practical information on maintaining health and general information about a wide variety of treatments, including antiretrovirals and prophylaxis (preventive therapy) for opportunistic infections. The Hotline can also provide referrals to national treatment hotlines, local AIDS organizations, and HIV/AIDS-knowledgeable health care providers. The Hotline numbers are 1-800-342-2437 (English), 1-800-344-7432 (Spanish), and 1-800-243-7889 (TTY). You can also go to stopshiv.com for information.

Q: Can HIV+ guys become re-infected?

A: The short, simple answer is yes they can because there are different strains of the virus, so it's possible for someone who's HIV positive to become infected with multiple and more virulent strains of HIV.

Q: Is there a connection between HIV and other STDs?

A: Yes. Having a sexually transmitted disease (STD) can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or does not cause breaks in the skin (e.g., chlamydia, gonorrhea). If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely. In addition, if an HIV-infected person is also infected with another STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

Condoms and HIV

Q: How effective are latex condoms in preventing HIV?

A: Studies have shown that latex condoms are highly effective in preventing HIV transmission when used consistently and correctly. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, 98-100 percent of those people who used latex condoms correctly and consistently did not become infected. Condoms must be used consistently and correctly to provide maximum protection. Consistent use means using a condom from start to finish with each act of intercourse. Correct condom use should include the following steps:

- Use a new condom for each act of intercourse.
- Put on the condom as soon as erection occurs and before any sexual contact (vaginal, anal, or oral).
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, yet ensuring that no air is trapped in the condom's tip.
- Adequate lubrication is important, but use only water-based lubricants, such as glycerine or lubricating jellies (which can be purchased at any pharmacy). Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil, can weaken the condom.
- Withdraw from the partner immediately after ejaculation, holding the condom firmly to keep it from slipping off.

Q: Can HIV pass through condoms?

A: A commonly held misperception is that latex condoms contain "holes" that allow passage of HIV. Although this may be true for natural membrane condoms (like sheepskin condoms), laboratory studies show that latex condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm.

Q: I'm allergic to latex (and/or my partner is). What brands of plastic condoms are available as an alternative?

A: There are currently three readily available brands of plastic (polyurethane) condom that can be used as alternatives to latex condoms:

1. Reality 'Female' Condom. The first condom designed to be worn by women for vaginal sex; it's also easily used by men for anal sex. Made of soft polyurethane, this product actually offers more protection against pregnancy and disease because it covers more area and is compatible with water-, silicon-, and oil-based lubricants.

2. Avanti Duron Condom. Avanti was the first polyurethane condom. It's strong, nonporous and non-permeable to all viruses and protects against STDs including HIV. It's hypoallergenic and thinner than latex, so it can transmit more sensation and warm to the body's temperature unlike latex. It's safe to use with water-, silicon-, and oil-based lubricants. Because polyurethane isn't quite as elastic as latex, the Avanti is slightly larger than the average latex condom. For the record Consumer Reports and the FDA

have both reported that the Avanti breaks more readily than a latex condom, and are recommending them exclusively for those with latex allergies.

3. Tojan Supra Condom. The Supra is made from a medical-grade, advanced material called Microsheer; it's ultra-thin, strong and clear, and has no latex allergies. It's compatible with water-, silicon-, and oil-based lubricants, has no taste or smell, and can transmit body heat like latex. Supras are also quite a bit larger than the average condom. *Do Not use lambskin condoms, they do not prevent transmission of HIV.*

Q: Is it safe/safer to use two condoms at the same time?

A: While controversy continues over this question, it is generally believed that it is better to use a single condom at a time. When a single condom is used properly, the resulting safety factor for prevention of HIV transmission increases dramatically. When two condoms are used, there is a much bigger chance of friction between the two latex barriers. Friction (heat) is a condom's worst/biggest enemy. Heat contact with latex will increase the chance of breakage. Hot temperatures, humidity, and even ultraviolet light can contribute to the deterioration of latex condoms. Although if you were to use a small bit of latex-safe (water- or silicon-based) lubricant between the two condoms, the chances of the condoms breaking is reduced significantly.

Condoms are classified as medical devices and are regulated by the FDA. Every latex condom manufactured in the United States is tested for defects before it is packaged. During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures. Several studies clearly show that condom breakage rates in this country are less than 2 percent. Most of the breakage is due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or they can be torn by teeth or fingernails.

Lubricants/Spermicides and HIV

Q: Does the spermicide nonoxyl-9 (N-9) help prevent HIV infection?

A: No. Recent scientific studies have conclusively/significantly proven N-9 ineffective in prevention HIV transmission. In fact, it actually appears to increase your chances of becoming infected with HIV. Given the risks and the lack of any preventive benefits, the use of N-9 is no longer recommended as a preventive measure against HIV transmission/infection.

Q: What kinds of lubricants should I use?

A: It is always safe to use water-based lubricants and silicon-based lubricants with latex condoms (such as K-Y). The lubrication heightens the sexual experience and, if you put a

few drops of lube inside the tip of the condom, you will have better stimulation along with added safety.

It is never safe to use oil-based lubricants (skin lotions, baby oil, Vaseline, Crisco, cold cream, or even whipped cream) with latex condoms because oil dramatically weakens latex and definitely increased to chances of condom failure/breakage. For example, mineral oil is a common ingredient in many lotions. According to the CDC, within as little as 60 seconds of exposure, a 90% decrease in latex strength will occur in a condom when using an oil-based lubricant.

Only polyurethane condoms can safely be used with oil-based lubricants, so if you must use an oil-based lubricant, please use only polyurethane condoms. Polyurethane condoms also work well with water- and silicon-based lubricants.

Anal Warts

Q: If you get anal warts can you get rid of them? Even if they are removed by a doctor, do you still have the virus?

A: Anal warts can be removed by a doctor or with treatments applied at home. Depending on which treatment is used, there is a 10-30% chance of the warts coming back, although the virus will remain in your body forever. The virus is most likely to be transmitted to your sex partners when the warts are actually present, but sometimes they are too small to see with the naked eye (subclinical). Very little is known about passing subclinical HPV to sex partners. For more information about HPV, go the [CDC's website](#) for questions and answers about the HPV vaccine.

Q: What type of specialist could assist me in removing internal warts? Is it complicated?

A: Anal warts are caused by the Human Papilloma Virus (HPV), which is very easily spread. The virus can cause warts on the outside anal and genital skin but may also cause warts inside. Internal warts are not easy to treat and in general if they are not bothering you it's generally best to just leave them be. Often they will subside on their own as your immune system clears them. People can and do have wart virus infections of their skin without seeing visible warts. That virus infection can be spread to other people. Most doctors in this field do not recommend treatment for small internal warts unless they are causing bleeding, pain or obstruction. Most of these warts go away over time on their own and there is no need to treat them. That said, men with anal warts do have an increased risk of anal cancer, so you should talk to your provider -- primary care doctor, internist, family practitioner, GP or the like -- about an anal pap smear. While not all experts recommend routine anal pap smears, some do.

Q: I have a few small bumps around my anal area, they rarely get itchy and don't cause any pain, I assume they are hemorrhoids?

A: Common causes of small bumps around the anus are hemorrhoids, genital warts, infections of hair follicles, herpes, syphilis, and sebaceous cysts. Only a doctor can make

a diagnosis upon medical examination. It sounds like you might benefit from a checkup. Sexually active men who have sex with men should get regularly screened for syphilis; gonorrhea of the throat, penis and rectum; chlamydia of the penis and rectum; genital herpes, and, if at risk, HIV. During an examination a doctor can inspect the back of the throat, anus, penis and scrotum for rashes and other lesions.

Syphilis

Q: What is Syphilis? How do people get it?

A: Syphilis is a sexually transmitted disease (STD) caused by a type of bacteria **called *T. Pallidum***. It's passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. There does not need to be exchange of semen in order to transmit the bacteria. Syphilis infections are treatable and curable with antibiotics.

Q: Why worry about Syphilis? What complications can result from untreated Syphilis?

A: Untreated syphilis can lead to organ damage, including brain damage, and in some cases death. In addition, syphilis infection makes **HIV** easier to catch or to give to sex partners. In the recent outbreaks, high rates of **HIV** co-infection were documented, ranging from 20 percent to 70 percent. While the health problems caused by syphilis in adults are serious in their own right, it is now known that **the genital sores caused by syphilis in adults also make it easier to transmit and acquire HIV infection sexually**. New data show that for people who have HIV, syphilis can dramatically increase their viral load, cause a drop in CD4 counts, and therefore speed up the progression of HIV disease in general. This increase resolves with syphilis treatment.

Q: What are the symptoms?

A: People infected with syphilis may not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission appears to occur from persons with sores who are in the primary or secondary stage, many of these sores are unrecognized. Thus, most transmission is from persons who are unaware of their infection.

- **Primary Syphilis**
Symptoms usually show up 2-12 weeks after being exposed. The first sign is often a skin sore called a chancre (shank-er). You may have more than one, or you may have chancres and not notice them because they are inside your anus or vagina. Chancres can also appear on your scrotum, penis, vaginal lips, anus or in your mouth. They are usually not painful. The sores will go away after several weeks without treatment, but you would still be infected.
- **Secondary Syphilis**
Most people who have secondary syphilis notice a skin rash covering their body 4

to 12 weeks after infection. The identifying feature of this rash is that it shows up on the palms of the hands and soles of the feet. Often it is not itchy. Other common symptoms of secondary syphilis are swollen glands in various areas of the body, fever, fatigue, patchy hair loss, weight loss, and headache. Since these symptoms are so similar to those of many other health problems, syphilis has sometimes been called "the great imitator."

- Additional symptoms during secondary syphilis that are particularly important are syphilis warts and white patches (condylomata lata and mucous patches, respectively). These warts and patches are highly infectious and can occur in moist areas of the body like the mouth, side of the tongue, anus, etc.
- Secondary syphilis symptoms usually last anywhere from 1 to 3 months, but sometimes they last longer, and once in awhile the symptoms come and go over a year or two. But even after the symptoms of secondary syphilis clear up, if left untreated, the infection continues in your body.
- **Latent Syphilis**
Latent syphilis has no symptoms. The infection can be detected only by a blood test. If not treated, latent syphilis continues for life. Many people with latent syphilis never have serious problems, but some progress to the final stage, called tertiary syphilis.
- **Tertiary (late) Syphilis**
About one-third of untreated people with syphilis experience serious damage to various organs and body systems. Tertiary syphilis can appear any time from a year to 50 years after becoming infected; most cases occur within 20 years. The brain, heart, liver, and bones are the most commonly involved organs. Tertiary syphilis can cause paralysis, mental problems, blindness, deafness, heart failure, and death.

Q: What is a Syphilis test like?

A: Some health care providers can diagnose syphilis by examining material from an infectious sore using a special microscope called a dark-field microscope. If syphilis bacteria are present in the sore, they may be observed through the microscope. A blood test is the usual way to determine whether someone has syphilis. Shortly after infection occurs, the body produces antibodies against syphilis that can be detected by an accurate, safe, and inexpensive blood test. A low level of antibodies may remain in the blood for months or years, even after the disease has been successfully treated.

Q: How is Syphilis treated?

A: Syphilis is easy to cure in its early stages. A single intramuscular injection of penicillin will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. For people who are allergic to penicillin, other antibiotics are available to treat syphilis. There are no home remedies or over-the-counter drugs that will cure syphilis. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already

caused by late stage syphilis. Persons who receive syphilis treatment must abstain from sexual contact until the syphilis sores are completely healed.

Q: How can Syphilis be prevented?

A: The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual intercourse or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken. Correct and consistent use of latex condoms can reduce the risk of syphilis, as well as genital herpes and chancroid, only when the infected area or site of potential exposure is protected.

Q: Will Syphilis recur?

A: Having syphilis once does not protect a person from getting it again. Following successful treatment, people are susceptible to re-infection. Only a blood test can confirm whether someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it may not be obvious that a sex partner has syphilis. Talking with a health care provider will help to determine the need to be re-tested for syphilis after treatment has been received.

Chlamydia

Q: What is Chlamydia? How do people get it?

A: Chlamydia is a sexually transmitted disease (STD) caused by a bacteria called *Chlamydia trachomatis*. It can spread from person to person during sexual intercourse (vaginal and anal) when a person's mucous membranes come into contact with the vaginal secretions or semen of an infected person. It can be transmitted without complete insertion of a penis into the vagina or anus. It is less likely, although possible, to be transmitted to the throat during oral sex. It can also be passed from mother to newborn during childbirth. Chlamydia infections are treatable and curable with antibiotics.

Q: Why worry about Chlamydia? What complications can result from untreated Chlamydia?

A: Untreated chlamydia can lead to severe reproductive health problems for women, including sterility. Pelvic inflammatory disease (PID) is a common result of untreated chlamydia infection. In PID, the bacteria move from the vagina up through the cervix and into the uterus, fallopian tubes and ovaries. Blockage and scarring can damage the tubes, causing women who conceive to be more likely to have "tubal pregnancies." In men, untreated chlamydial infections can lead to prostatitis (inflammation of the prostate gland), urethral scarring, infertility, or epididymitis (inflammation of the cord-like structure at the back of the testes).

If you are [HIV](#) positive and have chlamydia, inflamed genital tissues contain highly concentrated amounts of the virus, causing 8-10 times more HIV to be shed in your semen or vaginal secretions. If you are HIV negative and have chlamydia, your immune cells are especially susceptible to HIV if your partner is carrying the virus. Rectal chlamydia may increase chances of getting HIV ten to twenty-fold.

Q: What are the symptoms of Chlamydia?

A: Chlamydia is known as a "silent" disease because about three quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. Women may experience pain and itching of the vulva or vagina; vaginal discharge; unusual vaginal or anal bleeding; pain with urination; and/or pain when having sex. 80% of infected women have no symptoms. Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Pain and swelling in the testicles are uncommon.

Men or women who have receptive anal intercourse may acquire chlamydial infection in the rectum, which can cause rectal pain, discharge, or bleeding. Chlamydia can also be found in the throats of women and men having oral sex with an infected partner

Q: What is a Chlamydia test like?

A: A complete examination for chlamydia includes taking a sexual history, examining any symptoms you might be having and testing a sample of your genital secretions with a swab. In addition, there is a chlamydia test that can be done on a urine sample. The exact test(s) done will depend on where you go for your exam. Some providers recommend that you get tested for [gonorrhea](#) at the same time as your chlamydia test. Talk to your provider about the options available to you when you go to get tested.

Q: How is Chlamydia treated?

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV negative. All sex partners should be evaluated, tested, and treated. Persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible.

Q: How can Chlamydia be prevented?

A: The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

If you're sexually active, using [condoms](#) consistently and correctly for oral, anal and vaginal sex is your best bet for staying sexually healthy. Since chlamydia can be passed even if the penis or tongue does not completely enter into the vagina or rectum, it's important to use a condom from the very beginning to end of sexual contact.

The risk for chlamydia is directly related to the number of sex partners you have: The more sex partners, the greater the risk of contracting it. Having more sex with fewer partners reduces your risk of getting chlamydia.

If you have a new partner with whom you intend to be monogamous, [consider having full STD checkups](#) together before you start having sex. If you're sexually active with more than one monogamous partner, regular STD checkups at least every six months is recommended. Chlamydia and other bacterial STDs are curable with proper diagnosis and treatment.

Gonorrhea

Q: What is Gonorrhea? How do people get it?

A: Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus. Gonorrhea can be transmitted to both male and female partners during vaginal, anal and oral sex from a partner infected in his or her throat, vagina, urethra or anus.

Q: Why worry about Gonorrhea? What complications can result from untreated Gonorrhea?

If you are HIV+ and have genital inflammation due to gonorrhea, the inflamed tissues contain highly concentrated amounts of the virus. If the gonorrheal infection is in your penis, you can shed 8-10 times more HIV in your semen. If you are HIV- but have gonorrhea, the disease-fighting cells of your immune system are especially susceptible to HIV if you have unprotected sex with an HIV-infected partner. Rectal gonorrhea increases the risk of contracting HIV by ten to twenty times.

In about 1% of people with untreated gonorrhea, the infection can spread beyond the genital area to the bloodstream, skin, heart or joints. This is called Disseminated Gonococcal Infection (DGI). Symptoms include fever, multiple skin lesions, arthritis, infection of the inner lining of the heart, and meningitis. DGI can be treated with antibiotics.

PID (pelvic inflammatory disease), a serious pelvic infection in women, is a more common result of untreated gonorrhea. In PID, the bacteria move from the vagina up through the cervix and into the uterus, fallopian tubes and ovaries. Blockage and scarring can damage the tubes, making a woman who conceives more likely to have a tubal pregnancy. Left untreated, PID can cause infertility. Untreated gonorrhea can also cause

chronic menstrual problems, postpartum endometritis, urinary tract infections, miscarriage, and cervical discharge.

Men with untreated gonorrhea can occasionally develop epididymitis, a painful infection of the testicles. Untreated gonorrheal infections can also cause inflammation of the prostate and urethral scarring, sometimes leading to infertility.

Q: What are the symptoms?

Although many men with gonorrhea may have no symptoms at all, some men have some signs or symptoms that appear two to five days after infection; symptoms can take as long as 30 days to appear. Men who have gonorrhea in the penis or anal area may experience a discharge from the head of the penis or the anus; pain or itching of the head of the penis; swelling of the penis or testicles; pain and/or burning upon urination; frequent urination; anal or rectal itching; white anal discharge; and/or pain during bowel movements.

Women with gonorrhea may have a discharge from the vagina; lower abdominal pain, especially during or after sex; unusual bleeding with cramping; pain or burning with urination.

If you're infected with gonorrhea in the throat, there are usually no symptoms, except possibly a sore throat.

Q: What is a Gonorrhea test like?

A: There are several different testing options for gonorrhea. Your medical provider will decide which one is best given your situation and the lab facilities available at the clinic or medical practice. Some tests are done on a urine sample and some on a swab of the secretions from the infected area.

Q: How is Gonorrhea treated?

Several antibiotics can successfully cure gonorrhea in adolescents and adults. However, [drug-resistant strains of gonorrhea](#) are increasing in many areas of the world, including the United States, and successful treatment of gonorrhea is becoming more difficult. Because many people with gonorrhea also have [chlamydia](#), another sexually transmitted disease, antibiotics for both infections are usually given together. Persons with gonorrhea should be tested for other STDs. It is important to take all of the medication prescribed to cure gonorrhea. Although medication will stop the infection, it will not repair any permanent damage done by the disease. People who have had gonorrhea and have been treated can get the disease again if they have sexual contact with persons infected with gonorrhea. If a person's symptoms continue even after receiving treatment, he or she should return to a doctor to be reevaluated.

Q: How can Gonorrhea be prevented?

A: The only way to be 100% sure of eliminating your risk of contracting gonorrhea or other STDs is to abstain from sex. If you are sexually active, however, using [condoms](#) (male or female) for sexual activity is your best bet for protecting yourself. Since gonorrhea can be transmitted during oral sex, primarily mouth-to-penis or penis-to-mouth contact, it would be wise to use a condom when performing oral sex on a man or if you're a man, having oral sex performed on you. Also, we recommend [regular STD checkups at least every six months](#) if you're sexually active with more than one monogamous partner.

The risk for gonorrhea is directly related to the number of sex partners you have: The more sex partners, the greater the risk of contracting it. Having more sex with fewer partners reduces your risk of getting gonorrhea.

Herpes

Q: What is Herpes? How do people get it?

A: Genital herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. Herpes is transmitted from person to person via direct skin-to-skin contact during oral, anal and vaginal sex. HSV I usually causes fever blisters and cold sores on the mouth, but can also cause sores on the genitals. HSV II usually causes sores on the genitals (vagina, penis, anus) and the skin around those areas. The majority of oral herpes cases are caused by HSV I and the majority of genital herpes cases are caused by HSV II; however, since so many people are now having oral sex, type-I is increasingly appearing in the genitals. HSV is different from other common viral infections because once it is introduced into your system, it lives there forever, often with periodic symptoms or without symptoms at all.

Q: Why worry about Herpes? What complications can result from untreated Herpes?

A: Genital herpes is seldom a severe or dangerous infection by itself, although it can cause psychological distress because of the nature of the sores and the length of time the virus stays in your system. Genital herpes can cause recurrent painful genital sores in many adults, and herpes infection can be severe in people with suppressed immune systems.

The open sores of herpes do play a role in the spread of [HIV](#). A person with a herpes sore is three to five times more likely to acquire HIV if exposed to an HIV-positive sex partner. Also, people with HIV and herpes have an increased amount of HIV fluid in their open herpes sores, which increases the risk of transmitting both diseases to a partner during unprotected sex.

Q: What are the symptoms?

A: Many people have genital herpes but don't know it because they have no symptoms. Others have very mild symptoms. For the third group, who are symptomatic, the first outbreak is usually the worst. It lasts the longest, is most severe and often very uncomfortable. The initial sores can last five to ten days, first "weeping", then scabbing over, then healing. In addition to blisters or open sores, a person may have swollen glands, fever, and body aches. Women tend to have more severe symptoms than men. Genital recurrences after the first outbreak seem to be linked to stress, fatigue, lack of sleep, menstruation, and genital friction (new sexual partner after a time of no sex), although more research is definitely needed about this subject. Usually recurrences are more frequent in the first year after the initial outbreak. Some people have tingling or itching at the site of the sores **before** they appear, which can help them prepare for an upcoming outbreak. For some people, the recurrences are so mild that they have been mistaken for jock itch, razor burns, insect bites, ingrown hairs, and the like. Outbreaks can appear in different locations over time.

Q: What is a Herpes test like?

In most cases, experienced clinicians can diagnose an initial herpes outbreak by its appearance. There are also viral culture tests available that can tell if herpes is present and which type (HSV I or HSV II). These tests use fluid from an open sore and are most accurate during initial outbreaks and when blisters are present. There are several new blood tests that are very accurate for diagnosis. These tests also distinguish type (HSV I or HSV II). Speak to your medical provider about these tests if you're interested.

Q: How is Herpes treated?

A: There is no cure for herpes. However there are currently three FDA-approved antiviral medications that are available to treat herpes: Zovirax (acyclovir), Famvir (famciclovir) and Valtrex (valacyclovir). Using medication to treat genital herpes can help speed the healing process of an outbreak or be used as a preventative (when taken daily) to help reduce the frequency of future outbreaks.

Valtrex have also been proven effective when taken daily to reduce the risk of transmission of herpes to sex partners. The most common short-term side effects of these drugs are nausea and headaches. Thus far, no long-term side effects have been named.

Q: How can Herpes be prevented?

A: Genital ulcer diseases can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes only when the infected area or site of potential exposure is protected. Since a condom may not cover all infected areas, even correct and consistent use of latex condoms cannot guarantee protection from genital herpes.

Persons with herpes should abstain from sexual activity with uninfected partners when lesions or other symptoms of herpes are present. It is important to know that even if a person does not have any symptoms he or she can still infect sex partners. Sex partners of infected persons should be advised that they may become infected.

HPV (Warts)

A: What is HPV? How do people get it?

A: HPV is the virus that causes genital and anal warts, also sometimes called condyloma. It also causes cervical and anal cancer. There are over 100 types of HPV. The virus may cause wart-like bumps to form on the penis, in and around the vagina, on the cervix (opening to the uterus), and/or around the rectum. The virus is passed via skin-to-skin contact from one person to another during anal or vaginal sex. Warts caused by HPV are not the same warts commonly found on hands and feet, and one type of wart can not be passed from one body part (hands and feet) to another (genital area). HPV is considered to be the most common STD in the U.S. People who have had unprotected sex with more than two partners in their lifetime have probably been exposed to the virus. It's possible to have been exposed to the wart virus months or years before warts appear, or for symptoms never to appear at all after exposure.

Q: Why worry about HPV? What complications can result from untreated HPV?

A: There are many different types of HPV. Most are harmless - especially the ones which cause the external warts you can see. There are a few types, classified as high risk, which can cause changes in the cells of the cervix (opening to the uterus) or the cells of the anus and could lead to cancer. For this reason, it is recommended that all women should have a pap smear test every year. Federal health officials are currently considering recommending yearly anal pap smears for sexually active gay and bisexual men.

Q: What are the symptoms?

A: Most people who have a genital HPV infection do not know they are infected. The virus lives in the skin or mucous membranes and usually causes no symptoms. Some people get visible genital warts, or have pre-cancerous changes in the cervix, vulva, anus, or penis. Very rarely, HPV infection results in anal or genital cancers.

Genital warts usually appear as soft, moist, pink, or flesh-colored swellings, usually in the genital area. They can be raised or flat, single or multiple, small or large, and sometimes cauliflower shaped. They can appear on the vulva, in or around the vagina or anus, on the cervix, and on the penis, scrotum, groin, or thigh. After sexual contact with an infected person, warts may appear within weeks or months, or not at all.

Q: What is a HPV test like?

A: A complete examination for HPV includes taking a sexual history and examining any symptoms you might be having. Sometimes, warts can be very hard to see, even for a

trained clinician. Also it can be hard to tell the difference between a wart and normal bumps on the genital area. Your medical provider may use a magnifying lens called a colposcope to see smaller warts. A biopsy is not necessary for diagnosing genital warts. This would only be done if the bump is unusual-looking or discolored. Some medical providers put acetic acid (vinegar) on your genital area to check for warts. This would cause any warts present to turn white, making them easier to see, especially if they are viewed through a colposcope. However, the vinegar can sometimes cause normal bumps to be highlighted, so this method of diagnosis is not exact. There are no blood tests available to diagnose HPV.

Q: How is HPV treated?

A: Currently, there is no treatment to cure HPV. If you have it, it may live in your body forever. Treating the warts may possibly help reduce the risk of transmission to a partner who has never been exposed to the types of HPV you might be carrying. There are several treatment options available for removing warts. The goal of any treatment should be to get rid of annoying symptoms. No particular treatment is best for all cases.

Q: How can HPV be prevented?

A: The surest way to eliminate risk for genital HPV infection is to refrain from any genital contact with another individual. If you're sexually active, using [condoms](#) consistently and correctly for anal and vaginal sex is your best bet for staying sexually healthy. However, using condoms will only reduce your risk of getting warts from an infected partner because the wart virus can be on the skin near the vagina, rectum or penis - areas not always protected by a latex condom. Some data suggest condoms reduce the risk of cervical cancer in women who have certain types of HPV. Also, condoms can reduce the risk of recurrent HPV in those who already have the virus.

-- Drugs --

Poppers

Q: What is it?

A: Poppers (also known as amyl and butyl nitrites) were more ubiquitous on gay dance floors, bedrooms and back rooms in the late '70s and early '80s than they are today, but they still remain part of the gay subculture. Originally, poppers came in small, glass capsules encased in cotton wool that popped when crushed between your fingers -- giving this drug its persistent street name. Amyl and Butyl nitrites were designed to treat angina (chest pain) and not (shock of shocks) to make your head spin. Poppers are mostly sold in [sex](#) shops and gay nightclubs, and are said to enhance your sexual arousal and prolong and intensify your orgasms. Technically, amyl and butyl nitrites are a vasodilator -- a medication that increases your heart rate and expands your blood vessels, producing a brief high or "rush". The combined effects cause your blood pressure to

drop precipitously. The rush comes as your heart struggles to keep blood flowing to your brain.

Q: What is the physiological impact?

A: Side effects of poppers include: headache, nausea, coughing, dizziness and -- less frequently -- a brief loss of consciousness. People who are anemic have high blood pressure, blocked arteries, heart trouble or a family history of cerebral hemorrhaging should avoid using the drug.

Studies show that you can develop a tolerance to poppers. While there's no evidence that physical dependence follows regular use, many gay men report some aspects of psychological dependence; for example, many feel they can no longer have sex without using poppers. Medical research also shows that poppers lower your immune response to infection many hours after use. This can increase your chances of catching HIV or another STD.

Do not use poppers if you are on anti-depressants, heart disease or blood pressure medication or if you are anemic or suffer from glaucoma. The interactions are dangerous and can be fatal. Use of poppers with any drug or medication that lowers blood pressure is dangerous and potentially life threatening.

Viagra

Q: What is it?

A: Viagra works by helping your arteries open wider to bring even more blood into your penis. Viagra only helps you get an erection if you're sexually stimulated, so you won't get hard just by swallowing a pill.

Q: What is the physiological impact?

A: The most common side effects of Viagra include headache, flushing of the face and stomachache. Less frequently, you may experience a temporary change in color vision (trouble distinguishing between blue and green, for example), your vision may blur or your eyes may become more sensitive to light. In rare cases, Viagra may cause a condition known as priapism, in which your erection doesn't go down even after you've ejaculated. While this may sound like a dream come true, in fact, a prolonged erection for over six hours can permanently damage your penis. Call your doctor immediately if your erection lasts more than four hours.

Other reported side effects include irregular heart beat, stroke, heart attack and death. A dangerous reaction can occur if you combine Viagra with drugs containing nitrates, which are often used in people with heart disease to improve blood flow through their blocked arteries. Common examples of nitrates include nitroglycerin (taken to relieve chest pain) and amyl nitrite (the club drug known as "poppers"). Combining Viagra and

nitrites can drop your blood pressure to dangerous levels, which may result in dizziness, heart attack, stroke and death.

Crystal (Also known as: Crystal Meth, Methamphetamine, Tina)

Q: What is Crystal Meth?

A: Methamphetamines are closely related chemically to amphetamines, but their impact on your central nervous system is more acute. Methamphetamines bear a close resemblance to two powerful chemicals in your body, dopamine and norepinephrine. These drugs affect several areas of the brain, including the nucleus accumbens, which regulates mood; the prefrontal cortex, which plays a critical role in functional memory; and the striatum, an area of your brain involved in movement. Crystal in powder form is most commonly snorted in small doses (or bumps). Some say the drug heightens arousal and increases sexual stamina by delaying orgasm, but impotence is just as common a side-effect. Crystal produces what people describe as a giddy and euphoric wakefulness that can last several hours. Maintaining that high requires frequent re-dosing, more bumps, lines or tokes and makes crystal's potential for abuse -- even among new users -- very high.

Q: What is the impact of using Crystal Meth?

A: The health consequences associated with prolonged use of Crystal Meth are serious.

More immediate dangers include a sharp spike in blood pressure, dangerously irregular heartbeat, chest pain, shortness of breath, diarrhea, nausea and vomiting. The drug can increase body temperature to critical levels provoking cascading failures in vital systems. Brain hemorrhage is perhaps the biggest risk associated with use and abuse of this drug, which, if not fatal, can cause permanent paralysis and loss of speech.

Tell me more:

Also, given the drug's powerful (some would say frenzied) impact on the sex drives of male users, Crystal meth is one of the most dangerous drugs in terms of protecting yourself and your partner from the transmission of STDs, including HIV.

Tell me more:

Regular use of methamphetamine has been shown to cause permanent damage to the brain by destroying nerve cells that produce dopamine. A similar destruction of dopamine producing cells is associated with the progressive and debilitating neurological condition known as Parkinson's disease.

Ecstasy (also known as MDMA, E, XTC & Adam)

Q: What is it?

A: MDMA stands for 3, 4 methylenedioxymethamphetamine. The drug is closely related to the hallucinogen mescaline and the stimulant amphetamine, and is synthetically manufactured. "Pure" Ecstasy is uncommon. Batches frequently contain heroin, LSD, amphetamines and other assorted toxic impurities which are used as fillers. Ecstasy gives users a feeling of euphoria caused by the drug's forced release of serotonin in the brain. The drug lowers inhibitions, increases mood sensitivity and gives club-goers energy to dance well into the morning hours. People say they are friendlier, happier and "more connected" to music and to other people when on the drug.

Q: What is the physiological impact?

A: Short-term use of ecstasy can cause significant changes in heart rate and blood pressure, dehydration and a potentially life-threatening increase in body temperature, while longer-term use can cause lasting changes in the brain's chemical systems that control mood and memory.

A study published in June 1999 by Johns Hopkins confirms that MDMA is neurotoxic: the forced release of serotonin damages serotonin receptors in the brain. Other reports have shown that even regular short-term use induces tolerances, spurring the need among users for higher dosages for the same high and compounding toxic side effects in the brain. Immediate ill-effects can include nausea, dizziness, disorientation, anxiety and panic attacks.

All users experience a "hangover" typified by fatigue and depression which typically lasts several days. Herpes sufferers typically experience outbreaks following Ecstasy use implying a general weakening of the body's immune system.

GHB (also known as: "G" Gamma-hydroxybutyrate)

Q: What is it?

A: GHB is a powerful and fast-acting central nervous system depressant. In a club environment, GHB in liquid form is most commonly mixed with water and sipped throughout the evening producing its euphoric high. GHB frequently provokes spontaneous erections, only adding to its desirability in gay party-going circles. Finding the right dose of GHB is very difficult. The line between a "good high" and one that induces sleep or unconsciousness is very thin. Even self-styled advocates for the "clean" high attributed to GHB are adamant that mixing the drug with anything else, especially alcohol, makes GHB every bit as dangerous as government health authorities say it is.

Q: What is the physiological impact?

A: There have been few human clinical studies conducted on GHB, though what evidence has been collected suggests that like all depressants, chronic users suffer withdrawal after prolonged use. GHB, like all commonly abused drugs, increases dopamine levels in your brain.

The principal dangers associated with GHB use are more immediate than long term. GHB is extremely dangerous when used improperly or when mixed with other depressants. Combining a normal GHB dose with alcohol can trigger an overdose reaction of temporarily unrouseable sleep. According to the Drug Enforcement Agency, GHB has been associated with 60 deaths in the U.S.

A GHB overdose is usually preceded by loss of balance, marked drowsiness, nausea and vomiting, in some cases progressing to a loss of consciousness, impaired breathing, coma, and death. Recreational drugs like GHB are the biggest obstacle to safe sex. If you're high and feeling the moment, one of the last things you're likely to think about is a condom.

Ketamine (also known as Special K)

Q: What is it?

A: Ketamine hydrochloride is a "dissociative anesthetic" with the power to separate your mind from your body and numb your ability to feel pain. In controlled doses, the drug blocks nerve paths without depressing breathing and blood circulation, which proved valuable during surgery. This drug is highly prized for the disassociative high (your mind separates from your body) it gives users and is often used in combination with other drugs such as ecstasy, crystal, cocaine and even heroin. Depending on the dosage, ketamine can induce anything from feelings of pleasant weightlessness to full-fledged hallucinations and "out-of-body" or near-death experiences.

Q: What is the physiological impact?

A: Multiple dosing and combining it with alcohol and other drugs, makes Ketamine overdose fairly common. Too many bumps in a row or the wrong dose at the wrong time can knock users out cold. This state is commonly known as a "K-hole," an unresponsive unconscious state that can last up to two hours or more, depending on the dose. Your "K-hole" is frequently preceded by nausea or vomiting. Ketamine increases your heart rate and blood pressure, and it dilates your pupils.

Because Ketamine sometimes provokes vomiting, you're in danger of choking to death while unconscious. Ketamine should never be used with other drugs that decrease breathing; these include alcohol, barbituates or Valium. Overdose stops your breathing and your heart. Some of Ketamine's dangers are also behavioral. Many users say that in low doses Ketamine acts as an aphrodisiac and that it lowers sexual inhibitions. Obviously in such a state you might feel more prone to take greater sexual risks with your partner or partners, increasing your risk for contracting or transmitting HIV.