

SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV



SEXUALLY TRANSMITTED INFECTIONS (STIs) including HIV

Self-Assessment/Pre-Test

(to be completed before reading STI content)

1. Which of the following is NOT a curable sexually transmitted infection?
 - a. chlamydia
 - b. gonorrhea
 - c. HIV
 - d. syphilis
2. Which of the following IS a curable sexually transmitted infection?
 - a. human immunodeficiency virus
 - b. herpes
 - c. human papilloma virus
 - d. syphilis
3. Sexually transmitted infections can ALWAYS be prevented by:
 - a. abstinence
 - b. having sex with one partner who is not infected
 - c. using condoms
 - d. testing regularly
 - e. both a and b
4. Which of the following is NOT a characteristic of HIV?
 - a. it is caused by a virus
 - b. it is incurable, but controllable with medications
 - c. it is spread by contact with bodily fluids including saliva, sweat and tears
 - d. it is often asymptomatic in the initial infection
5. Which of the following are true statements about condom use:
 - a. it is important to store the condom in a cool place to prevent deterioration of the latex (i.e., not your wallet)
 - b. it is important to open the packet carefully to avoid tearing the condom (i.e. don't use your teeth)
 - c. it is important to put the condom on before the penis is erect.
 - d. it is important to hold the condom at the base of the penis while withdrawing from the vagina
 - e. all of the above
6. Correct and consistent condom use is effective protection against which of the following sexually transmitted infections?
 - a. HIV
 - b. gonorrhea
 - c. chlamydia
 - d. herpes
 - e. genital warts (HPV)
 - f. Both a, b, and c

7. What else, besides abstinence, can help prevent infection with a sexually transmitted infection?
- a. sex with an uninfected partner who is only having sex with you
 - b. use of condoms for all sexual activity to prevent the exchange of sexual fluids
 - c. avoid contact with genital sores
 - d. do not share needles
 - e. all of the above
8. Which of these activities is NOT a risk for infection with HIV?
- a. having unprotected sex (sex without a condom)
 - b. sharing needles
 - c. sharing a drink or food with someone who has HIV
 - d. using the same toilet as someone who has HIV
 - e. bites by mosquitoes
 - f. Both c, d, and e
9. Which of the following sexually transmitted infections may not show visible symptoms?
- a. chlamydia
 - b. gonorrhea
 - c. HIV
 - d. genital warts (HPV)
 - e. herpes
 - f. syphilis
 - g. hepatitis
 - h. all of the above
10. Standard blood work done for a physical will include testing for HIV and other sexually transmitted infections even though you did not request the tests?
- a. True – All blood work is tested automatically for sexually transmitted infections.
 - b. False – Testing is not done unless requested by the individual.
11. A pap test is a test for sexually transmitted infections?
- a. True – A pap test specifically tests for all sexually transmitted infections.
 - b. False – Pap tests are looking for changes in the cervix which can indicate HPV infection. They do not test for other sexually transmitted infections.

Answers: 1 (c), 2 (d), 3 (a), 4 (c), 5 (e), 6 (f), 7 (e), 8 (f), 9(h), 10 (b), 11 (b)

STIs and HIV

Supporting Information for Outreach Workers

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What are sexually transmitted infections?

Sexually transmitted infections are infections that are spread primarily through sexual contact of the vagina, penis, anus or mouth. The most common infections are caused by bacteria, viruses, parasites or insects. Bacterial sexually transmitted infections include gonorrhea, Chlamydia and syphilis. These infections are all curable with antibiotics. The sexually transmitted infections caused by viruses are: herpes, hepatitis B, HIV (human immunodeficiency virus), and HPV (human papilloma virus). Viral infections with herpes, HIV, and HPV are not curable and remain in the body for life. In spite of the fact that hepatitis is caused by a virus, only six percent of adults infected with Hepatitis B become chronically infected. There is also a treatable sexually transmitted infection caused by protozoan parasites called trichomoniasis; another caused by insects called public lice; and even an infection caused by a relative of the spider family called scabies. Some sexually transmitted infections are spread through bodily fluids such as blood, sexual fluids (semen and vaginal fluid) or saliva while others can also be spread by skin-to-skin contact (i.e. contact between non-intimate areas of the bodies of the sexual partners). Partners may reinfect each other, so it is important for partners to refrain from sexual activity until treatment is completed and to be treated simultaneously.

What are some common sexually transmitted infections?

GONORRHEA

Gonorrhea is a curable bacterial infection that is spread through vaginal, anal or oral sexual intercourse. Although gonorrhea is curable, it can cause serious health problems in both men and women if it goes undetected and untreated. Gonorrhea can cause sterility and arthritis. In women, gonorrhea can cause pelvic inflammatory infection (PID), which can result in tubal pregnancy (a potentially life threatening condition where the fetus starts to grow in the fallopian tube instead of the uterus or womb) or sterility. During pregnancy, gonorrhea infections can cause premature labor and stillbirth. To prevent serious eye infections in newborns that can result from gonorrhea, drops of antibiotics are routinely put into their eyes immediately after delivery. Gonorrhea is not spread by skin-to-skin contact.

Symptoms

Gonorrhea infection may be without symptoms. It is reported that 80% of women and 10% of men do not experience symptoms of gonorrhea.* If symptoms do occur, they often manifest as vaginal or penile discharge, painful or frequent urination, or pelvic pain.

Diagnosis and Treatment

Gonorrhea is diagnosed by either cultures of discharge or urine testing. Treatment usually consists of an oral antibiotic. There is often a co-infection of Chlamydia in persons who are infected with gonorrhea. For this reason, tests are usually conducted to look for both infections concurrently.

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Prevention

Correct and consistent use of condoms for all sexual activity (including oral and anal sex) can help prevent gonorrhea infections.

CHLAMYDIA

Chlamydia is a curable bacterial infection that is spread through vaginal and anal intercourse, in the birth canal to a fetus, and rarely during oral sex or from the hand to the eye. It is not caused by skin-to-skin contact. Although Chlamydia is curable, it can cause serious health problems in both men and women if it goes undetected and untreated. In women, it infects the cervix and can spread to the urethra, fallopian tubes, and ovaries. It can present with symptoms similar to a bladder infection and cause serious pelvic inflammatory infection, tubal pregnancy, and sterility. In men, Chlamydia infects the urethra and may spread to the testicles, causing epididymitis, which can cause sterility. Chlamydia can also lead to reactive arthritis — especially in young men. In newborn infants, Chlamydia can cause pneumonia, eye infections, and blindness.

Symptoms

Chlamydia infection is often without symptoms. It is reported that 75% of women and 50% of men do not experience symptoms of chlamydia.* If symptoms do occur, they often manifest as discharge and painful or frequent urination. Other symptoms for women include painful intercourse, and irregular vaginal bleeding due to inflammation of the cervix. For men it can also cause swelling of the testicles

Diagnosis and Treatment

Chlamydia is diagnosed by examination of fluids obtained from swabs of the cervix or urethra, or a urine sample. Treatment usually consists of an oral antibiotic for both partners. It is important that both finish their course of antibiotics prior to further sexual contact.

Prevention

Correct and consistent use of condoms for all sexual activity can help prevent Chlamydia infections.

SYPHILIS

Syphilis is a curable bacterial infection that is spread when mucous membranes or broken skin comes into contact with syphilitic sores during vaginal, anal, and oral sexual intercourse (even if there is no penetration). It can also be contracted by kissing if there are sores in the mouth or throat, and it is transmitted across the placenta to the fetus during pregnancy. Because the syphilitic sores can be present in non-genital areas of the body, it is able to be spread through skin-to-skin contact. Although syphilis is curable, it can cause serious health problems if it goes undetected and untreated. The bacteria can remain in the body for life and lead to disfigurement, neurologic disorder, or death. The effect of syphilis on a fetus is very serious and if untreated, the risks of stillbirth or serious birth defects are high. Birth defects include damage to the heart, brain, and skeleton as well as blindness.

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Stages and Symptoms

Syphilis infection is often without symptoms. There are several phases to a syphilis infection and although symptoms vary with each stage, there are often no noticeable symptoms. During the primary phase, painless sores (called chancres) appear from 3 weeks to 90 days after infection. They may appear on the genitals, in the vagina, on the lips, mouth, or anus. Symptoms of the secondary phase may appear 3 to 6 weeks after the initial sores and are known to come and go for up to two (2) years. These may include rashes on the palms and soles of the feet, mild fever, fatigue, sore throat, hair loss, weight loss, swollen glands, headache, and muscle pains. Persons infected with syphilis may remain in an asymptomatic phase for the remainder of their lives, but one third of untreated people progress to suffer serious damage to the heart, brain, central nervous system, and other organs. Death may occur. Syphilis is especially infectious when the sores are present on the body because of the infected fluid secreted by the sores. People are usually not infectious during the latent phases of the infection.

Diagnosis and Treatment

Syphilis is diagnosed by dark-field microscopic examination of a fluid sample from sores or spinal fluid or a blood test. Treatment is successful with antibiotics, though damage caused to the body during the late phase is irreversible. Treatment is with injections of penicillin. The number of injections range from one time only to once weekly for 3 weeks depending on the phase of the infection. It cannot be treated with oral antibiotics. Treatment of the infection of the brain is with intravenous penicillin infusions for 7-10 days.

Prevention

Correct and consistent use of latex condoms can reduce the risk of syphilis infection if the condom covers the sores.

HERPES

Herpes is an incurable viral infection that is typically spread when mucous membranes or broken skin come into contact with herpes sores. This can be through vaginal, anal or oral sexual encounters or even through kissing or other non-penetrative sexual intimacy. Because herpes sores can be present on non-genital areas of the body, it can be spread by skin-to-skin contact. There are two strains of the herpes virus, herpes simplex-1 and herpes simplex-2. Although herpes simplex-1 is commonly associated with cold sores and fever blisters on the mouth, both forms of herpes can be sexually transmitted. During pregnancy, primary infection with herpes may cause miscarriage or stillbirth. If active herpes sores are present during childbirth, newborn infants may suffer serious health damage, including developmental disabilities and, rarely, death.

To prevent transmission to the infant at the time of birth, a caesarian delivery is often performed. Transmission to a newborn is more common during the first episode of the herpes infection and less common during recurrent herpes outbreaks.

The herpes virus is most contagious when the sores are present until they scab over and the scab falls off. There are times when there are no visible symptoms of the virus yet it is present in the oral or vaginal secretions and can be transmitted. These periods when the patient is symptom-free but still contagious are called prodromal periods. The herpes virus remains in the body throughout life, even if there are no discernable symptoms.

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Symptoms

Herpes infection is often without symptoms. Symptoms of herpes may include a recurring area of sores or ulcerations, often painful, and often accompanied by burning, itching and discomfort. These symptoms usually appear between 2 to 20 days after infection, but many individuals remain symptom-free and unaware of their infection for years. Recurrences of herpes outbreaks are often tied to general health and emotional wellbeing, so finding ways to reduce or manage stress often prevents frequent outbreaks. During an outbreak, it is important to avoid touching the herpes sores, and to wash hands frequently and avoid touching hands to the eyes.

Diagnosis and Treatment

The herpes virus is commonly diagnosed by visual inspection of sores and history of recurrences, if the herpes outbreak is typical. The most specific method of diagnosing a herpes infection is a culture of a fluid sample taken from a herpes sore. There is a blood test that can detect herpes antibodies, but the blood test is not as commonly used. There is no cure for herpes, although symptoms can be controlled or minimized with prescription drug regimes.

Prevention

In order to prevent transmission of the virus, partners should refrain from all sexual activity from the onset of symptoms until approximately a week after the sores heal. Condoms can help prevent transmission of the virus between outbreaks (during prodrome) if they cover the area that manifests symptoms. New evidence suggests that if the infected partner takes daily suppressive medications, there is less risk of transmission to an uninfected sexual partner.

HPV (HUMAN PAPILLOMA VIRUS) OR GENITAL WARTS

The human papilloma virus is an incurable viral infection that is typically spread by skin-to-skin contact which may or may not occur during vaginal and anal intercourse, oral sex, and rarely to the fetus during childbirth. There are currently more than 100 different strains of the virus, and it is thought that over three-quarters of adults in the United States are infected with at least one of these strains.

Symptoms

HPV infection is often without symptoms. Some of the strains of the virus cause visible symptoms, much like warts, while other strains are invisible and without symptoms. Some strains of the virus can cause cancer of the vulva, penis or cervix. Symptoms may develop as soon as two to three weeks after infection, and can be itchy or grow to obstruct body openings.

Diagnosis and Treatment

HPV is diagnosed by microscopic examination of a biopsy, a swab of vaginal or cervical secretions or clinical evaluation of symptoms. Although there is no cure for this virus, the physical symptoms may be removed by several different types of treatment, including acid application, laser, or freezing. Even after removal, symptoms often recur.

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Prevention

Condoms can help prevent transmission of the virus if they cover the area of infection, however, as there are often no symptoms it is impossible to know if using a condom is sufficient protection against transmission. **This explains the importance of pap smears for women, because pap smears offer the possibility of early diagnosis and treatment of precancerous areas on the cervix caused by strains of HPV. Current recommendations include either “co-testing” (Pap smear and HPV testing simultaneously) or just testing for the cancer causing strains of HPV without the Pap smear. The 3 shot series of Gardasil vaccine now offers the possibility of preventing infection with the riskiest cancer causing strains in both boys and girls. It is free from the state for children up to 18 years old. Many adolescents have not yet had the vaccines. .

HIV (HUMAN IMMUNODEFICIENCY VIRUS)

The human immunodeficiency virus, HIV, is an incurable viral infection that is spread through sexual fluids (semen and vaginal fluids), blood and breast milk. It is not spread through saliva. HIV is the virus that causes AIDS (acquired immune deficiency syndrome). HIV impairs cells in the immune system that work to prevent the body from infection from other bacteria and viruses. Because of this immunological impairment, the body may be more susceptible to illnesses and infections that ordinarily would be fought off. We now know that there are different strains of virus, called HIV 1 and HIV 2. This differentiation is important in choosing which of the many drugs (called anti-retrovirals) to use in treatment of an individual patient.

Risk of HIV transmission is significant through both anal and vaginal sex, with oral sex considered less of a risk. Other risks of transmission include sharing contaminated needles, breastfeeding by an infected woman, contaminated blood transfusions, and accidental contaminated needle sticks. Note: contact with saliva (not containing blood), sweat and tears have never resulted in transmission of HIV. HIV is not transmitted by skin-to-skin contact.

Symptoms

HIV infection is often without symptoms. Symptoms of initial HIV infection are non-specific and include flu-like symptoms such as low grade fever, tiredness, and swollen glands. As the infection progresses, further symptoms may include unexplained weight loss, diarrhea, lack of appetite, fatigue, night sweats, thrush, severe or recurring vaginal yeast infections, and purplish growths on the skin. There are infected individuals, however, who show no discernable sign or symptom of HIV for 10 years or more. Because some infected individuals do not experience symptoms, you cannot tell just by looking at someone whether they have HIV or not. The only way to know whether an individual is infected with HIV is to be tested.

Diagnosis and Treatment

Diagnosis of **HIV infection** is based on detection of antibodies or the virus in the human body, using a blood, oral fluid or, less commonly, a urine test. Diagnosis of **AIDS** is based on the presence of one of many conditions and/or opportunistic infections that are associated with HIV infection. There is no cure or vaccine for HIV infection or AIDS, but there are treatment options for the successful management of HIV infection and some of its associated conditions. Very few people are believed to have been cured of HIV infection, and although many who are infected are living well with the infection, it is still considered a chronic condition. Once a patient has had a positive rapid HIV test, they are referred

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to a physician for follow up confirmatory testing that involves testing for the presence of the virus itself in the patient's blood and differentiating between infection with HIV-1, HIV-2 or both strains. It is important for the outreach worker to realize that all laboratory tests have limits to their accuracy, called sensitivity and specificity. This means that a certain percent of truly infected individuals will have a negative (uninfected test result) and a certain percent of truly uninfected individuals will test positive (as if infected). Part of the training for performing rapid HIV tests in the field involves knowing the limits of your test and counseling patients accordingly.

It is very important for outreach workers who are case managing HIV infected individuals to realize that the greatest risk of treatment failure is starting and stopping the medications. This can lead to development of resistance in the virus to the medications. Only about 25% of the HIV infected individuals in the US are able to be compliant with their antiretroviral medications. This is no doubt even less when migration, language, and economic barriers also exist.

The enrollment of every HIV infected migrant worker in the Migrant Clinician Health Network for case management across state and national lines is foundational to successful management of the disease.

Enrollment forms, requiring the patient's signature for release of medical information, can be found in English and Spanish at:

<http://www.migrantclinician.org/services/network/enrollment-in-health-network.html>

Prevention

Correct and consistent use of latex condoms can help prevent sexual transmission of the virus. All pregnant women should be screened for HIV infection at least once in each pregnancy as treatment with anti-HIV medicines at the time of delivery have been shown to markedly decrease the transmission of HIV to the infant.

What about kissing, mosquitoes, social contact, and other rumors about HIV transmission?

Social kissing (dry kisses), hugging and shaking hands do not transmit HIV. Healthy intact skin is a very good barrier against the virus, and no one has acquired HIV through dry kisses, hugs or handshakes. Open-mouth kissing (French kissing) is considered a very low risk activity because there could be sores, cuts or blood in the mouth; thus it could theoretically pose a risk of transmission. Mosquitoes do not pose a risk of transmission for HIV. When a mosquito bites, it is not injecting blood into the body, but instead saliva to allow efficient sucking of blood from the human body. Although certain other infections are transmitted through the saliva of mosquitoes, HIV does not survive very long in the body of a mosquito and the virus does not reproduce in the insect. Mosquitoes do NOT become infected with HIV upon biting an HIV infected individual and thus cannot pass it to their next victim.

What is the window period with HIV?

The rapid HIV test (also called point of care test) is looking for the human body's response to an infection by the virus. Most people develop detectable antibodies within 2 to 8 weeks after infection, with 97% of people developing antibodies in the first three months. In rare cases, it can take up to 6 months for the body to have enough HIV antibodies to allow an accurate test result. When doing a rapid testing for HIV, one of the relevant

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questions is how long an individual has been with his/her current partner or if there are multiple partners. As long as there haven't been any changes (partner or number of partners) in the past 3-6 months, the patient is unlikely to be in the "window" where there is active infection but no detectable antibodies. There are laboratory tests that are more accurate for diagnosis of acute infection in the window. These tests are often very expensive, so frequently patients are told to repeat the rapid test in 6 weeks, 3 months and 6 months after a high risk exposure.

HEPATITIS

Hepatitis is a family of viral infections whose symptoms often resolve within 4 to 8 weeks or, in the case of hepatitis B and C, may leave the infected individual infected for life. Both hepatitis A and B are very contagious, although hepatitis A is only infectious for a short period of time. Hepatitis A is less likely to be spread through sexual transmission as it requires oral-fecal contact such as through oral – anal sex play. Hepatitis A is most often spread through contamination of food or drinking water with human feces. Most patients with Hepatitis A infection recover completely. Hepatitis B is commonly spread through sexual fluids, saliva, blood and urine. Transmission occurs through anal, vaginal, or oral sex, kissing, contaminated needle pricks or needle sharing, and the sharing of personal hygiene instruments such as razors or toothbrushes. Hepatitis B is a particular risk for men who have sex with men. Sex has a limited role in the transmission of hepatitis C, which is largely transmitted by exposure to infected blood and is often found among IV drug users or people who have had tattoos with contaminated needles. None of the types of hepatitis are spread by skin-to-skin contact.

Symptoms

Hepatitis infection may be without symptoms. When symptoms of hepatitis occur, they include extreme fatigue, headaches, fevers, hives, lack of appetite, nausea, tenderness in the abdomen, with late symptoms progressing to jaundice, more abdominal pain, and dark urine. Six percent of adults with hepatitis B become chronically infected, as do most people with hepatitis C. Chronic hepatitis infections can cause liver failure, liver cancer and death. Hepatitis infection may, however, be invisible in its most infectious stages.

Diagnosis and Treatment

Diagnosis is based on a blood test specific to the type of hepatitis being tested for. There are drugs to help treat chronic infections of hepatitis B and C, and increasing numbers of patients are now being cured. These drugs, however, are often given by injection for 6 months, are very expensive and have many unpleasant side effects. Ten to eighty-five percent of babies born to women infected with hepatitis B will suffer an acute infection, and ninety percent of these babies will become chronically infected unless they are treated by vaccination at birth. All pregnant women should be tested for Hepatitis B during pregnancy to allow vaccination or treatment at birth of their newborn to prevent transmission.

Prevention

There is a vaccine for individuals at risk of hepatitis A and B infection called Twinrix. This 3 shot series of vaccines given over 6 months is available free or at a reduced cost from the state through the county health departments for certain categories of uninsured adults including: those who have been incarcerated, those who use IV drugs, those who are not in a mutually monogamous relationship (more than one partner in past 6 months), those who

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are seeking evaluation for a sexually transmitted disease, men who have sex with men, those who have infections including HIV, chronic Hepatitis C or B infection, and family or partners of patients with chronic Hepatitis B infection. There are also separate vaccines available against Hepatitis B (3 shots) and Hepatitis A (2 shots) which are given routinely to children in the US. Individuals infected with hepatitis A in the past develop immunity against re-infection and cannot be infected again. There is currently no vaccine against infection with Hepatitis C.

Correct and consistent use of condoms during vaginal, anal and oral sex can help prevent the transmission of hepatitis B, but the virus can be spread through kissing and other intimate touch. For that reason, it is of utmost importance that children and adults who have not been infected get the vaccination to permanently prevent hepatitis B. Hepatitis B vaccine is now routinely given to infants receiving well child care in the United States and is required for school entry.

BACTERIAL VAGINOSIS

It is not completely clear what role sexual activity plays in the development of a bacterial vaginosis infection. Bacterial vaginosis is a condition in women where the normal balance of bacteria in the vagina is disrupted by an overgrowth of specific bacteria. The vagina is typically populated with more “good” bacteria than “bad” bacteria; however certain activities seem to put women at risk of the “bad” bacteria becoming predominant. Some of these activities or behaviors that put women at increased risk are: having a new sex partner or multiple sex partners and douching. Bacterial vaginosis is the most common vaginal infection in women of childbearing age.

Symptoms

BV is often asymptomatic. It may be accompanied by an abnormal discharge with an unpleasant odor, pain, itching or burning in the vaginal area. Some women, however, report no discernable symptoms at all.

Diagnosis and Treatment

BV is diagnosed by examination of the vagina and microscopic examination of a sample of vaginal fluid. Generally, bacterial vaginosis does not cause complications, but there may be serious risks including: susceptibility to HIV infection if exposed, increased risk of serious infection following surgical procedures or childbirth, and susceptibility to other sexually transmitted infections.

BV may clear up without treatment, but there are two antibiotics commonly prescribed for the condition which should be taken to completion of the prescription, even if the symptoms go away. Another frequent cause of vaginal itching and discharge is a vaginal yeast infection. This is NOT a sexually transmitted disease.

Prevention

Although the causes of bacterial vaginosis are not completely understood, there are a few basic steps to reduce the risk of upsetting the natural balance of bacteria in the vagina. These include: abstinence, limiting the number of sexual partners, do not douche, and taking antibiotic medications prescribed for BV to the completion of the prescription. There is usually no need to treat the sexual partner. Condoms do not reliably prevent this infection.

TRICHOMONIASIS

Trichomoniasis is a curable sexually transmitted infection that affects both men and women. It is caused by a protozoan parasite that most commonly infects the vagina in women and the urethra (urinary tract) in men. Trichomoniasis is contracted in women by sex with infected women or men, but an infection in men is typically contracted only by sex with an infected woman. Trichomoniasis does not cause serious illness, but may predispose to preterm delivery in pregnant women. Trichomoniasis is not transmitted by skin-to-skin contact.

Symptoms

Trichomoniasis is often asymptomatic. Symptoms in men are slight if noticeable at all and may include burning or irritation upon urinating or ejaculating. In women, symptoms may appear within 5 to 28 days and include pronounced frothy greenish discharge, pain, irritation and itching.

Diagnosis and Treatment

Diagnosis is based on physical examination and laboratory examination of vaginal fluid. Trichomoniasis is a curable infection and can be successfully treated by a single dose of a prescription drug. Partners may reinfect each other, so it is important for partners to refrain from sexual activity until treatment is completed and to be treated simultaneously.

Prevention

Correct and consistent use of condoms may help reduce the risk of a trichomoniasis infection.

PUBIC LICE (CRABS)

Pubic lice, also known as crabs, are tiny insects that attach themselves to pubic hair, armpit hair, eyebrows and eyelashes where they deposit the eggs of their young. Crabs are commonly spread through sex or close intimate contact, as well as contact with contaminated bedding, clothing, upholstered furniture and other inanimate objects. Pubic lice can definitely be spread by skin-to-skin contact.

Symptoms

Pubic lice infection may be asymptomatic. They may cause symptoms such as intense itching in the genital or anal area, low energy, irritability, and of course, the eggs may be visible and indicate an infestation. The itching commonly begins 5 days after infection, but some individuals do not itch and may not notice an infestation.

Diagnosis and Treatment

Crabs may be self-diagnosed with the naked eye or with a magnifying glass. The insect actually looks like a small grey crab, but becomes darker in color when swollen with blood. There are several over-the-counter treatments that treat an infestation of pubic lice. Everyone who may have been exposed to the insect must be concurrently treated to prevent re-infestation. In addition, all bedding, towels, and clothing that may have been exposed must be washed in hot water or dry-cleaned immediately. Finally, the home should be vacuumed to prevent re-infestation. There are special over-the-counter products for pregnant women, infants, and women who are breastfeeding.

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Prevention

The only known prevention strategy is to limit the number of sexual partners and the number of intimate contacts. Condoms do not reliably prevent this infection.

SCABIES

The scabies mite is a relative of the spider that is known to be both sexually transmitted and also transmitted in casual settings such as among schoolchildren. Scabies is spread by close personal contact and contaminated objects such as bedding or clothing. Scabies is often spread by skin-to-skin contact. It is most often acquired through non-sexual contact.

Symptoms

The mites may cause symptoms such as intense itching and small bumps or rashes that appear in dirty-looking curling lines on the penis, buttocks, breasts, between fingers, on wrists, thighs and around the navel.

Diagnosis and Treatment

Because the mite burrows under the skin, it sometimes cannot be seen by the naked eye. It is possible to self-diagnose, but a microscopic examination of a skin scraping or biopsy may be necessary for definitive diagnosis. There are several prescription medication treatments that can remedy a scabies infection. Everyone who may have been exposed to the mite must be concurrently treated to prevent re-infection. In addition, all bedding, towels, and clothing that may have been exposed must be washed in hot water or dry-cleaned immediately. Finally, the home should be vacuumed thoroughly.

Prevention

The only known strategy to prevent sexual transmission of scabies infection is to limit the number of sexual partners and the number of intimate contacts. Condoms do not reliably prevent this infection.

How can I avoid becoming infected with an STI, including HIV?

The only sure way to prevent HIV or infection with an STI is to practice abstinence (not having sex) or mutual monogamy with an uninfected partner. Otherwise, it depends on the particular infection, but the general rule is to prevent the exchange of bodily fluids such as blood, semen and vaginal fluids and to avoid contact with genital sores.

Can spermicides prevent sexually transmitted infections?

No, spermicides do not prevent sexually transmitted infections. In the 1980's, there were early indications that nonoxynol-9 inactivated HIV and other sexually transmitted infections such as gonorrhea, Chlamydia, trichomoniasis and herpes in a laboratory setting, but these initial findings have not been supported by more recent research. In fact, studies have shown that nonoxynol-9 does not provide protection against sexually transmitted infections and may in fact increase the risk of transmission due to the irritation of mucous membrane skin in the vagina and anus. Nonoxynol-9 is not a microbicide, and the World Health Organization has stated that it "should not be used for the purpose of STI or HIV prevention. Condoms should always be used to prevent infection".

Since the 1950s, the active ingredient in spermicides used in the United States has been nonoxynol-9, an FDA approved spermicide. Nonoxynol-9 is a chemical that kills sperm by destroying the sperm cell membrane. Spermicides are an integral part of barrier method contraception, and are used in conjunction with diaphragms, cervical caps, shields and

sponges. Studies have found a wide range of failure rates for spermicides used as the primary contraceptive choice, from 2% to 59%. However, for women at low risk of HIV infection, it remains a contraceptive option, particularly in combination with barrier methods. Women who have multiple sexual encounters a day, such as commercial sex workers, are encouraged to find an alternate contraceptive because nonoxynol-9 causes irritation of epithelial cells in the vagina and anus.

What are the different ways that I could be tested for a sexually transmitted infection?

Sexually transmitted infections are diagnosed through numerous mechanisms depending on the infection being tested including: blood tests, visual inspection of symptoms, microscopic evaluation or cultures of fluids, urine testing, or increasingly, oral fluid tests. When an individual goes to the doctor or lab to request STI testing, the common infections tested include gonorrhea, Chlamydia, syphilis and HIV (with a specific request).

Both Chlamydia and gonorrhea are tested by urinalysis or a culture of fluids taken from the site of infection (penis, cervix, rectum). A Gram stain can make the bacteria that causes gonorrhea to be visible by microscopic examination. This lab technique shows better results for infections in men than women.

Diagnosis of syphilis may result from the examination of fluid from a suspect sore through a special tool called a dark-field microscope. Very few physicians have this type of microscope. If the sore is caused by a syphilis infection, the syphilis bacteria would be visible using this technique. Another option for the diagnosis of syphilis are two inexpensive yet accurate blood tests called VDRL (venereal disease research laboratory) and RPR (rapid plasma regain) that can both detect antibodies developed in response to a syphilis infection. If either of these two screening blood tests shows a positive result, a more specific test would be conducted for confirmation.

When a person becomes infected with HIV, the body reacts by producing antibodies that are meant to fight the virus. Although these antibodies are ineffective at fighting off the HIV infection, they are important because their presence indicates an infection of HIV. Rapid HIV tests do not look for the virus itself, but rather these antibodies. Preferred confirmatory laboratory blood tests are now called fourth generation HIV tests and include tests for antibodies to HIV 1 and 2 as well as the HIV virus itself, called a P24 antigen test. Positive rapid HIV tests need to be confirmed by more accurate blood tests that look for the virus itself.

Many people assume that blood work for a check-up or the swabs from a pap smear are automatically tested for sexually transmitted infections. This is, in fact, NOT the case. A pap smear does look for cellular irregularities in the cervix, but these are only an indication of the possibility of infection with a strain of the human papilloma virus. Pap smears do not check for any other sexually transmitted infection automatically. This is true of blood work as well. The battery of blood tests for a check-up does not include sexually transmitted infections. In order to be tested for STIs, the individual must request additional testing.

In the United States, there are a few sexually transmitted infections that are reported to the Centers for Infection Control for surveillance. These include syphilis, gonorrhea, Chlamydia and HIV. It is the provider's responsibility to report these infections.

What are some important things to remember when using a condom to protect against sexually transmitted infections?

- Use latex or polyurethane condoms. Do not reuse condoms – use a new one for each sexual activity.
- Keep condoms in a cool, dry place (not your wallet).
- Don't use an expired or dried out condom – check the expiration date and make sure the wrapper hasn't leaked.
- Don't use your teeth or fingernails to open a condom wrapper because they are very easily torn. If you tear the condom, dispose of it and open another to use.
- Remember to put condoms only on a penis that is already erect – don't unroll it too early!
- Only use a water-based lubricant, NOT oil-based lubricants, as they could damage the condom.
- Remember to squeeze the air out of the tip of the condom to save room for semen.
- Hold the condom at the base of the penis when withdrawing to prevent it from slipping off the penis.
- Throw away used condoms.
- Don't rely on nonoxynol-9 as a primary contraceptive method, as it can irritate mucous membrane skin, making it more susceptible to infection by a sexually transmitted infection.
- Don't use 2 condoms simultaneously for added protection, the friction can cause them to tear.

* Statistics can be found at the Planned Parenthood website,
www.plannedparenthood.org

Instructions for Using Male Condoms

Although many people mistakenly assume that all men know how to correctly use condoms, incorrect use is common and is a major cause of condom failure.

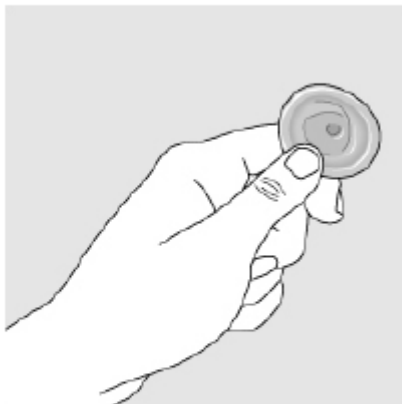
Remember:

- Do not use grease, oils, lotions, or petroleum jelly (Vaseline) to make the condom slippery. These substances can make the condom break. Use only jelly or cream that does not have oil in it like KY jelly.
- Use a new condom each time you have sex.
- Only use a condom once.
- Store condoms in a cool, dry place; Not your pocket/wallet.
- Do not use a condom that may be old or damaged; check the expiration date.

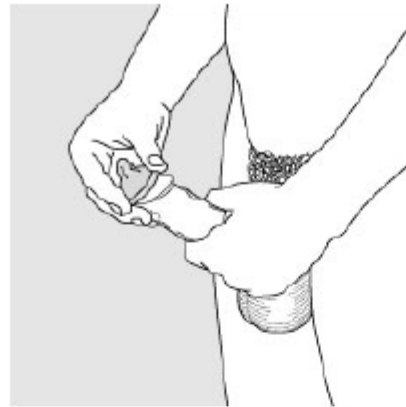
Do not use a condom if:

- The package is broken.
- The condom is brittle or dried out.
- The color is uneven or has changed.
- The condom is unusually sticky.

Before Intercourse:



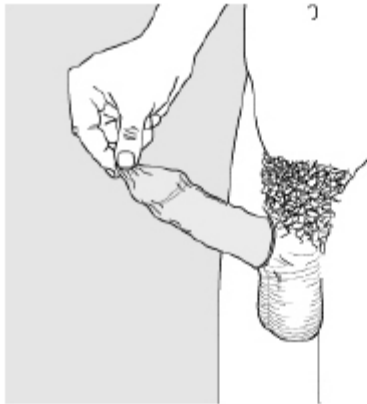
1. Carefully open the package so the condom does not tear. Do not use teeth or a sharp object to open the package. Do not unroll the condom before putting it on.



2. If you are not circumcised, pull back the foreskin. Put the condom on the end of the hard penis. **Note:** If the condom is initially placed on the penis backwards, do not turn it around. Throw it away and start with a new one.

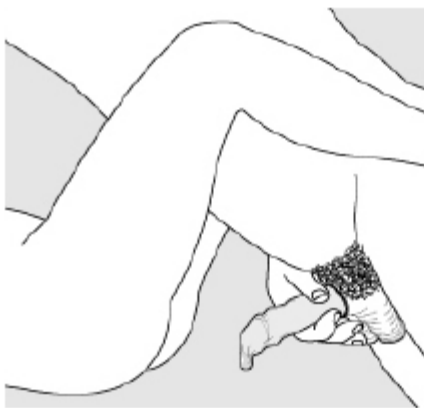


3. Pinching the tip of the condom to squeeze out air, roll on the condom until it reaches the base of the penis.



4. Check to make sure there is space at the tip and that the condom is not broken. With the condom on, insert the penis for intercourse.

After Intercourse:



5. After ejaculation, hold onto the condom at the base of the penis. Keeping the condom on, pull the penis out before it gets soft.



6. Slide the condom off without spilling the liquid (semen) inside. Throw away the used condom.

STIs and HIV

Tell Me More

Tell me more about gonorrhea.

What is gonorrhea?

- A curable sexually transmitted infection caused by bacteria.

How is it transmitted?

- Through vaginal, oral or anal sex.

How is it cured?

- Treatment by antibiotics.

Are there symptoms for gonorrhea?

- Many women and some men do not experience symptoms. If symptoms do occur, they manifest as discharge, painful or frequent urination, and pelvic pain in women or swollen testicles in men.

How is gonorrhea diagnosed?

- By swab cultures or urine testing.

Is gonorrhea serious?

- It can cause serious health effects such as: sterility, pelvic inflammatory infection, and arthritis.

How can gonorrhea be prevented?

- Correct and consistent condom use is an effective method to reduce the risk of gonorrhea.

Tell me more about chlamydia.

What is chlamydia?

- A curable sexually transmitted infection caused by bacteria.

How is it transmitted?

- Through vaginal and anal sex; rarely through the birth canal to fetus, oral sex or hand to eye.

How is it cured?

- Treatment by antibiotics.

Are there symptoms for chlamydia?

- More than half of both men and women do not experience symptoms. If symptoms do occur, they manifest as discharge, painful or frequent urination, lower abdominal pain and pain during sex in women, or swollen testicles in men.

How is chlamydia diagnosed?

- By examination of swab cultures or urine testing.

Is chlamydia serious?

- It can cause serious health effects such as: infections leading to sterility in both men and women, reactive arthritis.

How can chlamydia be prevented?

- Correct and consistent condom use is an effective method to reduce the risk of chlamydia.

Tell Me More: Sexually transmitted infections, including HIV-2

Tell me more about syphilis.

What is syphilis?

- A curable sexually transmitted infection caused by bacteria.

How is it transmitted?

- By mucous membranes or abraded skin coming into contact with syphilitic sores – may be during vaginal, anal, oral sex, kissing, and to the fetus during pregnancy. Does NOT require penetration to transmit!

How is it cured?

- By antibiotics, except late symptoms cannot be reversed.

Are there symptoms for syphilis?

- Symptoms may be subtle and there can be a long asymptomatic period. Initial symptoms include sores (chancres), rashes on palms and soles of feet, fatigue, swollen glands, weight loss, etc.

How is syphilis diagnosed?

- By blood test, fluid from sores, or spinal fluid.

Is syphilis serious?

- It can cause serious health effects such as: damage to the heart, brain, central nervous system, and other organs.

How can syphilis be prevented?

- Correct and consistent condom use can be an effective method to reduce the risk of syphilis, if the condom covers the sores.

What other negative health effects result from syphilis?

- May cause stillbirth or very serious birth defects in fetuses.

Tell me more about herpes.

What is herpes?

- An incurable sexually transmitted infection caused by a virus.

How is the herpes virus transmitted?

- By mucous membranes or abraded skin coming into contact with herpes sores / infected skin – may be during vaginal, anal, oral sex, kissing, and other non-penetrative sexual intimacy.

Is it treatable?

- Treatment of symptoms is possible, but there is no cure.

Are there symptoms for herpes?

- Symptoms vary, but may range from recurring and often painful sores and ulcerations to remaining symptom-free.

How is herpes diagnosed?

- By laboratory culturing of fluid samples or by blood tests for herpes antibodies.

Is herpes serious?

- It can cause serious health effects in newborns if virus is active during childbirth including developmental disabilities and death.

How can herpes be prevented?

- Correct and consistent condom use can be an effective method to reduce the risk of herpes, if the condom covers the sores / area of infection. It is important to refrain from sexual activity from the onset of symptoms until one week after the sores have healed. In addition, care must be given to avoid touching sores and to properly washing hands before touching face. New evidence suggests that transmission risk to an uninfected partner is reduced if the infected partner takes daily suppressive medication.

- Tell Me More: Sexually transmitted infections, including HIV-3

Tell me more about the human papilloma virus (HPV or genital warts).

What is the human papilloma virus?

- An incurable sexually transmitted infection caused by a virus.

How is HPV transmitted?

- By mucous membranes or abraded skin coming into contact with genital warts / asymptomatic infected skin – may be during vaginal, anal, and oral sex. There is limited transmission from a mother to her fetus during childbirth.

Is it treatable?

- Treatment of symptoms is possible by acid, laser, topical medications, or cryotherapy, but there is no cure.

Are there symptoms for HPV?

- Many individuals are completely asymptomatic, while others find wart-like growths in the area of infection.

How is HPV diagnosed?

- By visual inspection of symptoms or microscopic evaluation of tissue. A pap smear may detect irregular cellular growth in the cervix which may indicate infection by a strain of HPV.

Is HPV serious?

- There are over 100 strains of the virus, and most are not a health risk. There are certain strains of the virus, however, that cause irregular cellular growth on the cervix, penis or vulva that may become cancerous.

How can HPV be prevented?

- Correct and consistent condom use can be an effective method to reduce the risk of HPV, if the condom covers the warts / site of infection. Because so many individuals do not experience symptoms and are unaware that they are infected or where the site of infection is, condom use may not prevent the transmission of this sexually transmitted infection. There is now a series of 3 vaccines that protect against the cancer causing forms of HPV. These are available from the state of NC for males and females under the age of 21.

Tell me more about HIV.

What is HIV?

- An incurable sexually transmitted infection caused by a virus that is the precursor to AIDS.

How is HIV transmitted?

- By vaginal fluid, semen, blood and breast milk.

STIs and HIV

Self-Assessment/Post-Test

1. Name the three most common sexually transmitted infections caused by bacteria.
2. Name the four most common sexually transmitted infections caused by viruses.
3. What are the three body fluids that do not transmit HIV? [
4. What are the only sure ways to prevent sexually transmitted infections and HIV infection?
5. What else can an individual do to prevent becoming infected besides abstinence and mutual monogamy?
6. Can mosquitos transmit HIV?
7. Are spermicides considered effective at preventing HIV or other sexually transmitted infections?
8. Why is it dangerous for a person with HIV to intermittently stop their medications when they migrate from camp to camp?
9. What can outreach workers do to help HIV infected migrating farmworkers to stay on their medications?
10. What are important points to teach when instructing farmworkers on correct condom use?
11. Which sexually transmitted diseases can be present without symptoms?
12. Culture swabs of affected tissues are commonly obtained to diagnose which sexually transmitted infections?

STIs and HIV

Self-Assessment/Post-Test Answers

1. **Name the three most common sexually transmitted infections caused by bacteria.**
[gonorrhea, chlamydia, syphilis]
2. **Name the four most common sexually transmitted infections caused by viruses.**
[HPV, HIV, herpes, hepatitis]
3. **What are the three body fluids that do not transmit HIV?**
[saliva, sweat and tears]
4. **What are the only sure ways to prevent sexually transmitted infections and HIV infection?**
[abstinence, mutual monogamy with uninfected partner]
5. **What else can an individual do to prevent becoming infected besides abstinence and mutual monogamy?**
[correct and consistent use of condoms, do not share needles, avoid contact with sexual fluids and blood, avoid contact with genital sores]
6. **Can mosquitos transmit HIV?**
[no]
7. **Are spermicides considered effective at preventing HIV or other sexually transmitted infections?**
[No, they can actually increase risk because they cause irritation to the mucous membrane skins]
8. **Why is it dangerous for a person with HIV to intermittently stop their medications when they migrate from camp to camp?**
[it is the best way to cause their infection to become resistant to medications]
9. **What can outreach workers do to help HIV infected migrating farmworkers to stay on their medications?**
[enroll in MCN's HealthNet case management service]
10. **What are important points to teach when instructing farmworkers on correct condom use?**
[store in cool place, use latex condoms, check expiration date, open carefully, place on erect penis, squeeze air out of tip, only use once, hold on penis at base when withdrawing from vagina]
11. **Which sexually transmitted diseases can be present without symptoms?**
[all of them]
12. **Culture swabs of affected tissues are commonly obtained to diagnose which sexually transmitted infections?** [herpes, gonorrhea, chlamydia]

STIs and HIV

Teaching Objectives

The outreach worker and farmworkers will discuss:

- 1. What is a sexually transmitted infection?**
 - a. parts of the body that could transmit an infection or become infected
 - b. bacterial and viral infections, insects, parasites
 - c. some are curable and others are not
 - d. common symptoms and the commonality of having no symptoms at all

- 2. How are HIV and other STIs passed (transmitted) from one person to another?**
 - a. skin-to-skin transmission
 - b. bodily fluids
 - c. to the fetus
 - d. social activities/contact do not put a person at risk

- 3. How can infection with an STI (including HIV) be prevented?**
 - a. abstinence
 - b. mutual monogamy
 - c. latex or polyurethane condoms
 - d. the limitations of condoms for skin-to-skin transmission

- 4. Testing for STIs including HIV.**
 - a. blood tests
 - b. urine tests
 - c. visual exams
 - d. microscopic tests
 - e. pap smears and regular blood work-ups do not check for STIs

STIs and HIV

Motivating/Learning Activity

The motivating / learning activity is an opportunity to support knowledge acquisition and comprehension among participants on a given health topic. These activities should be interactive and should begin to engage farmworkers in critical thought about the application of health information.

This is an opportunity to engage the group and to assess the comfort level and knowledge on the subject. You may find that the workers are very familiar with the topic and only require a review. Or, you may find that this is a completely new topic or that there are misconceptions or mistaken ideas among the group. For this reason, it is a good idea to briefly note comments by the workers for further discussion. Consider asking the group: “What do you already know about _____? What do you hope to learn about _____?”

A few suggested activities are:

- Cabbage game with questions related to sexually transmitted infections, prevention, treatment, risk factors, etc.
- Grab-bag full of items that are related to the prevention and treatment of sexually transmitted infections; items that represent myths surrounding STIs
- Watch video, invite questions from the participants
- Read fotonovella, invite questions and discussion
- Use jeopardy game to review specifics about various sexually transmitted infections (especially if the group seems familiar with the topic)
- Use experiential method to illustrate the transmission of a sexually transmitted infection (XAP game)
- Condom demonstration with discussion of prevention, which STIs are condom preventable and which are not

STIs and HIV

Empowerment Activity

The goal of an empowerment activity is to develop skills, learn a new task, consider action to change one's situation, and / or begin exploring how to help oneself.

This is an important opportunity to identify what the farmworker can do to prevent sexually transmitted infections.

Do you have access to condoms?

Do you know how to use a condom properly?

Are you willing to talk to sexual partners about their sexual history and testing history?

Are you willing to practice abstinence, mutual monogamy and/or use a condom with every partner?

Do you know where to be tested regularly if sexually active and not consistently using protection?

Discuss curable vs. incurable infections –

Discuss the unreliability of symptoms to inform of infection

Reality check –

- XAP game to illustrate transmission
- spiderweb game to illustrate the “degrees of separation” from someone who is infected

STIs and HIV

Sample Class Plan

Subject: **Sexually Transmitted Infections, including HIV**

Date:

Time:

Topic: **What is a sexually transmitted infection?**

(teaching objective 1 from STI module)

Key points, information, skills or activities

As a result of this health education session, participants will:

1. Describe parts of the body that could transmit an infection or become infected.
2. Distinguish between bacterial and viral infections, insects, parasites.
3. Recognize that some sexually transmitted infections are curable and others are not.
4. List common symptoms and explain the commonality of having no symptoms at all.

Teaching methods

Brainstorming

Using visual aids

Cabbage game

Discussion

Spiderweb story

Materials and preparation needed

Chart or board to record participants' ideas

Cabbage game prepared with relevant questions

Chart of the human body

Props for comparison of skin

Supporting media

Language and reading-level appropriate brochures or flyers to distribute

NCFHP approved content in case of questions

Sample Class Plan: HIV and STIs – 2

To begin, invite participants to reflect on their knowledge about the topic. What do they already know? What would they like to learn?

1. Describe parts of the body that could transmit an infection or become infected.

- The parts of the body most likely infected are those with mucous membrane skin, including the penis, vagina, anus, and mouth, though other parts of the body where skin is broken may be infected through skin-to-skin contact.

Learning activities

- Brainstorm with the group a working definition of a sexually transmitted infection.
- Use a chart/drawing of the human body to look at and describe parts of the body that can play a role in sexual activity.
- Compare permeability of skin – plastic wrap to represent healthy, intact skin vs. cheesecloth or other thin cloth to represent mucous membrane skin

2. Distinguish between bacterial and viral infections, insects, parasites.

- The cause of a sexually transmitted infection is related to the method of transmission as well as whether the infection is curable or treatable.

Learning activities

- Create a chart with the column headings above (virus, bacteria, insect, parasite) and have workers call out various sexually transmitted infections they know. Have a recorder place them in the appropriate column. Make sure that any forgotten infections are added to the appropriate column.

3. Recognize that some sexually transmitted infections are curable and others are not.

- Although many sexually transmitted infections are curable, there are some that must be lived with for the rest of one's life, and some that may have negative health effects that are irreversible if left too long without treatment.

Learning activities

- Using the chart from #2, circle the infections that are curable.

4. List common symptoms and explain the commonality of having no symptoms at all.

- Although there may be symptoms of sexually transmitted infections, a significant number of individuals may show no signs or symptoms but still be able to infect their partners.
- Symptoms are not reliable as an indication of the need to be tested for sexually transmitted infections.
- For some STIs, postponing testing and treatment may put the individual at risk for serious side-effects and complications that are irreversible.
- You cannot tell by looking at someone if they have a sexually transmitted infection.

Learning activities

- have participants "shout – out" symptoms of sexually transmitted infections, write these on the board.
- “degrees of separation” -- illustrate a spiderweb of sexual interaction on the board

Suggested review activities (choose one or two)

- play the cabbage game with a variety of questions to assess learning
- ask if there were any points that were unclear/invite questions from the group
- i-distribute written/pictorial materials to reinforce the information learned

STIs and HIV

Support for Learning Activities

Cabbage Game or Jeopardy questions:

- Name two of the three most common sexually transmitted infections caused by bacteria.
- Name three of the four most common sexually transmitted infections caused by a virus.
- What are the four body fluids that can transmit HIV?
- Casual contact can put someone at risk of HIV. True or false?
- What are the only sure ways to prevent sexually transmitted infections and HIV infection?
- What else can an individual do to reduce the risk of becoming infected with sexually transmitted infections besides abstinence and mutual monogamy?
- Sexually transmitted infections are all curable. True or false?
- Are spermicides effective at preventing HIV or other sexually transmitted infections?
- When you go to the doctor, they automatically test you for sexually transmitted infections and HIV. True or false?
- Sexually transmitted infections always have symptoms. True or false?
- Some sexually transmitted infections can be passed without even having penetrative sex. True or false?

List of suggested materials for grab bag / bag of myths:

- Cup or bottle of soda
- Condom
- Towel
- Razor
- Toothbrush
- Dirty looking t-shirt
- Picture of mosquito
- Picture of two people hugging
- Picture of someone coughing or sneezing
- Syringe
- Picture of pregnant woman
- Dental dam
- spermicide

STIs and HIV

Recommended Resources for Outreach Workers

Article **Educate yourself about HIV and AIDS**

Farmworker News Vol 10 Issue 2

2004

1 pg Spanish/English

outreach workers and farmworkers

This dialogue-based article discusses HIV within the context of risk and stereotypes. There is a good general explanation of HIV and its course to becoming AIDS. Transmission routes are explained, along with a brief discussion of the importance of testing. Detail is provided for intravenous transmission and there is some discussion of the level of risk of tattoos, donating blood and transfusions.

Available at: www.ncfh.org

Article **Sexually Transmitted Diseases**

Farmworker News Vol 8 Issue 1

Spring 2002

1 pg Spanish/English

outreach workers and farmworkers

This one page brief provides an overview of sexually transmitted infections, parts of the body that can spread or catch the infection, the problem with looking for symptoms, general treatment information, and a thorough listing of steps to protect oneself from becoming infected. There is a very brief mention of the importance of medication compliance, and the need to abstain until the treatment is completed and until sexual partners have tested and been treated if infected.

Available at: www.ncfh.org

Article **Sex and the risk of HIV**

Farmworker News Vol 8 Issue 1

Spring 2002

1 pg English/Spanish

outreach workers and farmworkers

This one page question-answer format brief offers an explanation of the HIV virus and its possible routes of transmission. There is some discussion of why women are considered to be at greater risk of contracting the virus, and a listing of the ways to protect oneself from HIV.

Available at: www.ncfh.org

Recommended Resources for Outreach Workers: STIs and HIV-2

Article **Pregnancy and Sexually Transmitted Diseases**

Farmworker News Vol 8 Issue 1

Spring 2002

1 pg English/Spanish

outreach workers and farmworkers

This question-answer format brief goes into a good general discussion of the vulnerability of women who are pregnant with regards to sexually transmitted infections. Discussion is offered about effects of a STI on the woman, how the baby may become infected, effects on the fetus or newborn, whether a pregnant woman should be tested for STIs, and treatment and prevention. Though the information is general, it is thorough and suggests that the woman may herself take action to prevent her own and her baby's infection.

Available at: www.ncfh.org

Fotonovela **Marco aprende como protegerse**

Novela Health Education

16 pages, Spanish

outreach workers, farmworkers

The color fotonovela offers a concise story about Marco, a farmworker, who learns about sexually transmitted infections after a painful bout of gonorrhea. During a clinic visit, Marco learns about other sexually transmitted infections, their transmission and how to use a condom. The story doesn't end there, however, and Marco later demonstrates his new knowledge in a safe sexual encounter. There is also a discussion of where to purchase condoms, which ones to buy, and that there is no need to be embarrassed about the purchase.

Order form available through: http://www.kdna.org/novela_health_education.htm

Fotonovela **Mas Vale Prevenir**

Panamerican Health Organization (PAHO)

32 pages, Spanish

outreach workers, farmworkers

The black and white fotonovela offers information about the transmission routes of HIV, but is quite lengthy and the layout is dense with text. Unable to find contact information for purchasing.

Fotonovela **Sin Sintomas!**

Novela Health Education

8 pages; Spanish

Outreach workers, farmworkers

The fotonovela offers the brief story of Jose, a worker who contracts chlamydia in the United States. Through the story, the reader learns about the infection, its potentially serious consequences if treatment is not sought, and prevention strategies against this and other sexually transmitted infections.

Order form available through: http://www.kdna.org/novela_health_education.htm

Recommended Resources for Outreach Workers: STIs and HIV-3

Fotonovela **Tres Hombres Sin Fronteras**

Novela Health Education

20 pages; Spanish

Outreach workers, farmworkers

The fotonovela offers the story of three farmworkers, one of whom is bisexual, one who is monogamous, and the third farmworker who is “willing to try anything once”. The scenes engage issues surrounding prostitution, drugs, condom use, HIV prevention strategies, and perinatal transmission.

Order form available through: http://www.kdna.org/novela_health_education.htm

Fotonovela **Es Mejor Prevenir Que Lamentar**

Rural Women’s Health Project

Tabloid format; Spanish

Outreach workers, farmworkers

The fotonovela educates the reader on sexually transmitted infections and the negative effects they may have during pregnancy and on overall reproductive health.

Order form available through: http://www.kdna.org/novela_health_education.htm

Fotonovela **La Ignorancia Mata!**

Rural Women’s Health Project

Tabloid format; Spanish

Outreach workers, farmworkers

The fotonovela tells the story of Luis, who while learning about HIV discovers that an old lover is living with AIDS. Luis’s decision to be tested for HIV before continuing with his current relationship models a healthy choice under difficult circumstances.

Order form available through: http://www.kdna.org/novela_health_education.htm

Fotonovela **El Amor No Basta!**

Rural Women’s Health Project

Tabloid format; Spanish

Outreach workers, farmworkers

The fotonovela tells the story of Rosa, who has a new job at a clinic teaching about HIV but is also awaiting her own test results.

Order form available through: http://www.kdna.org/novela_health_education.htm

Various brochures are available in English and Spanish through the Center for Disease Control National Prevention Information Network (CDC NPIN).

Material descriptions and order form available online at:

<http://www.cdcnpin.org/scripts/pubs/matlpubsearch.asp>