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## MINNESOTA AIDS PROJECT

# AIDSLINE BRIEF

MAP's monthly newsletter providing you with information to strengthen your awareness in the fight against HIV.

**BY THE NUMBERS** STDs are reported at a rate of about **30 per day** in Minnesota, but most cases go unreported because infected individuals may not show symptoms. **One in four** sexually active Minnesota teens reports an STD. The chlamydia rate for 15 to 24 year olds in Minnesota is **four times** the rate among 25 to 44 year olds. The Minnesota gonorrhea rate among African Americans is **75 times** higher than the rate among whites. Studies in metropolitan areas similar to the Twin Cities are show increased gonorrhea rates among gay and bisexual men of **130%**. Individuals who are infected with STDs are at least **two to five times more likely** than uninfected individuals to acquire HIV if exposed to the virus through sexual contact.

**FIGHTING STDS = FIGHTING HIV**



#### MISSION

To reduce the impact of HIV and AIDS in Minnesota.

The Minnesota AIDS Project is a statewide, non-profit agency, serving Minnesota since 1983. MAP accomplishes its mission through services, prevention, education and advocacy.

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**MINNESOTA AIDS PROJECT**

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www.mnaidsproject.org

*find out how to find out.*

MAP AIDSLine Brief is distributed as a free community service. To subscribe, call the MAP AIDSLine.

#### Readers Notes:

Minnesota statistics reported on the cover in "By the Numbers" are based on data collected by the Minnesota Department of Health and the Minnesota Department of Children, Families and Learning. National information was presented at the CDC-sponsored National HIV Prevention Conference. Information about STDs and HIV infectiousness was provided by the CDC.



## Getting Ahead through STD Prevention

A Message from MAP Executive Director, Lorraine Teel

It's hard to get young people to see HIV as an immediate threat, but when you talk about STDs, they listen. Teachers, health educators and health service providers working with young people, be they straight or gay, consistently say the same thing: HIV prevention messages are best received when delivered in the context of preventing all STDs.

The same is true in Greater Minnesota communities that have not been so obviously hit by the HIV epidemic. It is also what health advocates serving African American communities have come to know. They tell us addressing HIV outside the context of other health issues that disproportionately affect Black Minnesotans simply will not get the job done.

Since 1997, MAP has worked to improve STD prevention in Minnesota. The requirement to offer HIV education in schools was expanded to include all STDs. Funding was secured for community planning. State law now clearly spells-out the Department of Health's responsibilities when it comes to STDs. MAP also fought back efforts to impose one-size-fits-all, "abstinence only until marriage" restrictions on schools and public health curricula.

Yet, there is much to be done. We feel we are only mid-way through a six-year job. When the Minnesota Legislature convenes on February 1, 2000, MAP will pick-up the conversation where it left off last year, and seek funding to expand STD prevention.

Part of what it will take to get ahead of HIV is addressing some of the problems that contribute to the epidemic. Preventing STDs is an important public health goal, in and of itself, but it will also help us stop HIV.

# MAP CALLS UPON GOVERNOR AND LAWMAKERS TO INVEST SURPLUS IN STD PREVENTION

The Minnesota AIDS Project is calling upon the Governor and the Minnesota Legislature to invest \$2.6 million of the projected \$1.6 billion surplus into STD prevention.

"One-half-of-one-half-of-one-half-of-one percent of the projected budget surplus is not too much to ask to help stop STDs and get ahead of the HIV epidemic," says Bob Tracy, MAP's Director of Community Affairs and Education.

One in four sexually active teens in Minnesota reports a STD before graduating from high school. State and national studies show risk for STDs to be greatest among African Americans, women, gay and bisexual men, and young people. During the past year, 40% of the newly-reported cases of HIV/AIDS in the state were among those in their teens and twenties.

Recent studies have shown that HIV is more efficiently transmitted when a person has a STD, and efforts to prevent or treat STDs also help reduce HIV infections.

## "One-half-of-one-half-of-one-half-of-one percent to help stop STDs."

"To reach young people we need to start with comprehensive sexual health and talk about STD risk reduction," says Tracy. "Getting that job done means spending money to get our State's public and community health resources organized and geared up."

MAP is proposing new expenditures of \$2.6 million annually for expanded STD testing, increased targeted prevention, and improved research to help track STDs.

MAP began advocating for increased STD prevention funding when it introduced the 1997 HIV Awareness and Prevention Act. In 1998, the efforts paid off with funding to initiate a statewide planning process and targeted prevalence studies. During the 1999 legislative session, a MAP proposal for increased STD prevention was approved by the Minnesota Senate, but rejected by the House and omitted from Governor Ventura's budget. Although no new funding was secured, important policy language was adopted to provide the framework for future funding requests.

"The Minnesota AIDS Project is way ahead of the curve in its appeal for increased STD resources as part of a comprehensive strategy to fight HIV," said Judy Wasserheit, Director of the Division of STD Prevention for the CDC's National Center for HIV, STD and TB prevention. Citing MAP's work as a national model, Wasserheit invited Tracy to tell Minnesota's story at the CDC's National HIV Prevention Conference in August, 1999.

"Considering the sizes of these reoccurring budget surpluses, it is clear that Minnesotans have the capacity to make the small investment needed to protect the health of our young people and reduce the cost of STDs," says Tracy.



## What Minnesota can do with \$2.6 million for STD Prevention

Invest \$100,000 annually in STD community planning. Invest \$500,000 annually to ensure access to free STD screening. Invest \$500,000 annually to increase statewide awareness about HIV and STDs. Invest \$1,200,000 annually for targeted prevention in high risk communities. Invest \$300,000 annually to improve research into STD prevalence.

For more information about MAP's efforts to secure legislative support for STD prevention and other policy initiatives planned for 2000, contact MAP community affairs at 612-341-2060, 800-243-7321 or [www.mn aidsproject.org](http://www.mn aidsproject.org).

# PREVENTING STDS,

## PART OF THE FIGHT AGAINST HIV

*Little doubt remains that testing and treatment of sexually transmitted diseases (STDs) is an effective tool in preventing the spread of HIV, the virus that causes AIDS. Consequently, HIV programs and STD testing and treatment programs should develop strong linkages.*

There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV. Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV if exposed to the virus through sexual contact. In addition, if an HIV-infected individual also is infected with another STD, that person is substantially more likely than other HIV-infected persons to transmit HIV through sexual contact.

Studies indicate that detecting and treating STDs can substantially reduce HIV infection. An important study in Tanzania found a 40% decrease in new heterosexual transmissions of HIV as a result of STD treatment. This decrease was achieved as a result of providing regular access to treatment for people who had STDs.

Another study in Uganda supported the first by showing that it wasn't enough just to offer STD treatment on an intermittent basis – only once a year. The Uganda study did not produce the same drop in HIV infections because they did not provide regular access to STD treatments.

Results from these studies and others have led a national Advisory Committee on HIV and STD Prevention convened by the CDC (Centers for Disease Control and Prevention) to recommend that: (1) early detection and treatment of STDs become a component of national, state and local HIV prevention programs; (2) STD treatment programs be expanded; and (3) community-based HIV and STD prevention programs find ways to join their efforts.

The panel also noted that early detection and treatment of STDs should be only one part of a comprehensive HIV prevention effort.

*Printed in consultation with the Centers for Disease Control and Prevention, Division of STD Prevention.*

### HOW STDS MAKE HIV TRANSMISSION MORE "EFFICIENT"

#### 1. Open Sores.

STDs, such as syphilis or herpes, cause sores that serve as openings for HIV.

#### 2. Magnets for HIV.

STDs, such as chlamydia or gonorrhea, increase concentrations in genital secretions of the kinds of cells that are "magnets" for HIV.

#### 3. More HIV.

A person with HIV who also has a STD is likely to have higher concentrations of HIV in their genital secretions.

## Acting Today; Looking to the Future

In January 2000, Minnesota state lawmakers will be getting some answers to the question: "What more can the Minnesota Department of Health (MDH) do to help stop STDs?" MDH will issue a plan for developing a statewide system for preventing and treating STDs. Work on the plan started in 1998 when MAP convinced the Legislature to appropriate money to get the STD planning ball rolling.

"We simply have not had the resources in recent years to adequately address STDs," said Jill DeBoer, director of MDH's HIV/STD Division and leader of a team of health department staff and community members who have been working on the plan. "We now know where we want to go and have a road map for getting there."

The plan advances three visions: (1) development of a statewide foundation of STD related infrastructure; (2) development and maintenance of enhanced information systems; and, (3) reduction of population disparities in STD prevalence and incidence.

Specific plans include helping local public health departments and community based organizations find resources to support STD education, prevention, screening and treatment activities. There are also plans to increase education available to health care providers to improve clinic-based education, screening and treatment.

"We really do not have all the information we need to target limited prevention dollars," said MAP lobbyist Mary Jo George.

To address this concern, the plan proposes a comprehensive review of procedures for collecting information about STDs, including expanded research to better understand risks and presence of infections in more vulnerable.

"We know some populations, particularly young people and African Americans, have unusually high rates of STDs, and there are wide gaps between what's needed and what's available to prevent and treat infections," said DeBoer. "We hope to make a special effort to address the disproportionate impact in these communities."

After the plan is presented to the Legislature, MDH will get to work implementing some of the many proposals. It is projected some aspects of the plan can be addressed in the short term with resources already at hand. However, it may take up to four years to address other aspects of the plan.

"If the Legislature and Governor approve MAP's request to use some of this year's budget surplus to fight STDs, then we won't have to put off important things like targeted prevention for youth and African Americans, or expanded screening for three to four more years," said George.

MDH's planning efforts have been supported by a group of professionals and advocates who have comprised a special committee of the Commissioners HIV/STD Prevention Task Force.

For more information about how to get involved or to get a copy of the report, contact the Commissioners HIV/STD Prevention Task Force at 612-676-5662.



# STD Screening and Testing

## AS PART OF HIV CARE

*STD's are among the most common types of communicable infections diagnosed each year. In the United States, the most frequently seen STD's include chlamydia, gonorrhea or GC, syphilis, trichomonas, HPV often seen as genital warts, HSV-2 or genital herpes, molluscum contagiosum, Hepatitis A and Hepatitis B, and parasites such as pubic lice and scabies.*

*How do STD's play a role in HIV self-care? MAP interviewed Leslie Baken and Hal Martin, infectious disease physicians at Park Nicollet Clinic to learn more about the role of STD's in HIV care.*

### **Q: Should people living with HIV get tested for other STDs?**

**A:** Screening for STD's is an important part of HIV care in both new and longtime patients for many reasons. STD's often travel together, so if someone has become infected with HIV through sexual contact, he or she may also have become infected with another STD. Because diagnosing and treating other infections is an important part of managing care in HIV, it is important to screen for other possible STD's and begin follow-up care if any are found. Secondly, it is easier to transmit HIV to a partner if an HIV+ person with a STD has unsafe sex because there are higher concentrations of HIV in semen and vaginal fluids of individuals infected with other STD's.

### **Q: Can STDs be cured or treated?**

**A:** Yes, most can, and curing or treating a STD's will improve management of HIV. STD-related illnesses can affect HIV disease progression. Some STD's such as Chlamydia, and Gonorrhea can be treated with antibiotics and cleared, others such as HPV and HSV are chronic, however; treatments are available to minimize outbreaks, and early treatment is important for someone with HIV to keep them under control.

### **Q: What are some things to ask about STDs when seeing an HIV doctor?**

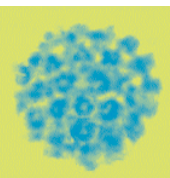
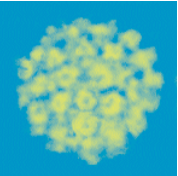
**A:** Two diseases which many people do not realize can be sexually transmitted, are Hepatitis A and Hepatitis B. Once transmitted, these viruses cause disease in the liver. At Park Nicollet's HIV Clinic, all new patients are tested for antibodies to both diseases. If antibodies are not present, meaning they have never infected the person, vaccines can be given to prevent them. Hepatitis A and B are currently the only STD's which can be prevented through vaccination. Everyone is also given a blood test for syphilis. This is done because people can be infected with syphilis months or years without having or noticing symptoms. This means that the only way to know if someone has syphilis is to test for it. If tests indicate someone has syphilis, the doctors can begin follow-up care

### **Q: Are there ways to tell that you have an STD?**

**A:** Men who have STD's usually have visible signs and symptoms. The symptoms usually trigger a decision to test. Women frequently have no symptoms of STD's. For this reason, all women have Pap smear and pelvic exams when beginning HIV care.\* During pelvic exams women are tested for Chlamydia, Trichomonas and Gonorrhea. Pap smears screen for abnormal changes in cells in the cervix that can be linked to infection by certain strains of HPV. (Although generally not thought to be those strains causing genital warts). If found to be normal, the Pap smear is repeated annually so that any changes can be detected and treated early. If changes are found, close follow-up is needed.

### **Q: How can we best prevent HIV infections that are helped along by STDs?**

**A:** Two-thirds of all STD's are diagnosed among people under age 25. Because STD's are associated with unprotected sex, young people are also putting themselves at much higher risk for HIV infection. This is because many STDs cause sores or other breaks in the skin, allowing HIV transmission. STD infection also creates an increase in the number and types of cells that can be infected by HIV. Both physicians emphasized the need to educate young people and about STD's, their role in HIV infection and steps to take to prevent them in order to reduce the risk of HIV.



## Treatment for STDs Helps Women Avoid Serious Complications

What could be so bad about a STD that is a simple bacterial infection and easily cured with a short course of antibiotics? In the world of HIV, a STD that can be cured with an antibiotic may seem like no big deal, yet left untreated, even a simple STD like chlamydia can cause major health problems, especially for women. There are also serious health complications in infants born to mothers with STDs.

In addition to increasing chances of HIV infection, STD's such as chlamydia and gonorrhea may lead to Pelvic Inflammatory Disease (PID). If left untreated PID causes chronic pelvic pain and infertility in women and also increases the chances for ectopic (tubal) pregnancy, which can be fatal. In fact, the CDC cites ectopic pregnancy as the leading cause of pregnancy-related deaths for African-American women. CDC also estimates that up to 30% of infertility in women stems from untreated STDs and could be prevented. For people living with HIV, STDs may further weaken the immune system and symptoms may be more severe and difficult to treat.

**"Left untreated,  
even a simple STD like chlamydia  
can cause major health problems, especially for women."**

Yet, some common STDs such as chlamydia and gonorrhea can be especially difficult to diagnose. For chlamydia, up to 75% of infected women and 50% of men have no symptoms or symptoms so mild as to not cause concern. Similarly, most women and some men have no symptoms of gonorrhea. HPV is an extremely common STD with up to 80 different strains. While only two strains have been linked to cervical cancer, the presence of HPV can only be detected through an abnormal Pap smear or the presence of genital warts. Even herpes can be difficult to diagnose because many people do not recognize the symptoms and do not experience repeat episodes – even though they can still pass the virus on to sexual partners.

### Should gay and bisexual men also have pap smears?

This is one question considered at the first annual national Gay and Bisexual Men's Health Summit last summer. Considering the risk of transmitting an STD through anal sex has not been a routine part of health screening for gay and bisexual men. It is a question MAP AIDSLINE Brief will look more closely in the July issue as we consider the link between HIV and the other health concerns of gay and bisexual men. If you want to talk about these questions now, contact MAP PrideAlive at 612-341-2060, 800-243-7321 or [www.mn aidsproject.org](http://www.mn aidsproject.org)

## When Epidemics Come Together; STDS, HIV AND SUBSTANCE USE

Let's be frank. It's hard to talk about safer sex with someone you're attracted to. How do you get through sexual histories, condoms, and all of that and still keep the romance? Well, it's hard enough when you're sober, and even harder if alcohol or drugs cloud your head.

With so much on the line, the sad truth is how often this conversation never takes place because of alcohol and drug use. Yet, according to the CDC, drug using behaviors and sexual behaviors associated with drug use account for a major portion of all HIV and STD cases reported in the United States.

There are numerous reasons why this necessary conversation doesn't happen. For starters, social, drug and alcohol cultures are hopelessly entwined. Advertising often portrays alcohol consumption as seductive and drug use as chic. Substance use becomes part of sexual play.

We also have to face the consequences of doing a poor job of sexual health education. Honest conversations about sex and sexuality are lacking in our schools, homes and the media. This can lead to greater sexual inhibitions that might be eased through drinking or drugs. Young people are particularly vulnerable to this information gap. Case in point: a recent youth risk behavior survey found that 31% of students reported that they used alcohol or drugs before their most recent sexual experience.

The problem keeps escalating. 30% of Minnesota's 12th grade students report marijuana use. 70% to use alcohol. The number of adolescent admissions to chemical dependency treatment over the past five years has increased 170%. A recent teen survey by the CDC discovered 40% of teen females were found to have a STD during their first visit to a sexual health clinic. In MN, one in four sexually active teens reports an STD, and 40% of the new HIV cases reported last year were among young people in their teens and twenties. In this context, the imperative of connecting HIV and STD prevention efforts with drug and alcohol abuse prevention programs is obvious.

Study after study acknowledges that chemical dependency treatment and community-based outreach and education programs will reduce the drug-use and sexual behaviors that put drug abusers at risk for HIV and STDs. They point to the ongoing need for comprehensive sexuality education in schools and public health, and treatment on demand for substance-dependent Minnesotans.

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# HIV Resource Guide

## Focus on STDs

*Self-assessment and getting tested are the first step to treating and curing a sexually transmitted disease. By contacting these services, you can get information about how to assess your risk. A visit to most of these services can get you low- or no-cost STD testing, and help finding medical care.*

### STD Hotlines:

#### **Minnesota Family Planning and STD Hotline: 800-783-2287**

Free statewide hotline offers confidential information about STDs, birth control, and low-cost clinic referrals in Minnesota. Hours are 9 a.m. – 9 p.m., Monday – Friday.

#### **Centers for Disease Control National STD Hotline: 800-227-8922**

Information is provided on STDs and prevention methods to the general public. Information specialists are trained to convey accurate, basic information and referrals to free or low cost clinics nationwide. The Hotline operates Monday – Friday from 8 a.m. – 11 p.m. (ET). Free education literature is available by phone or through the Hotline's web site (see STD-related Web Sites below).

#### **Health Advice Company Hotline: 888-ADVICE8 (888-238-4238)**

The Health Advice Companies are a network of clinics and medical research facilities that provide state-of-the-art patient care and access to cutting-edge research. Health Communication Specialists are on staff to answer questions about the Advice Company network and refer you to a clinic in your area that specializes in the treatment of STD. Taped educational messages are available and print materials are accessible through the Hotline or via the Advice Company's web site (see STD-related Web Sites).

**The MAP AIDSLine** also provides information and referral services related to STD's.



### STD Screening Sites:

*Unless otherwise noted, all sites listed are by appointment only, have sliding fee scales based on income, and do not require proof of identification unless insurance is being used. All sites also provide HIV testing. However, the hours, fees, or other aspects for HIV testing may differ from STD screening. The MN STD Hotline and MAP AIDSLine can provide information about additional testing sites.*

#### **Annex Teen Medical Clinic**

4915 – 42nd Avenue North,  
Robbinsdale  
612-533-1316

STD screening is available for young people up to age 25. Fees are on a sliding scale based on age.

#### **Duluth Community Health Center**

2 East 5th Street, Duluth  
218-722-1497

STD screening is available Monday, Tuesday, and Thursday from 9 a.m. – 4:30 p.m. and Friday from 9 a.m. – 1 p.m.

#### **Cedar Riverside People's Center**

2000 South 5th Street, Mpls  
612-332-4973

Free STD screening for residents of Minneapolis. For others, fees are based on a sliding scale.

#### **Face to Face Health and Counseling**

1165 Arcade Street, St. Paul  
651-772-5555

Confidential STD screening is available for youth ages 11 to 23.

#### **Family Tree Clinic**

1619 Dayton Avenue, St. Paul  
651-645-0478

Confidential STD screening is offered including a urine screen for chlamydia and gonorrhea.

#### **Fremont Community Health Center**

3300 Fremont Avenue, Mpls  
612-588-9411

STD screening is available, and a support group for teenagers who have a STD meets weekly.

#### **Indian Health Board of Minneapolis**

1315 – 24th Street East, Mpls  
612-721-9879

612-721-9898 for appointments

Confidential STD screening is offered. Teen clinic every Thursday evening at no cost.

#### **Model Cities Health Center**

430 Dale Street North, St. Paul  
651-290-9200

STD screening is offered by appointment or on walk-in basis.

# HIV Resource Guide continued

## Focus on STDs

### STD Screening Sites continued:

#### **Nucleus Clinic**

1323 Coon Rapids Boulevard, Coon Rapids  
612-755-5300

Confidential STD screening is provided on a walk-in basis from 5:30 p.m.- 9 p.m. Monday - Thursday. Clients must arrive by 5:30 p.m. Some daytime appointments are available.

#### **One-to-One Clinic**

1008 Front Street South, Mankato  
507-388-9950

Confidential STD screening is offered from 6 p.m. – 9 p.m. on Monday and Thursday. Walk-ins are accepted, but appointments are preferred. Donations are requested but not required.

#### **Planned Parenthood – Statewide**

(800) 230-PLAN

Call to locate the clinic nearest you. Confidential STD screening is available. Walk-ins are accepted, but appointments are preferred.

#### **Quiet Care Center**

705 Courthouse Square, #307,  
St. Cloud  
320-656-6155  
800-450-5893

Confidential STD screening is offered on Mondays from 2 p.m. – 7 p.m. and on Thursdays from 10 a.m. – 3 p.m. Walk-ins are accepted, but appointments are preferred. Low cost Hepatitis B vaccines will be offered starting January 1, 2000.

#### **Red Door Clinic**

525 Portland Avenue South, Mpls  
612-348-6363  
612-348-5609 (appointments)  
612-348-4729 (TTY)

STD screening is available on a walk-in basis on Mondays from 11 a.m. – 7 p.m. and Tuesday through Friday from 8 a.m. – 4 p.m. A teen clinic for youth 12 to 20 is offered every Thursday.

#### **Room 111**

555 Cedar Street, St. Paul  
651-292-7752

Confidential STD screening is provided on a walk-in basis. Hours are 8:30 a.m. – 11:30 a.m. and 1 p.m. – 4 p.m. Monday - Wednesday; 8:00 a.m. – 12:30 p.m. and 4 p.m. – 7 p.m. on Thursdays; and 8:30 a.m. – 12:30 p.m. on Fridays.

#### **Southside Community Clinic**

4730 Chicago Avenue, Mpls  
612-822-3186

STD screening is offered. Costs outside of the clinic such as certain lab work is not covered by the clinic's sliding scale.

#### **Uptown Community Clinic**

2431 Hennepin Avenue South, Mpls  
612-374-4089

STD screening is available from 9 a.m. – 8:30 p.m., Monday - Thursday, and 9 a.m. – 4:30 p.m. on Friday.

#### **West Side Community Health Services**

153 Concord Street, St. Paul  
651-222-1816

Multi-lingual, confidential STD screening is provided in English, Spanish, and Hmong.

#### **West Suburban Teen Clinic**

478 – 2nd Street, Excelsior  
612-474-3251

Confidential counseling, medication, and education services are provided for STD screening. Services are low cost and for young people ages 12-23.

## checking out the web



### STD-RELATED WEB SITES:

#### **AfraidToAsk.com** ([www.afraidtoask.com](http://www.afraidtoask.com)).

This web site provides accurate and objective information on a variety of health topics including detailed information and photographs of the 15 most common STDs. AfraidToAsk.com is a Medinex certified health site.

#### **Planned Parenthood Federation of America**

([www.plannedparenthood.org](http://www.plannedparenthood.org)).

This web site provides information on contraception, birth control, and family planning. Additionally, the site contains legislative updates, news and newsletter archives, and a connection to Teen Wire, Planned Parenthood's web site providing comprehensive sex education information for teens

#### **Health Advice Company** ([www.advicecenter.com](http://www.advicecenter.com)).

This web site, operated by Health Advice Companies, provides educational materials on STDs, answers to frequently asked sexual health questions, current clinical trials, patient care referrals, resources, and links to other web sites.

#### **Centers for Disease Control and Prevention National Center for HIV, STD and TB Prevention** ([www.cdc.gov/nchstp/dstd/dstdp.html](http://www.cdc.gov/nchstp/dstd/dstdp.html)).

This web site provides STD facts and information, news articles, statistics, treatment guidelines, and research news.

#### **Centers for Disease Control National STD Hotline**

([www.ashastd.org/std/stdhotln.html](http://www.ashastd.org/std/stdhotln.html)).

This web site provides access to publications, resources, links to other STD-related web sites, and information about the Hotline.

#### **The Journal of the American Medical Association Women's Health STD Information Center** ([www.ama-assn.org/special/std](http://www.ama-assn.org/special/std)).

This web site is designed as a resource for physicians and other health professionals. The site provides current STD research and treatment news, educational materials for patients, clinical guidelines and resources, and links to other STD-related web sites.

### RESOURCE SPOTLIGHT

#### **Planned Parenthood**

"We're not just a women's clinic," says Jan Dahl, Director of the Planned Parenthood clinic in Willmar. "Last year we had nearly 140 men visit our clinic for sexual health care."

With five Twin Cities area clinics and sixteen throughout the state, Planned Parenthood is one of the main places men and women can turn to for confidential STD and HIV testing. This is especially true for those living in Greater Minnesota communities who may have confidentiality concerns about services provided through doctor's offices, hospitals or public clinics.

Planned Parenthood clinics offer sliding fees, confidentiality, evening hours and weekend hours. Walk-ins are accepted, but appointments are preferred.

To find out more about STD testing and treatment services and information about the clinic nearest you, call 1-800-230-PLAN (7526).

# COMMON STDS: WHAT TO LOOK FOR AND WHAT TO DO

INFECTION	WHAT TO LOOK FOR	HOW DO YOU GET IT?
<p><b>Chlamydia</b> Caused by a bacteria called <i>Chlamydia trachomatis</i>.</p>	<p>Symptoms begin 7–21 days after exposure; many people have no symptoms. <i>Women</i> experience abnormal vaginal bleeding or discharge; burning or pain during urination; pain in lower abdomen; anal discomfort. <i>Men</i> experience watery or thin white discharge from penis; burning or pain during urination; anal discomfort.</p>	<p>Spread by vaginal, anal and oral sex with someone infected with the germ.</p>
<p><b>Gonorrhea</b> Also referred to as "clap." Caused by a bacteria called <i>Neisseria gonorrhea</i>.</p>	<p>Symptoms 2–7 days after exposure; May be mild or absent. <i>Women</i> experience abnormal vaginal bleeding, discharge or itching; burning or pain during urination or bowel movement; more pain than usual during periods; cramps and pain in lower abdomen; anal discomfort, itching or discharge. <i>Men</i> experience discharge of white or yellow "pus" from penis; burning or pain during urination or bowel movement; anal discomfort, itching or discharge.</p>	<p>Spread during unprotected vaginal, anal and oral sex with someone infected with the germ, and from mother to newborn.</p>
<p><b>Syphilis</b> Also referred to as "the Pox" or "Syph." Caused by a bacteria called <i>Treponema pallidum</i>.</p>	<p>Stage one symptoms 3 to 12 months after exposure; Painless, reddish-brown sore or sores on the mouth, sex organs, breasts or fingers; sores last 1 – 5 weeks; sores go away, but infection remains.</p> <p>Stage two symptoms 1 week to 6 months after sore heals; a rash anywhere on the body; flu-like feelings; rash and flu-like feelings go away, but infection remains.</p>	<p>Spread during unprotected vaginal, anal and oral sex with someone infected with the germ.</p>
<p><b>Vaginitis</b> Most common causes are yeast infection, trichomonas, and bacterial <i>Vaginosis</i>.</p>	<p>Symptoms for women include itching, burning or pain in vagina; more discharge than normal; discharge with foul odor or different look; some women have no symptoms. Men can acquire germs that cause vaginitis; may have discharge or mild discomfort in penis; most have no symptoms.</p>	<p>Spread during unprotected vaginal, anal and oral sex with someone who has the germ.</p>
<p><b>HPV</b> Also referred to as genital warts, caused by the human papilloma virus.</p>	<p>Symptoms 1 – 6 months after exposure; soft fleshy lumps on or near sex organs or anus; itching or burning around sex organs; warts may be hidden in the vagina or anus; warts do not go away without treatment; warts may go away, but infection persists.</p>	<p>Spread during unprotected vaginal, anal and oral sex with someone who has genital warts/HPV; contact with warts; mother to newborn; viral shedding on areas not protected by a condom.</p>

## WHAT HAPPENS WITHOUT TREATMENT?

If left untreated, it can lead to tubal pregnancy; pelvic inflammatory disease; infertility in men and women; spread to sex partner(s). It can be passed to newborns during birth causing serious eye infection or pneumonia, or lead to premature delivery and low birth weight.

If left untreated, it can lead to tubal pregnancy; pelvic inflammatory disease; infertility in men and women; cause infection in joints; spread to sex partner(s). It can be passed to newborns during birth causing serious eye infection or infecting other organs.

If left untreated, it can lead to heart disease, brain damage, blindness and death; can be transmitted to sex partner(s); can be transmitted during child birth.

If left untreated, uncomfortable symptoms will continue; may contribute to pelvic inflammatory disease; can cause infections in prostate gland and urethra; can be transmitted to sex partner(s); can lead to premature delivery of newborns.

If left untreated, it can be passed to newborns; spread to sex partner(s).

Some strains lead to abnormal Pap tests; increased risk of cervical and/or penile cancer. A special exam is required to identify cancer associated strains.

## WHAT TO DO

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; getting tested if infection is suspected, quickly notifying if infected; making sure partners are tested and treated.

Treatment with antibiotics, correctly taken, can cure infection; home remedies are not effective; partners should be treated at the same time.

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; getting tested if infection is suspected, quickly notifying if infected; making sure partners are tested and treated.

Treatment with antibiotics, correctly taken, can cure infection; partners should be treated at the same time.

Reduce risk by always using latex condoms with nonoxynol-9 during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; getting tested if infection is suspected, quickly notifying partners if infected; making sure partners are tested.

Treatment with antibiotics, correctly taken, can cure infection; partners should be treated at the same time.

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; getting tested if infection is suspected, quickly notifying partners if infected; making sure partners are tested, if appropriate.

Treatment with antibiotics, correctly taken, can cure infection; for *Trichomonas*, partners should be treated at the same time; nonprescription medication may be appropriate for previously diagnosed yeast infections.

Reduce risk by always using latex condoms during vaginal and anal sex (condoms may not provide protection when warts are present on areas not covered by the condom such as the scrotum, vulva or thigh); using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; getting tested if infection is suspected.

Treatment is available for genital warts, but HPV cannot be cured; use medically prescribed treatment, drugstore treatment for other kinds of warts may be harmful.

# COMMON STDs: WHAT TO LOOK FOR AND WHAT TO DO continued

## INFECTION

## WHAT TO LOOK FOR

## HOW DO YOU GET IT?

### Hepatitis A

Caused by the Hepatitis A virus.

Symptoms 15 to 50 days after exposure. Fever; loss of appetite; abdominal discomfort; yellow eyes and skin; dark urine or light-color stool; nausea or vomiting; fatigue.

Spread through fecal-oral transmission (food-borne); oral sex; finger-anal sex with someone who has the Hepatitis A virus.

### Hepatitis B

Caused by Hepatitis B virus.

Symptoms 45 - 180 days after exposure. Fever; loss of appetite; abdominal discomfort; yellow eyes and skin; dark urine or light-color stool; nausea or vomiting; fatigue; pain in muscles and joints

Spread during unprotected vaginal or anal sex, sharing needles for injecting drugs, body piercing or tattooing; mother to newborn, sharing personal items (e.g. razors, tooth brushes, pierced earrings) with someone who has the Hepatitis B virus..

### Herpes

Caused by herpes simplex virus types 1 and 2, HSV.

Symptoms 2 – 30 days after exposure. Small, painful fluid-filled blisters on sex organs, mouth or anus; progress to opens sores that crust over and heal in 1 to 2 weeks; be "hidden" in vagina; first episode is most severe, subsequent are milder; itching or burning on skin in area where blisters are about to appear; initial infection often accompanied by fever, headache and swollen lymph nodes; blisters go away, but infection remains; blisters can return periodically.

Spread during unprotected vaginal, anal and oral sex with someone who has herpes virus; contact with lesions; mother to newborn; viral shedding may occur in absence of blisters, so transmission is possible when lesions are absent.

### HIV

Caused by human immunodeficiency virus.

Weeks to months after exposure, symptoms include serious flu-like symptoms; swollen lymph nodes.

Years after exposure, symptoms include persistent fevers; night sweats; prolonged diarrhea; unexplained weight loss; purple bumps on skin or inside mouth or nose; chronic fatigue; swollen lymph nodes; recurrent respiratory infections.

Spread during unprotected vaginal or anal sex, sharing needles for injecting drugs, body piercing or tattooing; mother to newborn, significant exposure to contaminated blood (rare); infected mother to newborn.

## What about Hepatitis C?

Since it is believed that Hepatitis C or HCV is only occasionally transmitted through sexual contact, it is not considered a "STD" in the strictest sense. HCV is found in blood. It causes inflammation of the liver. Most people who are infected do not have symptoms and are leading normal lives. However, the disease may gradually progress over a period of 10 to 40 years, leading to chronic symptoms such as cirrhosis or liver cancer. No vaccine is available for HCV. There are three types of interferon used to treat HCV, with much to be learned about their efficacy and side effects.

Care should be taken in handling anything that may have the blood of an infected person on it, such as razors, scissors, toothbrushes, clippers, nail files, tampons, etc. Needles and syringes should not be shared. Blood spills should be cleaned-up with household bleach. Use of a latex condom is recommended for individuals with multiple sexual contacts.

*For more information contact The Hepatitis Foundation at 800-891-0707 or [www.hepfi.org](http://www.hepfi.org).*

## WHAT HAPPENS WITHOUT TREATMENT?

Does not result in chronic carrier state, full recovery is common; disease produces lifelong immunity against reinfection.

Can lead to chronic liver disease, cirrhosis, liver cancer and death; carriers able to infect others; mother can pass to newborn.

Can make other infections easier; attacks are recurrent; newborn can be infected during delivery; infection may cause death or severe damage to brain, lungs or liver., although most pregnant women with recurrent genital herpes experience normal deliveries; risk is highest if mother is experiencing first herpes episode during pregnancy.

Reduces immune system capacity to fight off infections; can be transmitted to sex partner(s) and person sharing needles; can be transmitted in womb, during child birth, and through breast-feeding.

## WHAT TO DO

Reduce risk by washing hands after bowel movement; avoid unprotected oral/anal and finger/anal sex; get vaccinated or immune globin injection within fourteen days of exposure.

Treatment does not shorten course of the infection.

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limit number of sex partners; do not shared needles or personal items; immunizing infant of infected mother at birth; vaccinating all infants, adolescents, sexually active adults and others.

Treatment with immune globin injection within fourteen days of exposure may prevent infection.

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom on a penis during oral sex; latex barrier for oral sex on a vagina or anus; limiting number of sex partners; notifying sex partners if infected; when pregnant, informing doctor if previously infected; never having sex with someone when sores are present.

Treatment does not cure infection, persists for life; recurrent episodes of blisters can be prevented by taking antiviral medication on daily basis; taking medication only during episodes does not shorten length of illness; comfort measures are available for recurrent episodes.

Reduce risk by always using latex condoms during vaginal and anal sex; using latex condom for oral sex on a penis; using latex barrier for oral sex on vagina or anus; limiting number of sex partners; using clean drug needles, cotton or cookers and not sharing, using clean needles for tattooing or piercing and not sharing; getting tested if infection is suspected, quickly notifying partners if infected; making sure partners are tested.

Treatments are available to slow virus' reproduction; treatments are available for some infections; prophylactic treatment can significantly reduce risk for mother to newborn infections; post exposure treatments may prevent infections if initiated immediately following exposure.

*Source: Minnesota Department of Health (MDH) Fact sheets on these and other STDs are available through the MDH web site at [www.health.state.mn.us](http://www.health.state.mn.us).*



# Housing Happenings

## Housing Legislation Update

Housing advocates from across the state will converge on the Capitol this February as the legislative session begins. Their goal, as in previous sessions, is to preserve and create affordable housing. The Minnesota Housing Partnership (MHP) will again take the lead in convening meetings of advocates through their Right to Housing Campaign (RTHC) to develop and promote a legislative agenda. MHP has identified four roles to guide its advocacy activities:

1. **Gather information** about affordable housing needs and trends by reaching out to other organizations, conducting/compiling research on affordable housing issues, and formulating advocacy positions.
2. **Lobby** on priority advocacy issues and engage in coalition efforts to advocate legislative positions.
3. **Educate and inform** others on key housing and legislative issues.
4. **Facilitate the advocacy work** of others through organizing, mobilizing, coaching and information provision.

The following are highlights from the proposed MHP 2000 Legislative Agenda:

### **Budget Surplus**

With the projected \$1.6 billion state surplus, supplemental spending may be more likely during the upcoming legislative session. RTHC will endorse the 1% for Housing Campaign sponsored by the Family Housing Fund and the Greater Minnesota Housing Fund. The Campaign calls on the legislature to increase state appropriations to the Minnesota Housing Finance Agency (MHFA) to 1% of the general fund. Currently MHFA's budget is approximately between .4--.6% of the budget. It would require an increase of \$100 million to bring the budget up to 1%. This effort provides a clear, consistent message to the legislature about the need for increased affordable housing resources.

### **Bonding Money for Affordable Housing**

Senator Linda Berglin has drafted legislation that would allocate approximately \$20 million in bonding money for building affordable assisted living housing for seniors.

### **Preservation of existing affordable housing**

The RTHC will support policy proposals developed by HOME Line that attempt to slow the loss of affordable rental housing when owners convert federally subsidized projects to market rate rents. These policies include the following provisions:

- tenants living in prepayment or opt-out buildings have the right to remain in their homes as long as they wish.
- the right of first refusal goes to non-profits and/or public agencies in the event an owner of subsidized housing decides to sell the property.
- owners of prepayment/opt-out properties where tenants are displaced are required to pay relocation costs.

### **Housing and Welfare Reform--The \$100 Housing Rule**

The \$100 housing rule impacts families who receive public assistance from the MFIP program and housing assistance through HUD programs. For these families, it reduces the amount of the MFIP cash grant by \$100 each month to account for the value of the families' housing assistance. During the last legislative session, the RTHC opposed the \$100 rule, and it was deferred for 18 months. The RTHC will again be working with other advocacy groups to defer or eliminate this rule.

Stay tuned to Housing Happenings for future housing legislation updates!



## << Looking Back

The November/December MAP AIDSLine Brief focused on comprehensive sexuality education, drawing upon the World AIDS Day theme which called for open dialogue about HIV, STDs and sexual health. Comprehensive sexual health education is key to preventing HIV and STDs and promoting healthy sexually, but is under constant attack by social conservatives. Here are some tips on how to respond:

### Attacks

### Response

Comprehensive sex education hasn't worked.

It hasn't really been tried. Only 5% of students received comprehensive sex education during the school year.

Teaching about safer sex encourages promiscuity and sends the wrong message.

Study-after-study confirms that teaching young people about contraception and safer sex does not lead to earlier onset or high frequency of intercourse. In fact, these programs result in young people delaying sexual intercourse.

Condoms fail to prevent HIV and STDs 10% to 43% of the time.

Using a condom is 10,000 times safer than not using a condom. When used correctly, the condom failure rate is 1%. Increased failure is attributable to incorrect or inconsistent use. This is why education and instruction about condom use is so important.

Evaluations of abstinence-only education show it helps reduce pregnancy.

There is no published data showing abstinence-only programs are effective in delaying sexual activity of young people. In fact, an abstinence-initiative in California actually increased the number of kids having sex.

Teaching abstinence-only as the standard and leaving out any mention of contraception will set a strong moral guideline for young people.

Again, programs that are most effective in helping young people abstain are those that discuss both abstinence and contraception.

Parents have the right to determine what their children are taught, and they do not support sexuality education.

Absolutely. And, most parents support sexuality education. Parents do not have the right to determine what other's kids are taught, but they should have the right to have their own children opt-out of classes.

People who want sex education are saying, in effect, "Go ahead and have sex, since you're going to do it anyway."

Everyone, even those who wait until marriage to become sexually active, need complete, medically accurate and age-appropriate information.

Abstinence-only clearly works; there is now a virginity trend.

According to the CDC and MN Student Survey, teens are having less sex and using condoms more often due to public high school HIV education.

If fear convinces young people that sex is a bad idea, then I'm all for it.

Fear-based education has never worked. Education that works is based on accurate information, and helping people learn strategies for managing or changing their behavior.

## >> Looking Ahead

The March MAP AIDSLine Brief will look at the challenges of addressing HIV within Minnesota's African American communities.

sunday

monday

tuesday

wednesday

thursday

friday

saturday

**POSITIVE IMAGES  
SUPPORT GROUP (eve)**  
612-722-1261

**CASE MANAGERS  
BROWN BAG SESSION**  
12PM - 1PM  
612-373-2404

**MINSWAN, 1PM - 4PM**  
"HIV IN 50+ POPULATIONS"  
612-373-2415

**POZ NIGHT OUT**  
612-812-0542  
**LEGAL CLINIC**  
612-341-2060  
**THURSDAY NIGHTERS**  
612-373-2431

**CASE MANAGERS  
BROWN BAG SESSION**  
12PM - 1PM  
612-373-2404

**AIDS ACTION DAY**  
All day at the State Capital!  
Contact MAP Public Policy  
@ 612-341-2060

**CORE TRAINING**  
8:30-4:30PM  
Contact Terry for more info  
@ 612-373-2425

**POZ NIGHT OUT**  
612-812-0542  
**LEGAL CLINIC**  
612-341-2060  
**THURSDAY NIGHTERS**  
612-373-2431

**CASE MANAGERS  
BROWN BAG SESSION**  
12PM - 1PM  
612-373-2404

**YOUNG MEN'S CHAT**  
PrideAlive  
"The Big Queer Sandbox..."  
7pm, 612-373-9165

**POZ NIGHT OUT**  
612-812-0542  
**LEGAL CLINIC**  
612-341-2060  
**THURSDAY NIGHTERS**  
612-373-2431

**POSITIVE IMAGES  
SUPPORT GROUP (eve)**  
612-722-1261

january 2000

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february 2000

**POSITIVE IMAGES  
SUPPORT GROUP** (eve)  
612-722-1261

**CAFE CHAT** for gay/bi men  
PrideAlive  
"Getting What You Want"  
7pm, 612-373-9165

**MEDICATION ADHERENCE  
CLINIC**  
1pm, 612-863-5336

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**POZ NIGHT OUT**  
612-812-0542  
**LEGAL CLINIC**  
612-341-2060  
**THURSDAY NIGHTERS**  
612-373-2431

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**POSITIVE IMAGES  
SUPPORT GROUP** (eve)  
612-722-1261

**All-Gender Community Forum**  
"Being Queer in a New  
Millennium"  
7-9:30pm, 612-373-9165

**YOUNG MEN'S CHAT**  
PrideAlive  
"Act Your Age..."  
7pm, 612-373-9165

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**POSITIVE IMAGES  
SUPPORT GROUP** (eve)  
612-722-1261

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## EVENTS CALENDAR

### **ACTION DAY 2000; SEE YOU IN ST. PAUL**

AIDS Action Day at the Minnesota State Capitol will be on Thursday, February 3. AIDS advocates will be asking legislators and the governor to set aside a portion of the huge budget surplus for STD prevention, and to press for changes to protect access to speciality health care for people living with HIV. "We need to see people from every corner of the state at the Capitol to help us get our message across to state lawmakers," said Kjrsten Reich, MAP Community Affairs Assistant, responsible for organizing this year's day on the hill.

You can get more information about AIDS Action Day and register on-line at [www.mnaidsproject.org](http://www.mnaidsproject.org). You can also call Kjrsten at 612-341-2060 or 800-243-7321.

### **LIGHTS, CAMERA AND HOLLYWOOD 2000**

It's the largest Oscar Night America®, Academy Awards Party®, in the country, and it will be at the State Theatre in downtown Minneapolis, Sunday, March 26. MAP is pleased to sponsor "Hollywood 2000," the thirteenth annual live broadcast of the Academy Awards gala fundraiser benefiting MAP, Open Arms of Minnesota, the Aliveness Project, and District 202. Watch the awards on a movie-size screen, catch the local entertainers and celebrity emcees, enjoy the delicious refreshments, and dress to see and be seen!

Tickets for Hollywood 2000 go on sale February 1 through MAP or any of the participating HIV service groups, TicketMaster, or the State Theatre Box Office. Call MAP at 612-341-2060 or 800-243-7321 for more information.

### **PRIDE ALIVE CELEBRATES FIRST BIRTHDAY**

Join the guys of as they celebrate the one-year anniversary of PrideAlive! The fabulous party will be at Bryant Lake Bowl from 6-9 PM on Thursday, February 10. Bring your bowling shoes and a friend. It promises to be great fun! Contact PrideAlive for details at 612-341-2060, 800-2437321 or [www.mnaidsproject.org](http://www.mnaidsproject.org)

### **TRAINING FOR NEW STAFF AND VOLUNTEERS**

New to work in HIV? If you are just starting as an employee or volunteer for an HIV service organization, then MAP Core Training is for you! Get the latest about HIV prevention, treatment and care. Our next core training is Saturday, February 5. If you want to sign-up, or find out how you or your staff or volunteers and participate in future Core Training sessions, contact Terry Straub at 612-341-2060 or 800-243-7321