

Get Informed, Get the Facts



About **HIV/AIDS** and Other Sexually Transmitted Diseases (STDs)



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The content for this booklet was provided by the Henry J. Kaiser Family Foundation as part of an ongoing public education partnership with Viacom on HIV/AIDS. The Kaiser Family Foundation is an independent national philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Kaiser Family Foundation is not affiliated with Kaiser Permanente or Kaiser Industries.



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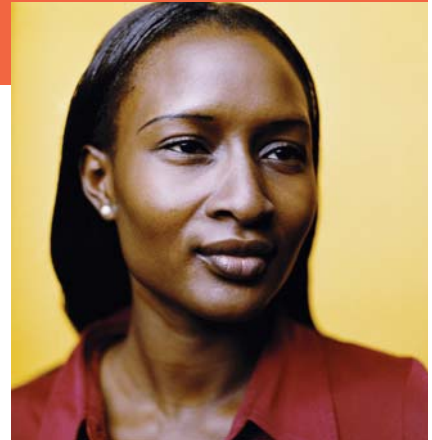
Paper: MeadWestvaco Corporation
Sappi Fine Paper North America
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Printing: Quebecor World, Inc.

Prepress: Phoenix Color Corporation

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GET INFORMED, GET THE FACTS ABOUT **HIV/AIDS**
... AND OTHER SEXUALLY
TRANSMITTED DISEASES
(STDs)



OVERVIEW

It has been more than two decades since the beginning of the HIV/AIDS epidemic. Since then, more than 60 million people worldwide have become infected, including 20 million who have already died. The majority of those newly infected today—both in this country and abroad—are *under the age of 25*. If current trends persist, by 2020 AIDS could claim up to 100 million lives worldwide, putting it on track to be the worst epidemic in human history.

In the United States, AIDS has also taken a devastating toll. The U.S. Centers for Disease Control and Prevention (CDC) estimates that nearly half a million Americans have already died of AIDS, and almost a million more are *currently* infected with HIV. Today, AIDS is the leading cause of death among African Americans between the ages of 25





and 44. In recent years, new medications have helped people living with HIV/AIDS to live longer and healthier lives, and to significantly reduce the number of deaths resulting from AIDS, but there is still no cure. The number of new infections occurring annually in the United States has not decreased in the last decade, remaining constant at approximately 40,000 each year. Prevention is still the best means of stopping the spread of this disease.

Because HIV can show no symptoms for many years, many of those infected do not know it. According to the CDC, as many as a third of Americans with HIV do not know they are infected and many are not getting needed medical treatment. A great number of Americans are similarly unaware that they are infected with other even more common sexually transmitted diseases (STDs), such as herpes, hepatitis, or gonorrhea, which if left untreated may increase risk for contracting HIV. There are an estimated 15 million new cases of STDs each year in the United States—many of which often show no symptoms, but can still have devastating effects on the body if left untreated. Early diagnosis and treatment are critical in reducing these consequences.

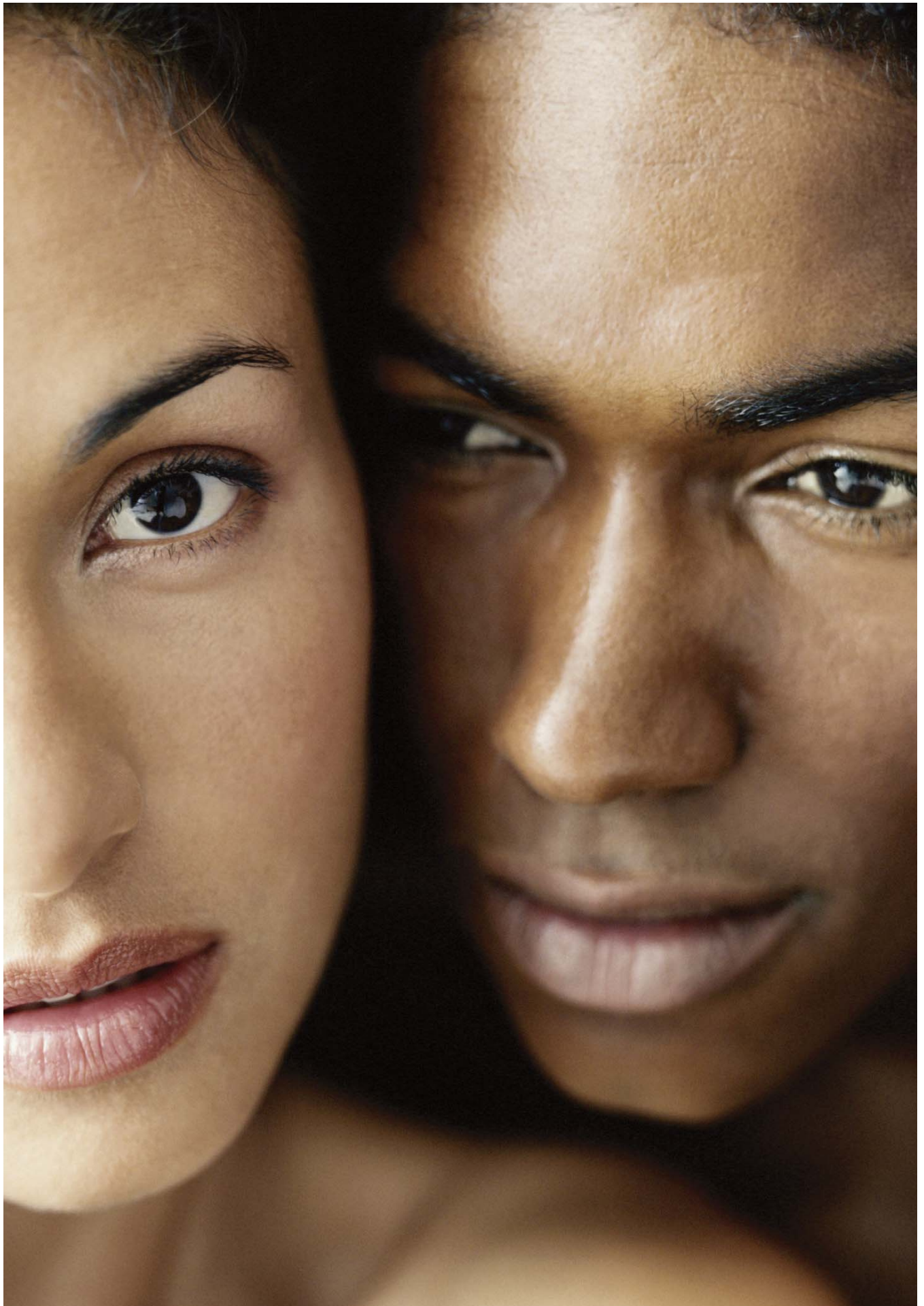


This guide provides the facts about HIV/AIDS and other STDs, including information on prevention, testing, and treatment. If you think you are at risk for HIV or another STD—or simply do not know—talk with a health care provider. To find a local testing center near you or to talk with a counselor about HIV and other STDs, call the **Centers for Disease Control and Prevention National AIDS Hotline:**



1-800-342-AIDS.







HIV/AIDS 101

How does someone get HIV?

HIV is spread through an exchange of certain bodily fluids—blood, semen (including other penile discharges like pre-come), and vaginal secretions. A woman infected with HIV can pass HIV to her baby through pregnancy or delivery, and also through breast milk. According to the U.S. Centers for Disease Control and Prevention (CDC), contact with saliva, tears, or sweat has never resulted in HIV transmission. And you *cannot* be infected through casual contact such as hugging or shaking hands. In the United States HIV is primarily transmitted through unprotected sexual contact—including vaginal, anal, and oral sex—and injection drug use (IDU).

How does HIV affect the body?

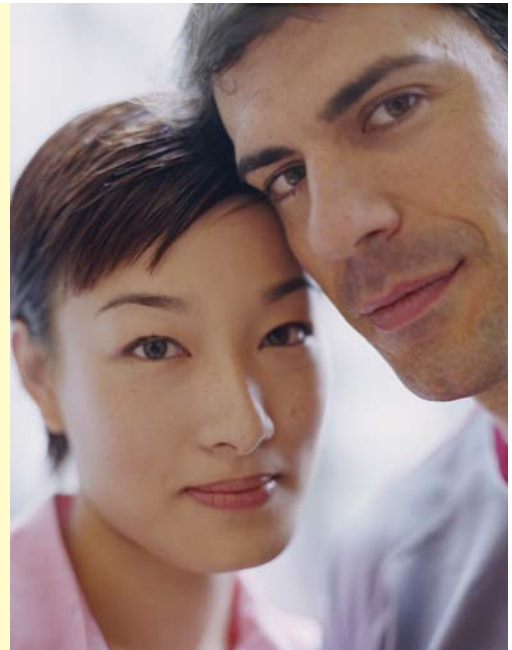
HIV harms the body's immune system by attacking certain kinds of cells, known as helper T cells or CD4 cells, which are a part of the body's natural line of defense against illness. As time goes by, HIV destroys so many of these cells that the body is no longer able to defend itself against certain cancers, viruses, bacteria, or parasites. If left untreated, HIV can lead to AIDS and death.

What is the difference between HIV and AIDS?

HIV—the human immunodeficiency virus—is the virus that causes the syndrome known as AIDS, or acquired immunodeficiency syndrome. HIV can weaken the immune system to a point where the body is likely to develop opportunistic infections (OIs), which are illnesses that a healthy immune system would normally fight off, such as a kind of skin cancer called Kaposi's sarcoma or *Pneumocystis carinii* pneumonia, otherwise known as PCP. The U.S. Centers for Disease Control and Prevention (CDC) says that an HIV-infected person develops AIDS when he or she has either developed one of the many OIs that are typically seen in people with AIDS or experienced a major drop in T cells or CD4 count. Healthy people have between 500 and 1,500 CD4 cells in a milliliter of blood. When a person with HIV has fewer than 200 T cells (CD4 count), that means that he or she has progressed to AIDS.

Risk Factors for HIV

- Unprotected sex—vaginal, anal, or oral—without a condom or other barrier protection, such as a dental dam
- Sex with partner(s) who are infected or who have high risk factors themselves, such as injection drug users or those who have had unprotected sex with other partners
- The presence of other STDs—which may increase the likelihood of HIV transmission
- Sharing needles and/or not cleaning drug works when using injection drugs



What are the signs of HIV, the virus that causes AIDS?

According to the U.S. Centers for Disease Control and Prevention (CDC), on average a person infected with HIV will develop AIDS within ten years. This figure varies greatly depending on various factors such as a person's general health. In other words, a person can often go years without any noticeable symptoms. Yet the virus can still be spread to a partner during this time.

If you think you are at risk or are worried, talk with a health care provider or HIV testing center counselor about getting tested for HIV.



What is the link between HIV and other STDs?

According to the U.S. Centers for Disease Control and Prevention (CDC), people with the presence of other STDs are two to five times more likely to become infected with HIV. Having STDs that can cause open sores, such as herpes, is especially risky. However, STDs that do not cause open sores still pose a threat.



What are the signs of other STDs?

Many people assume that they would know if they had an STD. But some STDs, like HIV, often do not show visible symptoms. What this means is you can't always tell just by looking. Also, even without any visible symptoms, an STD can still be passed to a partner. It is impossible to know if you or your partner(s) have an STD without getting tested.

For those who experience symptoms, noticeable changes may include painful urination, unusual discharge from the penis or vagina, pelvic pain, painful intercourse, or bumps or sores around the genital area. People who experience any of these symptoms should seek immediate medical attention to see if they have an STD or other health concern.

Remember, left untreated, STDs can cause additional health problems, ranging from infertility (in men as well as women) and pregnancy-related complications to increased risk of HIV and some kinds of cancer. (See the STD chart on page 12 for more detailed information about how to know if you might have an STD.)

What are treatment options for HIV/AIDS and other STDs?

Treatment options depend on the kind of STD: bacterial, viral, or parasitic. Bacterial and parasitic infections are generally easily cured with medications prescribed by a health care provider. Viral infections, like HIV, while not curable, can be treated. With these kinds of infections, medications can help to control some of the symptoms, even though there is no cure. Viruses can still be spread even without symptoms.

Regardless of the type of STD, it is important that both the infected person and his or her partner receive treatment so that they do not reinfect each other. (See the STD chart on page 12 for more detailed information about treatment.) For those with HIV, early treatment and regular monitoring by a health care provider can help to prevent opportunistic infections from occurring and treat them if they do occur, and delay the onset of AIDS.

What is the risk of HIV and other STD transmission from oral sex?

According to the U.S. Centers for Disease Control and Prevention (CDC), oral sex is not “safe sex.” While the risk of contracting HIV through oral sex is lower than through vaginal or anal intercourse, just how much lower is hard to know. It is possible to contract HIV and other STDs such as herpes or gonorrhea through unprotected oral sex. To reduce your risk, experts advise using a condom or other barrier method (such as a dental dam) during oral sex.



What are ways to reduce the risk of HIV or other STD transmission?

- Choosing not to have sex, or making an agreement with a partner who is not HIV-positive to be sexually faithful to each other, and sticking to it
- Using a condom for vaginal or anal sexual intercourse, and barrier methods, such as a condom or dental dam, for oral sex
- Talking to a health care provider about getting vaccinated for hepatitis A and hepatitis B
- Not sharing needles for injection drug use
- Getting tested! And asking partners to do the same





HIV/AIDS AND OTHER STDs

	HIV	CHLAMYDIA	TRICHOMONIASIS	GONORRHEA
What it is	The human immunodeficiency virus (HIV), the cause of AIDS.	A bacterial infection of the genital area.	A parasitic infection of the genital area.	A bacterial infection of the genital area.
How many get it	An estimated 40,000 Americans are infected with HIV each year, most through sexual contact. An estimated 850,000 to 950,000 people in the U.S. are living with HIV/AIDS.	About 3 million new cases each year. The highest rates are among women aged 15 to 19.	As many as 5 million new cases each year.	Approximately 650,000 new cases a year. The highest rates are among women aged 15 to 19.
Signs	Many people who have HIV don't even know it because symptoms may not appear for an average of ten years. Others experience unexplained weight loss, flu-like symptoms, diarrhea, fatigue, persistent fevers, night sweats, headaches, mental disorders, or severe or recurring vaginal yeast infections.	There are no symptoms in most women and many men who have it. Others may experience abnormal vaginal bleeding (not your period), unusual discharge or pain during urination within one to three weeks of having sex with an infected partner.	Often there are no symptoms, especially in men. Some women notice a frothy, smelly, yellowish green vaginal discharge, and/or genital area discomfort, usually within four days to one month after exposure to the parasite. Men may notice a discharge from the penis.	Most people infected have no symptoms. For those who do, it can cause a burning sensation while urinating, green or yellowish vaginal or penile discharge, and for women, abnormal vaginal bleeding and/or pelvic pain. Symptoms can appear within two to ten days after infection.
How it's spread	Through unprotected vaginal, oral, and anal sex, and breast milk, and also through sharing contaminated needles. During vaginal intercourse, the risk of becoming infected with HIV is higher for women than for men. An infected woman can also pass HIV to her baby during pregnancy, delivery, or breastfeeding.	Through unprotected vaginal, oral, or anal intercourse.	Through unprotected vaginal intercourse.	Through unprotected vaginal, oral, or anal sex.
Treatment	There is no cure for AIDS. Antiviral medications can slow progression of the infection and delay the onset of AIDS symptoms. Early treatment can make a big difference.	Oral antibiotics cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth, and both partners need to abstain from intercourse until the infection is gone.	Antibiotics can cure the infection. Both partners have to be treated at the same time to prevent passing the infection back and forth, and need to abstain from intercourse until the infection is gone.	Oral antibiotics. Both partners must be treated at the same time to prevent passing the infection back and forth—and both partners need to abstain from unprotected intercourse until the infection is gone.
Possible consequences	It can weaken the body's ability to fight disease, making someone vulnerable to certain cancers and infections such as <i>Pneumocystis carinii</i> pneumonia. Without treatment, 20% to 30% of babies born to HIV-positive women will have HIV, but treatment can reduce that rate significantly—by 67%.	Infertility and increased risk of HIV infection. In women, chlamydia can lead to pelvic inflammatory disease (PID) and tubal (ectopic) pregnancy.	Increased risk of HIV infection and, in women, complications during pregnancy. Also, it's common for this infection to happen again and again.	Sterility and increased risk of HIV infection. In women, the infection can spread into the uterus and fallopian tubes, causing PID, tubal (ectopic) pregnancy, complications during pregnancy and infant blindness or meningitis.
Testing	Swab cell culture from inside of mouth; blood test; urine test.	Swab cell culture or discharge sample from the throat, cervix, anus, or urethral opening of the penis; swab DNA test; urine test.	Swab from vaginal and penile secretions.	Swab cell culture or discharge sample from the throat, cervix, anus, or urethral opening of the penis; swab DNA test; urine test.

GENITAL HERPES	SYPHILIS	HEPATITIS B VIRUS (HBV)	HUMAN PAPILLOMAVIRUS (HPV OR WARTS)
<p>A viral infection of the genital area, and sometimes around the mouth.</p>	<p>An infection caused by small organisms, which can spread throughout the body.</p>	<p>A viral infection affecting the liver.</p>	<p>A viral infection with more than 100 different types, primarily affecting the genital area, both inside and out.</p>
<p>About 1 million new cases each year. An estimated 45 million cases already exist.</p>	<p>About 70,000 new cases a year.</p>	<p>About 77,000 new cases a year acquired through sexual transmission. About 750,000 people are already infected with hepatitis B as a result of unprotected sexual activity.</p>	<p>An estimated 5.5 million new cases each year. At least 20 million people already have it.</p>
<p>Most people have no symptoms. Herpes 1 causes cold sores and fever blisters on the mouth but can be spread to the genitals. Herpes 2 is usually on the genitals, but can be spread to the mouth. An outbreak can cause red bumps that turn into painful blisters or sores on genitals and elsewhere. During the first attack, it can also lead to flu-like symptoms: fever, headaches, and swollen glands. Symptoms usually appear within two weeks of infection.</p>	<p>In the first phase, a single sore (chancere) may appear on the genitals or mouth several weeks to three months after exposure, lasting for one to five weeks. Often, however, there are no noticeable symptoms. In the second stage, up to ten weeks after the first sore has disappeared, a variety of symptoms can appear, including a rash (often on the palms of the hands, soles of the feet, or genital area).</p>	<p>Many people don't have any symptoms. Others may feel tired or have aches, nausea and vomiting, loss of appetite, darkening of urine, or tenderness in the stomach, usually within one to six months of exposure. Yellowing of the skin and the whites of the eyes (called jaundice) can occur later.</p>	<p>Soft, itchy warts in and around the genitals (vagina, penis, testicles, and anus) may appear two weeks to three months after exposure. Many people, however, have no symptoms but may still be contagious.</p>
<p>By touching an infected area (infected areas may not always be noticeable) or having unprotected vaginal, oral, or anal intercourse. Warning: Some people may be contagious even when they don't have symptoms.</p>	<p>Through unprotected vaginal, oral, or anal sex—and also through kissing if there is a lesion on the mouth.</p>	<p>Through unprotected vaginal, oral, or anal sex; through sharing contaminated needles or any behavior in which a person's mucous membranes are exposed to an infected person's blood, semen, vaginal secretions, or saliva. The chance of getting it through kissing is low.</p>	<p>Through unprotected vaginal, oral, or anal intercourse, or by touching or rubbing an infected area (infected areas may not always be noticeable).</p>
<p>There is no cure. An antiviral drug can help the pain and itching and also reduce the frequency of recurrent outbreaks.</p>	<p>Antibiotic treatment can cure the disease if it's caught early, but medication can't undo damage already done. Both partners must be treated at the same time.</p>	<p>Most cases clear up within one to two months without treatment, during which time you should not drink alcohol until liver function returns to normal. Some people are contagious for the rest of their lives. A three-dose vaccine is now available.</p>	<p>There is no cure. Warts can be removed through medication or surgery, but even with such treatments, the virus stays in the body and can cause future outbreaks.</p>
<p>Recurrent sores (the virus lives in the nerve roots and keeps coming back). Passing herpes from mother to newborn is rare. However, an infant who gets herpes can become very ill, so some precautions are advisable.</p>	<p>Untreated, the symptoms will disappear, but the infection stays in the body and can progress into the third stage, damaging the brain, heart, and nervous system, and can cause death. Syphilis in women can seriously harm a developing fetus during pregnancy.</p>	<p>Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver. If you are pregnant, your baby must be immunized at birth.</p>	<p>Increased risk of genital cancer for men and women. The most common form of cervical cancer in women is caused by some of these virus types.</p>
<p>If symptoms are present, by visual exam or through examination of a swab from a lesion. There are also blood tests that can identify antibodies for the virus; however, most blood tests for herpes cannot distinguish between type 1 and type 2.</p>	<p>Blood test; swab sample from a sore or lesion.</p>	<p>Blood test; a three-dose vaccination is also available to protect against infection if it has not already occurred. There is also a combination three-dose vaccine for both hepatitis A and B.</p>	<p>If symptoms are present, through a visual exam. For women, with and without symptoms, who have an abnormal or ambiguous pap smear, a follow-up cervical swab DNA test can detect HPV infection on the cervix only. The FDA-approved DNA test can tell a woman if she has HPV, identify the type of HPV that she has, and tell her whether it is one associated with cervical cancer (not usually the same types of HPV that are associated with genital warts). The HPV DNA test is not a reliable test for men.</p>





TESTING

The only way to know for sure whether you have HIV or another STD is to get tested. Many people are nervous about getting tested for HIV or other STDs, especially the first time: You may worry about finding out the results; you may not know where to go or what to expect; you may not think you can afford it; or you may be anxious about someone finding out. These are all understandable concerns. But think about this:

- Getting a test takes away the anxiety of *not knowing*.
- Left untreated, STDs, especially HIV, can cause serious health problems.
- Early diagnosis and treatment will help you stay healthy.
- The tests for HIV and other STDs don't take much time, and at some clinics they are free or can be paid for on a sliding scale, based on income.
- Rapid HIV tests that produce results in only a few minutes are increasingly becoming available in more testing locations.

There are advances in the treatment of HIV/AIDS occurring all the time. Already there are medications that allow people living with HIV today to live longer, healthier lives. In other words, a positive test result is not a death sentence. But finding out and getting care is critical.

How does HIV testing work?

HIV tests detect the antibodies that the body produces to fight HIV once infection has occurred. A positive result means that HIV antibodies are present in the blood. In other words, a person is infected with HIV and can infect others. A negative result means that no HIV antibodies were found in the blood at the time it was drawn. It ordinarily takes three to six months (the window period) for people infected with HIV to develop enough antibodies for HIV to be accurately detected. This may mean that you need to be tested again if you may have been infected during this period.

There are a number of different ways to screen for HIV today, including:

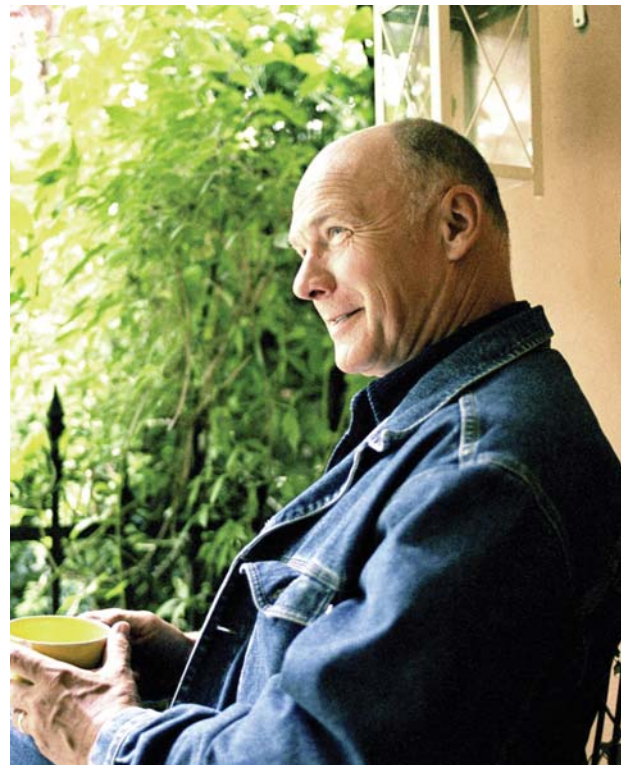


- **Blood test.** This is the most common means of HIV testing. A health care provider draws a blood sample, which is sent to a lab for screening. Results are generally available within a few days to two weeks, depending on the testing site.
- **Oral test.** Under the supervision of a health care provider, the person getting tested is swabbed with a tiny brush on the inside of his or her mouth and the provider sends the sample to a lab for screening. Results are generally available within a few days to two weeks, depending on the testing site. OraSure is the only Food and Drug Administration (FDA) approved oral fluid HIV test available today. It is not available at all testing sites.
- **Rapid HIV test.** A health care provider draws a blood sample, which is processed at the testing location. Test results can be ready in about ten minutes. Currently, only one rapid test—Abbott/Murex Single Use Diagnostic System (SUDS) HIV-1—has been licensed by the FDA for commercial use. It is not available at all testing sites.

• **Home test.** This is a self-administered test in which the person getting tested pricks his or her own finger to draw a blood sample and then sends it to a lab for processing along with a personal identification number (no name is used). A trained counselor gives test results over the phone within a few days. Home Access is the only FDA-approved home HIV test. It may be purchased by phone (800-HIV-TEST), on-line (www.homeaccess.com), or over the counter in some drug-stores. The average cost for Home Access, which takes about seven days to get results, is \$45. Home Access Express, which takes about three days to get results, can be purchased for \$55. A positive home test should be confirmed with a test by a health care provider as soon as possible.

• **Urine test.** The person getting tested provides a urine sample, which the health care provider sends to a lab for screening. Results are generally available within a few days to two weeks, depending on the testing site. Calypte is the only FDA-approved urine HIV test. It is not available at all testing sites.

Many people assume that their provider will test them for STDs or HIV as a part of a routine checkup. But unless you have a direct conversation with your provider about getting tested for HIV and other STDs, you *can't* be sure you are being tested. Often this means bringing up the topic yourself. HIV testing requires informed consent from the person seeking testing—that means confirmation that he or she wants the test and understands what is involved. So if you have not discussed it, don't assume: Ask! While informed consent is not required for testing of other STDs, you still should not just assume that you are being tested. Talk to your health care provider about which STD tests you should consider.



When I get tested, where will that information go?

In the United States, HIV tests are either anonymous or confidential. With an anonymous HIV test, your name is not linked to your test results; you are assigned a number matched to your results. With confidential testing, your name is recorded along with your test results, which are provided to the state health department for the purpose of tracking the spread of the epidemic. These results may be made available to medical personnel.

If the test is being paid for by your health insurance, then the health insurance company will know that you have been tested, although the results should remain private as part of your confidential medical records. If your health care coverage is provided through your employer, your employer may also have a record of your test.

Those concerned about the privacy of their test and results should discuss ahead of time with their health care provider what kind of test is being provided and confirm directly who will have access to this information.

To find out what kind of testing is available near you, contact the **Centers for Disease Control and Prevention (CDC)**

National AIDS Hotline:

1-800-342-AIDS.



What legal protections are there for people living with HIV/AIDS?

In the United States, the Americans with Disabilities Act of 1990 legally recognizes HIV/AIDS as a disability with the same protections against discrimination as any other. This means that people living with HIV/AIDS cannot be fired because of their condition. Further, it means that should symptomatic illness create a need, accommodations must be made to ensure that HIV-positive people can continue to do their jobs.

If I or someone I know tests positive, what are my next steps? What are the treatment options?

For those who test positive for HIV, it is important to talk with a health care provider—preferably one who treats HIV-positive patients as a specialty—about what is the most appropriate anti-HIV treatment for them. It is also important to find support and resources within your community. While there is no cure for HIV, new combination drug therapies have been found highly effective for some in delaying the onset of AIDS. Additionally, prescribed medications can help to prevent and treat any opportunistic infections (OIs). Another important reason to see a health care provider is to monitor and maintain your health.

Remember, early diagnosis and consistent care from a health care professional are essential to best treat HIV.

One special note for pregnant women: certain HIV treatments during pregnancy can significantly lower the chances that a woman with HIV will pass the virus on to her baby. Also, because all babies are born with their mothers' antibodies, they may test positive at birth if their mother is infected with HIV. So it is important that babies born to an HIV-positive mother be tested again for HIV at 18 months of age, or according to a health care provider's suggestion.





How do I find out if I have an STD other than HIV?

There are different tests for each STD, so there is no universal test to find out about all at once. There are different kinds of tests for different infections; some involve a urine sample, while others are blood tests. Your health care provider can advise which tests you should consider.

(To find out more about the different kinds of STDs, see the chart on page 12.)

Where is testing available for HIV or other STDs?

Public health departments can test you for most STDs, including HIV, and also offer these services free or at reduced cost. Planned Parenthood clinics and many community health centers offer specific HIV and STD counseling and testing as well. Your personal health care provider can also test you for most STDs or direct you to a testing center.

HIV tests can be done only with informed consent from the person seeking testing; some states and facilities require written consent for HIV testing. Tests for other STDs may be done as part of a routine health exam, but usually are not, so don't count on it. The only way for anyone to know for sure that he or she is being tested—or to find out whether he or she should be tested—is to ask a health care provider.

To find a local testing center near you or to talk with a counselor about HIV and other STDs, call the **Centers for Disease Control and Prevention National AIDS Hotline:**

1-800-342-AIDS.

What does it cost to get tested?

Publicly funded health clinics often offer free testing for HIV and other STDs, regardless of income. Other community health centers may provide these tests with fees based on a sliding scale, meaning the cost is based on income level. Prices at a private health care facility vary. If you have health insurance, the cost of the test(s) may be covered by your insurance, but check with your insurer first. To best assess your risk, your health care provider will likely ask some personal questions that are important in helping provide the best care for you. Come prepared to talk honestly about your sexual history, including sexual experiences, number of partners, methods of protection or contraception used most regularly (or not), and drug use history. You should also mention any bodily changes, including menstrual cycle changes, vaginal or penile discharge, genital discomfort, or genital skin changes.

To feel more comfortable going into the test, ask about what to expect: how the tests will be done, how much they cost, and how you will be informed about the results. If you are concerned about being able to afford the test, ask if your health care provider offers a sliding-scale fee based on income, or if he or she does not, if he or she can suggest a free or low-cost testing center. If you are concerned about the privacy of your test and results, ask who will have access to this information and how the results will be recorded in your medical records.



What should I ask *before* getting tested?

Ask how the tests will be done and how you will be informed about the results. Ask how much the tests will cost, and if there is a cost, whether your insurance will cover the test. Your health care provider may offer a sliding-scale fee based on income to help with any expenses. And if your provider does not, he or she can suggest a free or low-cost testing center near you. If you are concerned about the privacy of your test and results, ask who will have access to this information and how the results will be recorded in your medical records.

Talking Tips: Communicating with Your Health Care Provider

Many health care providers do not discuss HIV or other STDs with their patients. A provider may assume that a patient would raise such a concern or question, while patients, on the other hand, often rely on their health care provider to bring up important issues, such as STDs. Not talking about it does not mean a clean bill of health. If your provider does not bring up the topic, you should!

Here are a few tips on beginning a conversation:

- Ask the provider to tell you about any STDs that are of concern to you.
- Bring in literature, such as this booklet, to start the conversation.
- If you are experiencing symptoms, tell your provider. If the provider doesn't bring up STDs or HIV, mention it yourself to see if that might be the cause.
- Remember, it may be hard for you or someone you care about to talk with a provider about your risk for HIV or other STDs, but it is an important part of staying healthy.

Should I get tested?

If you are concerned that you might have HIV or another STD, or have never been tested, you should discuss your risk with your health care provider. (Remember that many STDs show no visible symptoms and the only way to know for sure is to be tested.) However, if you notice changes in your genital area or other symptoms of STDs (see page 12), you should see a health care provider immediately.

Before beginning a new sexual relationship, both you and your partner should discuss your sexual history and risk with each other as well as a health care provider to determine which STDs you might consider getting tested for before becoming sexually active.

The Centers for Disease Control and Prevention (CDC) National STD and AIDS hotlines recommend more specific testing guidelines depending on your age, gender, and other factors:

- **Sexually active teens and young adults under 25 years of age**

should be tested once a year for chlamydia even if there are no visible symptoms. The CDC also suggests people in this age group discuss with a health care provider testing for gonorrhea, herpes, and HIV, as well as vaccinations for hepatitis A and B.

- **Sexually active people over 25 years of age**

should discuss their risk for HIV and other STDs with their health care provider to determine for what and how frequently they should be tested. Women over the age of 18 or those who are sexually active are advised to see a gynecologist to get a pelvic exam and a pap smear—a test involving a swab of the cervix to detect abnormal cell changes that can indicate cancer.

- **Men who have sex with men**

are advised to discuss annual testing for chlamydia, gonorrhea, syphilis, and HIV, as well as getting vaccinated for hepatitis A and B, with a health care provider.



- **Pregnant women** are advised to get tested for HIV as early in pregnancy as possible. Pregnant women should consider screening for syphilis, hepatitis B, and chlamydia. For those women at risk of gonorrhea, hepatitis C, and bacterial vaginosis, screening is also recommended.

If you think you have been exposed—or are at risk—talk to your health care provider about getting tested. Your health care provider can recommend which tests you should consider and how frequently you should consider getting tested.

To find a local testing center near you—or to talk with a counselor about HIV and other STDs—call the **Centers for Disease Control and Prevention National AIDS Hotline:**

1-800-342-AIDS.

What should I discuss with my partner about STDs and HIV/AIDS? How and when should I bring it up?

The best time to talk with a partner about HIV and other STDs is *before* you start having sex. If you are already in a relationship, it is still better late than never.

- Tell your partner you want to talk about this topic so that the two of you can be closer and worry less.
- Suggest that you both get tested together. This will eliminate any uncertainty and allow you to enter your relationship worry-free.
- If either one of you does have an STD or HIV, you'll want to discuss how to prevent the other person from contracting it. Your health care provider can advise the best course of action for you.
- Consider using condoms. Condoms are the only currently available protection against pregnancy *and* most STDs, including HIV. The CDC recommends condoms as the best means of protection against HIV for people who are sexually active.







What if my partner does not want to talk about STDs or HIV/AIDS?

If a couple is candid and understanding about safer sex and each person's risk history, they can create a stronger relationship. If your partner is reluctant to talk about STDs and HIV/AIDS, you may want to frame the discussion by saying that being open about the subject is a way for you each to express that you care about the other's safety and well-being. You can also refer your partner to an HIV or STD counselor if he or she has additional questions or would like to talk to someone else.

To talk with a counselor about HIV and other STDs, call the **Centers for Disease Control and Prevention National AIDS Hotline:**

1-800-342-AIDS.

RESOURCES

FOR INFORMATION ABOUT HIV AND OTHER STD TESTING

- **CDC National AIDS Hotline**

1-800-342-AIDS; www.ashastd.org

This hotline will provide information about HIV/AIDS, answer questions about testing and prevention, and provide referrals to callers. They will also send out free literature on HIV and AIDS. Another important resource from the CDC is www.cdcnpin.org.

- **CDC National STD Hotline**

1-800-227-8922; www.ashastd.org

This hotline will answer general questions about STDs—their symptoms, transmission, treatment, and testing—and can also provide referrals to clinics and other hotlines.

- **National Herpes Hotline**

1-919-361-8488; www.ashastd.org

Sponsored by the American Social Health Association, this hotline provides information and counseling to people with herpes and those who are close to them. It also provides free publications and referrals to local support groups.

- **National HPV and Cervical Cancer Hotline**

1-919-361-4848; www.ashastd.org

The hotline provides up-to-date information on the HPV virus and its link to cancer through free information to the public about risk reduction, diagnosis, and treatment of HPV and the prevention of cervical cancer, including the most up-to-date FDA-approved technologies.

- **CDC National Immunization and Information Hotline**

1-800-232-2522; www.ashastd.org

This hotline provides information about vaccinations for hepatitis A and hepatitis B, including referrals to clinics for getting the vaccinations.

- **Planned Parenthood National Hotline**

1-800-230-PLAN; www.plannedparenthood.org

This hotline will automatically connect you to the Planned Parenthood provider nearest you. Planned Parenthood is a source for contraception; testing for STDs, including HIV; gynecological care; pregnancy options counseling, including abortion and adoption referrals; and prenatal and postnatal care.

- **60 million people worldwide** have been infected with **HIV**; 20 million have already died.
- **40,000 people in the United States** are infected with **HIV** each year; half are under the age of 25.
- **Testing is the only way to know for sure** whether you—or your partner—is infected.
- **KNOW HIV/AIDS**—help stop the epidemic.



To find a local testing center near you—or to talk with a counselor about HIV/AIDS and other STDs—call the Centers for Disease Control and Prevention National AIDS Hotline:

1-800-342-AIDS



Additional free copies of this booklet may be obtained by calling 1-866-344-KNOW or visiting www.knowhiv aids.org