

# HIV COUNSELOR PERSPECTIVES

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## UPDATE ON STDS OTHER THAN HIV

*Sexually transmitted diseases (STDs) other than HIV are common in the United States, and their presence can greatly increase the risk of HIV transmission. This issue of PERSPECTIVES examines the relationship between HIV and other STDs. It focuses on STD transmission, STD screening, and advances in STD-related service delivery. The Implications for Counseling section presents strategies to help clients prevent and respond to STD infections.*

### Research Update

Sexually transmitted diseases are by far the most commonly reported communicable diseases in California and in the United States.<sup>1</sup> HIV is one of the best-known and most serious STDs, with more than a million Americans living with the virus.

Nationally, many STDs are on the rise: 19 million new sexually transmitted infections are estimated to occur in the United States each year, almost half of them among people ages 15 to 24.<sup>2</sup> Three of the most common bacterial STDs in the United States, chlamydia, gonorrhea, and syphilis, all rose in 2006 for the second straight year—both nationally and in California.<sup>3</sup> The rise in syphilis in California is driven largely by its increased prevalence among men who have sex with men.<sup>4</sup> All three of these bacterial STDs increase the risk of acquiring and transmitting HIV.

Left untreated, STDs can damage a person's health in many ways. Some lead to serious consequences, including infertility, cancer, organ damage, and death. Yet many people do not seek treatment,

because STDs often have no symptoms. Even when people are treated for STDs, it is easy for them to become reinfected if their sexual partners are still infected.

STDs also greatly increase the chances that a person will acquire or transmit HIV. Because of this, HIV test counselors should have a working knowledge of STD basics. This Research Update explores the links between HIV and other STDs, discusses STD transmission, and emphasizes the importance of screening and treatment.

### Links Between HIV and Other STDs

HIV is strongly related to other STDs in several ways. Most significant for test counselors is the fact that HIV and many STDs are transmitted in the same ways. Further, many STDs increase the risk of acquiring and transmitting HIV, so treating STDs is critical to HIV prevention. Likewise, HIV risk reduction measures such as condom use also often reduce STD risk.

*Transmission:* Sexually transmitted diseases are usually caused either by a bacterium, a virus, or a parasite, and are generally transmitted through unprotected oral, anal, and vaginal sex. The chart on

page 3, “Basic Facts about Some Common STDs,” provides a brief review of nine key STDs and their symptoms, transmission, and treatment.

Although the ways that HIV and STDs are transmitted often overlap, some STDs, such as herpes, HPV, and gonorrhea, can be transmitted in ways not generally considered to be HIV risk behaviors. For example, oral sex presents a low risk for HIV but can easily transmit gonorrhea or syphilis, or herpes when lesions are present. Human papillomavirus (HPV) can be spread through skin-to-skin contact—even unbroken skin with no exchange of blood or sexual fluids—behavior that does not present a risk for HIV. Other STDs are often significantly more infectious than HIV. For example, the hepatitis B in a drop

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of blood is 50 to 100 times more infectious than the HIV in a drop of blood.<sup>5</sup>

*STDs Increase HIV Risk:* The lesions and sores that are caused by STDs such as herpes and syphilis make it easier for HIV to enter a person's body.<sup>6</sup> In fact, a 2006 British review found that for both men and women, infection with herpes simplex virus-2 (HSV-2, also called genital herpes) tripled the risk of HIV infection.<sup>7</sup> The CDC estimates that when syphilis is present, the risk of acquiring HIV is two to five times higher than when it is not.<sup>8</sup> In addition, many STDs, such as gonorrhea, chlamydia, and trichomoniasis, cause inflammation, which increases the number of white blood cells at the site of infection. These white blood cells can then become targets for HIV infection.<sup>9</sup> Further, STDs stress the immune system, possibly making it harder for a person's body to fight off other infections, such as HIV.

*Prevention:* Because HIV and other STDs are often transmitted in the same ways, the measures that people take to lower their risk for acquiring HIV also usually lower their STD risk. Latex condoms are highly effective against many STDs, particularly fluid-based STDs such as gonorrhea, chlamydia, trichomoniasis, hepatitis B, and hepatitis C, as well as HIV. Condoms may be less effective for STDs that can be transmitted by skin-to-skin contact. This is not because the organism passes through the latex, but because the infected area might not be covered by the condom.<sup>10</sup> Likewise, not sharing drug injection equipment decreases both HIV risk and the risk of other blood-borne STDs such as hepatitis A, hepatitis B, and hepatitis C.

HIV and other STD prevention counseling messages are often delivered together, since each emphasizes practicing safer sex and needle use, testing, and receiving prompt treatment. Behavioral counseling is also an important part of both STD and HIV prevention, and providers often use

similar ways of understanding risk reduction and behavior change. For example, behavioral counseling uses client-centered risk reduction approaches, motivational interviewing, and the understanding that education alone will not produce behavior change.<sup>11</sup>

Because HIV is incurable, HIV prevention relies almost solely on behavior change. Although STD prevention also emphasizes behavior change, vaccination and treatment alone can reduce the spread of many sexually transmitted infections—even in the absence of behavior change.

### STD Screening and Testing

Many people seek testing and treatment for STDs when they notice symptoms: a burning sensation, discharge from their penis or vagina, or a sore. However, in most cases, a person with an STD has no symptoms.<sup>12</sup> STDs that occur internally, in the vagina or rectum, are more difficult to see than those that are on the penis. Indeed, most women have no symptoms of some of the most common STDs, including chlamydia and gonorrhea.<sup>13</sup> HPV, hepatitis C, and herpes are also often asymptomatic. Because STDs pose a serious health concern to both pregnant women and their fetuses, the CDC recommends screening all pregnant women for HIV, hepatitis B, syphilis, and chlamydia. The CDC also urges providers to screen pregnant women at risk for gonorrhea and hepatitis C.<sup>14</sup>

A 2005 San Francisco study of rectal chlamydia and gonorrhea among men who have sex with men found that more than 80 percent of rectal infections were asymptomatic and would have been missed without screening.<sup>15</sup> Further, the majority of rectal infections among the men in the study were among HIV-negative men, for whom unprotected anal sex would also increase risk for HIV infection.

Because STDs are so prevalent, and so many are asymptomatic, the STD Control Branch of the California Department of Public Health has developed a web site

([stdcheckup.org](http://stdcheckup.org)) to help men assess their STD risk. The site recommends that sexually active men who have sex with men test for STDs every three months. The CDC recommends that men who have sex with men be tested for many STDs at least annually, and every three to six months if they have multiple partners.<sup>14</sup>

### Advances in STD Client Services

In recent years, new services have become available to help people at risk for HIV and other STDs test more conveniently, and, if they test positive for HIV or an STD, to notify their partners anonymously. Services are also available that help people diagnosed with some STDs to help their partners to receive faster treatment. Each of these services is designed to address barriers that may keep people from receiving the testing and care they need, and to break the chain of STD reinfection.

*Joint STD/HIV Testing Locations.* Because HIV and STDs are so inter-related, HIV and STD services are now often delivered at the same sites. Some medical providers who already screen for STDs now offer HIV testing, and voluntary HIV counseling and testing sites sometimes offer screening for STDs such as oral and rectal gonorrhea, chlamydia, and hepatitis C. Providers recognize that people who are at risk for HIV are often at risk for other STDs (and vice versa), and “one-stop shopping” offers clients a convenient and more comprehensive way to assess their sexual health. Any counseling provided to encourage HIV risk reduction is likely to reduce STD risk behaviors as well, and treatment of STDs will certainly decrease HIV risk.

*Disclosure Assistance and InSPOT.* Disclosure of an HIV or other STD diagnosis is difficult for many people. HIV service providers can help clients with this task by offering Partner Counseling and Referral Services (PCRS). PCRS offers three options: clients can inform partners themselves; a provider can accompany a

## Basic Facts about Some Common STDs

NAME	HOW TRANSMITTED	SYMPTOMS/CONSEQUENCES	TREATMENT/VACCINE
<b>CHLAMYDIA</b> (bacterial)	Oral, anal, and vaginal sex	Often no symptoms; painful or frequent urination; discharge from vagina or penis; bleeding after sex in women. Can result in Pelvic Inflammatory Disease (PID) in untreated women, hospitalization, and infertility. Increases risk for HIV infection.	Antibiotics; no vaccine
<b>GONORRHEA</b> (bacterial)	Oral, anal, and vaginal sex	Often no symptoms; painful or frequent urination; discharge from vagina or penis; fever; blood or pus from anus; pelvic pain in women. Can result in Pelvic Inflammatory Disease (PID) in untreated women, hospitalization, and infertility. Increases risk for HIV infection.	Antibiotics—although some strains are resistant; no vaccine
<b>SYPHILIS</b> (bacterial)	Oral, anal, and vaginal sex; contact with sores	Painless sore, untreated can spread to brain and/or heart, flu-like symptoms, damage to major body systems if untreated. Can result in permanent birth defects or stillbirth if infection occurs during pregnancy. Increases risk for HIV infection.	Antibiotics; no vaccine
<b>HEPATITIS A</b> (viral)	Primarily through rimming (oral-anal contact)	Weakness; dark urine; yellow colored skin and eyes; enlarged liver.	Resolves without treatment in people with healthy immune systems after a few weeks; vaccine exists
<b>HEPATITIS B</b> (viral)	Oral, anal, and vaginal sex; injection drug use; sharing injection equipment	Weakness; dark urine; enlarged liver; yellow colored skin and eyes. Can result in liver cancer.	Antivirals; most people recover after six to eight weeks of resting, eating well, and abstaining from drugs and alcohol; vaccine exists
<b>HEPATITIS C</b> (viral)	Primarily through blood-to-blood contact—through shared needles or, rarely, during sex that involves blood-to-blood contact	80 percent of people have no symptoms. Nausea; fever; loss of appetite; dark urine; abdominal pain; enlarged liver; yellow colored skin and eyes. Can result in liver failure or liver cancer.	Interferon and Ribavirin; abstaining from drugs and alcohol recommended; no vaccine
<b>HERPES</b> (viral)	Anal, vaginal, and oral sex; virus sometimes released through intact skin with no sores	Most people with genital herpes are not aware of infection. Painful blisters on genitals, anus, or mouth that break into open sores; sores dry and disappear. Increases risk for HIV infection.	Antivirals decrease symptoms; no vaccine
<b>HPV (HUMAN PAPILOMAVIRUS)</b> (viral)	Anal and vaginal sex; contact with infected skin	Most people have no symptoms, but some get genital warts. Increases risk of anal and cervical cancer.	Medications can remove visible genital warts. Medical treatment may deter development of cervical cancer; vaccine exists for some strains common among girls and women. Ideally, vaccine is received before a girl's first sexual contact
<b>TRICHOMONIASIS</b> (parasitic)	Vaginal sex	Often no symptoms; discharge from vagina or penis; vaginal itching and discomfort. Increases risk for HIV infection.	Antibiotics; no vaccine

client during the client's disclosure; or a provider can notify the client's partners (without sharing any information about the client's identity).

Other STD providers use a process very similar to PCRS, called "partner notification" or "partner services." These services are offered to people with STDs, to their

partners, and to other people at increased risk for infection. Both PCRS and STD partner services providers attempt to assess whether disclosure is a safe and appropriate option for the client.

More recently, people with STDs have had another option: informing partners through Internet e-cards on a web site

called InSPOT (Internet Notification Service for Partners or Tricks).<sup>16</sup> A person who wants to inform his or her partners simply selects a free e-card from the site and then sends it anonymously or from his or her own e-mail address. This may be an especially useful tool for people who meet their sexual partners online

or those who have their partners' e-mail but not other contact information. The e-card also contains links describing STD screening and treatment, so that those receiving them will know where to seek services. There is no way to track whether or not the person who receives the e-card actually receives STD services—whereas traditional partner notification services attempt to collect this information.

*Expedited Partner Therapy.* Often people successfully undergo STD treatment

but are later reinfected. In many cases, this is because the treated person has partners with the STD who were not treated. “Expedited partner therapy” involves treating the sexual partners of people who are diagnosed with STDs without medically evaluating them or delivering prevention counseling.<sup>17</sup> For example, if Jim is diagnosed with gonorrhea, the STD clinic he visits would give him doses of antibiotics for his partners, Doug and Susan. (HIV test-

ing sites that diagnose STDs and have a licensed physician on staff can also offer expedited partner therapy.)<sup>18</sup> Doug and Susan can take the medication and treat their possible infections without seeing a medical provider to confirm that they have an STD.

Some studies show that this approach is both useful and cost-effective. Researchers in King County, Washington, conducted a randomized controlled trial of this method versus traditional patient-referral and provider-referral methods with almost 2,000 participants. Participants who used expedited partner therapy had significantly less recurrence of gonorrhea and chlamydia than did participants who used traditional methods.<sup>17</sup>

Although this approach can be effective, it also has drawbacks: Doug and Susan miss the chance for preventive counseling and medical examination. If either of them has another STD besides the one for which Jim is being treated, or if Susan's gonorrhea has led to pelvic inflammatory disease (PID), these will not be detected, with potentially severe consequences. For this reason, the CDC recommends the use of expedited partner therapy when other strategies are either not practical or not successful. The California STD Control Branch also recommends this practice for the treatment of both gonorrhea and chlamydia.<sup>18</sup>

One way to address some of these concerns is for providers to send educational information along with the medication partners receive. Providers also often urge treated clients to encourage their partners to seek medical care.

## Conclusion

STD testing and treatment are critical to HIV prevention. Advances in STD services have made it easier than ever for people with STDs to test, notify their partners, and help their partners obtain treatment—all steps toward reduced HIV transmission and better sexual health.

## Related Issue: MRSA

Recent news coverage has highlighted the prevalence of “MRSA” (methicillin-resistant staphylococcus aureus)—an antibiotic-resistant type of bacterium that causes potentially serious “staph” infections. Most often, MRSA infections occur in health care settings such as hospitals and nursing homes—places where people receive invasive medical treatments or have already weakened immune systems. Antibiotic-resistant staph infections can also be acquired outside health care settings. These are known as “community-associated” MRSA infections (CA-MRSA), and can occur in previously healthy people.

CA-MRSA does not fit the traditional definition of an STD—it is not spread primarily through sexual contact, and is not transmitted through oral, anal, or vaginal intercourse. Rather, it is spread through skin-to-skin contact, including skin-to-skin contact when people have sex. It usually manifests as pimples or boils that can occur anywhere on the body. Condoms, which are critical in protecting against many STDs, will not protect against MRSA if the affected area is not covered by the condom. Skin abrasions, including those caused by shaving, as well as skin infections, infrequent washing, and contact with contaminated surfaces can all increase the risk of contracting CA-MRSA.<sup>19</sup>

Although some recent studies, including one by the University of California, San Francisco,<sup>20</sup> have focused on CA-MRSA in groups of men who have sex with men, MRSA occurs in many different groups, including children, heterosexuals, incarcerated people, athletic team members, injection drug users, and military recruits. There may be an increased incidence of MRSA among men who have sex with men, but studies have not yet demonstrated a causal relationship between community-associated MRSA and any specific sex practices.<sup>19</sup> People who have chronic skin diseases, use methamphetamine, frequently use antibiotics, live in crowded conditions, have a greater number of sex partners, or inject drugs all may have a heightened risk of acquiring MRSA.<sup>19</sup>

People who may have staph infections should seek medical treatment. Medical providers can determine if a staph infection is present, and if it is antibiotic-resistant. They can educate patients with MRSA about how to take care of themselves and prevent transmission. Hand washing, covering skin abrasions with a clean bandage, and not sharing items such as towels and razors all help to prevent MRSA transmission.<sup>19</sup>

## Implications for Counseling

Since STD prevention and treatment are central to stopping HIV transmission, HIV test counselors must have a good general understanding of the relationship between STDs and HIV. HIV counselors, however, do not need to be STD experts. The most effective counselors know the names of common STDs, the ways STDs are transmitted, and referrals for STD testing and treatment. It is also helpful for counselors to know the symptoms of common STDs and the fact that most STDs have no obvious symptoms.

### Talking about STDs

A brief discussion of a client's STD risk and history is a fundamental part of the counseling session. Counselors ask clients about any occurrences of STDs and hepatitis within the last two years and over the client's lifetime, as well as vaccinations for hepatitis A and hepatitis B. The client's answers to these questions can not only help the counselor explore the client's understanding of these topics; they can also provide a fuller picture of the client's behaviors. For example, when a client states that he "always uses condoms for anal sex," but has a recent history of rectal gonorrhea, the counselor and client can explore how that might have happened. Are there times when the client makes exceptions to the "always use condoms" rule? How recently did the client make the decision to use condoms for anal sex? How often is the client

screened for STDs other than HIV?

Some clients may want to focus only on their STD risk or history, rather than talking about HIV, perhaps because they are less anxious about the stigma and health consequences associated with STDs than with HIV. In response, counselors can gently guide the session back to HIV and can refer clients to medical providers to discuss other STD concerns.

On the other hand, despite the widespread prevalence of STDs, some people feel ashamed to discuss the fact that they have or had an STD. Like HIV, STDs are associated with sex and drug use—hidden behaviors that are often judged as "dirty"—sometimes even by medical or other providers. It is critical that HIV test counselors be aware that simply because a client is testing for HIV does not mean he or she is knowledgeable about or feels completely comfortable discussing STDs. Counselors can model for clients their own comfort in discussing STDs by asking questions and sharing information about this topic in a neutral, nonjudgmental, and open way.

A basic knowledge of STDs is often the key to a counselor's comfort in discussing them with clients. Counselors who want more information about the relationship between HIV and STDs, as well as where to refer clients for testing and treatment, may find the [CDC](#), the [California STD/HIV Prevention Training Center](#), and the [STDCheckup.org](#) web sites useful.<sup>21, 22, 23</sup>

### STD Concerns and Behavior Change

Concern about the pain, sores, discomfort, and health risks associated with STDs may be an added motivator for some clients to change their sexual behaviors. Usually, such changes will reduce the risk for HIV as well. Coun-

selors can help clients reinforce this self-motivation by asking questions like "What concerns you the most about the possibility of having an STD?" or "What do you think it would be like to have gonorrhea again?"

When clients lack information, counselors can also offer basic STD facts that can help clients recognize their vulnerability to infection—including the facts that STDs are common, usually asymptomatic, and can have serious consequences. As always, counselors should be careful to avoid overwhelming clients with information, which can cause confusion and anxiety.

For example, a counselor might say, "It sounds like a lot of the guys that you have sex with have STDs of one kind or another. Many of these infections can increase your chances of getting HIV and can cause serious health problems on their own. The good news is that most are either curable or treatable. Treatment can improve your health and decrease your HIV risk. The local STD clinic can tell you if you've got an STD right now and help you with treatment if you do."

### Risk Reduction Steps

Usually, the risk reduction step a client chooses to take will decrease his or her risk of contracting or transmitting both HIV and other STDs. For example, using condoms for sex, not sharing injection needles, limiting the number of sexual partners, and reducing drug and alcohol use before sex can protect against both HIV and other STDs.

Sometimes behaviors that reduce or eliminate the risk of HIV transmission still pose an STD risk. For example, a client may choose to reduce her or his risk for contracting or transmitting HIV by switching from vaginal or anal to oral sex, or by choosing sex with a partner who is of the same HIV status. These activities, however, still present some STD risk. Even using condoms, which

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### A Counselor's Perspective

"Many of my clients are surprised to hear that most STDs have no symptoms."

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is highly effective against HIV, does not fully protect against the STDs that are spread by skin-to-skin contact.

It is important to remember that risk reduction is not risk elimination. Counselors can help clients define the level of risk with which they feel comfortable and can suggest that clients who choose behaviors that could result in STDs seek regular STD testing. Because it reduces the chances of both HIV acquisition and transmission, seeking regular STD testing and treatment can, in and of itself, be a powerful risk reduction step for many clients—even in the absence of other behavioral changes.

### The Importance of Referral

Referrals are always a key part of the test counseling session and are especially critical for clients who may have STDs. The time constraints of the session mean that any discussion of STDs is likely to be very brief, and counselors may not have enough detailed knowledge to answer all

of a client's questions about STDs. More importantly, the counselor's limited role means that the counselor never attempts to diagnose an STD, unless the counselor is working in a setting that provides medical evaluations and STD diagnosis is an explicit part of his or her job. Further, STD testing and treatment referrals are a concrete, effective intervention to reduce HIV risk and improve overall health.

Any client who has had an HIV risk event since his or her last STD screening should be referred for STD testing. Again, key points to emphasize to clients are that many STDs are asymptomatic—so regular screening is critical—and that many STDs are curable or treatable. The Institute for Sexuality Information Services' [InSPOT California](#) web site (which is funded by the California Department of Health Services, STD Control Branch) lists STD testing and treatment providers throughout California, which can help counselors make local referrals.<sup>16</sup>

### A Counselor's Perspective

"I used to think it would take the focus off HIV to talk too much about STDs. But it doesn't take long and the time we spend on STDs is really helpful."

### Conclusion

Many STDs are common and greatly increase HIV risk, so talking about STDs is an important part of HIV test counseling. Counselors can raise clients' awareness of basic STD facts and direct them toward appropriate care while staying within their limited counseling role. Several resources are available to help counselors learn more about STDs and how to respond to their clients' concerns.

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## Case Study

*Brandon is a 23-year-old gay man who moved to San Francisco from Nebraska about eight months ago. Last week, he came in for a confidential HIV test. During their session, Martin, his test counselor, let Brandon know that the site also provides gonorrhea and chlamydia testing and that he met the criteria to be tested there. At first, Brandon thought it was unlikely that he would test STD-positive. After he and Martin talked about the fact that STDs are far more common than HIV, are transmitted in many of the same ways as HIV, and can become serious if left untreated, Brandon decided to test for gonorrhea and chlamydia as well as HIV. Brandon was relieved to find out that he had tested HIV-negative, and he was surprised and upset to learn a week later that he had tested positive for rectal gonorrhea. Today he has come in to receive medication for himself and his new boyfriend, William.*

### Counseling Intervention

Brandon sits quietly facing his counselor, Keisha. After a moment, he says, “I just thought since I was HIV-negative, I was home free. I wasn’t really worried about other stuff. And I know that you can’t tell if somebody has HIV, but I thought I would see something—a sore or something—on the guy if he had an STD.”

Keisha smiles. “Well, it certainly doesn’t hurt to check your partners out! Sometimes there is some kind of sore or discharge around the penis or the anus. But more often there isn’t,” Keisha explains. “A lot of guys are surprised to learn that, and that’s why it’s so great that you decided to be tested for STDs. As you know, gonorrhea is totally treatable, and today we’ll give you medication for both you and your boyfriend. That will treat your gonorrhea and his if he has it, but it would be great if he got checked out as well. How long have you guys been together?”

“About two months,” Brandon replies.

“And do you also have sex with other people?” Keisha asks.

“No, not right now. We’re just into each other,” Brandon responds.

“And you’ve been in town about eight months. How have things been socially?” Keisha asks. “Sometimes people are pretty lonely when they move here, even though they are meeting lots of new people,” Keisha notes.

“Well, I was lonely before I met William. I met a lot of guys online.”

“And with the guys you met online, was it easier or harder to wear condoms with them than it is with William?” Keisha asks.

“I try to use condoms if I’m going to have sex, even with William. Not for blow jobs, though. It’s funny, I still can’t believe that somebody who was carrying something would have sex without saying anything.” Brandon shrugs.

“I hear that a lot. But at the same time, you didn’t

know until today that you had gonorrhea, and a lot of guys don’t know. So perfectly nice guys who don’t have any symptoms might not even realize they are exposing other people to STDs or HIV,” Keisha explains.

She continues, “One way that some guys approach that is to use condoms consistently. We know that anal sex without condoms puts you at risk for both HIV and rectal STDs—and that using condoms will protect you from both. I know you and Martin talked last week about how you might use condoms more often. Sometimes the desire to avoid STDs provides more motivation!”

Brandon nods. “I definitely feel more motivated. I don’t want to go through this again. I’m not sure I can always use condoms, though.”

Keisha nods. “Another strategy is to test for STDs more often. That way, if you have an STD, you can deal with it immediately. Since STDs like gonorrhea increase your chances of getting HIV, you are reducing your HIV risk by getting STDs treated. That protects you and your partners.”

Brandon shrugs. “I guess I shouldn’t be so stressed, though,” he remarks. “I was talking to some of my friends this week, and all of them have had STDs.”

“It’s a fine line,” Keisha says. “STDs are common and easily transmitted. Most people have had an STD at one time or another. On the other hand, STDs can be serious, and many are easily avoidable—in the same ways that you can protect yourself from HIV. So don’t be hard on yourself, but keep on watching out for your health, since you have the power to protect it.”

Brandon smiles. “Not letting me off the hook, are you?”

Keisha grins. “Not even a little.” She continues, “Now that we’ve gotten treatment for you and William, you may want to tell some of the guys that you met online that they may want to get tested for STDs as well.” She points to her computer screen. “Ever hear of InSPOT?” she asks, pulling up the web site.

## Test Yourself

### Review Questions

1. True or False: Even people who do not change their sexual behaviors can reduce their risk of acquiring HIV by testing for STDs frequently and treating any that occur.
2. Latex-based condoms are not highly effective against which of the following? a) gonorrhea; b) human papillomavirus; c) HIV; d) trichomoniasis.
3. "Expedited partner therapy" refers to: a) offering immediate STD testing and diagnosis services to partners of people with STDs; b) testing and treating several people with STDs at the same time; c) providing medication to the partners of a person diagnosed with an STD, without testing and diagnosing those partners; d) helping people diagnosed with STDs notify their partners quickly so that these partners can receive testing and treatment.
4. True or False: Recent studies show that men who have sex with men are

at heightened risk for MRSA because anal sex is the primary means of MRSA transmission.

5. True or False: If everyone who had symptoms of an STD obtained treatment, sexually transmitted diseases would quickly die out.
6. If a person with an STD wants to use InSPOT to notify a sexual partner that he or she has been diagnosed with an STD, he or she must know the partner's: a) phone number; b) Social Security number; c) city of residence; d) e-mail address.
7. Which of the following infections is a viral STD? a) chlamydia; b) HIV; c) gonorrhea; d) syphilis.

### Discussion Questions

1. What are the most challenging aspects of bringing a discussion of STDs and their relationship to HIV into your sessions with clients?
2. How can counselors use clients' concerns about STDs and their consequences to motivate clients to engage

in safer behaviors without making clients overly anxious?

3. How can counselors respond to clients who have possible symptoms of an STD infection but are reluctant to visit an STD clinic or see a medical provider for an examination?
4. How would you respond to a client who says that he does not disclose the fact that he has genital herpes to his sexual partners?
5. Who are the key STD medical providers in your area? What STD-related online resources do you find most useful?

### Answers to Review Questions

1. *True.*
2. *b.*
3. *c.*
4. *False. Men who have sex with men may have a heightened incidence of MRSA, but the illness has not been tied to any specific sexual practices.*
5. *False. Most STDs have no symptoms.*
6. *d.*
7. *b.*

### Using PERSPECTIVES

**PERSPECTIVES** is an educational resource for HIV test counselors and other health professionals.

Each issue explores a single topic. A **Research Update** reviews recent research related to the topic. **Implications for Counseling** applies the research to the counseling session. Also included are a **Case Study** and two sets of questions for review and discussion.

### HIV Counselor PERSPECTIVES

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