



HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Sexual Health

Winter 2004

An Update on Sexually Transmitted Diseases (STDs)



Prior to 1960, there were only two significant sexually transmitted diseases — syphilis and gonorrhea. Today there are more than 20, and the numbers continue to rise. Factors contributing to this rise include young people becoming sexually active at earlier ages and marrying later. In addition, sexually active people today tend to have more than one sex partner during their lives, increasing their chance of being exposed to an STD.

Women disproportionately bear the long-term consequences of STDs, which tend to be more severe and more frequent for women than for men. One of the reasons may be that women most often have no symptoms and seek care only when serious problems develop. In addition to the mortality that some STDs can cause in women, STDs can also render women infertile, cause problems in pregnancy and be passed to her newborn child causing life long damage or even death.

The list below describes the most common STDs and their risks to women and their children.

Chlamydia and Gonorrhea

Chlamydia and gonorrhea, both sexually transmitted bacterial infections, are easily confused because they share symptoms and often occur together. Women infected with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* may develop pelvic inflammatory disease (PID), which can result in ectopic pregnancy and infertility. If not treated appropriately, up to 20 percent to 40 percent of women infected with chlamydia and 10 percent to 40 percent of women infected with gonorrhea may develop PID. Up to half of the 1 million cases of PID and 17 percent of tubal infertility may be due to chlamydia. Among women with PID, scarring will cause involuntary infertility in 20 percent, ectopic pregnancy in 9 percent, and chronic pelvic pain in 18 percent. Chlamydial and gonococcal infections also increase the likelihood of both transmitting and acquiring HIV infection.

Approximately 70 percent of chlamydial infections and half of gonococcal infections in women are asymptomatic. These infections are detected primarily through screening programs. The vague symptoms associated with chlamydial and gonococcal PID cause 85 percent of women to delay seeking medical care, thereby increasing the risk of infertility and ectopic pregnancy. According to a survey of 546 doctors reported in the March 2001 *Journal of Adolescent Health*, only 32 percent said they would screen an asymptomatic sexually active teenage girl for chlamydia as part of a routine gynecology examination. Broad-based screening programs, however, have successfully decreased the rate of chlamydial infections and PID in young women by 60 percent.

Based on these findings, the U.S. Preventive Services Task Force recommends that primary care clinicians routinely screen all women whether or not they are pregnant, if they:

- Are sexually active and age 25 or younger.
- Have more than one sexual partner, regardless of age.
- Have had an STD in the past, regardless of age.
- Do not use condoms consistently and correctly, regardless of age.

Routine chlamydial and gonococcal screening of women who fall into any of these categories may reduce their risk of infertility and, if they are pregnant, may improve the health of their newborn babies. According to the U.S. Centers for Disease Control and Prevention (CDC), states with chlamydia screening programs have reported that chlamydia infection rates in women have been reduced by as much as 67 percent.

Uncomplicated cases of chlamydia are treated with a single dose of azithromycin or seven days of doxycycline. Women with PID must seek medical treatment and receive broad spectrum antimicrobial agents that act against both chlamydial and gonococcal infections. The alternative oral antimicrobial agent used for the treatment of gonococcal infections is ciprofloxacin. Unfortunately, history is repeating itself, and *N. gonorrhoea* has developed increasing

resistance to ciprofloxacin in Asia, the Pacific and the Western and Midwestern sections of the United States. Based on these findings, ciprofloxacin is no longer recommended for the treatment of gonorrhea in Hawaii and California and should not be used to treat infections that may have been acquired in Asia, the Pacific (including Hawaii), or California. Clinicians are advised to obtain a recent travel history, including histories of sex partners, in those persons with gonorrhea to ensure appropriate antibiotic therapy. Alternative therapies are now being investigated to find an effective antimicrobial alternative for the treatment of gonorrhea.

Current Illinois statistics show that:

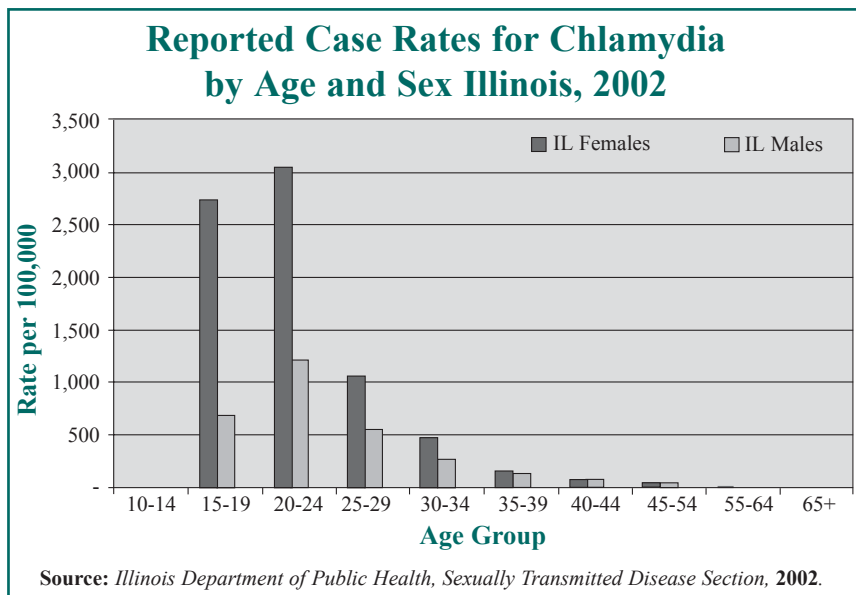
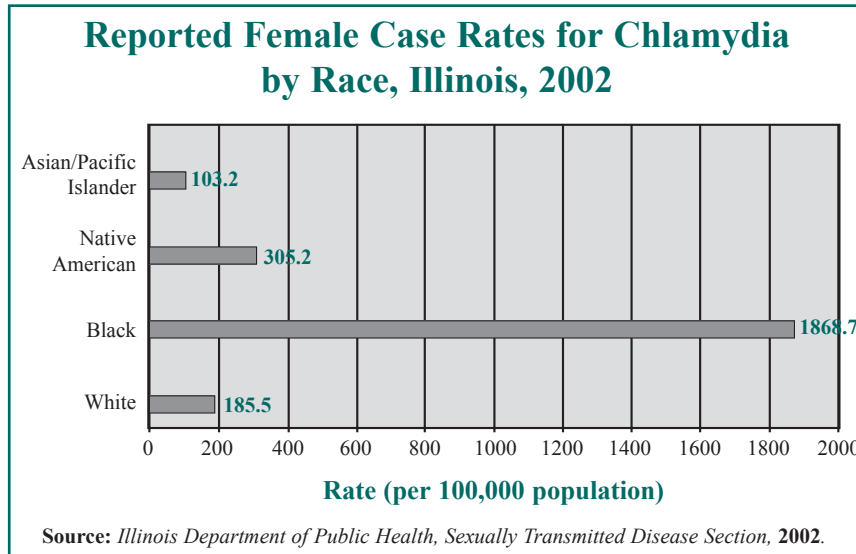
- Chlamydia is the most frequently reported STD in Illinois (excluding Chicago) with 23,428 cases reported during 2002, a 10 percent increase over cases reported the previous year. All 102 Illinois counties reported at least one case during 2002. Preliminary data indicate that Illinois (including Chicago) ranked sixth among the 50 states for reported chlamydia in 2002.

- Chlamydia and gonorrhea are most prevalent in young populations, with 76 percent of reported Chlamydia cases among 15-24 year olds for the period of January through June, 2003. Likewise, the average age of persons reported with gonorrhea in the same period was 26 for males and 22 for females.
- African Americans accounted for 40 percent and whites accounted for 39 percent of all reported cases of chlamydia from January through June 2003. Since the same period in 2002, there was a 10 percent rise

in white females, a 1 percent decrease in African-American females and a 3 percent rise in the total number of cases reported for Hispanics.

- African Americans accounted for 61 percent of gonorrhea cases during the first six months of 2003. Even so, this racial group reported a 12 percent decrease overall and a 10 percent decrease among

females, while the cases among Asian/Pacific Islanders increased by 58 percent but accounted for less than 1 percent of reported cases.



Hepatitis B

Hepatitis B (HBV) is a virus that causes infection in the liver. HBV is estimated to infect approximately 5 percent of Americans, with 1.25 million having chronic HBV infection that can be fatal. Over several decades, about one-third of chronically infected people develop some form of liver disease, including cancer; of those with liver disease, 15 to 25 percent will die. Chronic infection occurs in 90 percent of infants infected at birth, 30 percent of children infected at the ages of 1 through 5

and 2 percent to 6 percent of those infected after age 5. The highest rate of new infection is in the 20 to 49-year-old age group.

Though Hepatitis B is not only transmitted sexually, sexual transmission is one of the most common forms of transmission. A majority of people infected with HBV are asymptomatic, yet infectious. Many are unaware that HBV is 100 times more infectious than HIV, but like HIV, it carries serious consequences and can be fatal. Hepatitis B virus is found in the blood and body fluids of persons

with hepatitis B. Contact with even small amounts of infected blood can cause infection. HBV can be transmitted through direct contact with the blood or body fluids of an infected person, such as sharing needles or by having sex with an infected person. A baby can get hepatitis B from an infected mother during childbirth. Since HBV can live outside of its host for a long time, it can also be spread through household contact such as shared razors, toothbrushes or kissing. You may be at risk for HBV if you:

- Have a job that exposes you to human blood.
- Live in the same house with someone who has a lifelong HBV infection.
- Inject drugs.
- Have sex with a person infected with HBV.
- Have sex with more than one partner.
- Are a child whose parents were born in Southeast Asia, Africa, the Amazon Basin in South America, the Pacific Islands or the Middle East.
- Are a patient or work in an institution for the developmentally disabled.
- Have hemophilia.
- Travel internationally to areas with high prevalence of HBV.

HBV can be prevented through vaccination with three injections over the course of several months. HBV vaccination is recommended for people who are HIV positive, those traveling to areas with high rates of HBV or whose jobs expose them to human blood, newborns, children 0-18 years of age who have not been vaccinated, men who have sex with men, people with multiple sex partners or a diagnosis of sexually transmitted disease, injecting and non-injecting drug users, people with clotting-factor disorders such as hemophilia and pregnant women who test positive for HBV in the last two to three months of pregnancy. Condoms, never sharing needles and making sure tattoo artists use sterile needles also can help prevent catching or passing HBV.

It is especially important that pregnant women are tested for HBV. Not only is HBV is passed from mother to infant during the birth process 80 percent of the time, but 90 percent of those infected at birth will go on to develop chronic HBV with a one in four chance of dying from liver problems and a nine out of 10 chance of becoming carriers of the disease for the rest of their lives. Those who test positive for HBV should have their infant vaccinated starting with the H-BIG shot and the first dose of the HBV vaccine within 12 hours of birth. If the baby gets all three shots, plus the Hepatitis

B immune globulin (H-BIG), he/she will have a 95 percent chance of being safe from HBV for life.

Herpes Simplex Virus

Genital herpes infections are at epidemic levels in the United States. One in five Americans has herpes infection, and the number of people living with this incurable sexually transmitted disease has increased 30 percent since the late 1970s, according to the results of the National Health and Nutrition Examination Survey (NHANES) III, which surveyed 40,000 people from 1988 to 1994. The findings were reported in the October 16, 1997, New England Journal of Medicine. The report, "The evolving epidemiology of herpes simplex virus type 2 in the United States, 1976 to 1994," documents that nearly 22 percent of the population overall (45 million Americans) and almost 46 percent of African Americans are infected with herpes simplex virus type 2 (HSV-2). Since the last national survey of HSV-2 prevalence (conducted between 1976 and 1980), prevalence has increased most dramatically among young white teens. HSV-2 prevalence among 12- to 19-year-old whites is now five times higher than it was in the late 1970s. Young people age 20-29 are now twice as likely to have HSV-2.

Herpes has long been expected of having a role in the HIV epidemic, but confirmatory data have only recently been presented. A meta-analysis of 27 studies by Wald and Link in the *Journal of Infectious Diseases*, Volume 185:45-52, 2002 suggested that the risk of HIV acquisition was doubled in persons who were HSV-2 seropositive. In Africa a study conducted by Gray, Wawer, Brookmeyer et. al. found a five-fold greater risk of acquiring HIV in HSV-2 seropositive patients. Conversely, persons who are seropositive for both HIV and HSV-2 transmit HIV more efficiently and have an increase of HIV replication. Diagnosis and control of HSV infections in populations that are particularly susceptible to HIV may be a cost-effective HIV prevention measure.

NHANES III also found that HSV-2 is more common among women (approximately one out of four women) than men (almost one out of five). This may be related to the higher efficiency of transmission from men to women.

Genital infections with herpes simplex virus have serious consequences for pregnant women, including

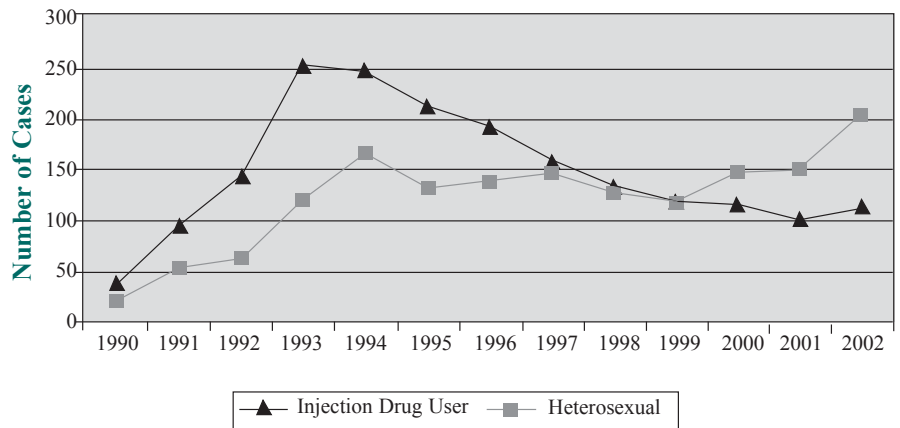
potentially fatal neonatal infections. The risk of transmission of HSV-2 from an infected mother to a neonate is between 30 percent to 50 percent in women who acquire herpes around the time of delivery, but the risk is low (<1 percent) in women with recurrent genital herpes. Even so, because genital herpes is so common, the number of cases of neonatal herpes that are acquired from HSV-2 seropositive women with recurrent disease remains high. For this reason, new guidelines have been developed that recommend counseling the mother to try to prevent acquisition of herpes during the third trimester and having her examined for presence of lesions at delivery.

HSV-2 is usually transmitted sexually and causes recurrent painful ulcers in many adults. Herpes also can be severe in people with suppressed immune systems. Symptoms of herpes can be treated, but the disease cannot be cured. With or without visible symptoms, the disease can be transmitted between sex partners and from mothers to newborn babies. Herpes is believed to be most infectious when sores and blisters are present, but can be transmitted even when there are no symptoms. If you or your sexual partner has herpes, it is best to abstain from sex when these symptoms are present. Between outbreaks or with a partner whose herpes status is unknown, the consistent and correct use of latex condoms is the best protection. Because condoms do not cover all areas where herpes blisters could be present, people should also avoid any direct contact with herpes sores and blisters. For people with frequent or severe outbreaks of herpes, antiviral medications may help to relieve or suppress outbreaks.

HIV/AIDS

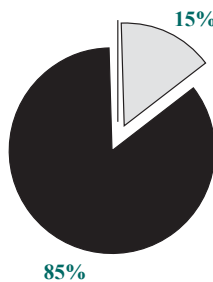
AIDS (acquired immunodeficiency syndrome) is caused by infection with a virus known as HIV (human immunodeficiency virus). The virus is transmitted from one individual to another via blood, semen, vaginal fluid and breast milk. A person can be infected with HIV and

AIDS Incidence in Women by Risk Category, Illinois, 1990-2002



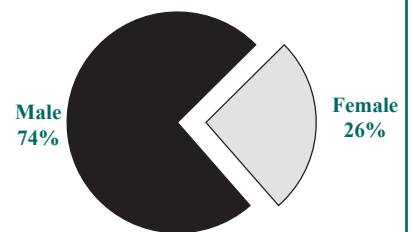
Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. AIDS data reported December 2003.

Cumulative AIDS Cases by Gender Illinois 1981-2000



Source: Illinois Department of Public Health, HIV/AIDS, Surveillance Unit. AIDS data reported January 1981 through December 2000.

Cumulative HIV Cases by Gender Illinois July 1999 through October 2003



Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. HIV data reported July 1999 through October 2003.

not even realize it. Although it can take years before symptoms appear, HIV infection can nonetheless be passed to others during this time.

In Illinois, over 5,250 women are currently known to be living with HIV and/or AIDS, while others may not know they are infected. However, AIDS incidence in Illinois has dropped for the first time since 1996. This is largely due to the impact of treatment advances in delaying the progression of HIV infection to AIDS. Unfortunately, HIV infection among women has increased dramatically over the last decade, particularly in communities of color,

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 Just call the Health-Line at 1-888-522-1282.

with African-Americans accounting for 65 percent of all reported female AIDS cases in Illinois, but only 15 percent of the population. The CDC estimates that, in just over a decade, the proportion of all AIDS cases reported among adult and adolescent women more than tripled. Illinois has seen a 17 percent increase in the number of cases reported for adult and adolescent women since 1990. Women accounted for 22 percent of Illinois' reported AIDS cases from July 1999 through November 2003 as compared to only 15 percent of Illinois reported cases from 1981 to 2000. When compared to females over age 24, females ages 13 through 24 made up nearly half (47 percent) of HIV cases according to confidential test results in 2000.

Although AIDS-related deaths among women have decreased in recent years, HIV/AIDS remains among the leading causes of death for United States women ages 25-44.

Heterosexual contact and injection drug use are the leading risk factors for HIV

in Illinois women. While heterosexual contact is the leading mode of transmission for women (53 percent in 2002), at least half of these cases are believed to have resulted from unprotected sexual contact with a male injection drug user. In 2002, 31 percent of new female AIDS cases resulted directly from injection drug use.

Women are more susceptible to infection with HIV through heterosexual contact than men since they are the recipients of fluids, have a greater area of tissue exposed to the virus during intercourse and are more likely to be suffering from lesions associated with untreated sexually transmitted diseases. Studies have shown the rate of transmission from male to female to be two to five times higher than from female to male. Adolescents are more prone to infection than adults because their cervical tissue is not mature, having only a single layer of protective cells that allows receptor cells to be more exposed to the virus than in adult cervical tissue.

To avoid HIV infection through sex, the only sure way is to abstain from anal, vaginal or oral sexual intercourse, or to have sex only with someone who is not infected and who has sex only with one partner. Using latex condoms correctly every time you have vaginal, anal or oral sex can greatly lower your risk of infection. People should not impair their judgment with drugs, nor should they share needles or injection equipment to inject drugs or steroids. HIV in blood from an infected person can remain in a needle, syringe or other item, then be injected directly into the bloodstream of the next user.

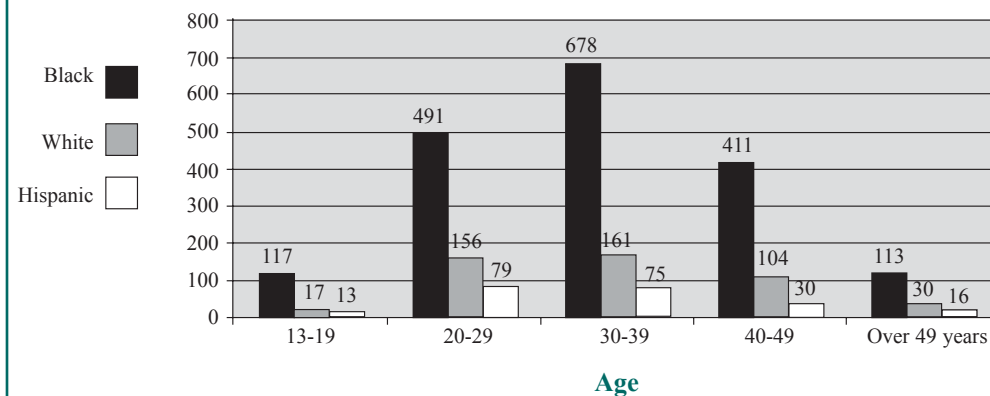
Testing for HIV can be done through either a blood

sample or an oral sample. If an individual has a positive test, it means they have HIV antibodies, are infected with the disease and can infect others. Since it takes most people 12 weeks and some people up to six months to develop antibodies

after exposure to HIV, a person can have a negative test result during this window of time and still be infected. Therefore, it is important to repeat a negative test six months after possible exposure to ensure that you are not infected.

Though there is no cure for HIV/AIDS, those who are infected with HIV can do many things to live healthier and longer lives. First, they must take care of themselves by eating right, getting plenty of exercise and sleep and avoiding exposure to airborne and foodborne pathogens. There are also medications that slow the growth of the virus and delay or prevent certain life-threatening conditions. The Illinois Department of Public Health provides FDA-approved prescription drugs through its AIDS Drug Assistance Program (ADAP) for HIV-infected patients who meet specific income guidelines. Since managing the personal, financial and medical aspects of this disease can be daunting for many faced with the challenge, HIV-infected persons generally are

Women with HIV by Race and Age Group, Illinois July 1999 through November 2003



Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. HIV data reported July 1999 through November 2003.

offered case management services through an HIV care consortia. Case managers coordinate an effective system of care based on each client's individual needs. The ADAP Hotline is 1-800-825-3518.

Human Papillomavirus (HPV)

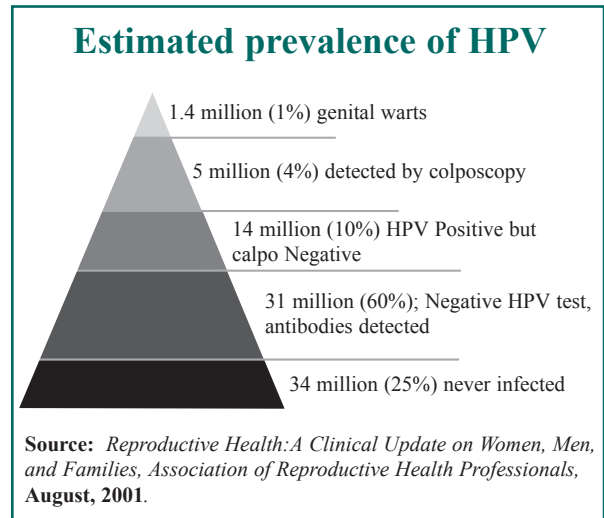
Genital human papillomavirus (HPV) is one of the most common sexually transmitted diseases in the United States. Approximately 50 percent to 75 percent of sexually active men and women acquire HPV at some time in their life. Scientists have identified at least 70 types of HPV, some of which cause common skin warts. About one-third of the HPV types can be spread through sexual contact and several can lead to genital warts, the most recognizable sign of genital infection. Genital warts are spread by sexual contact with an infected partner and are very contagious. Approximately two-thirds of persons who have sexual contact with a partner with genital warts will develop this disease, usually within three months of contact. It is possible to acquire HPV from an infected sexual partner who does not have noticeable warts. It is estimated that as many as 6.5 million new cases of genital warts are diagnosed annually in the United States. In women, the warts occur on the vulva, labia, inside the vagina, on the cervix or around the anus.

Other types of HPV have been closely linked with the development of cervical cancer and other genital cancers. While the majority of infections with human papillomavirus (HPV) in women do not cause cervical cancer, infections with HPV are a major concern because persistent infection with specific types (e.g., types 16, 18, 31, 33, 35, and 45), is usually related to cervical cancer and also can cause Pap smear abnormalities. A 1999 study published in the *Journal of Pathology* found HPV to be present in 99.7 percent of cervical cancers. Other types (e.g., types 6 and 11) cause genital warts, low-grade Pap smear abnormalities and rarely recurrent respiratory papillomatosis in infants born to infected mothers.

According to a study by Moscicki, Hills, et. al. in the June 20, 2001 *Journal of the American Medical Association*, HPV infection is not necessarily a lifetime infection, as was previously thought. Up to 90 percent of women had strong enough immune systems that the lesions gradually went away. Three years after being exposed to the virus, most women no longer had it, although some had become infected again.

HPV is spread through vaginal and anal sex and skin-to-skin contact in the genital area and therefore it is easy to contract. There is no cure for HPV, but there are ways to

reduce the risk. Not having sex is the best protection against acquiring HPV and other STDs. Having sex with only one uninfected partner who only has sex with



you is also safe. Latex condoms, when used consistently and correctly, can reduce the risk of genital warts and other STDs, but only when the infected areas are covered or protected by the condom. (The warts may occur in genital areas that can be covered or protected by the condom, but they also may occur in areas that cannot be covered or protected by a condom and can be spread even when a condom is used correctly) In addition, the use of latex condoms has been associated with a reduced risk of HPV-associated disease, such as cervical cancer. For more information on sexually transmitted diseases, contact:

Illinois Department of Public Health AID/HIV/STD
 Hotline 1-800-243-2437
 Illinois Department of Public Health Web site
www.idph.state.il.us
 CDC Web address www.cdc.gov/std/

CDC National STD Hotline
 800-227-8922 or 800-342-2437
 En Español 800-344-7432
 TTY (for the hearing impaired) 800-243-7880

American Social Health Association
 P.O. Box 13827
 Research Triangle Park, NC 27709-3827
 800-783-9877
www.ashastd.org

National Herpes Hotline
 919-361-8488

Combating Sexual Dysfunction

The majority of this article was adapted from *Sexual Dysfunction in Women: What Can I Do if Sex Isn't Working for Me?*, American Academy of Family Physicians, March, 2003. Some sections also were adapted from *Female Sexual Dysfunction* at www.urologychannel.com.

What is sexual dysfunction?

When a person has problems with sex, doctors call it "sexual dysfunction." Sexual dysfunction can occur in both men and women. There are several kinds of sexual problems in women that are described below.

- **Desire disorders (hypoactive sexual desire disorder and sexual aversion disorder)** – A lack of interest in having sex or having less desire for sex than one used to.
- **Arousal disorders** - Not feeling a sexual response or not being able to keep up a response that has started.
- **Orgasmic disorders** – Being unable to have an orgasm or having pain during orgasm.
- **Sexual pain disorders (dyspareunia)** - Having pain during or after sex.
- **Sexual contraction disorders (vaginismus)** – Involuntary contractions of the muscles around the vagina that makes vaginal penetration difficult or impossible.

What causes sexual dysfunction?

Many things can cause problems in a person's sex life. Medicines, diseases (like diabetes or high blood pressure), alcohol use or vaginal infections can cause sexual problems. Depression, an unhappy relationship or abuse (now or in the past) can also cause sexual problems.

Women may have less sexual desire during pregnancy, right after childbirth or when breast-feeding. After menopause many women feel less sexual desire, have vaginal dryness or have pain during sex.

The stresses of everyday life can affect a woman's ability to have sex. Being tired from a busy job or caring for young children often makes a person feel less desire to have sex. Being bored by a long-standing sexual routine also can be a factor.

How can a woman know if there is a problem?

Up to 70 percent of couples have a problem with sex at some point in their relationship. Most women sometimes have sex that does not feel good. This does not mean that they have a sexual problem.

If a woman doesn't want to have sex or it never feels good, she might have a sexual problem. She should discuss her concerns with her doctor. Her concerns will be kept strictly confidential.

What can be done to help?

Sexual dysfunction can be due to physical, emotional or psychological issues. Many of these issues can be addressed with your doctor or a therapist who can provide additional guidance.

In some cases of sexual dysfunction, an underlying medical condition may be to blame. Also, the drugs used to treat some conditions may have side effects that can affect libido.

A woman who has gone through menopause or had her uterus and/or ovaries removed, may want to take the hormone estrogen to help with sexual problems. A doctor can help to assess potential side effects and determine if this is an option.

FY2005 Funding Opportunities

Interested in applying for a Women's Health Initiative Grant for Fiscal Year 2005? Applications can be obtained by calling the Women's Health-Line toll-free at 888-522-1282 (TTY for hearing impaired use only: 800-547-0466); or look for the application on the Illinois Department of Public Health's website: www.idph.state.il.us. Proposals are due Monday, March 15, 2004.

Success Story: 2003 Women's Health Conference

The Fifth Annual Women's Health Conference was another success, with nearly 400 health, medical and human service professionals attending. Presentations covered new research in body image and Body Dysmorphic Disorder (BDD), cervical cancer and botanical medicines. Additional cutting-edge information related to osteoporosis treatments, HIV/AIDS, disparities for women, obesity, diabetes and cardiovascular disease. Speakers included numerous state and nationally known physicians from top medical schools. Louanner Peters, who serves as Governor Blagojevich's Deputy Chief of Staff for Social Services, gave opening remarks. The conference was made possible with the help of the Centers for Disease Control and Prevention (CDC), private sector sponsors and over 30 exhibitors. The 2004 Women's Health Conference is scheduled for October 27 and 28, 2004 in the Donald E. Stephens Convention Center at Rosemont.



Speaker Katharine A. Phillips, M.D., Professor of Psychiatry and Human Behavior at Brown Medical School is pictured with Sharon Green, Deputy Director of the Office of Women's Health. According to Dr. Phillips, Body Dysmorphic Disorder (BDD), is an under-recognized, yet relatively common disorder in which appearance concern and dissatisfaction are carried to an extreme. BDD consists of a preoccupation with an imagined or slight defect in appearance that causes clinically significant distress or impairment in functioning.

Healthy Woman newsletter is published quarterly by the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Story ideas, suggestions and comments are welcome and should be forwarded to Lisa Keeler, editor, Illinois Department of Public Health, Office of Women's Health, 535 W. Jefferson St., Springfield, IL 62761; or call 217-524-6088.

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