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THE FACES of HIV



AND OTHER INFECTIOUS DISEASES

HIV, AIDS, hepatitis and sexually transmitted diseases don't discriminate. Assess your risks, get tested and take steps to protect yourself, your family and friends. As Indiana statistics reveal, denial and silence can be dangerous.



Indiana State
Department of Health



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A special message from State Health Commissioner

DR. JUDY MONROE



HIV/AIDS is one of the biggest health problems facing the world today, and no one is beyond its reach. More than 9,168 Hoosiers — including 1,763 women — currently are living with HIV/AIDS, and this pandemic has ended the lives of 4,698 people in Indiana over the past 30 years.

At the Indiana State Department of Health, one of our biggest challenges is educating the public about chronic life-threatening conditions. Many people are embarrassed about discussing issues like HIV/AIDS, hepatitis or sexually transmitted diseases. Most people with these diseases feel stigmatized.

Now is the time to remove the stigma associated with having HIV/AIDS or other STDs. Talking frankly and openly with family and friends about sexuality, sex education and health information is something we all can do to help fight the spread of these diseases. As mothers, sisters, daughters and wives, we can make a positive difference just by having a conversation.

HIV does not discriminate by age, race, gender, ethnicity, sexual orientation or socioeconomic status. Everyone, and I mean everyone, should assess their personal risks. Certain groups are at increased risk,

including sexually active women and youth.

Testing is the only way to know your status. HIV, like many STDs, has no symptoms. Therefore, testing to know if you are infected as well as using prevention methods, like always using a condom, are your weapons to protect yourself and your loved ones.

Much has been learned by the medical community about HIV, and medications have been developed to better treat the virus and prevent opportunistic infections. Early detection through testing can improve the effectiveness of treatments and allow for improved quality of life.

However, it is important to remember there still is no cure for HIV/AIDS. Preventing HIV infection is still the No. 1 priority.

Talk to your health care provider about your risk factors and ask if you should get tested for HIV. I encourage each one of you to act today. Know your status.

Judy Monroe, M.D.
State Health Commissioner

Sexually Transmitted Infections

Find out what you really know about STIs

by Katherine A. Browne and Erika L. Chapman

(Answers on page 8)

With flowers in full bloom the mind may drift to thoughts of summer romance. Many teenagers and adults often forget that with summer romance, there may be unwanted mementos that can include chlamydia, syphilis, gonorrhea, herpes, genital warts (HPV), HIV and even hepatitis B or C.

So before those last days of summer fade into fall, let's take a minute to refresh ourselves on the



Katherine A. Browne



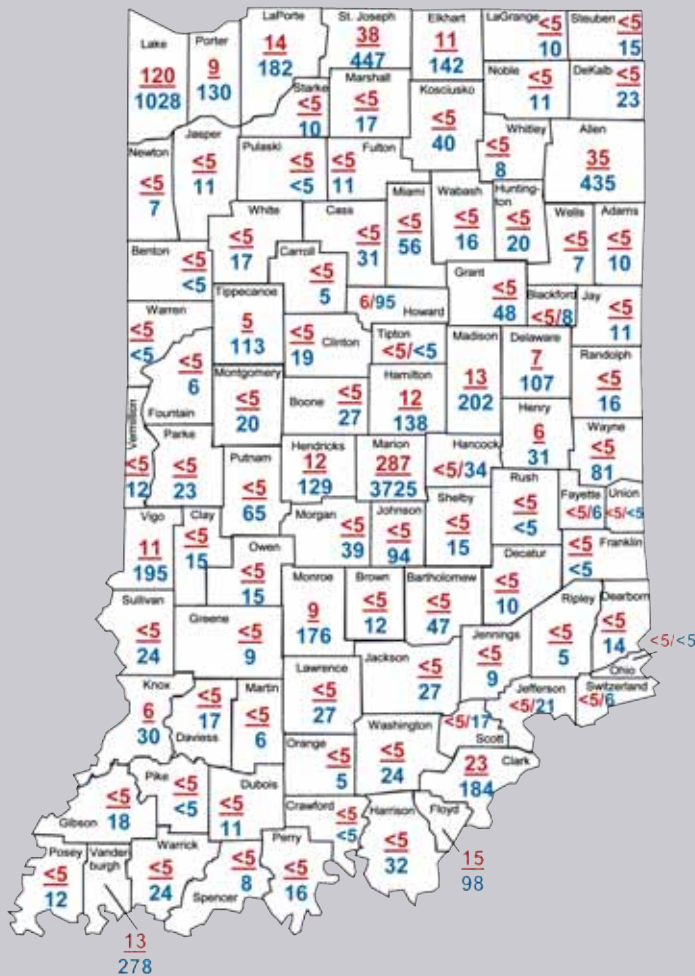
Erika L. Chapman

facts about sexually transmitted infections and viral hepatitis.

The following is a short quiz — to be completed poolside, of course — designed to test your knowledge and even possibly teach you a thing or two about protecting your total health, including your fertility.

1. In 2007, there were about 500 reported cases of chlamydia in Indianapolis among women ages 15-25. True False
2. Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), can be transmitted in saliva, tears and sweat. True False
3. Viral hepatitis affects the liver. True False
4. All STDs are easy to treat and can be cured with a shot or pill. True False
5. Only men who have sex with other men and injection drug users get HIV. True False

HIV DISEASE CASES REPORTED IN 2007 AND LIVING IN INDIANA AS OF DECEMBER 31, 2007



Top Number: HIV Disease Cases newly reported in Indiana by current county of residence from 1/1/2007 – 12/31/2007

Bottom Number: Total Prevalence of HIV Disease Cases including cases diagnosed in other states and currently living in Indiana

6. There are five stages of syphilis. True False
7. Condoms are 100 percent effective at preventing HIV, STDs and viral hepatitis. True False
8. You would always know if you had chlamydia or gonorrhea. True False
9. You can't get HIV from oral sex. True False
10. There is a vaccine available for Hepatitis A, HAV. True False
11. You can get HIV, STDs or viral hepatitis from oral and/or anal sex. True False
12. Genital herpes will always produce painful sores. True False
13. There is nothing you can do to protect yourself from contracting HIV, STDs or viral hepatitis. True False



Update on AIDS

A national and global challenge reaches milestones over two decades but still has a distance to go

by Barbara J. Burcham, M.S.W., HIV Prevention Program Manager, Indiana State Department of Health

Unlike any other disease, AIDS has demanded and ultimately received the compassionate response to the pain and suffering of fellow humans by taking the “how” the disease was acquired out of the equation. The biggest question the disease AIDS has asked is “What is the value of a life — your life, my life or anyone’s life?”



Barbara J. Burcham

We have reached numerous medical milestones since the first identification of this disease in the early 1980s. Gerald J. Stine, Ph.D., says “... the history of HIV/AIDS is one of the remarkable scientific achievements. Never in the history of humans has so much been learned about so complex an illness in so short a time.”

AIDS has impacted our society in the following ways:

- > New medical terms in use include viral load, CD4 cells, phenotypes and genotypes.
- > Treatment advances include AZT in late 80s, combination therapies in the early 90s, Highly Active Retroviral Therapy in 1997, and the multitude of agents that attack the virus at various sites in the replication process are currently available.
- > Opportunistic infection control is possible even to the extent of immune reconstitution.
- > Research continues to search for advancements in disease prevention and treatment, resulting in a shift from skepticism to hope.
- > The shift from an acute illness with limited life expectancy to the ability of people with HIV infection to live a normal life expectancy with a long-term chronic illness.

Social milestones have been achieved through AIDS activism. The most obvious result of activism has helped keep AIDS in the nation’s forefront; continues to encourage research, innovation and knowledge; and presses the need for governmental and private financial commitments. Active participation has greased the wheels of innovation.

In the third decade of struggling with HIV and AIDS, policy reform has diminished as AIDS has become a part of our culture. Teenagers and young adults have grown up with the cloud of AIDS ever present. We have come full circle from the shock felt with the life and death of teen Ryan White; Rock Hudson’s decline in the mass media; and seeing many notables and unknowns courageously stepping forward to help to put a “face” on AIDS. Today, many have a laissez faire attitude toward AIDS and its presence in our culture.

In 2001, at the 20th anniversary of the first identified cases of AIDS in the nation, the director of the National Center for HIV, STD & TB Prevention, Helene D. Gayle, M.D., MPH, made a statement that is still pertinent to the AIDS pandemic of the 21st century: “Let us remember those lost by recommitting to all those who can be saved.”

You are urged to join the struggle, to educate yourself and others, and in doing so help to save another life. It may even be your own.



Diagnosis: HIV Positive

Gloria Manamela uses her experiences to teach others about safer practices

by Deb Wezensky

Surviving malaria and a five-year separation from her husband, delivering her first child while in an African refugee camp then living in several others, Gloria Manamela came to the United States seeking a new life. But her American sanctuary could not keep all of life's challenges at bay.



Gloria Manamela

Stateside, the young couple faced adjusting to a new culture, bridging time spent apart and the rigors of school, as well as the responsibility of having two young children. The relationship crumbled, and the two went their separate ways.

Manamela began dating an American. After six months, it was apparent to her the relationship was going nowhere. After renewed conversations with her estranged husband, she gave her marriage a second chance. The reunited couple conceived a third child, now a teenager.

As the family built tighter bonds, the unimaginable happened. While under her doctor's prenatal care, Manamela learned she was HIV positive at age 31. Her initial reaction was, "I'm going to die. I am going to die ... and the guilt that I got infected made me want to terminate my life."

Her husband initially was supportive. His HIV test came back negative. However, over the course of dealing with her HIV status, their relationship became increasingly strained and ended in divorce.

Manamela confronted the only other man with whom she had been intimate. He first denied being HIV positive, but a few weeks later, he was nowhere to be found.

"I was devastated," she says. "It terrified me that someone would find out I had HIV." The guilt — along with the thought of bringing into the world a child — who also could be infected was more than she thought she

Are YOU Safe?

Learn the basic facts about HIV so you can protect yourself and loved ones

by Jerry V. Burkman, RN, M.P.H., Director, Division of HIV/STD/Viral Hepatitis, ISDH

HIV, or the Human Immunodeficiency Virus, is a viral microorganism that can enter your body and destroy your immune system.

Your immune system attacks harmful substances that get in to your body. Your immune system tries to fight HIV, but eventually, your body loses and is so weak that other harmful organisms and conditions take over. This can take 10 years and is called AIDS. It is the last stage, and your body can lose — UNLESS:

- > You know you are at risk for HIV. HIV is spread from human to human. The virus is spread from an infected person to an uninfected person by sharing body fluids that contain the virus. These are semen from the male, vaginal fluids from the female, breast milk from a female and blood. The virus can enter the body through many areas, including the vagina, anus, mouth, and any cut or tear in the skin. Any oral or anal sexual activity, a sharp object such as a needle, razor or toothbrush that another person has used can spread this virus.


- > You protect yourself. To protect yourself, you can abstain from any of these activities.

You also may try to prevent the virus from entering your body by putting a barrier between it and your body, using a condom or a dental dam. Use only clean sharp objects that are new or have been cleaned with a bleach solution.

- > You know you have HIV, or 'are HIV positive.' The only way to know is to get tested. You can do this at a physician's office or one of 77 counseling and testing sites provided by various agencies around the state. (*See Resources on page 16.*) If you are pregnant your physician will ask you to be tested.

- > You get treated. Once you have been diagnosed, you can talk to a doctor about when to start treatment and what kind of treatment to follow. Treatment helps your body fight the virus.

- > You should protect others from the virus. Tell partners you are infected before sharing the body fluids.

- > You know you have HIV and get medical care. 



Jerry V. Burkman

could bear. Then reason weighed in.

“I had to pull myself together. I had to think about my kids,” she says.


After speaking with her doctor, Manamela faced being HIV positive head on. She attended support groups where she could talk with other women. “You find out you are not alone. I remember a woman standing up and telling that she had lived with HIV for 12 years. I could now see that people do survive this thing,” she says.

To help protect her unborn child from being infected, Manamela took the drug AZT, starting the same day she learned she was HIV positive. But because a mother’s antibodies can skew a newborn’s test results, it would be a long 18 months after her son’s birth before he could be tested for the HIV virus. The tests were negative.

But she managed not only to survive but also to thrive, following a complicated pregnancy, the premature birth and adjusting to her HIV treatments. Manamela’s doctor monitors her viral load and CD4 levels. Higher CD4 levels are a desirable indication that one’s immune system can fight infection. She proudly shares that her viral load has been below detectable levels; in most viral load tests this is below 50 copies per ml of blood.

Manamela advises those who date to ask their partners critical questions before becoming intimately involved. “No one thinks this is going to happen to them — professional men, professional women — no one is immune. Many of us think of HIV positive people as most likely being gay, IV drug users or involved in illicit sexual activities. That just isn’t real. All of us need to be educated. It can happen to you. You can’t tell by looking that someone is HIV positive.”

Her indomitable spirit has helped keep Manamela healthy but also has led her to be a staunch advocate for those who have AIDS or are HIV positive. She admits, “It takes a long time to pitch yourself about HIV and then be willing to talk to others about it. Every person’s body is different. What works for me may not work for someone else. But just being able to talk about HIV makes a difference.”

Manamela now works in affiliation with Brothers Uplifting Brothers. The organization provides counseling, safe housing alternatives, on-site HIV/AIDS education and safe sex kits to prevent HIV infection, as well as hosts support groups as a safe place for participants to speak freely on HIV and other issues. 

HIV/AIDS

What you need to know

by Deb Wezensky

Q: What is HIV?

A: HIV, Human Immunodeficiency Virus, is a virus that makes it difficult for the body to fight off infections. You can be infected with HIV for many years without showing signs. During that time, you will be able to infect other people, including your unborn child.

Q: What is AIDS?

A: AIDS, Acquired Immunodeficiency Syndrome, happens when a person with HIV cannot fight off infections any longer and gets serious infections, other diseases or cancer.

Q: What are the risk factors for HIV?

A: You are at risk if you answer “yes” to any of the following questions:

- > Have you ever been sexually active?
- > Have you had unprotected anal, oral or vaginal sex?
- > Have you shared needles for drugs or tattoos with someone who is HIV positive?
- > Have you had unprotected sex with someone who injects drugs?
- > Have you had a sexually transmitted disease?
- > Are you a health care worker or in another hazardous occupation and had an accidental needle stick at work?
- > Have you had a blood transfusion, particularly before blood was screened for HIV virus in 1985?

Q: What are the signs and symptoms of HIV?

A: You can’t tell by looking whether someone has HIV. Most people with HIV look healthy and feel fine. They often don’t know they have it, but they still can give

HIV to someone else. Later signs of HIV or AIDS may be a lot like some other illnesses. You may feel tired, lose weight, have a cough, diarrhea or fevers. You may get other diseases that your body no longer can fight off.

Q: How can you protect yourself?

A: If you have sex, using a latex condom is the best way to protect yourself from HIV. Limit your number of sex partners. The more people you have sex with, the greater your chance of getting HIV. Don’t share needles for drugs or tattoos. If you do share, clean the needles with bleach and water before you use them.

Q: How do you know if you are HIV positive?

A: Go to a clinic or doctor to take a blood or oral test for HIV. See Resources on page 16 to find out where you can locate a test center near you.


There is still no cure for HIV and AIDS. But it is better to find out early whether you have it. New medicines and other strategies can help you stay healthy for a longer time.

Q: What medicines treat HIV?

A: Right now there is no cure for HIV or AIDS. There are several types of medications that can lower the level of HIV in your body. Talk to your health care provider about your treatment.

If you don’t have a doctor, see Resources on page 16 to help locate the care you need to manage your HIV.

Q: What can I do to have a healthy baby?

A: Have an HIV test before deciding to have a baby or early in your pregnancy. Knowing whether you have HIV will help you make decisions about available medical care. Infants are at risk, before birth, during birth or when you breastfeed if you are HIV positive. 

Compiled from Protect Your Baby brochure, ISDH

Dismissing Myths About HIV:

You cannot get HIV through the air, or by shaking hands or hugging a person with HIV.

You won’t get HIV from toilets, insect bites or from sharing food or dishes.

Love Your Liver

Know the facts about viral hepatitis

by Erika L. Chapman, B.S., M.P.H. Candidate,
Indiana State Department of Health, Adult Viral
Hepatitis Prevention Program Coordinator

Hepatitis can show up in many places — even in the news. Recently, celebrity guests were exposed to hepatitis A at Ashton Kutcher's 30th birthday party. Reports that a Nevada endoscopy clinic potentially exposed 30,000 patients to hepatitis B and C through improper syringe and multi-use vial usage caused concern for health care consumers.



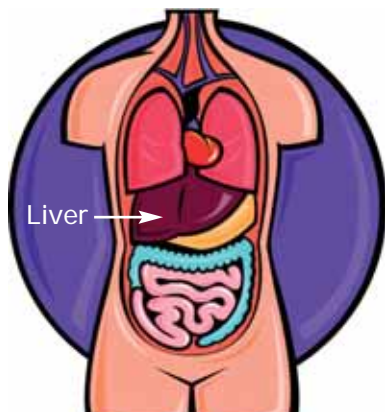
Erika L. Chapman

Some hepatitis viruses are very hardy and can survive for up to seven days on surfaces you touch without even thinking. But you can prevent infection, starting by learning more about the viruses.

What exactly is viral hepatitis?

Hepatitis can be the result of a genetic condition, over-consumption of alcohol and fatty foods or viral infection. Hepatitis basically means inflammation of the liver. Prolonged inflammation of the liver can cause serious health problems including cirrhosis and liver cancer.

It's important to keep your liver healthy since it is responsible for more than 500 functions. Best known as the body's filtration and regulatory system, it is also one of your body's largest organs.



The first-ever World Hepatitis Day was recognized May 19.

What is the difference between hepatitis A and hepatitis C?

There are five primary viral hepatitises: hepatitis A (HAV), hepatitis B (HBV), hepatitis C (HCV), hepatitis D and hepatitis E (HEV). Each is a different virus that infects and progresses in the body differently. Hepatitis A, B and C are the most common and best understood of the hepatitises.


Hepatitis A is caused by the picornavirus and causes only an acute or short-term infection. It is transmitted via the oral-fecal route. Hepatitis A infection often is associated with improper hand washing and food preparation practices.

Hepatitis B infection is caused by the hepadnavirus and can lead to either acute or chronic infection. Hepatitis B is transmitted through blood, semen, vaginal fluids or from mother to child at birth. Hepatitis C is caused by the hepatitis C virus and causes both acute and chronic infection.

Hepatitis C, which causes acute infection in 80 percent of those infected and is found in 3 million to 4 million Americans nationwide, is transmitted only through blood.

The liver is a "non-complaining" organ, and viral hepatitis infections may progress very slowly, up to 20 years or more. Therefore, those infected with viral hepatitis C rarely have symptoms until the damage to the liver has become more serious.

The signs and symptoms of viral hepatitis are similar to other common infection symptoms and include jaundice (yellowing of the skin and eyes), fever, fatigue, nausea, vomiting, joint pain, lack of appetite, dark-colored urine and light-colored stools.

Both hepatitis B and C are very hardy viruses with hepatitis B able to transmit infection for up to seven days outside the body on environmental surfaces even in very small, undetectable amounts and hepatitis C up to four days. 

Protect yourself and your family from contracting a viral hepatitis

Hepatitis A and B are vaccine preventable. Though treatment is available for those living with chronic hepatitis B and C, they have very limited success, depending on the individual.

You can protect yourself and your loved ones from hepatitis B and C, as well as other blood-borne infections. Prevent becoming infected by doing the following:

Use your own personal care items, such as nail care items, toothbrushes and any items that may have trace amounts of blood or body fluids on them. You also may want to consider taking your own nail care items when you go to a nail salon for a manicure or pedicure.

Talk with new sexual partners about their

health and your own and use condoms or dental dams during sexual activity.

Talk to your doctor or health care provider about their sterilization practices, as well as your own risk factors for infection.

Though the viral hepatitises are very serious infections, they are preventable. To learn more about viral hepatitis and ways to maintain a healthy liver, visit the following Web sites:

- > The Centers for Disease Control and Prevention: www.cdc.gov
- > Hepatitis Foundation International: www.hepfi.org
- > American Liver Foundation: www.liverfoundation.org



Prevention

With the blood supply safe today, women should be concerned with sex and intravenous drug use. Using male or female condoms during sex are the best way to prevent a person from getting and transmitting HIV and hepatitis. Condoms are free at most AIDS service organizations or Planned Parenthood clinics.

Shared syringes during drug use need to be cleaned with bleach. You can also buy new syringes from any pharmacy or get them shipped to you from the Harm Reduction Institute, Indiana's only needle exchange program. E-mail noharm1@indy.rr.com or call (317) 431-2756.

Facing HIV and Hepatitis C

Carrie Foote finds healing and a victorious way to celebrate life

by Deb Wezensky

By age 18, Carrie Foote had more than her share of tumultuous living. She was a high school dropout and had been homeless for almost two years. A drug-related health problem took her boyfriend's life. His death prompted Foote to seek refuge in a rehabilitation program to sort out her own drug problem.

As part of Foote's rehab program, she was tested for HIV in 1988. Results: positive. She had no idea at the time she also had hepatitis C.

"I didn't test positive for hepatitis C until the mid-'90s," she says. "I had no obvious signs for either infection except a weakened immune system as indicated by low CD4 white blood cells on my lab tests — a sign of HIV — and elevated liver enzymes, a sign of hepatitis C."

The naiveté of youth made it easier not to view either infection as a death sentence. Not fully grasping the gravity of her health issues, Foote just wanted to get on with her life. Still, she sometimes worried, "I wouldn't live to see 30 so I should be prepared for death."

Foote, who will be 39 in August, has lived with HIV and hepatitis C for nearly 20 years. "I feel very fortunate; most people will be symptomatic from HIV after 20 years. Even though I was diagnosed with AIDS in 1998 because of a low CD4 count, I responded well to HIV medications and just deal with fatigue and minor illnesses, which could

happen to anyone regardless of their HIV/hepatitis status."

About six years ago, a liver biopsy revealed moderately advanced liver fibrosis. Hearing she might need a liver transplant before turning 50, Foote underwent a grueling 12-month chemotherapy treatment and has been hepatitis free for three years.

While treating the hepatitis C infection, she stopped her HIV medications. As a result, she again approaches an AIDS diagnosis. Not everyone who is HIV positive also has AIDS.

Foote's current treatment plan is to restart HIV medications before 2009.

Despite her life and health challenges, Foote always has set goals she expects to accomplish. A sociology professor at Indiana University Purdue University–Indianapolis, she has been drug free for 20 years, obtained her GED and earned a Ph.D.

Foote has traveled to England, Jordan, Mexico and Kenya. She nurtures her love of gardening and music and has a 5-year-old son. Divorced after 12 years of marriage to her son's father with whom she remains close friends, Foote now is engaged to her very supportive fiancé, Robert.

To manage HIV or hepatitis infections, Foote advises, "Get tested for both. All women are at risk. I wish we had a campaign



Carrie E. Foote

Getting Treatment

Treatment for HIV and hepatitis C coinfection can be difficult. The liver processes many of the HIV drugs. Since the liver is already being harmed by hepatitis, a person may have difficulty tolerating some HIV medications.


In addition, being coinfecting often leads to faster progression of hepatitis and to greater difficulty tolerating hepatitis C treatment when on HIV treatment.

for women to get tested the way we do for breast cancer.

Both infections can be managed as chronic illnesses, but only if you know your status. The bottom line is that you can be infected for years with either infection and not know it. So get tested."

Foote admits, "It's not easy living with HIV or hepatitis. At times, I break down and just cry because of my illness; other times I get really angry that I have it. But overall, I manage well and live a good and rewarding life.

"Being diagnosed with a life-threatening illness gave me the motivation to truly start living 20 years ago," she adds.

"Kind of ironic, don't you think?" 



Answers (To Quiz on page 2)

1. False. About 3,500 girls and women ages 15 to 25 in Indianapolis were reported to the state health department in 2007. About 4,850 chlamydia infections were reported for women of all ages.

2. False. HIV, the virus that causes AIDS is only transmitted by blood, semen, vaginal secretions, and breast milk. HIV is not transmitted by saliva, tears, sweat, mucus, or casual contact of any kind.

3. True. The viral hepatitises (the plural of hepatitis) causes inflammation and may cause cirrhosis or even cancer of the liver. Each strain of viral hepatitis is spread in slightly different ways. To learn the facts about viral hepatitis and your risk, log on www.cdc.gov/viralhepatitis.

4. False. Though many STDs, such as chlamydia, gonorrhea and syphilis, can be treated and cured, those caused by viruses, such as herpes, genital warts, HIV and Hepatitis B and C, cannot be cured. These viral STDs can cause serious overall health problems, including cancer and other illnesses.

5. False. HIV is a human disease, meaning anyone can become infected with it, but you can protect yourself. Communicating with your partner about your health and theirs, correct and consistent condom use for every sexual act or abstaining from sexual contact can protect you from HIV. To learn more about how to protect yourself from HIV, STDs and viral hepatitis, log on www.cdc.gov.

6. False. Syphilis may go through three stages, if left undetected and untreated. Primary syphilis appears as a painless sore called a “chancre.” If left untreated it can move to secondary syphilis, which is usually a skin rash but also may include fever, swollen lymph nodes, patchy hair loss and fatigue. If syphilis remains untreated it will become latent, or not obviously noticed, and live in the body for years, eventually causing damage to the brain, eyes, heart, blood vessels, liver, bones and joints. If left untreated, syphilis can kill you.

7. False. Though condoms are not 100 percent perfect, they are extremely reliable and are the best way to protect yourself from getting HIV, STDs and viral hepatitis, when used correctly and consistently for all sexual acts.

8. False. Though some people experience symptoms (mostly with gonorrhea), most

Concerns About Co-infection

Are you at risk?

by *Loretta Johnson, LPN, Certified HIV*

Counselor/Tester and Donald Trainor Jr., M.D., FAAP, FACP, Chief Medical Officer, HealthNet Community Health Centers



Loretta Johnson, LPN



Donald Trainor Jr., M.D.

Mary, 72, had a blood transfusion during gall bladder surgery in 1988. Ashley, 18, celebrated her birthday by having a butterfly tattooed on her ankle. Sue, 58, grew up as a flower child of the drug-laden '60s. She is now a grandmother and small-business owner.

Despite diverse experiences, these women share a silent health threat.

Each is at risk for co-infection with HIV and the hepatitis C virus. In the United States, an estimated 200,000 people are infected with HCV and HIV. Both can be transmitted by blood-to-blood contact, unprotected sex and from a mother to her infant.

HCV, a viral infection that damages the liver, can lead to cirrhosis and liver cancer. Often people experience no symptoms with HCV. If they do, the illness usually begins with flu-like symptoms.

HIV attacks the immune system, leaving the body vulnerable to secondary illnesses that can be fatal. Some people who contract HIV experience very strong symptoms, but others experience none at all. Those who do have symptoms may experience fever, fatigue, rash, sore throat and swollen lymph nodes.

Infection with HCV and HIV creates greater risks for women. Pregnant women who are co-infected are more likely to pass HCV to their babies. Up to 17 percent of

infants born to women with both infections will have HCV. Co-diagnosed women often suffer from chronic fatigue.

HCV infection is more serious in HIV-infected persons and can affect treatment regimes. Co-infection with HCV makes HIV disease progress faster. HCV leads to liver damage more quickly when co-infected with HIV and HCV also may affect the treatment of HIV infection.

Are you at risk? Have you:

- > Received blood, blood products or an organ transplant prior to 1992?
- > Shared drug paraphernalia, even just once or a long time ago?
- > Been stuck by a used blood needle?
- > Been on kidney dialysis?
- > Had a tattoo or body piercing?
- > Had sexual activity that involves contact with blood?
- > Shared personal care items (razors, toothbrushes, etc.) with other people?
- > Been a health caregiver for a family member or friend?

If you answered “yes” to any question, you may be at risk. A simple blood test can determine whether you’ve been exposed. Talk with your doctor about being tested.

Free testing is available. Call HealthNet at (317) 782-2111 or log on www.in.gov/isdh. 

don't have any symptoms at all. This is why it's important to ask your health care provider to perform a chlamydia and/or gonorrhea test after you have had unprotected sex.

9. False. Any time there is a break in the skin and exposure to one of the four fluids that transmit HIV (blood, semen, vaginal secretions and breast milk), HIV can be transmitted. STDs and viral hepatitis also can be transmitted through oral sex, so if you choose to engage in oral sex, you can protect yourself by talking to your partner about your health and theirs. You can reduce your risk by using a barrier method correctly, every time, like a latex condom or dental dam.

10. True. Vaccines are available to protect your health against Hepatitis A, Hepatitis B and Human Papillomavirus. There is not a vaccine or cure for Hepatitis C or HIV.

11. True. Many people still believe you can't get HIV, STDs or viral hepatitis from oral or anal sex, but you can. Anal sex is extremely risky, and every precaution should be used in order to prevent these infections. Aside from abstinence, condoms and dental dams are the most effective.

12. False. Genital herpes may produce no signs or symptoms at all or may present as "bumps" or blisters on the genitals, sometimes along with flu-like symptoms. It's important to talk to your health care provider if you think you may have been exposed to genital herpes or if you notice symptoms on yourself or your partner.


13. False Practicing abstinence is the best (100 percent effective) way of preventing HIV, STDs and Hepatitis B and C. If you do choose to have sex, talking with your partner about each of your sexual histories and health, as well as using a latex condom can provide you the knowledge and tools to help protect your health.

If you scored...

8-13 correct answers, you are well informed — share this publication with others.

5-8 correct answers, read on — add to what you already know.

1-4 correct answers, read on — you have a lot to learn.

No matter what you score, learn the facts about how to protect your health and the health of others. STDs and viral hepatitis can be very serious conditions. Talk to your health care provider and share the facts with your friends. For more information, log on www.cdc.gov. 



Christie Soaper

Living with Hepatitis C

Christie Soaper refuses to let this often debilitating infection keep her down

by *Deb Wezensky*

After reflecting over her first 37 years, Christie Soaper believed she could improve her life. So she made changes to live wiser and healthier. But even plans with the best of intentions can be waylaid.

After the birth of her second son in 1987, she became infected with hepatitis C, an often-incurable disease, when she received a blood transfusion. It wasn't until the early 1990s that blood donations were screened for this virus.

Soaper found herself among the 60 percent to 70 percent of people infected with hepatitis C who develop no symptoms during the acute phase, which lasts up to six months. It wasn't until she had difficulty recovering after two surgeries that she became aware of the infection.

Days of flu-like symptoms made her physically-demanding job increasingly challenging. Her supportive employer at the factory where she worked shifted her to a few different departments to accommodate her growing fatigue.

The intense frequency of her symptoms took its toll, and Soaper sought the care of her family physician. Blood tests revealed a hepatitis C infection.

Soaper was devastated. But she also was determined to overcome this new hurdle.

Even more disconcerting, Soaper's youngest child also tested positive for the hepatitis C infection in 2003. She says the news was "like having a punch delivered right to her gut." But she became even more unwavering in her belief that hepatitis would not win.

Trying to hide a serious health threat like hepatitis can be devastating.

"Hepatitis C took my life down to a place where at times I was just begging for one more day," Soaper admits. Her two daughters inspired Soaper to maintain control over her life despite the disease. Though the infection claimed her body, Soaper was resolute: "I refuse to let it have my mind and my love for others."

Despite often being ill, Soaper founded Hip on Hep, a support group that now meets monthly in her Auburn home. She remains optimistic.

"I am determined to make every day better for my kids, for those infected, their family and friends and those who just don't want to accept it. I want to reach my arms around them and let them know it's OK," she says.


When she first moved to Auburn, Soaper was afraid to let anyone know about her infection because of the stigma attached to hepatitis C. But more than 100 people have called her since the support group was started.

For three years, Soaper has hosted Indiana's Annual Hepfest, a free two-day event, with the Auburn community behind her. "The members of the community have opened their hearts and minds 210 percent. I live in the best community ever," she says.

While caring for others, Soaper has also made progress by caring for herself. She underwent chemotherapy to treat her hepatitis C infection, and now the virus is undetectable. However, she still must take medication to help with post-treatment problems.

To protect her liver, she doesn't drink alcohol. She strives to eat healthy despite persistent nausea and vomiting.

Her words of wisdom? "Get educated. Be aware of hepatitis C. I am concerned that we will be seeing more hepatitis C." Avoid the known risks for becoming infected. Get tested, and if you test positive, enlist the help of your doctor to manage this infection.

"It's OK to be afraid. But it's also OK to maintain your spirit and not be afraid of who you are and what you have to deal with," Soaper says. 





Sexually Transmitted Infections

Protect yourself by understanding the causes and symptoms of STIs

by Dawne DiOrio Rekas, M.P.A., Public Health Advisor, Centers for Disease Control and Prevention, Acting STD Program Manager, Indiana State Department of Health



Dawne DiOrio Rekas

Sexually transmitted infections, commonly referred to as STIs, are under-reported and more common than we would like to admit.


The sexually transmitted infections of syphilis, gonorrhea and chlamydia are required to be reported upon diagnosis to all state health departments in the United States. In Indiana, about 20,300 women were reported to have one of these STIs in 2007. However, since the most common STI, human papillomavirus, or HPV, is not a reportable condition, the number of Indiana women with STIs is far greater.

In general, any genital symptoms, such as an unusual soreness, discharge with odor, burning during urination or bleeding between menstrual cycles could mean a sexually transmitted infection.

All STIs can be transmitted through anal intercourse. Symptoms of rectal gonorrheal or chlamydial infection in both men and women may include discharge, anal itching, soreness, bleeding or painful bowel movements. Rectal infection also may cause no symptoms. Infections in the throat may cause a sore throat but usually

care provider and be evaluated for STIs. Sexual activity should not resume until all sex partners have been examined and, if necessary, treated.

Some local health departments in Indiana offer low-cost STI testing and treatment.

Many Planned Parenthood and family planning centers, as well as some community health centers, also offer STI testing and treatment on a sliding fee scale. 

One problem for women with STIs is the infections are so often without symptoms ...

Sexually transmitted infections can be categorized as bacterial — those that can be treated and cured with antibiotics — and viral, or those that cannot. The bacterial STIs include chlamydia, gonorrhea and syphilis. Human papillomavirus and HIV/AIDS, as their names imply, are caused by viruses.

One problem for women with STIs is the infections are so often without symptoms they may be unaware of the infection. Still, knowing the symptoms of STIs is the first step toward preventing serious health issues.

causes no symptoms.

If you have any of these symptoms, you should stop having sex and consult your health care provider immediately.

Treating STIs early can prevent many serious complications, such as pelvic inflammatory disease and infertility. Women who are told they have an STI and are treated for it should notify all of their recent sex partners so they can see a health

2007 Reported Cases of STI in Indiana Sex and Selected Age Groups

	Infectious Syphilis	Gonorrhea	Chlamydia
Males			
10-19	1	741	1149
20-24	5	1153	1885
25-29	8	815	1030
30-39	9	703	688
Females			
10-19	1	1826	6113
20-24	3	1638	5706
25-29	0	773	2100
30-39	2	506	1120

Glossary of Terms

Chlamydia is a common STI caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications causing irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2006, 1,030,911 chlamydial infections were reported to the CDC from 50 states and the District of Columbia.

Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms. Women frequently are re-infected if their sex partners are not treated.

To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women ages 25 years and younger. An annual screening also is recommended for older women with risk factors for chlamydia, such as a new sex partner or multiple sex partners. All pregnant women should have a screening test for chlamydia.

Gonorrhea is another bacterial sexually transmitted infection caused by *Neisseria gonorrhoeae*, which can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix or opening to the womb, uterus or womb and fallopian tubes or egg canals in women. It also can be found in the urethra or urinary canal in women and men. The bacterium also can grow in the mouth, throat, eyes and anus.

Gonorrhea is a very common infectious disease. The CDC estimates more than 700,000 people in the United States get new gonorrheal infections each year. In women, the symptoms of gonorrhea are often mild, but most women who are infected have no symptoms. Even when a woman has symptoms, they can be mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include a painful or burning sensation when urinating, increased vaginal discharge or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, regardless of the presence or severity of symptoms.

Pelvic inflammatory disease is most common complication of untreated chlamydia or gonorrhea in women. This occurs when bacteria move upward from a woman's vagina or cervix into her reproductive organs. A prior episode of PID increases the risk of another episode because the reproductive organs may be damaged during the initial bout of infection.

Sexually active women in their childbearing years are most at risk, and those under age 25 are more likely to develop PID than those older than 25. This is partly because the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to STDs that are linked to PID.

Symptoms of PID vary from none to severe. When PID is caused by chlamydial infection, a woman may experience mild symptoms or no symptoms at all while serious damage is being done to her reproductive organs. Because of vague symptoms, PID goes unrecognized by women and their health care providers about two-thirds of the time. Women who have symptoms of PID most commonly have lower abdominal pain. Other signs and symptoms include fever, unusual vaginal discharge that may have a foul odor, painful intercourse, painful urination, irregular menstrual bleeding, and more rarely, pain in the right upper abdomen.

Syphilis is caused by the bacterium *Treponema pallidum*. It has been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases. Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal or oral sex. Pregnant women with the disease can pass it to the babies they are carrying.

Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing or eating utensils.

Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission occurs from people with sores in the primary or secondary stage, many of these sores are unrecognized. Thus, transmission may occur from people who are unaware of their infection. For women especially, a syphilis sore will go unnoticed because the sores are painless and often occur inside the vagina, anus, mouth or on the cervix.

Nearly all syphilis infections in Indiana are diagnosed by a blood test. Shortly after infection occurs, the body produces syphilis antibodies that can be detected by an accurate, safe and inexpensive blood test. A low level of antibodies likely will stay in the blood for months or years even after the disease has been treated. Because untreated syphilis in a pregnant woman can infect and possibly kill her developing baby, every pregnant woman should have a blood test for syphilis. In Indiana, this testing is required in the first and third trimesters of pregnancy.

Genital human papillomavirus, HPV, is the most common sexually transmitted infection. The virus infects the skin and mucous membranes. There are more than 40 HPV types that can infect the genital areas of men and women, including the skin of the penis, vulva or area outside the vagina and anus, and the linings of the vagina, cervix and rectum. Most people who become infected with HPV do not even know they have it. Most people with HPV do not develop symptoms or health problems. But sometimes, certain types of HPV can cause genital warts in men and women. Other HPV types can cause cervical cancer and other less common cancers, such as cancers of the vulva, vagina, anus and penis. The types of HPV that can cause genital warts are not the same as the types that can cause cancer.

A vaccine called Gardasil® can now protect females from the four types of HPV that cause most cervical cancers and genital warts. The vaccine is recommended for 11- and 12-year-old girls. It also is recommended for girls and women through age 26 who have not yet been vaccinated or completed the vaccine series.



Pregnancy and HIV

Keep your baby
safe from infection

by Terry Jackson, RN, B.S.,
Indiana State Department
of Health




Terry Jackson

Each year, 100 to 200 infants in the United States are infected with HIV, according to the Centers for Disease Control and Prevention. Many of these infections involve women who were not tested early enough in pregnancy or who did not receive prevention services.

Transmission of the HIV virus during labor and delivery happens to between 60 and 67 percent of infants whose mothers are infected with HIV. However, the virus also can be passed on to babies during pregnancy or after birth through breastfeeding.

Protect your unborn child by reducing the chance your baby may become infected. Taking AZT during your pregnancy can greatly reduce the rate of transmission of the HIV virus. Opting to deliver your child by Caesarean section in addition to complying with your AZT treatment also can reduce the chance of your baby being infected.

Talk to your health care provider about the following risk factors that can negatively affect your pregnancy while being HIV positive:

- > Mother not on medical treatments, including anti-retrovirals such as AZT or 3TC
- > Lack of prenatal care
- > Co-infection with a sexually transmitted infection
- > Vaginal delivery vs. Caesarean section, if mother's viral load is above 1,000
- > Maternal injection drug use during pregnancy
- > Clinically advanced HIV with a high viral load in the mother's system
- > Pre-term labor
- > Ruptured membranes 

Healthy Babies 101

Guidance for HIV-positive and HIV-affected moms-to-be

by Carrie E. Foote, Ph.D.


Nearly every week, providers in Indiana receive requests for information on childbearing options from women who are HIV infected, or have infected partners, or both. Just 10 years ago, it was common for these women to be told to avoid pregnancy, and those who became pregnant often were condemned.

Today, such women receive a more supportive message. Rapid advances in HIV care have extended the lives of HIV-positive people and have reduced mother-to-child transmission rates in the United States to less than 2 percent. Moreover, numerous strategies can be used to reduce the risk of HIV transmission to uninfected partners while trying to become pregnant.

Options exist for a safer pregnancy despite being HIV positive. For instance, if a couple tries to conceive only when the woman is fertile, her chances of getting pregnant increase, while the risk of HIV transmission to the uninfected partner goes down. A couple also can lower HIV transmission risk by reducing the HIV viral load (amount of HIV in the blood) with HIV medications in the infected partner before trying to get pregnant,

as well as by treating any STIs or vaginal infections. Once the viral load of the infected partner is reduced and vaginal infections are treated, if the woman is in her fertile period of her cycle, having unprotected sex is a very low-risk way to get pregnant.

If she is HIV positive but he is not, a couple can also use an at-home means of insemination. This method is “zero risk.” The man ejaculates in a cup, then a syringe with no needle is used to transfer his semen into her vagina. If the man is HIV positive and it's affordable, a process called sperm washing also can reduce risk. An additional option is to use donor sperm.

So, all mother wannabes who are HIV positive or whose partners are HIV positive have several options to get pregnant without putting their babies, partners or themselves at risk. However, they always should consult a health care provider who has experience with HIV and pregnancy issues prior to conception to determine the safest options. 

Carrie Foote is an assistant professor of sociology at IUPUI who does research on childbearing experiences and HIV. She can be reached at foote@iupui.edu.

Research Information on the Web

Special Program of Assisted Reproduction for Couples Living with HIV/AIDS: <http://www.sementesting.org/>
Center for Women's Reproductive Care (HIV Discordant Couple Program) at Columbia University: <http://www.columbiafertility.org/>
Getting Pregnant When One or Both Partners are HIV+: <http://img.thebody.com/legacyAssets/48/16/conception.pdf>
Step-by-Step Sperm Washing: http://www.tpan.com/publications/positively_aware/sep_oct_03/sperm_wash.html
New Debate: Natural Conception and HIV: <http://humrep.oxfordjournals.org/cgi/reprint/22/9/2353.pdf>

Coordinate Your HIV Care

Services are available for women, men and children living with HIV

by *Kristi Montgomery, M.S.W., L.S.W., HIV Care Coordination Program Manager, Indiana State Department of Health, Division of HIV/STD*

HIV Care Coordination is a specialized form of HIV case management. Its mission is to assist those living with HIV disease with the coordination of a wide variety of health and social services.




Kristi Montgomery

Care Coordination services are offered free of charge. The primary goals of the program are to promote self-sufficiency and to enhance the quality of life for individuals living with HIV.

The HIV Care Coordination Program has provided services to people living with HIV since the early 1990s. The state considers this program the gateway to services for people affected by HIV.

Each year this program serves in excess of 5,000 people with more than 50 case managers across 15 agencies. The case management staff members are trained professionals serving the needs of men, women and children living with HIV. Women make up more than 20 percent of the clients served by the Care Coordination Program.

The staff is diligent in locating resources, such as medical coverage, transportation, childcare, housing and supportive services for clients served in this program. Staff also will make referrals to programs such as Medicaid; Temporary Aid to Needy Families (TANF); Women, Infants, and Children Program (WIC); Social Security and the HIV Medical Services Program.

If you would like more information about the HIV Care Coordination Program, please call (866) 588-4948, option 2, or log on the Web site <http://www.in.gov/isdh/17397.htm>. 



Finding Your Own Voice

I cannot believe how quickly time has passed. For 27 years, we have known that AIDS is a human issue that affects us all and nobody is saying anything! Because, we don't talk about "that" disease. We have been silent for too long and our silence will not save us. We must answer the alarm.

Please be aware that we must heighten our AIDS awareness. The alarm is ringing but no one seems to want to hear. No one seems to be awakening to the fact that it has been 27 years since five men were diagnosed on June 5, 1981, in Los Angeles County with a mysterious disease we now recognize as AIDS. One by one, men across America started dropping dead, they got sick and they died; many of them under a shroud of silence, shame and stigma.

It is frightening to see that silence, shame and stigma, have made a comeback but this time over people of color infected by HIV/AIDS. In the past five years, 55 percent of new AIDS cases have been among persons of Hispanic, Black, Asian/Pacific Islander and Native American heritage, directly targeting women and young people of all colors and classes. As I have traveled around this world performing my one woman show, "Sometimes I Cry," it has become increasingly apparent to me that the burden of HIV/AIDS will be borne by women.

More and more women are becoming

infected and living with the disease because they didn't think it would happen to them. They didn't practice safe sex, they haven't been tested, many of them don't know they have the disease. The Centers for Disease Control and Prevention has estimated that one-fourth of the approximately 900,000 HIV-infected people in the United States are not aware that they are infected. The number of HIV/AIDS cases in women is rising silently, and silence has always equaled death when it comes to this disease.

It is a fact, in the fight against HIV/AIDS, that information, education and action are our greatest allies. And so as more and more members of our communities are forced to face the reality of HIV/AIDS, I will continue to raise my voice to inspire a wake-up call to the growing AIDS epidemic through education, compassion and action! I am a woman, I am an artist and I know where my voice belongs!

Yours in the good fight,

Sheryl-Lee Ralph
Creator/Founder
The Diva Foundation 501(c)3

Get Help *For more information, contact:*

CDC-INFO

1-800-232-4636

Information about personal risk and where to get an HIV test

CDC National Prevention

Information Network (NPIN)

1-800-458-5231

www.cdcnpin.org

CDC resources, technical assistance and publications

CDC National HIV Testing Resources

www.hivtest.org

Location of HIV testing sites

AIDSinfo

1-800-448-0440

www.aidsinfo.nih.gov

Resources on HIV/AIDS treatment and clinical trials



Telling Others

Decide when and how to tell others about being HIV positive

by Deb Wezensky

Telling others you are HIV positive can be stressful. Some people may be caring and supportive while others may not be so accepting. The decision to tell others is different for each person based on his or her situation.

You do not have to tell everyone. You are not necessarily obligated to tell your employer but may consider doing so if your illness negatively impacts your job. By telling your health care providers, you improve the chances of living a healthier life by getting the medical treatment you need.

Not telling anyone, especially past or potential sexual partners, or partners with whom you have shared a needle, can have a direct effect on others' risk for becoming infected. You also may be subject to prosecution for not telling partners about your HIV, AIDS or Hepatitis B status.

Here are some considerations when telling others you're HIV positive:


- > Think about why you want to tell them. Why do you want them to know?
- > Have you informed yourself enough to be able to share up-to-date and valid information with them? Have resources such as HIV/AIDS pamphlets on hand to share with them.
- > Get advice. Talk to someone who has

experience dealing with HIV before telling others.

- > Consider their reactions. What's the best reaction possible? The worst that you will have to be ready to deal with?

- > Be ready to accept their reactions. Realize you can't control how others react.

As a parent, telling your children about your HIV infection needs to be a well thought-out decision. Consider how much you need to tell your children based on their ages and the degree of your illness. If your child suspects something, keeping your HIV status a secret may cause him or her to become angry. When you decide to tell a child, be prepared to answer questions and to offer another adult to whom they may talk about their reactions. There are books that may be helpful in talking with your child. Log on www.kidstalkaids.org/program/index.html.

Though there is no correct time to tell a date you are HIV positive, the longer you wait, the more challenging it may become. However, if you are going to become sexually active, it is your responsibility to share with your partner your HIV status. If you are concerned about your safety when telling a partner, consider having a third party included in the discussion. 

It's the Law

Indiana has a "Duty to Warn" law, IC 16-41-7-1, which states that one must identify his or her positive HIV, AIDS or hepatitis B status prior to:

- > Engaging in any sexual acts, including both protected and unprotected acts; the partner and partners must be informed.
- > Engaging in needle sharing; the partner or partners must be informed.
- > Signing an organ donor card or document.
- > Donating blood, sperm, organs and/or plasma.

When an individual tests HIV positive, he or she is required to notify:

- > Past and present sexual or needle sharing partners who may have engaged in high risk activity; or
- > Future partners before engaging in high risk for transmission activity such as sex or needle sharing.

Someone to talk to

Living with a secret like being HIV positive can be harmful to your health. You most likely will need the support and care of others to find resources for the health care and services you need while living with HIV or AIDS.

Seek the help of a community resource or AIDS clinic for resources that can help guide you through this process of telling others about HIV/AIDS.

You also may feel better if you can talk with other people who also have HIV. Here are some ways that the Centers for Disease Control and Prevention suggest to find additional support:

- > Contact your local AIDS service organization. Look under "AIDS" or "Social Service Organizations" in the yellow pages of your telephone book.
- > Contact a local hospital, church or American Red Cross chapter for referrals.
- > Read HIV newsletters or magazines.
- > Join support groups or Internet forums.
- > Volunteer to help others with HIV.
- > Be an HIV educator or public speaker, or work on a newsletter.
- > Attend social events to meet other people who have HIV.

Women of Color

Empower yourself – and others:
Seek healthier relationships

by *Andrea Perez, Program Director for
Communities of Color, ISDH*

INSpire is a resource for you to become more knowledgeable about HIV/AIDS and learn relationship skills so you



Andrea Perez

can protect yourself against HIV infection. The INSpire Program gives African-American women a voice in issues surrounding sex and relationships. Know-

ledge is power over one's life — you can help reduce the growing incidence of HIV infection due to high risk heterosexual contact among people of color.

Nearly 50 percent of newly reported Indiana HIV cases among women in 2007 are African Americans. Although African Americans represent only 9 percent of Indiana's population, they account for 35 percent of all HIV/AIDS cases in the state.

This is unacceptable. Refuse to be a part of this unhealthy trend — arm yourself against HIV/AIDS.

Join like minded women for support: Learn safe behaviors to reduce personal risks and get information about specific services for you or a fellow sister.

Contact InSpire partners:

Indiana State Department of Health,
Division of HIV/STD: (317) 233-7949

The Bethlehem House: (317) 920-1519

Indiana State Department of Health,
Office of Women's Health: (317) 233-9246 



Get Tested

Don't avoid the screenings that could protect you from the dangers of communicable diseases

The 20th century saw huge successes in health care in the United States. Public health initiatives, immunizations and promising new HIV drugs have combined to lower mortality rates and lengthen life span. Despite these advances, more than 15 million sexually transmitted diseases, STDs, occur each year. And, combined with HIV and hepatitis B and C, these infections remain one of the most significant public health issues facing our nation today.

In the first study of its kind, researchers at the Centers for Disease Control and Prevention, CDC, recently found at least one in four teenage American girls has a sexually transmitted disease — roughly 3 million girls nationwide. Before even reaching adulthood, they are vulnerable to potential complications of ectopic pregnancy, pelvic inflammatory disease, infertility, chronic pain, chronic hepatitis and cervical cancer from the human papillomavirus, HPV. A pregnant woman with an STD can transmit the infection's harmful effects to her baby. These could include a stillbirth, blindness, neurologic damage, deafness, meningitis and eye infection.

Everyone who is sexually active may be at risk for HIV — one of the most lethal and prevalent infections in the world. Scientific evidence indicates the presence of the other STDs increase the likelihood of both transmitting and acquiring HIV infection.

The majority of sexually transmitted infections are treatable. But, more importantly, they can be prevented by abstinence and condoms. Many STDs in women are silent, with no symptoms. It's critical for every sexually active teenager and woman to be screened for sexually transmitted diseases before they develop into a complication. Start today; consult your health provider to consider whether you need to be vaccinated for HPV to prevent cervical cancer.

Breakthroughs in medical research have led to successful treatments to significantly reduce HIV transmission and transformation of HIV infection into a chronic disease. The advantages of early treatment for HIV include less frequent hospitalizations, an increased chance of feeling well and the potential to live longer. The CDC now strongly recommends that everyone from 14 to 64 years of age get tested for HIV.

So be smart. Twenty-five percent of people infected with HIV don't know that they are infected. Make a healthy choice. Get tested. Check with your doctor or local health department for HIV and STD screenings. The Marion County Health Department offers screening for sexually transmitted diseases and HIV testing. For more information, call (317) 221-8300.

Virginia A. Caine, M.D.

Virginia A. Caine, M.D.

Director

Marion County Health Department

Resources for Dealing with Infectious Diseases

A Call to Action for Leaders: The Crisis of HIV/AIDS Among African Americans is an online resource designed to increase awareness of HIV/AIDS in African-American communities and provide links to available resources. Log on www2a.cdc.gov/phtn. For a free DVD of this series, call (800) 458-5231.

AIDS Education Global Information System provides information, a virtual library on AIDS, events and other resources. Log on www.aegis.com.

AIDSinfo is a service of the U.S. Department of Health and Human Services that provides information on HIV/STD prevention, treatment and research. Log on <http://aidsinfo.nih.gov>.

American Liver Foundation provides research, education and advocacy for those affected by liver-related diseases, including hepatitis. Log on www.liverfoundation.org.

The Body, a Web site, provides a complete HIV/AIDS resource for prevention, treatment and tips for living with HIV/AIDS. Log on www.thebody.com.

Centers for Disease Control and Prevention HIV/AIDS provides educational resources and leadership in helping control the HIV/AIDS epidemic by working with community, state, national, and international partners. Log on www.cdc.gov/hiv.

HIV and Hepatitis Web site provides articles for those dealing with co-infections. Log on www.hivandhepatitis.com/hiv_aids.html.

Indiana AIDS Fund is a dedicated funding partner in the fight against HIV and AIDS in Indiana. For grant information, call (317) 630-1805 or log on www.indianaaidsfund.org.

Indiana Family Health Council, Inc. provides information, counseling and assistance with birth control and other family planning methods. For more information, call (317) 247-9151.

Indiana State Department of Health provides HIV, STD and Viral Hepatitis resources including prevention program sites, testing and counseling sites across Indiana, as well as care coordination for those with HIV. HIV Services provides assistance to eligible individuals with HIV disease in obtaining social support and specific medical services. For more information, please call (866) 588-4948 or log on www.in.gov/isdh/17397.htm.

Marion County Health Department provides information and resources for HIV/AIDS and STDs. Call HIV/AIDS Prevention Program at (317) 221-3101 or log on www.mchd.com/hap.htm. For STD resources and testing, call Bell Flower Clinic at (317) 221-8300.

Midwest AIDS Training & Education Center provides training and clinical consultations for medical providers. Call Malinda Boehler, co-site director, at (317) 278-6497 or email mboehler@clarian.org.

National HIV and STD Testing Resources, a service of the Centers for Disease Control and Prevention, provides a testing center locator based on ZIP code. Log on www.hivtest.org.

PEP line offers health care providers around-the-clock advice on managing occupational exposures to HIV and hepatitis B & C. Call (888) 448-4911.

Statewide HOPWA Information-Indiana provides housing opportunities for persons with AIDS/HIV. Call (317) 226-6303 or log on www.hud.gov/offices/cpd/aidshousing/local/in/.

Statewide HIV/AIDS Information Network, SHINE provides HIV/AIDS health information for HIV/AIDS health care professionals, patients, at-risk communities and the general public in Indiana. Log on <http://library.medicine.iu.edu/shine>.

STD Check Up provides resources and information about STDs. Log on www.stdcheckup.org.

Thank you to our Sponsors:



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Reprints of *The Faces of HIV and Other Infectious Diseases* are available by calling 317.585.5858 or by mail: Weiss Communications, 6610 N. Shadeland Ave., Suite 100, Indianapolis, IN 46220.