"HIV and STDs UPDATE"

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HIV AND STDs UPDATE

1.5 CEU Credit Hours

Course Description:
This course provides an update on HIV/AIDS and STD issues, including research on oral transmission, contact precautions, and the truth about several misleading 'urban legends'.

Course Objectives:
The primary objectives of the course are to enable a mental health professional to:

1. Understand the myths vs. facts regarding oral HIV transmission
2. Discuss condoms and their transmission protection value
3. Explore STD transmission facts and precautionary standards

Purpose of this course:
The purpose of this continuing education course is to provide a current understanding of issues relevant to the mental health counselor concerning HIV/AIDS and STDs. Current government facts, guidelines and information is provided to assist counselors in treating clients, understanding medical condition and providing patient education.

Course Outline:
Part 1: Course Organization, Documentation and Introduction.
Part 2: Reading of 5 required articles on HIV/AIDS and STDs
Part 3: Synthesis of the accompanying materials and discussion
Part 5: Administration and Completion of the Evaluation of Learning Quiz
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1.5 Clock Hours / CE Credits

Your instructor is **Richard K. Nongard**,
a Licensed Marriage and Family Therapist,
Certified Clinical Hypnotherapist
and a Certified Personal Fitness Trainer.

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HIV AND STDs UPDATE

INTRODUCTION

This course is an update for mental health professionals on several current issues related to AIDS/HIV infection. Many issues surround the accurate dissemination of AIDS/HIV information, and the sources for this update are from the Centers for Disease Control. We have chosen to use CDC information rather than other sources because of the accuracy of current information, and the usefulness of their information to mental health professionals.

This update course explores 5 areas of interest to the professional:

1.) Current information related to oral transmission of HIV infection.
This information is provided because more clients have questions or misbeliefs about oral sex and HIV transmission than any other aspect of sexual practice.

2.) Guidelines for preventing occupational exposure.
Although at the time of this study only 57 cases have been documented, this issue produces tremendous fear among car givers, and the guidelines the CDC offers are clear and effective in preventing transmission of the HIV virus.

3.) Condoms.
The efficacy and risks of using condoms is explored. The article also includes discussion of protective factors in transmission of other STD's.

4.) Hoaxes and rumors.
Every year the Internet spreads new and dreadful rumors about AIDs. Years ago, the Internet carried dire warning of prostitutes who stole human organs from business travelers. Urban legends (false stories) occasionally revolve around transmission of HIV, and such hoaxes and rumors surrounding HIV are debunked.

This course in only an update, and as such, it briefly touches on the issues outlined, but we hope you find these updates useful in your practice. If you are required to have additional hours on the subject of HIV/AIDs, we offer 12 more hours of coursework including three courses available Online, and one Video based course.

Please let us know if we can be of further assistance in meeting your continuing education needs.

~ Richard K. Nongard, LMFT/CCH

SECTION 1

Primary HIV Infection Associated with Oral Transmission

Many persons have inquired about the results of a study presented as a poster at the 7th National Conference on Retroviruses and Opportunistic Infections, held January 30-February 2, 2000. The following questions and answers contain more specific information about the presented study results.

Question: What is this study about?

Answer: This study, one component of a primary and recent HIV infection study called the Options Project, is funded by the Centers for Disease Control and Prevention (CDC) at the University of California, San Francisco. The purpose of this particular study was to ascertain the extent of HIV transmitted by oral sex among men who have sex with men who were identified with HIV within 12 months of becoming infected.

Question: Hasn't oral sex already been identified as a method of transmitting HIV?

Answer: Yes. However, this is the most definitive study to date. Earlier studies have been published. (See a bibliography at the end of these questions/answers.)

Question: What is the risk of HIV transmission from oral sex?

Answer: The likelihood of transmission of HIV from an infected person to an uninfected person varies significantly depending on the type of exposure or contact involved. The risk of becoming infected with HIV through unprotected (without a condom) oral sex is lower than that of unprotected anal or vaginal sex. However, even a lower risk activity can become an important way people get infected if it is done often enough. The Options Project found that 7.8% (8 of 102) of recently infected men who have sex with men in San Francisco were probably infected through oral sex. Most of these men believed that the risk was minimal or non-existent.

Question: What are the exact ways that HIV was transmitted in this study?

Answer: Nearly half (3 of 8) of these cases reported oral problems, including occasional bleeding gums. Almost all (7 of 8) of these men reported to have had oral contact with pre-semen or semen.

Question: How do you know if the study participants were telling the truth about their sexual history?

Answer: Oral transmission of HIV is very difficult to single out as the only way that HIV is transmitted because few people engage exclusively in oral sex. A number of specific questions were asked by a trained evaluator. The participants' risk behaviors were assessed by using clinical interviews, counselor intervention, epidemiologic interview, partner interview when possible, and final disposition of transmission risk. Of the 8 cases, 4 reported protected anal intercourse, without the condom breaking, with persons who were either HIV infected or had an unknown serostatus. Men in this study who reported that they were uncertain if the condom was used properly were eliminated from this study.

Question: Was this a surprise finding?

Answer: Yes and No. The percentage of recently infected men enrolled in this study who were probably infected through oral sex (8%) was higher than many researchers had thought likely or found in other studies. More media attention appeared to be placed on this particular study, probably because of the higher number of study participants. There appears to be evidence that higher risk activities (anal sex) among men who have sex with men is decreasing while lower risk activities (oral sex) among these men is increasing. Oral sex has **always** been considered a lower risk activity but is certainly not risk free.

Question: What can be done to prevent HIV?

Answer: The study results emphasize that any type of sexual activity with an infected person is a risk of HIV transmission. Oral sex with someone who is infected with HIV is certainly not risk free. Prevention of HIV is more important than ever. Some persons have indicated that they are less concerned about HIV because of new treatments and are being less careful. This study presents a wake-up call to everyone – that HIV is far from over and remains a serious, lifelong disease that is best to prevent. The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected. For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD.

Question: **Where can I get more information about transmission and prevention of HIV?**

Answer: CDC operates a toll-free, confidential National STD/AIDS Hotline which can assist callers with these types of concerns. The English service (24 hours a day, 7 days a week) can be reached by calling 1-800-342-2437; Spanish (8:00 am to 2:00 pm EST, 7 days a week) is 1-800-344-7432 and TTY service for Deaf and Hard of Hearing (10:00 am to 10:00 pm, EST, Monday- Friday) is 1-800-243-7889.

Bibliography:

Berrey M, Shea T. Oral sex HIV transmission (letter). J AIDS 1997; 475.

Bratt GA, Berglund T, Glantzberg BL, Albert J, Sandstrom E. Two cases of oral to genital HIV-1 transmission. Intl J STD & AIDS 1997; 8:522-525.

Clifford L. HIV seroconversion and oral intercourse. AJPH 1991;81:698.
Edwards SK, White C. HIV seroconversion illness after orogenital contact with successful contact tracing. International Journal of STD & AIDS. 1995; 6:50-51

Keet PM, Albrecht Van Lent IV, Sandfort TG, Coutinho RA, Van Griensven GJ. Orogenital sex and the transmission of HIV among homosexual men. AIDS 1992;6:223-226.

(9 cases in a cohort of 102)

Lifson AR, O'Malley PM, Hessol NA, Buchbinder SP, Cannon L, Rutherford GW. HIV seroconversion in two homosexual men after receptive oral intercourse with ejaculation. AJPH 1991;80:1509-1510.

Quarto C, Germinario C, Troiano T, Fontana A, Barbuti S. HIV transmission by fellatio (letter). Europ J Epidemiol 1990;9:339-340 (heterosexual female to male oral transmission)

Robinson ED, Evans BGl. Oral sex and HIV transmission. AIDS 1999;16(6):737-8.

Schacker T, Collier AC, Hughes J, Shea T, Corey L. Clinical and epidemiologic features of primary HIV infection. Ann Intern Med 1996;125:256-264.

(4 cases in a cohort of 46 reported only oral risk)

Spitzer P, Weiner NJ. Transmission of HIV infection from a woman to a man by oral sex (letter). N Engl J Med 1989;320:251.

SECTION 2

Preventing Occupational HIV Transmission to Healthcare Personnel

As of December 2001, occupational exposure to HIV has resulted in **57** documented cases of HIV seroconversion among healthcare personnel (HCP) in the United States.

To prevent transmission of HIV to healthcare personnel in the workplace, the Centers for Disease Control and Prevention (CDC) offers the following recommendations.

Preventive Strategies

Healthcare personnel should assume that the blood and other body fluids from all patients are potentially infectious. They should therefore follow infection control precautions at all times.

These precautions include:

- the routine use of barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids
- washing hands and other skin surfaces immediately after contact with blood or body fluids, and
- the careful handling and disposing of sharp instruments during and after use.

Safety devices have been developed to help prevent needle-stick injuries.
If used properly, these types of devices may reduce the risk of exposure to HIV.
Many percutaneous injuries are related to sharps disposal.
Strategies for safer disposal, including safer design of disposal containers and placement of containers, are being developed.

Although the most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures, plans for postexposure management of health care personnel should be in place. CDC has issued guidelines for the management of HCP exposures to HIV and recommendations for postexposure prophylaxis (PEP): *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis* (June 29, 2001).

These guidelines outline a number of considerations in determining whether or not healthcare personnel should receive PEP and in choosing the type of PEP regimen. For most

HIV exposures that warrant PEP, a basic 4-week, two-drug (there are several options) regimen is recommended. For HIV exposures that pose an increased risk of transmission (based on the infection status of the source and the type of exposure), a three-drug regimen may be recommended. Special circumstances such as a delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiviral agents, and toxicity of PEP regimens are also discussed in the guidelines. Occupational exposures should be considered urgent medical concerns.

Building Better Prevention Programs for Healthcare Personnel

Continued work in the following areas is needed to reduce the risk of occupational HIV transmission to healthcare personnel:

Administrative efforts. All healthcare organizations should train HCP in infection control procedures and on the importance of reporting occupational exposures. They should develop a system to monitor reporting and management of occupational exposures.

Develop and promote the use of safety devices. Effective and competitively priced devices engineered to prevent sharps injuries are needed for HCP who frequently come into contact with potentially HIV-infected blood and other body fluids. Proper and consistent use of such safety devices should be evaluated.

Monitor the effects of PEP. More data is needed on the safety and acceptability of different regimens of PEP, particularly those regimens that include new antiretroviral agents. Furthermore, improved communication prior to treatment about possible side effects and close follow-up of HCP receiving treatment is needed to increase compliance with the PEP.

SECTION 3

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (http://www.niaid.nih.gov/ dmid/stds/condomreport.pdf). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD.

Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

SECTION 4

Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV
Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted.
Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a "retrospective" design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This

inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS
Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in "real-life" studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis

Discharge diseases, other than HIV
Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections
Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

SECTION 5

URBAN LEGENDS

Rumor:
Recently, a *Weekly World News* story made claims that CDC had discovered a mutated version of HIV that is transmitted through the air. Is this true?

Response:
This story is not true. It is unfortunate that such stories, which may frighten the public, are being circulated on the Internet. Human immunodeficiency virus (HIV), the virus that causes AIDS, is spread by sexual contact (anal, vaginal, or oral) or by sharing needles and/or syringes (primarily for drug injection) with someone who is infected with HIV. It is now less commonly spread through transfusions of infected blood or blood products for people with hemophilia. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding. Many scientific studies have been done to look at all the possible ways that HIV is transmitted. These studies have not shown HIV to be transmitted through air, water, insects, or casual contact. For more information about the transmission of HIV, please call the CDC National STD and AIDS Hotlines at 1-800-342-2437 or refer to additional information on the CDC Division of HIV/AIDS Prevention's web site at http://www.cdc.gov/hiv.

I have read on the Internet several stories about people getting stuck by needles in phone booth coin returns, movie theater seats, gas pump handles, and other places. One story said that CDC reported similar incidents about improperly discarded needles and syringes.

Are these stories true?

CDC has received inquiries about a variety of reports or warnings about used needles left by HIV-infected injection drug users in coin return slots of pay phones, the underside of gas pump handles, and on movie theater seats. These reports and warnings are being circulated on the Internet and by e-mail and fax. Some reports have falsely indicated that CDC "confirmed" the presence of HIV in the needles. CDC has not tested such needles nor has CDC confirmed the presence or absence of HIV in any sample related to these rumors. The majority of these reports and warnings appear to have no foundation in fact.

CDC recently was informed of one incident in Virginia of a needle stick from a small-gauge needle (believed to be an insulin needle) in a coin return slot of a pay phone. The incident was investigated by the local police department. Several days later, after a report of this

police action appeared in the local newspaper, a needle was found in a vending machine but did not cause a needle-stick injury.

Discarded needles are sometimes found in the community outside of health care settings. These needles are believed to have been discarded by persons who use insulin or are injection drug users. Occasionally the "public" and certain groups of workers (e.g., sanitation workers or housekeeping staff) may sustain needle-stick injuries involving inappropriately discarded needles. Needle-stick injuries can transfer blood and blood-borne pathogens (e.g., hepatitis B, hepatitis C, and HIV), but the risk of transmission from discarded needles is extremely low.

CDC does not recommend testing discarded needles to assess the presence or absence of infectious agents in the needles. Management of exposed persons should be done on a case-by-case evaluation of (1) the risk of a blood-borne pathogen infection in the source and (2) the nature of the injury. Anyone who is injured from a needle stick in a community setting should contact their physician or go to an emergency room as soon as possible. The injury should be reported to the local or state health departments. CDC is not aware of any cases where HIV has been transmitted by a needle-stick injury outside a health care setting.

False Report:
HIV Can Be Transmitted by Contact with Unused Feminine (Sanitary) Pads

Response:
The human immunodeficiency virus, or HIV, is a virus that is passed from one person to another through blood-to-blood and sexual contact with someone who is infected with HIV. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding. Although some people have been concerned that HIV might be transmitted in other ways, such as through air, water, insects, or objects, no scientific evidence supports these ways to transmit HIV. HIV cannot be transmitted through the use of new, unused feminine pads. Even though no one has gotten HIV from touching used feminine pads, used pads should be wrapped and properly disposed of so no one comes in contact with blood.

False Report:
Texas Child Dies of Heroin Overdose After Being Stuck by Used Needle Found in Playground

Response:
This story was investigated and found to be a hoax. To become overdosed on a drug from a used needle and syringe, a person would have to have a large amount of the drug injected directly into their body. A needle stick injury such as that mentioned in the story would not lead to a large enough injection to cause a drug overdose. In addition, drug users would leave very little drug material in a discarded syringe after they have injected. If such an incident were to happen, there would likely be concerns about possible blood borne infections, such as human immunodeficiency virus and hepatitis B or C. The risk of these infections from an improperly disposed of needle, such as that described in the story, would be extremely low.

--END—

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file.

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We always appreciate constructive input from our customers – even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.

Richard K. Nongard, LMFT, CCH, CPFT
Executive Director

"HIV and STDs UPDATE"

1.5 Continuing Education Clock Hours

Procedures to Receive CEU Credit:

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Go back to **www.FastCEUs.com** and click the "QUIZ & PAY" button for this course.

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

You may complete and submit this information ONLINE by following this link:

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HIV and STDs Update

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EVALUATION OF LEARNING QUIZ - PAGE 2 of 3
Course Title: "HIV and STDs UPDATE"

1.5 Hours of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

A.) Verify that you have read the required course materials
B.) Demonstrate an understanding of the practical application of the course materials
C.) Officially document your participation and completion of this course

▫ **PLEASE ANSWER THE FOLLOWING 15 T/F EVALUATION QUESTIONS.**

T F 1. I have read the required reading materials .PDF file

T F 2. Oral sex has been identified as a method of transmitting HIV

T F 3. The risk of becoming infected with HIV through unprotected (without a condom) oral sex is lower than that of unprotected anal or vaginal sex.

T F 4. Some persons have indicated that they are less concerned about HIV because of new treatments and are being less careful.

T F 5. As of December 2001, occupational exposure to HIV has resulted in 7,957 documented cases of HIV seroconversion among healthcare personnel in the United States.

T F 6. Healthcare personnel should assume that the blood and other body fluids from all patients are potentially infectious, except urine, tears or saliva and sweat.

T F 7. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis,

T F 8. The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

T F 9. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

T F 10. Consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

T F 11. The CDC had discovered a mutated version of HIV that is transmitted through the air.

T F 12. The Internet tells of several stories about people getting stuck by needles in phone booth coin returns, movie theater seats, gas pump handles, and other places are reliable and factual stories.

T F 13. HIV can be transmitted by contact with unused feminine (sanitary) pads

T F 14. A Texas child died of a heroin overdose after being stuck by used needle found on a playground.

T F 15. The risk of these infections from an improperly disposed of needle, such as that described in the story, would be extremely high.

GRADE THIS ONLINE COURSE! – Page 3

It is helpful to us if you return this form via snail mail or fax, along with your Quiz and Payment, if you are not completing the course online. Thank-you!

Participant Assessment of Home Study CEU Course

HIV and STDs UPDATE

1.5 Credit Hours

Please Rate the Following Statements from 1-5
(1 being the Lowest, 5 being the Highest.)

_____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.

_____ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.

_____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.

_____ 4. I completed the 1.5 Hour PeachTree Online Home Study Course in approximately 1.5 hours.

_____ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

ADDITIONAL COMMENTS: