

Routine and Regular Testing

Routine VD testing should include a VDRL or RPR blood test for syphilis and a rectal gonorrhea (GC) culture, and preferably a rectal examination. Rectal cultures or exams are not needed if you don't have rectal sex. The yield of positive GC cultures on routine urethral swabs is very low in symptom-free individuals. A first-voided urine (FVU) specimen for detection of urethral gonorrhea may be substituted for the usual swab culture if practical and possible in the health care setting you attend.

Although there are no easy, inexpensive or efficient diagnostic procedures for amebiasis and giardiasis, routine testing may be considered for persons at risk for these infections. Health departments or gay community VD screening clinics may not offer these services.

Testing for hepatitis B antigen and antibody, and for hepatitis A antibody is encouraged so that you will know if you are susceptible or immune to these types of hepatitis. (You may have already had either infection without your knowledge and without symptoms of illness, and if you have, your body might have made protective antibodies against the viruses, therefore giving you immunity to reinfection.) All homosexually active men who do not have protective antibodies (or immunity) to hepatitis B should be vaccinated with the hepatitis B vaccine regardless of past or current sexual habits, age, or duration of sexual activity. Special outreach efforts must be made to vaccinate those gay men just "coming out" who may be naive about acquiring and transmitting STDs and are at exceedingly high risk for getting hepatitis B. Chronic hepatitis B carriers should inform their sexual partners to help prevent the spread of this disease. Several cities have chronic carrier support groups; inquire at your local clinic.

Frequency of VD testing depends on the risk factors associated with sexual activity discussed above. Monthly testing is urged for those at high risk; testing every three months is recommended for those at medium risk; semi-annual or annual testing is recommended for those consistently at low risk. If in doubt, or if symptomatic, get checked immediately! The doctor or testing facility you visit, even in large gay communities, may not offer adequate screening if they are not familiar with your sexual lifestyle and practices; therefore, it is imperative that you learn what types of testing are necessary for you.

Ask your practitioner to teach you the testicular self examination (TSE) for cancer and how to do a rectal self exam to help you discover abnormalities. If you're lesbian, monthly breast self examinations (BSE) for cancer and yearly Pap smears for cervical cancer are still necessary.

We all have the right to confidentiality of our medical records and to be treated with respect and dignity. Don't hesitate to obtain a second opinion! If you experience unsatisfactory or substandard care, report the details to your local gay clinic and medical society.

We need to continue to find creative and imaginative lifestyles that will retain our interpersonal warmth and loving feelings while satisfying our independence and protecting our health. The hallmark of coming out need not be just expressed through sexual activity with many different partners. There is a powerful network of gay professionals, health workers, and our community. We invite you to join in! Spread the word for health and let us know your comments and reactions to this new edition of the G&Rs. **We can positively influence our destiny and enjoy healthful gay sexuality!** ■

Special thanks to: Mark Behar, PA; Robert Bolan, MD; Sue Dietz, RN; Roger Gremminger, MD; Walter Lear, MD; David Ostrow, MD, PhD; Jeff Richards; Ron Vachon, PA; Dan William, MD; Bay Area Physicians for Human Rights; Berkeley Gay Men's Health Collective; Gay Public Health Workers; members of the National Coalition of Gay STD Services; National Gay Health Coalition; and the National Gay Health Education Foundation.

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means (electronic, mechanical, photocopying, or otherwise), in whole or in part, without the express written permission of the NCGSTDS. For bulk-ordering information, contact the NCGSTDS, P.O. Box 239, Milwaukee, WI 53201-0239.

Typesetting by Col D'var Graphics, Milwaukee, WI
Printing by Progressive Prints, Milwaukee, WI

Guidelines and Recommendations for Healthful Gay Sexual Activity[©]

Fourth Edition

distributed by:

**The National Coalition of Gay
Sexually Transmitted Disease Services
(NCGSTDS), copyright, 1981, 1982, 1983, 1984**
Post Office Box 239
Milwaukee, WI 53201-0239

Introduction

Sex education is inherently boring. In some way or another the message is always: "You shouldn't _____ because you might get _____." For some reason the concept of denying a certain, immediate good (sex) because of a potential, delayed evil (disease) has not enjoyed a massive following. Hence we have the school of hard knocks — in which bum fucks soon turn to sores, drips and rashes. Or perhaps an ill-advised slip of the tongue (in cheeks, that is) leaves you bloated and loose of stool with parasites abounding in your bowel. How were you to know?

It's quite likely that any sex education you had was heterosexually oriented or if related to a gay sexually transmitted disease (STD) was probably **after** you'd had an infection, and then was presented with thinly veiled contempt or moralistic lectures.

We're not saying that all is behind us now or that no one is doing anything to make reliable sex education available. However, there is considerable variability in information from one source to the next, sometimes the result is one health professional's opinions, experience or interests and sometimes the result of incomplete information on the professional's part.

Fortunately, this country is leading the world with a number of good, gay-run sexually transmitted disease services, and education efforts are a major part of these services. Knowledge of specific gay sexual activities, and the ability to be supportive of gay sexual expression while discussing health and avoidance of disease is absolutely essential if individual health education is to be effective. Therefore, competent gay input into **all** sexually transmitted disease services is necessary for any education effort to work.

In order to take responsibility for one's choices regarding health, sexually active people must be well informed about: the signs and symptoms of the STDs, the increased risk factors associated with various sexual practices, and what type of services to request in case there is not access to knowledgeable health providers. Information received from health professionals must be accurate and non-moralistic; facts should be labeled as facts, opinions should be labeled as opinions. Only in this way can gay people be able to responsibly use the knowledge to alter their risks for disease acquisition and spread.

Guidelines' Development

In an attempt to accomplish this goal, experts in gay STDs have met, discussed the issues and came to agreement on the most important information to stress, which misinformation must be corrected, which "popular remedies" might be helpful or harmful, and which had unknown or unproven effects.

These G&Rs are based on common sense, our current understanding about the occurrence and transmission of infections, and proven data. Occasionally they may represent what is thought to be a good idea but isn't proven. Therefore, the G&Rs are subject to modification when new information becomes available. We need to constantly stay informed! Suggestions or constructive feedback are invited and may be addressed to the NCGSTDS.

Common STDs

Although not intended to serve as a self-diagnosis guide or a discussion of the specific infections we can acquire sexually, a brief definition of some of the main illnesses follow:

Acquired Immune Deficiency Syndrome (AIDS): AIDS is a breakdown in the body's ability to fight off diseases in otherwise (or previously) healthy persons. It is life threatening, and is thought to be a sexually transmitted disease. The first signs may be the development of a skin cancer, Kaposi's sarcoma, or a severe lung infection, *Pneumocystis carinii* pneumonia. Other signs and symptoms may include: swollen glands (lymph nodes) in the neck and back of the head, armpit, or groin that may or may not be painful, and have been present for several months. Red to purplish, flat or raised blotches or spots, usually painless, occurring on or under the skin, inside mouth, nose, eyelids, rectum or other places, that don't go away. Initially, they may look like bruises, and usually are harder than the skin around them. Persistent white spots or unusual blemishes in the mouth with painful or difficulty swal-

lowing. Weight loss of more than 10 pounds in 2 or less months for unknown reason. Fevers (greater than 99 degrees) or drenching night sweats that may occur on and off and last for several days to weeks. Severe tiredness unrelated to exercise, tension, or drug use. Persistent dry cough or shortness of breath unrelated to smoking, that has lasted too long to be from a usual respiratory infection or cold. Persistent diarrhea unexplained by other causes. Personality changes, memory loss, confusion, depression, or visual disturbances unexplained by other causes. If you have any of these symptoms, or desire more information about AIDS, see your doctor at once, or call the National Gay Task Force's AIDS Crisisline (800/221-7044) for referral to a sympathetic, knowledgeable practitioner in your area. The key to any of these signs or symptoms are the words **persistent** and **unexplained**.

Cytomegalovirus (CMV): virus that may cause mononucleosis-like illness with or without mild hepatitis or may be without symptoms; CMV may be associated with immunosuppression.

Enteric diseases (e.g., amebiasis, giardiasis, shigellosis, campylobacter): bowel infection with parasites or bacteria; usually causes diarrhea which may be severe or bloody and may alternate with constipation; may also cause gas, bloating, fever, intense cramping, or no symptoms at all; difficult to diagnose and treat.

Gonorrhea: ("clap," "drip") bacterial infection which can be in the urethra (penis) where it usually causes symptoms (burning, discharge), in the rectum or cervix, where it usually does not cause symptoms, or in the throat, where it rarely causes symptoms.

Hepatitis: viral or bacterial infection of the liver; hepatitis A used to be termed "infectious;" hepatitis B used to be termed "serum" and was associated with needle (drug) use and is now known to be sexually transmitted and of approximately 8 times greater prevalence in homosexually active men than heterosexual. All homosexually active men are encouraged to have testing for hepatitis B immunity, and if susceptible, obtain the hepatitis B vaccine. The delta agent is a defective virus which can only infect someone with a hepatitis B infection, newly acquired, or a chronic carrier, and results in a more severe form of hepatitis with a greater risk of death. The hepatitis B vaccine protects against delta by protecting against hepatitis B infection. The American Liver Foundation (800/223-0179) has additional information about hepatitis.

Herpes: a viral infection which can cause recurrent painful blisters and sores in the mouth, lips, or genital area, or if implanted inside the anal canal, can cause an intensely painful proctitis (rectal inflammation).

Nongonococcal urethritis/proctitis/cervicitis (NGU/NGP/NGC): infection in the penis, rectum, or cervix caused by organisms other than gonorrhea (e.g., chlamydia).

Parasites (pubic/crab lice, scabies mite): skin parasites that cause intense itching.

Syphilis: ("syph," "bad blood") bacterial infection very common in gay men; begins as a sore (can be painless and not noticeable) which can be anywhere but is usually on the penis, in the mouth, vagina, anus or rectum; can cause rash, flu-like symptoms, and hepatitis.

Vaginitis: vaginal conditions usually resulting in discharge, itch, burning, irritation, and/or bad smell; most commonly caused by yeast (candida), protozoa (trichomonas), or bacteria (gardnerella/hemophilus).

Venereal Warts: warty growths caused by a skin virus which may occur on the penis or in the warm, moist environment of the vagina, anus, and rectum.

One **very** important fact to understand is that for virtually every STD there are asymptomatic carriers — those who have an infection and are transmitting it to their partners, but who have **no** symptoms themselves.

Healthful Sexual Activity

Healthful sexual behavior is an expression of one's natural sex drives in satisfying, disease-free ways. Guarding your health and respecting the health of your sexual partners means, for one thing, being aware of your body and the messages it may be giving you.

Routinely examine yourself for any physical signs of infection, such as sores, rashes, or discharges. If you have rectal sex, learning to do a

rectal self examination with your finger while in the shower can be a useful way to discover early any abnormalities such as rectal warts or sores, even before they cause symptoms. Any signs or symptoms such as burning on urination, pain with bowel movements, diarrhea, excess gas, unusual rash, prolonged swollen glands or flu-like symptoms should be acknowledged early and not denied. If a partner mentions that he is just recovering from the flu, it is important to find out what he means by "flu," since it may mean different things to different people. It might indicate diarrhea from amebiasis, giardiasis, bacterial bowel infection, or it might indicate the early flu-like symptoms of hepatitis or secondary syphilis. Virtually any ailment **could** be the manifestation of a sexually transmitted disease. Therefore, any persistent, abnormal bodily function should be viewed with suspicion. You are at increased risk for getting or spreading STDs if you have sex after recognizing such signs or symptoms in yourself or your partners.

Importance of Accurate Diagnosis and Adequate Treatment

Not all diseases have the same treatment. Penicillin does not cure everything. Taking medication only until symptoms go away will not reliably rid you of the infection.

Specific diagnosis of your problem by health practitioners competent in this area of medicine is essential. Many diseases have similar signs and symptoms because the body only has a limited number of ways to respond to the stress of an infection. You will have the best chance of being properly diagnosed and treated if you promptly seek appropriate medical care. Proper treatment also means carefully and completely following instructions for taking medication and avoidance of sexual activities (if so advised) for the duration of the recommended time. Take all medication as prescribed because infection may linger and re-occur if you stop treatment as soon as symptoms go away.

The Sexual Encounter

Always exchange your name and telephone number to facilitate contact in case signs or symptoms of an STD are later recognized or discovered. If your partner does not wish to give you his name and phone number, there is nothing to prevent you from giving him yours — that way, at least you may stand some chance of being notified if he should develop symptoms of something. It is also best to tactfully bring up health before sexual activity begins. If anything suspicious is discovered you might want to make this just a friendly meeting without sex and postpone the intimacies until later when the problem is resolved. When you do go to bed with someone, undressing in a lighted area will allow you to casually inspect for growths, sores or rashes, especially around the genitals. If no reasonable explanation is given, postpone the encounter. You might incorporate showering together before sex into your foreplay, so you may wash and casually examine at the same time.

Hygiene

Although not proven, it is generally believed that washing of the hands, genitals, and anus **may decrease** the risk of acquiring certain diseases such as the bacterial bowel infections (shigella and campylobacter), hepatitis A, amebiasis, giardiasis and pinworms. (Rimming [oral-anal contact] cannot be made safe by washing, however.)

Similarly, it is thought that urinating after sex may reduce the risks for acquiring gonorrhea and nongonococcal urethritis. Again, there is no evidence to support this. The practice of inserting antibiotic solutions, soaps, or other agents into the urethra (the urinary opening) is not at all known and may be hazardous.

Many think that rectal enemas or douching (with tap water) is an effective preventive measure against infection. In fact, there is evidence to suggest that it may actually increase the risk of some infections. Douching just prior to sex may alter the rectal mucous membrane barrier function and make the passage of the hepatitis B virus into the body easier; if one has an amebic bowel infection, douching may actually bring more infectious amebic organisms down into the rectum and around the anus, thus making you more likely to spread the infection to your partner.

Lubrication for anal intercourse is important. Saliva, though ever present, may introduce other infections into the rectum and its ability to reduce friction is very short lived. Thus, tissue injury may be more likely, which enables mouth germs to gain entry into the bloodstream. Scented lubricants may cause a chemically induced proctitis (rectal inflammation) and you may be at increased risk by using hand lotions and other products with fragrances for these purposes. There is some evidence that use of contraceptive/spermicidal jellies (active ingredient: nonoxynol-9) may decrease the risk for acquiring gonorrhea, chlamydia, syphilis, and herpes, however a chemically induced proctitis may occur with the use of such vaginal preparations. Some experts do not recommend the use of these products because of their unknown and untested effects on the rectal mucosa. The best lubricant should probably be water soluble, non-perfumed, and colorless, and in a hand-pump dispensed closed container that can't be contaminated with fecal germs to be transmitted to the next partner.

It is not known whether the following measures have any role in reducing the acquisition or transmission of the STDs: hydrogen peroxide or other mouthwash gargling before or after sex to control oral infections; soap instilled into the urinary opening to control gonorrhea and nongonococcal urethritis; antibacterial creams, lubricants, suppositories for inserting into the urethra or rectum; water soluble vs. edible vs. petrolatum lubricants (e.g., KY vs. Crisco/Lube vs. Vaseline) for anal intercourse.

The use of condoms (rubbers) for anal intercourse will protect against the spread of syphilis, gonorrhea, herpes, and chlamydial induced NGU, NGP, and NGC; condoms may even offer protection against hepatitis B and AIDS, although this has yet to be proven. High quality condoms with adequate lubrication (petroleum jelly and oil lubricants deteriorate latex rubber; use water soluble lubricants!) are recommended since breakage may occur more frequently during anal intercourse than with vaginal intercourse.

Bathhouses

Bathhouse managements are asked to print up cards and/or matchbook covers to enable patrons to exchange names and phone numbers. The local VD clinic phone number should also be imprinted there, and also prominently posted on bathroom walls with slogans encouraging frequent VD testing and showering after each sexual encounter. Bathhouses are encouraged to exchange all soiled towels for free to allow frequent showering and washing, and to offer free condoms. On site testing for STDs at the bathhouse could be done by trained and supervised bathhouse employees. (Probably only syphilis and gonorrhea testing would be practical.) Management may further offer an incentive for on site VD testing by offering free or discount locker passcals (for the patron's next visit), free coffee, or membership reduction (4-5 on site tests within a year might be the qualifying number).

Sexual Practices

Many factors must be considered when determining a person's risk for acquiring or transmitting any STD. Seven arbitrary categories are given below, describing the relative risk as high, medium, or low. The scoring system was designed to increase your awareness of STDs, risk factors, and preventive measures; to stimulate self-evaluation of your sexual lifestyle; and to encourage responsibility for your health and the health of others. Please seek medical care immediately if you ever detect any signs or symptoms of disease in yourself. For ease in calculating your **relative** risk, an arbitrary scoring system was devised. Under each category, score 3 points for high risk, 2 points for medium risk, 1 point for low risk, and write your score in the boxes.

1. Types of sexual activity practices. **High Risk:** active or passive rectal (fucking or getting fucked); rimming (asshole licking, oral-anal); scat (eating shit); fistfucking; S & M and other practices that result in bleeding (whipping, vigorous sex, use of dildoes and other "toys," piercing, biting) and the sharing of body secretions (e.g., blood, semen). **Medium Risk:** active or passive oral (the one doing the cocksucking has a greater chance of getting an infection than the one being sucked); water sports (urine contact); mouth-vagina contact. **Low Risk:** masturbation only (J/O); body rubbing (frotage, tribadism).

Score

NOTE: Major surgery may be required to repair injuries sustained from fistfucking; any type of oral-anal/fecal contact carries a **very** high risk (in large cities like New York, Los Angeles, and San Francisco, the risk almost approaches certainty) for acquiring hepatitis or the enteric diseases. In a bathhouse or other setting in which numerous sexual contacts per visit is the rule, if you suck a cock that has fucked someone with little/no bathing in between — you could become infected. Also, roving, probing hands and fingers may spread potentially infectious material to other parts of the body where mouths and tongues will pick it up.

It is by **getting** fucked that you have the highest risk for acquiring hepatitis B and probably AIDS; fucking (being the "active" partner is also a risk for hepatitis B but less so than being fucked. Oral-genital and oral-oral contact may also be associated with hepatitis B acquisition. By getting fucked you can also get rectal gonorrhea, herpes, warts, syphilis, and nongonococcal proctitis. Rectal fissures and tears may result and when they do occur, care must be taken so they can heal properly. Rimming even in an **exclusively** monogamous relationship carries the risk of getting enteric (bowel) infections or hepatitis. Those who have a stable, but open relationship allowing for outside contacts, and who enjoy oral-anal stimulation could limit this activity only to their primary relationship and thus decrease their risk from "outside" infection.

In oral sex (cocksucking), gonorrhea and syphilis are the most likely infections to be transmitted. It is very unusual to **get** urethral gonorrhea from having your cock sucked by someone who has gonorrhea of the throat. Oral sex and body rubbing (specifically vagina to vagina contact) among lesbians may allow the transmission of syphilis, herpes, warts, parasites, and vaginitis (trichomonas, for instance), among other diseases. Infected vaginal discharge or secretions may infect a woman's partner through hands or objects during sex, or by sharing towels, douche equipment, or underwear.

It is important to note that the sharing of body secretions has been implicated as the probable mechanism for transmitting the putative AIDS agent (thought to be the retrovirus, HTLV-3/LAV) as well as hepatitis B and probably other STDs. It is for this reason that the sharing of razors and toothbrushes may also constitute risk — blood and other potentially infectious materials may be unknowingly shared, especially in institutional settings (e.g., prisons, camps).

2. Frequency of sexual contact with different partners. **High Risk:** 4 or more different sexual partners per month. **Medium Risk:** between 1-3 different partners per month. **Low Risk:** less than 1 different partner per month.

Score

3. Where you met your partner. **High Risk:** backroom bars; bathhouses; bookstores. **Medium Risk:** public restrooms; parks; motor vehicles. **Low Risk:** parties; private homes.

Score

4. Hygiene. Do you wash with soap and water before and after sex? Do you urinate immediately after sex? Do you correctly use condoms? Answer these questions together as: **Rarely (High risk); Occasionally (Medium risk); Always (Low risk).**

Score

NOTE: Risk in these categories (3 and 4) is based largely on the number of contacts per visit, the likelihood of anonymity, and probably also because of incomplete or no cleansing between contacts. Assuming that bathing the anal and genital areas is helpful in reducing some infection spread, the "safest" place to meet someone at the baths is in the shower.

5. Drug use. Indicate frequency of use of any of the following drugs either before, during, or after sex: poppers (inhalant nitrites), alcohol, marijuana, cocaine, hallucinogens, amphetamines, barbiturates, opiates, preludein, "angel dust," quaaludes, MDA, tranquilizers, etc. **Frequently (High risk); Occasionally (Medium risk); Rarely (Low risk).**

Score

NOTE: Generally accepted medical opinion is that use of mood or consciousness-altering drugs (all drugs — alcohol, marijuana, poppers, cocaine, valium, quaaludes, etc.) that are affecting you while you are having sex may alter decision-making abilities about sexual activities practiced, having sex with more people, etc. Drug use becomes particularly dangerous with the use of toys, dildoes, and fistfucking; sensation of pain may be significantly diminished with chemicals (including poppers) so that injury may occur.

6. Geographical area where you and your partners live, travel, and have sex. **High Risk:** New York City, San Francisco, Los Angeles, Miami, Houston, Chicago, foreign countries. **Medium Risk:** other large urban areas. **Low Risk:** small cities and towns, or rural areas.

Score

7. Type of sexual encounter. **High Risk:** primarily one-time, anonymous encounters; group sex. **Medium Risk:** several times with the same person over a period of time; sex within a small group of friends. **Low Risk:** primarily monogamous sex for both you and your partner.

Score

NOTE: Anonymous sex makes interruption of the chain of disease transmission almost impossible and it is one of the most important reasons for the high prevalence of STDs in gay communities. But more importantly for you, it is not likely that you will know much about your anonymous partner, such as his recent health, the number of different sex partners he had recently — in other words, you have no idea about how likely you are to acquire an infection from this partner than from other partners in the medium and low risk categories. Thus, your having infrequent sex with a partner who has had multiple sexual partners greatly increases your risk for illness, just as if you had many different contacts yourself. Repeated engagements with the same group of partners (a closed group of "fuck buddies") may help to decrease your risk.

Scoring

Add up all points from the seven categories.

Total score

17 or more points: You are at High risk for developing STDs and should have routine STD testing every month.

12 to 16 points: You are at Medium risk for developing STDs and should have routine STD testing every 3 months.

11 or less points: You are at Low risk for developing STDs and should have routine STD testing every 6 to 12 months.