"ASK DR. BOB" by Dr. Robert Wood, MD, Medical Director,
The AIDS Prevention Project

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Dear Readers:

It's time for me to write again about AIDS and HIV infection in the gay community. We have a major problem to solve and we must solve it fast to save lives.

The problem is this: Why are so many men increasing their risks for AIDS again after such substantial change towards safer sex? If we could understand why these increases are occurring, we could devise plans to help our brethren overcome this death wish behavior.

The evidence is frightening and disappointing: Between 1988 and 1989 we have seen a substantial increase in the numbers of gay men seeking services for sexually transmitted diseases. For example, in 1988 509 gay men visited department of public health clinics seeking evaluation and treatment for sexually transmitted diseases. In 1989 937 gay men visited these same clinics.

In 1988 27 cases of gonorrhea were diagnosed in gay men visiting these clinics; in 1989 there were 92 diagnoses of gonorrhea in gay men. In 1988 80 men came in with "non-specific urethritis" (also known as "NSU", "NGU", and "chlamydia", or the non-gonococcal drip); in 1989 this number had risen to 169. Similarly acute rectal infection, herpes, and cases of syphilis rose from 12, 3 and 4 (respectively) in 1988 to 40, 18 and 18 in 1989.

You all need to know how gay men get these diseases -- one guy sticks his penis into another guy's body. Usually neither partner knows, but one of them has an infection of the penis, throat, or anus and eventually one or both come down with the symptoms (commonly, penile drip, burning on urination, sore throat, rectal pain, discharge or diarrhea). (If people could just wait a couple weeks or so between sexual encounters symptoms might have time to blossom so we'd know we weren't giving our buddies more than a few million sperm, but men are so impatient!)

Unfortunately, not all sexually transmitted infections cause symptoms -- the worst example being human immunodeficiency virus (HIV). HIV only causes noticeable symptoms about a third of the time when the person first becomes infected. There are also people who can carry gonorrhea, herpes, syphilis, wart (papilloma) virus, chlamydia, hepatitis, and a host of other serious diseases without any symptoms, completely unawares. Some of these conditions -- herpes and syphilis, for example -- make it relatively easy for persons carrying them to become infected with HIV, which the Advocate says is the virus "widely believed to be associated with AIDS" -- such a naive statement.

You may not like to hear this again, but the evidence is solid that HIV is the cause of AIDS, and evidence is growing that given enough time practically everyone who becomes infected with HIV will eventually develop AIDS and die of it. Furthermore, sex that spreads any of these other diseases can spread HIV; condoms that prevent the spread of HIV also prevent the spread of gonorrhea, herpes, and the other STDs. HIV should be simple to control among gay men who are not seeking to make kids.

What are we doing wrong? The AIDS Project of the Seattle/King County Department of Public Health has been in existence since 1983, gradually spending more and more money on AIDS education and prevention. Although more of this money recently has been used to fight disease among minorities and drug users, there has been no letup in the amount of funding targeting the gay male community, and frequently we change the message to maintain interest.

Are people just getting tired of safer sex? Did they expect a cure or vaccine by this time (9 years into the AIDS epidemic), and just can't wait any longer? Is the news that HIV infection and AIDS more treatable luring people to resume risky sex because the disease is getting better? I would point out that even though AIDS is more treatable, it is still very lethal. Even now practically no one survives beyond 5 years from an actual diagnosis of AIDS. AZT and drugs to prevent pneumocystis prolong survival but only a few extra years usually.

We must keep the gay male population from spreading this infection within its ranks; otherwise, there will be so few of the old guard left that the young will have no one to learn from. Already, gay rights losses are occurring across the nation as gay activists are becoming ill or too tired of the AIDS battles to fight for their rights.

I'm hoping to provoke some discussion in the pages of the Seattle Gay News through this column. I'd like to know why people think men are returning to risky sex, and what involved organizations (and concerned individuals) should do to reverse this trend. I'm hoping to get a more detailed analysis of these data. For example, how much gonorrhea is of the throat, how many of these gay men are newly gay, or homosexually active without calling themselves gay. These and other such questions might help us understand the needs better.

Please write me with your comments and questions. --Dr. Bob

Questions about AIDS? Write to "ASK DR. BOB", The AIDS Prevention Project,
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Ask Dr. Bob

by Dr. Robert Wood M.D.
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I've received three responses so far to my column expressing concerns about the rising numbers of Gay persons locally being diagnosed with sexually transmitted diseases: two from members of ACT UP and the third from a reader who likes what we're doing but thinks more condoms need to be distributed.

The first wanted to express concern about my earlier statement "the evidence is growing that given enough time practically everyone who becomes infected with HIV will eventually develop AIDS and die of it." I made this statement primarily based on the San Francisco City Clinic Cohort Study, originally designed to study hepatitis B vaccine among Gay men.

After discovery that AIDS resulted from HIV infection and that there was a very long incubation time after infection before AIDS developed, researchers looked back at blood collected in the San Francisco study to determine how many men became infected with HIV, when, and what had become of them. They found that many of these men became infected in the late '70s and early '80s and that during the first five or so years after incubation about 1-2 percent each year developed AIDS. In successive years, the percentage who developed AIDS increased. Of the men infected for ten years, roughly 50 percent have develped AIDS, and another 20 percent are experiencing significant illness. These results and the increasing percent who develop AIDS with successive years of infection, have led many researchers to predict that *given enough time* most people with HIV infection will develop AIDS. "Enough time," however, may be a very long time for some persons who will die instead of the more usual diseases, like heart disease, stroke or cancer.

The first caller wanted to point out that when someone like me makes such statements, I may actually be hastening the demise of HIV-infected persons by suggesting that they will die of this infection. That of course is not my purpose (especially since I am one of these persons), but I must admit to some difficulty walking that fine line: not wanting to create a self-fulfilling prophesy about the lethality of HIV infection, but at the same time wanting readers to know that HIV infection, while becoming more medically manageable, is still an awful thing to acquire because it will significantly shorten (and make much more miserable) the lives of most of us that do become infected.

Therefore, I usually hedge such statements: "the evidence is growing" that "given enough time," "practically everyone," etc. because I feel it is important to leave room for interpretation and to acknowledge that we don't have all the answers. In fact, the San Francisco study may be seriously flawed since so many of the men who participated in it were extremely sexually active. Its results may not apply to the larger number of Gay men who have had fewer partners.

The second ACT UP member wrote me to suggest that increases in some kinds of STD visits may not correlate with HIV risk behavior. For example, he suggested that French kissing (he was recently in France!) may spread gonorrhea but not HIV.

I agree that an increase in Gay men seeking services at an STD clinic should not by itself be alarming — maybe they just hadn't been checked for a long time and thought it was time, or maybe they were there to determine their HIV status, as examples of good behavior. On the other hand, increases of acute proctitis (rectal infection not specifically diagnosed as gonorrhea, herpes, or chlamydia) from 12 in 1988 to 92 in 1989 absolutely reflect increases in risk-taking behavior. Furthermore, more detailed analyses of our STD data show that a third of the gonorrhea, clearly resulting from behavior that is unsafe from a standpoint of HIV transmission. The other two-thirds of the gonorrhea cases were penile/urethral which was almost certainly obtained by unprotected penile-rectal contact, since transmission of GC from throat to penis is considered to be a very rare event.

The writer wanted to point out to me that oral sex, even without protection, is widely acknowledged to be pretty safe, at least relative to anal sex, and I agree. (Although there is increasing evidence that *oral sex*

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can transmit HIV, epidemiologic studies show that oral sex is much less risky than anal sex.) But few of the new sexually transmitted infections seen in Seattle Gay men can be attributed to unprotected oral sex. Again, gonorrhea is rarely transmitted from throat to penis, and transmission from throat to throat is extremely rare, if it occurs at all. Chlamydia is transmitted even less efficiently and so almost always requires anal or vaginal sex. Although herpes and syphilis can be transmitted through oral-oral or oral-penile routes, most of the 1989 cases involved the penis or anal area, again suggesting high risk sex was often involved. Since both these infections have been shown to be co-factors for the acquisition of HIV (that is, they make it relatively easy for one to become infected with HIV), they contribute to the risk for HIV infection.

The third writer has noticed that condoms are not being "pushed" in the bars with the fervor they used to be. He states, "I first noticed this late last summer. One of the clubs I frequent had no condoms so I stopped into another nearby and they too were out. . . . I began to notice that other bars no longer had the usual brimming container of condoms prominently displayed. . . . Of course one can (and I do) purchase condoms anywhere but I'm afraid that those men less aware of the seriousness of the present situation may be taking an 'It'll be okay just this once' approach when they trick."

I am thankful for all these comments, and find the last one the most useful. Maybe we need to invest more AIDS control dollars in condoms to make it much easier to obtain (and use) them. Nevertheless, I'm not at all sure this will solve our problem and want to get still other thoughts. What do the rest of you think accounts for the increase in STD rates among Gay men?

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